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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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.

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 VALLEY 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 DRIVE
City or town, state or province, country, and ZIP or foreign postal code
SACRAMENTO, CA 95833
F Name and address of principal officer:
JAMES CONFORTI
C/O SH TAX 2200 RIVER PLAZA DR
SACRAMENTO, CA 95816

D Employer identification number
94-1156621
E Telephone number
(916) 286-6665
G Gross receipts \$ 3,622,289,335

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

J Website: WWW.SUTTERHEALTH.ORG

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

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other
L Year of formation: 1935 M State of legal domicile: CA

Part I Summary

Activities & Governance

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 17

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 12

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 14,804

6 Total number of volunteers (estimate if necessary) 6 1,672

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 243,103

7b Net unrelated business taxable income from Form 990-T, line 39 7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 8,973,638 10,929,967

9 Program service revenue (Part VIII, line 2g) 3,392,411,061 3,597,156,788

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 4,620,503 9,130,106

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,204,191 2,026,931

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,408,209,393 3,619,243,792

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 16,980,111 16,774,018

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) 1,496,986,634 1,612,995,247

16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0

16b Total fundraising expenses (Part IX, column (D), line 25) 439,502

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 1,643,125,416 1,763,488,105

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 3,157,092,161 3,393,257,370

19 Revenue less expenses. Subtract line 18 from line 12 251,117,232 225,986,422

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 2,349,883,890 2,475,210,508

21 Total liabilities (Part X, line 26) 1,444,300,762 1,569,977,919

22 Net assets or fund balances. Subtract line 21 from line 20 905,583,128 905,232,589

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
TIMOTHY NOAKES Interim CFO
Type or print name and title

2020-11-09
Date

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 Phone no. (415) 894-8000
SAN FRANCISCO, CA 94105

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2019)

Part III**Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☐ ☒**1** Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

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

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

4a	(Code:) (Expenses \$ 3,039,016,070 including grants of \$ 16,774,018) (Revenue \$ 3,597,156,788)
	See Additional Data





















4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
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4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
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4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)

4e	Total program service expenses ▶ 3,039,016,070
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Part IV Checklist of Required Schedules

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

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	No
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 Yes	
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	No
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 ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 1,262	
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	14,804		
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	17	
	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	12	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	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 BLVD ROSEVILLE, CA 95747 (916) 286-6665

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

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

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

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.

[illegible]

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

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	1,789,351	22,472,832	5,148,631

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 5,484

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

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
CAREFUSION SOLUTIONS LLC, 3750 TORREY VIEW CT SAN DIEGO, CA 921302622	Medical Equip MAINT	12,305,553
ACUTE CARE SURGERY MEDICAL, 2450 DEL PASO RD STE 250 SACRAMENTO, CA 958349667	PHYSICIAN SERVICES	6,801,333
CROTHALL LAUNDRY SERVICES INC, 1500 LIBERTY RIDGE DR STE 210 WAYNE, PA 190875583	LAUNDRY SERVICES	6,425,324
PULMONARY MEDICINE ASSOC MED GRP IN, 1300 ETHAN WY STE 600 SACRAMENTO, CA 958252296	PHYSICIAN SERVICES	6,231,662
TOTAL RENAL CARE INC, PO BOX 2076 TACOMA, WA 984012076	Dialysis Services	6,141,707

<p>2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 314</p>	
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Form 990 (2019)										Page 9				
Part VIII Statement of Revenue														
Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>														
										(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a												
	b Membership dues . . .	1b												
	c Fundraising events . . .	1c	153,242											
	d Related organizations	1d	9,203,741											
	e Government grants (contributions)	1e	694,600											
	f All other contributions, gifts, grants, and similar amounts not included above	1f	878,384											
	g Noncash contributions included in lines 1a - 1f:\$	1g	44,513											
	h Total. Add lines 1a-1f ▶			10,929,967										
Program Service Revenue			Business Code											
	2a PATIENT SERVICE REVENUE	621110		3,585,447,756		3,585,447,756								
	b RENTAL TO AFFILIATES	621110		11,282,074		11,282,074								
	c HEALTHCARE RELATED JV INCOME	621110		426,958		426,958								
	d													
	e													
	f All other program service revenue.													
	g Total. Add lines 2a-2f. ▶			3,597,156,788										
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			2,040,179						2,040,179				
	4 Income from investment of tax-exempt bond proceeds ▶			0										
	5 Royalties ▶			0										
	6a Gross rents	6a	(i) Real	(ii) Personal										
			2,887,274											
			b Less: rental expenses	6b									1,131,660	
			c Rental income or (loss)	6c									1,755,614	0
	d Net rental income or (loss) ▶			1,755,614						1,755,614				
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other										
			107,445	8,815,804										
			b Less: cost or other basis and sales expenses	7b										1,833,322
			c Gain or (loss)	7c									107,445	6,982,482
	d Net gain or (loss) ▶			7,089,927						7,089,927				
	8a Gross income from fundraising events (not including \$ 153,242 of contributions reported on line 1c). See Part IV, line 18	8a												
			95,955											
			b Less: direct expenses	8b									80,561	
	c Net income or (loss) from fundraising events . . . ▶			15,394						15,394				
	9a Gross income from gaming activities. See Part IV, line 19	9a												
			12,820											
			b Less: direct expenses	9b									0	
c Net income or (loss) from gaming activities . . . ▶			12,820						12,820					
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 PARKING		812930		178,185				178,185						
b LABORATORY		621500		64,918				64,918						
c														
d All other revenue														
e Total. Add lines 11a-11d ▶			243,103											
12 Total revenue. See instructions ▶			3,619,243,792		3,597,156,788		243,103		10,913,934					

Form 990 (2019)

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	15,390,768	15,390,768		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,383,250	1,383,250		
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	3,312	3,312		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	20,555	20,555		
7 Other salaries and wages	1,064,480,751	990,386,328	73,915,135	179,288
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	86,073,693	80,082,568	5,991,125	
9 Other employee benefits	373,659,458	347,651,039	25,904,581	103,838
10 Payroll taxes	88,757,478	82,579,549	6,165,472	12,457
11 Fees for services (non-employees):				
a Management	10,502,465	2,705,659	7,793,806	3,000
b Legal	1,917,760	1,917,760		
c Accounting	182,995		182,995	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	631,460		631,460	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	161,636,863	144,913,624	16,723,239	
12 Advertising and promotion	81,048		81,048	
13 Office expenses	36,237,919	11,245,767	24,990,446	1,706
14 Information technology	144,829,091	88,853,207	55,975,884	
15 Royalties	0			
16 Occupancy	45,755,934	44,723,702	1,032,232	
17 Travel	2,123,038	1,459,603	659,482	3,953
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	1,357,804	1,078,263	279,541	
20 Interest	36,166,456	36,166,456		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	168,691,125	147,388,739	21,302,386	
23 Insurance	18,332,148	14,776,807	3,555,341	
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	510,251,150	510,247,011		4,139
b CHARGEBACKS AND ALLOCATIONS	218,037,722	126,714,836	91,263,027	59,859
c HOSPITAL FEE	140,078,097	140,078,097		
d UBI TAX EXPENSE	223,561		223,561	
e All other expenses	266,451,469	249,249,170	17,131,037	71,262
25 Total functional expenses. Add lines 1 through 24e	3,393,257,370	3,039,016,070	353,801,798	439,502
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		45,877,865	2	12,211,164
	3	Pledges and grants receivable, net		188,146	3	133,612
	4	Accounts receivable, net		363,386,176	4	394,191,890
	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		42,113,463	8	46,765,618
	9	Prepaid expenses and deferred charges		15,060,343	9	16,660,592
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,232,316,320			
	b	Less: accumulated depreciation	10b 1,673,577,519	1,542,830,872	10c	1,558,738,801
	11	Investments—publicly traded securities		3,176,955	11	3,755,610
	12	Investments—other securities. See Part IV, line 11		0	12	0
	13	Investments—program-related. See Part IV, line 11		1,189,213	13	1,292,661
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		336,060,857	15	441,460,560
16	Total assets. Add lines 1 through 15 (must equal line 34)		2,349,883,890	16	2,475,210,508	
Liabilities	17	Accounts payable and accrued expenses		423,940,394	17	544,603,203
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		993,402,344	20	963,171,876
	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		5,249,812	23	5,661,375
	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		21,708,212	25	56,541,465
	26	Total liabilities. Add lines 17 through 25		1,444,300,762	26	1,569,977,919
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions		903,781,865	27	903,554,591
	28	Net assets with donor restrictions		1,796,308	28	1,677,998
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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		905,583,128	32	905,232,589
33	Total liabilities and net assets/fund balances		2,349,883,890	33	2,475,210,508	

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,619,243,792
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,393,257,370
3	Revenue less expenses. Subtract line 2 from line 1	3	225,986,422
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	905,583,128
5	Net unrealized gains (losses) on investments	5	489,388
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-523,904
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-226,302,445
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	905,232,589

Part XII Financial Statements and ReportingCheck 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
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?		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.		

Additional Data

Software ID:

Software Version:

EIN: 94-1156621

Name: SUTTER VALLEY 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 President & CEO, Sutter Health	2.0 40.0	X						0	4,216,090	1,254,067
James Conforti SH SVP / COO	4.0 40.0	X		X				0	1,886,186	660,216
Jeff Sprague SH SVP & CFO	0.0 40.0						X	0	1,601,449	645,092
John Mesic MD Chief Physician Exec, Research	0.0 40.0						X	0	1,989,970	96,272
Grant Davies CEO, VA Hosp (PART YEAR)	2.0 40.0			X				0	1,344,272	129,523
Paige Terra CFO, SH Valley Area	2.0 40.0			X				0	975,399	132,892
David Cheney CEO, SMCS	0.0 40.0				X			0	843,041	226,821
Terry Glubka CEO, SSCD	0.0 40.0						X	0	857,187	179,307
Asit Gokli MD CMO, SH Valley Area	0.0 40.0						X	0	913,472	115,399
Janet Wagner CEO, MPMC	0.0 40.0						X	0	815,979	188,135

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			
Brian Alexander CEO, SRMC	0.0 40.0				X			0	770,484	174,845
Jeffrey D Szczesny SH VP, HR Operations	0.0 40.0						X	0	831,716	106,235
David Thompson CEO, STCH & MHLB	0.0 40.0						X	0	709,630	169,033
Penny Westfall Chief Legal OFCR Bay & VALLEY	2.0 40.0			X				0	781,342	96,039
John W Boyd CEO, Mental Health Services	0.0 40.0						X	0	711,310	154,456
Mitch Hanna CEO SCH & SAFH	0.0 40.0						X	0	704,599	160,601
Eugene Patrizio CEO, MMC	0.0 40.0				X			0	557,933	178,507
Linda Horn Special Projects Director	40.0 0.0					X		688,699	0	34,359
Phillip Yu MD Admin/CME, MHLB & STCH	0.0 40.0						X	0	591,930	70,702
Abhishek Dosi CEO, SSMC	0.0 40.0				X			0	504,052	138,967

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	Insttutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Peter Hull MD Director/CME, SRMC	2.0 40.0	X						0	510,919	68,299
Jose A Arevalo Chief Medical Officer, SIP	40.0 0.0					X		396,093	0	43,679
Colleen J Peschel VP HR	0.0 40.0				X			0	355,872	50,282
Angeline S Nunes Registered Nurse	40.0 0.0					X		361,803	0	40,598
Lisa Cassaday Staff Nurse II	40.0 0.0					X		342,756	0	34,305
Doug Archer Admin MHLB	0.0 40.0						X	0	346,826	29,518
Elizabeth A Pierson Ne Director Employee Hlth Srvcs	40.0 0.0					X		340,692	0	26,418
Anne Platt CEO, Sutter Amador Hospital	0.0 40.0						X	0	350,909	10,003
Todd Smith MD Director/Fdn Area CEO, SV	2.0 40.0	X						0	195,597	81,415
PAT Brady Former CEO, SRMC	0.0 0.0						X	0	253,205	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			
Daryn Kumar Former CEO, MMC	0.0 0.0						X	0	163,549	0
Helen Thomson Director/Chair, SH Board	4.0 11.0	X		X				0	4,583	0
Kurt Shuler MD Director	2.0 3.0	X						3,312	0	0
David Adkins MD Director	2.0 2.0	X						0	0	0
Timothy Byrd Director	2.0 2.0	X						0	0	0
Viva Ettin MD Director	2.0 2.0	X						0	0	0
Bronwyn Fields RN Director	2.0 2.0	X						0	0	0
Dan Flores Director	2.0 2.0	X						0	0	0
Gary Hooper Director	2.0 2.0	X						0	0	0
Scott Howell Director	2.0 2.0	X						0	0	0

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			
I-Mei Hsiu MD Director	2.0 2.0	X						0	0	0
Maria Pallavicini Director	2.0 2.0	X						0	0	0
Pat Pathipati Director	2.0 2.0	X						0	0	0
Fatima Seward DIRECTOR, CHAIR F&P	4.0 4.0	X		X				0	0	0
Jerry Tokunaga Director	2.0 2.0	X						0	0	0

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 VALLEY HOSPITALS

Employer identification number
94-1156621

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

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

- 1☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) 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 ► <input type="checkbox"/>						

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 <input type="checkbox"/>	
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 <input type="checkbox"/>	
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 <input type="checkbox"/>	
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 <input type="checkbox"/>	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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. ► <input type="checkbox"/>						

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

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1 <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 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: 94-1156621
Name: SUTTER VALLEY HOSPITALS

Part VI

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

Facts And Circumstances Test

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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 VALLEY HOSPITALS

Employer identification number
94-1156621

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ 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 ► \$

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

Cat. No. 52283D

Schedule D (Form 990) 2019

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
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

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	39,417,783	41,036,603	20,064,697	19,173,834	19,993,368
b	Contributions	26,144	60,011	239,395	329,568	408,961
c	Net investment earnings, gains, and losses	3,847,038	-1,329,855	4,080,760	1,007,628	-670,838
d	Grants or scholarships					
e	Other expenditures for facilities and programs	1,608,190	348,976	1,438,328	446,333	557,657
f	Administrative expenses					
g	End of year balance	41,682,775	39,417,783	22,946,524	20,064,697	19,173,834

2

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

a

Board designated or quasi-endowment

76.730 %

b

Permanent endowment

16.680 %

c

Temporarily restricted endowment

6.590 %

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

3a

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

(i) unrelated organizations

(ii) related organizations

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

b

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

4

Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land	54,308,778		54,308,778
b	Buildings	2,113,866,549	957,266,850	1,156,599,699
c	Leasehold improvements	38,729,878	20,298,777	18,431,101
d	Equipment	807,651,293	655,337,081	152,314,212
e	Other	217,759,822	40,674,811	177,085,011
Total.	Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)			1,558,738,801

Part VII

Investments—Other Securities.

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

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

Part VIII

Investments—Program Related.

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

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

Part IX

Other Assets.

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

(a) Description	(b) Book value
(1) INTERCOMPANY RECEIVABLES	90,342,212
(2) NOTES RECEIVABLE	56,583
(3) OTHER RECEIVABLES	291,240,311
(4) OTHER CURRENT ASSETS	3,489,823
(5) OTHER NONCURRENT ASSETS	56,331,631
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	441,460,560

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.) ▶	56,541,465

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 1B, COLUMN (C)	ON MAY 1, 2017, SUTTER CENTRAL VALLEY HOSPITALS MERGED INTO SUTTER VALLEY HOSPITALS. THE 2017 CONTRIBUTIONS HAVE BEEN ADJUSTED TO REFLECT THE ENDOWMENTS HISTORICALLY HELD BY SUTTER CENTRAL VALLEY HOSPITALS. SCHEDULE D, PART V, LINE 4 INTENDED USE OF ENDOWMENT FUNDS: SUTTER MEDICAL CENTER SACRAMENTO'S ENDOWMENT EARNINGS ARE TO BE USED TO SUPPORT THE CHILD LIFE DEPARTMENT. ALL OTHER ENDOWMENTS ARE HELD BY RELATED FUNDRAISING ORGANIZATIONS FOR THE EXCLUSIVE PURPOSE OF VARIOUS PROGRAMS OF SUTTER VALLEY HOSPITALS.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	<p>ASC 740 FOOTNOTE FROM AUDIT: THIS ORGANIZATION WAS PART OF A CONSOLIDATED FINANCIAL SYSTEM AUDIT. THE ASC 740 AUDIT FOOTNOTE DISCLOSURE FOR THE SUTTER SYSTEM IS AS FOLLOWS: SUTTER HEALTH, THE LEGAL ENTITY, AND MANY AFFILIATES HAVE BEEN DETERMINED TO BE EXEMPT ORGANIZATIONS BY THE INTERNAL REVENUE SERVICE AND THE CALIFORNIA FRANCHISE TAX BOARD AND GENERALLY ARE NOT SUBJECT TO TAXES ON INCOME. CERTAIN ACTIVITIES OF SUTTER ARE SUBJECT TO INCOME TAXES; HOWEVER, SUCH ACTIVITIES ARE NOT SIGNIFICANT TO THE CONSOLIDATED FINANCIAL STATEMENTS. WITH RESPECT TO ITS TAXABLE ACTIVITIES, SUTTER RECORDS INCOME TAXES USING THE LIABILITY METHOD, UNDER WHICH DEFERRED TAX ASSETS AND LIABILITIES ARE DETERMINED BASED ON THE DIFFERENCES BETWEEN THE FINANCIAL ACCOUNTING AND TAX BASIS OF ASSETS AND LIABILITIES. DEFERRED TAX ASSETS OR LIABILITIES AT THE END OF EACH PERIOD ARE DETERMINED USING THE CURRENTLY ENACTED TAX RATE EXPECTED TO APPLY TO TAXABLE INCOME IN THE PERIODS THAT THE DEFERRED TAX ASSET OR LIABILITY IS EXPECTED TO BE REALIZED OR SETTLED. SUTTER RECOGNIZES THE TAX BENEFIT FROM UNCERTAIN TAX POSITIONS, ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITIONS WILL BE SUSTAINED ON EXAMINATION BY THE TAX AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFIT IS MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE STATUTE OF LIMITATIONS FOR TAX YEARS 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.</p>

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 <u>Grand Ole Gala</u> (event type)	(b) Event #2 <u>Ball Night</u> (event type)	(c) Other events <u>0</u> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	146,235	102,962		249,197
	2 Less: Contributions	83,175	70,067		153,242
	3 Gross income (line 1 minus line 2)	63,060	32,895		95,955
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	456			456
	6 Rent/facility costs	3,839	750		4,589
	7 Food and beverages	23,359	15,450		38,809
	8 Entertainment	1,800	870		2,670
	9 Other direct expenses	26,318	7,719		34,037
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				80,561
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				15,394

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

11	Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____.		
c	If "Yes," enter name and address of the third party:		
	Name ►		
	Address ►		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided ►		
	<input type="checkbox"/> Director/officer	<input type="checkbox"/> Employee	<input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

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

Return Reference	Explanation
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SCHEDULE H
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
SUTTER VALLEY HOSPITALS

Employer identification number
94-1156621

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input checked="" type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>400 %</u> b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ % 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"?	3a	Yes	
		3b		
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	4	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5a	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 eligible for free or discounted care?	5b	Yes	
6a	Did the organization prepare a community benefit report during the tax year?	5c		No
b	If "Yes," did the organization make it available to the public?	6a	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.	6b	Yes	

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)			45,725,513		45,725,513	1.350 %
b Medicaid (from Worksheet 3, column a)			805,301,046	723,337,908	81,963,138	2.420 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			83,997,815	48,082,419	35,915,396	1.060 %
d Total Financial Assistance and Means-Tested Government Programs			935,024,374	771,420,327	163,604,047	4.830 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).	45		4,246,317		4,246,317	0.130 %
f Health professions education (from Worksheet 5)	3		6,989,878	6,486,566	503,312	0.010 %
g Subsidized health services (from Worksheet 6)	10		8,069,054	666,668	7,402,386	0.220 %
h Research (from Worksheet 7)	6		2,001,072	843,955	1,157,117	0.030 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	59		17,962,188		17,962,188	0.530 %
j Total. Other Benefits	123		39,268,509	7,997,189	31,271,320	0.920 %
k Total. Add lines 7d and 7j	123		974,292,883	779,417,516	194,875,367	5.750 %

Part II

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

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

Part III

Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

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.

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.

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.

9a

Did the organization have a written debt collection policy during the tax year?

9b

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

Section B. Medicare

5

Enter total revenue received from Medicare (including DSH and IME)

6

Enter Medicare allowable costs of care relating to payments on line 5

7

Subtract line 6 from line 5. This is the surplus (or shortfall)

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

Part IV

Management Companies and Joint Ventures

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

(a) Name of entity

(b) Description of primary activity of entity

(c) Organization's profit % or stock ownership %

(d) Officers, directors, trustees, or key employees' profit % or stock ownership %

(e) Physicians' profit % or stock ownership %

1 SUTTER AMADOR SURG	MEDICAL SERVICES	32 %	0 %	24 %
2 ROSEVILLE ENDOSCOPY	MEDICAL SERVICES	11 %	0 %	49 %
3 STANISLAUS SURG HOSP	MEDICAL SERVICES	20 %	0 %	30.77 %
4 MEMORIAL MED BLDG	OFFICE RENTAL	75.04 %	0 %	24.94 %
5				
6				
7				
8				
9				
10				
11				
12				
13				

Schedule H (Form 990) 2019

Part V Facility Information**Section A. Hospital Facilities**

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

How many hospital facilities did the organization operate during the tax year?
11

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

A

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

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

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

A

Name of hospital facility or letter of facility reporting group _____

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

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

A

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

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

A

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

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

B

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

16

Community Health Needs Assessment

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

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

B

Name of hospital facility or letter of facility reporting group _____

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

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

B

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

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

B

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

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
MEMORIAL MEDICAL CENTER**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

2

Community Health Needs Assessment

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

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

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

MEMORIAL MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

MEMORIAL MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
SUTTER TRACY COMMUNITY HOSPITAL**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

5

Community Health Needs Assessment

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

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

SUTTER TRACY COMMUNITY HOSPITAL

Name of hospital facility or letter of facility reporting group _____

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

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

SUTTER TRACY COMMUNITY HOSPITAL

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

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

SUTTER TRACY COMMUNITY HOSPITAL

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

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
MEMORIAL HOSPITAL LOS BANOS**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

10

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

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

MEMORIAL HOSPITAL LOS BANOS

Name of hospital facility or letter of facility reporting group _____

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

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

MEMORIAL HOSPITAL LOS BANOS

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

MEMORIAL HOSPITAL LOS BANOS

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
STANISLAUS SURGICAL HOSPITAL**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

11

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

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

STANISLAUS SURGICAL HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>100</u> % and FPG family income limit for eligibility for discounted care of <u>350</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15 Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input checked="" type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16 Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>Pt V, Section C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

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

STANISLAUS SURGICAL HOSPITAL

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

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

STANISLAUS SURGICAL HOSPITAL

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

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 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.

[illegible]

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 23

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

Part VI Supplemental Information

Provide the following information.

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINES 3A & 3C	FINANCIAL ASSISTANCE ELIGIBILITY CRITERIA: FOR UNINSURED PATIENTS TO BE ELIGIBLE FOR FREE CARE THE ORGANIZATION USES THE FEDERAL POVERTY GUIDELINES (FPG) FOR FAMILY INCOMES THAT ARE AT OR BELOW 400% OF FPG. IN ADDITION THE ORGANIZATION HAS A HIGH MEDICAL COST CHARITY CARE CATEGORY IN WHICH A WRITE OFF OF THE PATIENT RESPONSIBILITY FOR HOSPITAL SERVICES CAN OCCUR IF THE INSURED PATIENT HAS FAMILY INCOME AT OR BELOW 400% FPG AND EXPENSES INCURRED FOR THEMSELVES OR THEIR FAMILY EXCEED 10% OF THE PATIENT'S FAMILY INCOME. SUTTER VALLEY HOSPITALS ACQUIRED A 20% OWNERSHIP INTEREST IN STANISLAUS SURGICAL HOSPITAL IN 2016. THIS HOSPITAL PROVIDES PREDOMINANTLY ELECTIVE SURGERIES AND DOES NOT PROVIDE EMERGENCY CARE. STANISLAUS SURGICAL HOSPITAL PROVIDES FREE CHARITY CARE FOR MEDICALLY NECESSARY PROCEDURES FOR UNINSURED PATIENTS FOR FAMILY INCOMES THAT ARE AT OR BELOW 100% OF FPG. SCHEDULE H, PART I, LINE 3B SUTTER VALLEY HOSPITALS IS COMMITTED TO PROVIDING CHARITY CARE. SUTTER VALLEY HOSPITALS PROVIDES FREE CARE AT HIGH PERCENTAGE OF FPG. IT DOES NOT PROVIDE DISCOUNTED CARE. STANISLAUS SURGICAL HOSPITAL PROVIDES DISCOUNTED CHARITY CARE BASED ON A SLIDING SCALE UP TO 350% OF FPG.

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART II	COMMUNITY BUILDING ACTIVITIES: SUTTER VALLEY HOSPITALS DID NOT HAVE ANY COMMUNITY BUILDING ACTIVITIES TO REPORT IN 2019.

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 9B	<p>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.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	SUTTER MEDICAL CENTER SACRAMENTO: THE ORGANIZATION DOES NOT CONDUCT ANY ADDITIONAL COMMUNITY HEALTH CARE NEEDS ASSESSMENTS OUTSIDE OF THE 2019 - 2021 COMMUNITY HEALTH NEEDS ASSESSMENT REFERENCED. MEMORIAL MEDICAL CENTER: THE ORGANIZATION DOES NOT CONDUCT ANY ADDITIONAL COMMUNITY HEALTH CARE NEEDS ASSESSMENTS OUTSIDE OF THE 2019 - 2021 COMMUNITY HEALTH NEEDS ASSESSMENT REFERENCED. SUTTER ROSEVILLE MEDICAL CENTER: THE ORGANIZATION DOES NOT CONDUCT ANY ADDITIONAL COMMUNITY HEALTH CARE NEEDS ASSESSMENTS OUTSIDE OF THE 2019 - 2021 COMMUNITY HEALTH NEEDS ASSESSMENT REFERENCED. SUTTER SOLANO MEDICAL CENTER: THE ORGANIZATION DOES NOT CONDUCT ANY ADDITIONAL COMMUNITY HEALTH CARE NEEDS ASSESSMENTS OUTSIDE OF THE 2019 - 2021 COMMUNITY HEALTH NEEDS ASSESSMENT REFERENCED. SUTTER TRACY COMMUNITY HOSPITAL: THE ORGANIZATION DOES NOT CONDUCT ANY ADDITIONAL COMMUNITY HEALTH CARE NEEDS ASSESSMENTS OUTSIDE OF THE 2019 - 2021 COMMUNITY HEALTH NEEDS ASSESSMENT REFERENCED. SUTTER AUBURN FAITH HOSPITAL: THE ORGANIZATION DOES NOT CONDUCT ANY ADDITIONAL COMMUNITY HEALTH CARE NEEDS ASSESSMENTS OUTSIDE OF THE 2019 - 2021 COMMUNITY HEALTH NEEDS ASSESSMENT REFERENCED. SUTTER AMADOR HOSPITAL: THE ORGANIZATION DOES NOT CONDUCT ANY ADDITIONAL COMMUNITY HEALTH CARE NEEDS ASSESSMENTS OUTSIDE OF THE 2019 - 2021 COMMUNITY HEALTH NEEDS ASSESSMENT REFERENCED. SUTTER DAVIS HOSPITAL: THE ORGANIZATION DOES NOT CONDUCT ANY ADDITIONAL COMMUNITY HEALTH CARE NEEDS ASSESSMENTS OUTSIDE OF THE 2019 - 2021 COMMUNITY HEALTH NEEDS ASSESSMENT REFERENCED. MEMORIAL HOSPITAL LOS BANOS: THE ORGANIZATION DOES NOT CONDUCT ANY ADDITIONAL COMMUNITY HEALTH CARE NEEDS ASSESSMENTS OUTSIDE OF THE 2019 - 2021 COMMUNITY HEALTH NEEDS ASSESSMENT REFERENCED. STANISLAUS SURGICAL HOSPITAL: 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	<p>PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE: SUTTER HOSPITALS FOLLOW A SUTTER HEALTH SYSTEM-WIDE FINANCIAL ASSISTANCE POLICY, WHICH INCLUDES THE FOLLOWING DETAILS OF HOW THE ORGANIZATION INFORMS AND EDUCATES PATIENTS AND PERSONS WHO MAY BE BILLED FOR PATIENT CARE. LANGUAGES: THE POLICY SHALL BE AVAILABLE IN THE PRIMARY LANGUAGE(S) OF HOSPITAL'S SERVICE AREA. IN ADDITION, ALL NOTICES/COMMUNICATIONS PROVIDED IN THIS SECTION SHALL BE AVAILABLE IN PRIMARY LANGUAGE(S) OF HOSPITAL'S SERVICE AREA AND IN A MANNER CONSISTENT WITH ALL APPLICABLE FEDERAL AND STATE LAWS AND REGULATIONS. INFORMATION PROVIDED TO PATIENTS DURING THE PROVISION OF HOSPITAL SERVICES: A. DURING PREADMISSION OR REGISTRATION (OR AS SOON THEREAFTER AS PRACTICABLE) HOSPITALS SHALL PROVIDE ALL PATIENTS WITH A COPY OF A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY AND IDENTIFY THE DEPARTMENT THAT PATIENTS CAN VISIT TO RECEIVE INFORMATION ABOUT, AND ASSISTANCE WITH APPLYING FOR, FINANCIAL ASSISTANCE. B. FINANCIAL ASSISTANCE COUNSELORS: PATIENTS WHO MAY BE UNINSURED PATIENTS SHALL BE ASSIGNED FINANCIAL COUNSELORS, WHO SHALL VISIT WITH THE PATIENTS IN PERSON AT THE HOSPITAL, PROVIDE PATIENTS A FINANCIAL ASSISTANCE APPLICATION, ASSIST WITH THE APPLICATION PROCESS, AND PROVIDE A CONTACT INFORMATION FOR THE PATIENT TO CALL FOR QUESTIONS. C. EMERGENCY SERVICES: IN THE CASE OF EMERGENCY SERVICES, HOSPITALS SHALL PROVIDE ALL PATIENTS A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY AS SOON AS PRACTICABLE AFTER STABILIZATION OF THE PATIENT'S EMERGENCY MEDICAL CONDITION OR UPON DISCHARGE. D. APPLICATIONS PROVIDED AT DISCHARGE: AT THE TIME OF DISCHARGE, HOSPITALS SHALL PROVIDE ALL PATIENTS WITH A COPY OF A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY. E. INFORMATION PROVIDED TO PATIENTS AT OTHER TIMES: 1. CONTACT INFORMATION WHICH INCLUDES A PHONE NUMBER AND HOSPITAL DEPARTMENT TO OBTAIN ADDITIONAL INFORMATION ABOUT FINANCIAL ASSISTANCE AND ASSISTANCE WITH THE APPLICATION PROCESS. 2. BILLING STATEMENTS: BILLING STATEMENTS PROVIDED TO PATIENTS SHALL INCLUDE A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY, A PHONE NUMBER FOR PATIENTS TO CALL WITH QUESTIONS ABOUT FINANCIAL ASSISTANCE, AND THE WEBSITE ADDRESS WHERE PATIENTS CAN OBTAIN ADDITIONAL INFORMATION ABOUT FINANCIAL ASSISTANCE INCLUDING THE FINANCIAL ASSISTANCE POLICY, A PLAIN LANGUAGE SUMMARY OF THE POLICY, AND THE APPLICATION FOR FINANCIAL ASSISTANCE. 3. UPON REQUEST: HOSPITALS SHALL PROVIDE PATIENTS WITH PAPER COPIES OF THE FINANCIAL ASSISTANCE POLICY, THE APPLICATION FOR FINANCIAL ASSISTANCE, AND THE PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY UPON REQUEST AND WITHOUT CHARGE. F. PUBLICITY OF FINANCIAL ASSISTANCE INFORMATION 1. PUBLIC POSTING: HOSPITALS SHALL POST COPIES OF THE FINANCIAL ASSISTANCE POLICY, THE APPLICATION FOR FINANCIAL ASSISTANCE, AND THE PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY IN A PROMINENT LOCATION IN THE EMERGENCY ROOM, ADMISSIONS AREA, AND ANY OTHER LOCATION IN THE HOSPITAL WHERE THERE IS A HIGH VOLUME OF PATIENT TRAFFIC, INCLUDING BUT NOT LIMITED TO THE WAITING ROOMS, BILLING OFFICES, AND HOSPITAL OUTPATIENT SERVICE SETTINGS. THESE PUBLIC NOTICES SHALL INCLUDE INFORMATION ABOUT THE RIGHT TO REQUEST AN ESTIMATE OF FINANCIAL RESPONSIBILITY FOR SERVICES. 2. WEBSITE: THE FINANCIAL ASSISTANCE POLICY, APPLICATION FOR FINANCIAL ASSISTANCE AND PLAIN LANGUAGE SUMMARY SHALL BE AVAILABLE IN A PROMINENT PLACE ON THE SUTTER HEALTH WEBSITE (WWW.SUTTERHEALTH.ORG) AND ON EACH INDIVIDUAL HOSPITAL'S WEBSITE. PERSONS SEEKING INFORMATION ABOUT FINANCIAL ASSISTANCE SHALL NOT BE REQUIRED TO CREATE AN ACCOUNT OR PROVIDE ANY PERSONAL INFORMATION BEFORE RECEIVING INFORMATION ABOUT FINANCIAL ASSISTANCE. 3. MAIL: PATIENTS MAY REQUEST A COPY OF THE FINANCIAL ASSISTANCE POLICY, APPLICATION FOR FINANCIAL ASSISTANCE AND PLAIN LANGUAGE SUMMARY BE SENT BY MAIL, AT NO COST TO THE PATIENT. 4. ADVERTISEMENTS/PRESS RELEASES: AS NECESSARY AND ON AT LEAST AN ANNUAL BASIS, SUTTER HEALTH WILL PLACE AN ADVERTISEMENT REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE AT HOSPITALS IN THE PRINCIPAL NEWSPAPER(S) IN THE COMMUNITIES SERVED BY SUTTER HEALTH, OR WHEN DOING SO IS NOT PRACTICAL, SUTTER WILL ISSUE A PRESS RELEASE CONTAINING THIS INFORMATION, OR USE OTHER MEANS THAT SUTTER HEALTH CONCLUDES WILL WIDELY PUBLICIZE THE AVAILABILITY OF THE POLICY TO AFFECTED PATIENTS IN OUR COMMUNITIES. 5. COMMUNITY AWARENESS: SUTTER HEALTH WILL WORK WITH AFFILIATED ORGANIZATIONS, PHYSICIANS, COMMUNITY CLINICS AND OTHER HEALTH CARE PROVIDERS TO NOTIFY MEMBERS OF THE COMMUNITY (ESPECIALLY THOSE WHO ARE MOST LIKELY TO REQUIRE FINANCIAL ASSISTANCE) ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE.</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	<p>SUTTER MEDICAL CENTER SACRAMENTO (SMCS): THE HOSPITAL SERVICE AREA (HSA) IS DEFINED AS THE GEOGRAPHIC AREA (BY ZIP CODE) IN WHICH SUTTER MEDICAL CENTER AND SUTTER CENTER FOR PSYCHIATRY RECEIVES ITS TOP 80% OF DISCHARGES. THERE ARE FOUR HOSPITALS THAT SERVE THE COMMUNITY. SACRAMENTO COUNTY HAS OVER 30 CITIES, CENSUS-DESIGNATED PLACES, AND UNINCORPORATED COMMUNITIES THAT INCLUDE NEIGHBORHOODS WITH RICH HERITAGES SUCH AS OAK PARK, KNOWN AS SACRAMENTO'S FIRST SUBURB, TO NEWER COMMUNITIES SUCH AS THE CITY OF RANCHO CORDOVA, INCORPORATED IN 2003. SACRAMENTO COUNTY RANKS AS CALIFORNIA'S 31ST-MOST OVERALL HEALTHY COUNTY AMONG THE 58 IN THE STATE. THE AREA IS SERVED BY A NUMBER OF HEALTHCARE ORGANIZATIONS, INCLUDING THOSE THAT COLLABORATED IN THIS ASSESSMENT. IN THIS CHNA, TWO ADDITIONAL ZIP CODES FROM EL DORADO COUNTY, A NEIGHBORING COUNTY EAST OF SACRAMENTO, WERE INCLUDED TO CAPTURE THE PORTION OF THE COMMUNITY SERVED BY MERCY HOSPITAL OF FOLSOM, LOCATED NEAR THE BORDER OF THESE TWO COUNTIES. WITH SOME EXCEPTIONS, FINDINGS DESCRIBED IN THIS REPORT ARE ORGANIZED BOTH AT THE COUNTY LEVEL AND, AS DETAILED LATER IN THIS REPORT, BY DESIGNATED REGIONS WITHIN THE COUNTY. THE DEFINITION OF THE COMMUNITY SERVED INCLUDED MOST PORTIONS OF SACRAMENTO COUNTY, AND A SMALL PORTION OF WESTERN EL DORADO COUNTY, CALIFORNIA. REGARDED AS A HIGHLY DIVERSE COMMUNITY, SACRAMENTO COUNTY COVERS 994 SQUARE MILES AND IS HOME TO APPROXIMATELY 1.5 MILLION RESIDENTS. THE CHNA USES THIS DEFINITION OF THE COMMUNITY SERVED, AS THIS IS THE PRIMARY GEOGRAPHIC AREA SERVED BY THE SEVEN NONPROFIT HOSPITALS THAT COLLABORATED ON THIS CHNA. AN IN-DEPTH VIEW OF THE DEMOGRAPHICS AND GEOGRAPHY OF THE SERVICE AREA IS AVAILABLE IN THE 2019 SUTTER MEDICAL CENTER CHNA AT HTTPS://WWW.SUTTERHEALTH.ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMENT</p> <p>MEMORIAL MEDICAL CENTER: THE DEFINITION OF THE COMMUNITY SERVED WAS STANISLAUS COUNTY. THIS IS THE DESIGNATED SERVICE AREA BECAUSE THE MAJORITY OF PATIENTS SERVED BY MEMORIAL MEDICAL CENTER RESIDED IN THIS AREA. THERE ARE THREE HOSPITALS THAT SERVE THE COMMUNITY. LOCATED IN CALIFORNIA'S CENTRAL VALLEY, THE COUNTY COVERS APPROXIMATELY 1,500 SQUARE MILES AND IS HOME TO OVER 530,000 RESIDENTS. IT IS THE 16TH MOST POPULOUS AMONG CALIFORNIA'S 58 COUNTIES. THERE ARE NINE INCORPORATED CITIES IN THE COUNTY INCLUDING CERES, HUGHSON, MODESTO, NEWMAN, OAKDALE, PATTERSON, RIVERBANK, TURLOCK, AND WATERFORD. OF THESE, MODESTO, THE COUNTY SEAT, IS THE MOST POPULOUS, ACCOUNTING FOR APPROXIMATELY 40% OF THE COUNTY'S POPULATION; TURLOCK IS THE SECOND, FOLLOWED BY CERES. THE TWO LARGEST RACE/ETHNIC GROUPS IN THE COUNTY ARE THOSE OF HISPANIC OR LATINO ORIGIN (44.8%), FOLLOWED BY CAUCASIANS (43.5%). AGRICULTURE PLAYS A SIGNIFICANT ROLE IN THE COUNTY, THUS THE COUNTY'S LARGEST EMPLOYERS ARE IN THE AGRICULTURE AND FOOD-RELATED INDUSTRIES. THE ROBERT WOOD JOHNSON'S COUNTY HEALTH RANKINGS RANKED STANISLAUS COUNTY THE 41ST MOST HEALTHY AMONG CALIFORNIA'S 58 COUNTIES. AN IN-DEPTH VIEW OF THE DEMOGRAPHICS AND GEOGRAPHY OF THE SERVICE AREA, WITH SOURCES, IS AVAILABLE IN THE MEMORIAL MEDICAL CENTER'S 2019 CHNA AT HTTPS://WWW.SUTTERHEALTH.ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMENT</p> <p>SUTTER ROSEVILLE MEDICAL CENTER: THE DEFINITION OF THE COMMUNITY SERVED WAS THE PRIMARY SERVICE AREA OF SRMC. THE SERVICE AREA WAS DEFINED BY 21 ZIP CODES IN SOUTHERN PLACER AND NORTHERN SACRAMENTO COUNTIES. THIS SERVICE AREA WAS DESIGNATED BECAUSE THE MAJORITY OF PATIENTS SERVED BY SRMC RESIDED IN THESE ZIP CODES. COLLECTIVELY, OVER 700,000 RESIDENTS LIVE IN THE SERVICE AREA. THERE ARE FOUR HOSPITALS THAT SERVE THE COMMUNITY. THOUGH LOCATED IN PLACER COUNTY, THE HOSPITAL SERVES A DIVERSE POPULATION ACROSS BOTH PLACER AND SACRAMENTO COUNTIES. SITUATED IN ROSEVILLE ALONG THE I-80 CORRIDOR THAT RUNS FROM THE SAN FRANCISCO BAY AREA TO RENO, NEVADA AND BEYOND, SRMC SITS NEAR THE BORDER OF THESE TWO COUNTIES. IN PLACER COUNTY THERE WERE 11 ZIP CODES INCLUDED IN THE SERVICE AREA AND INCLUDED COMMUNITIES SUCH AS GRANITE BAY, LINCOLN, LOOMIS, PENRYN, ROCKLIN, ROSEVILLE, AND SHERIDAN. THE TOTAL POPULATION OF THESE ZIP CODES IS 287,586. IN SACRAMENTO COUNTY THERE WERE 10 ZIP CODES INCLUDED IN THE ASSESSMENT, AND THESE ENCOMPASSED COMMUNITIES SUCH AS ANTELOPE, CARMICHAEL, CITRUS HEIGHTS, FOLSOM, NORTH HIGHLANDS, AND ORANGEVALE. THE TOTAL POPULATION OF THESE ZIP CODES IS 415,837. COLLECTIVELY, THE SRMC SERVICE AREA IS HOME TO JUST OVER 700,000 RESIDENTS. THE ROBERT WOOD JOHNSON'S COUNTY HEALTH RANKINGS RANKED PLACER THE FOURTH HEALTHIEST COUNTY AMONG CALIFORNIA'S 58, WHILE SACRAMENTO WAS RANKED 31ST. THOUGH NEIGHBORING COUNTIES, PLACER AND SACRAMENTO HAVE DIFFERENCES IN THE CHARACTERISTICS OF THEIR POPULATIONS. FOR EXAMPLE, THE MEDIAN INCOME FOR PLACER COUNTY WAS \$76,926 COMPARED TO SACRAMENTO COUNTY AT \$57,509. THE CHARACTERISTICS FOR EACH ZIP CODE IN THE SERVICE AREA ARE PRESENTED IN TABLE 1 OF THE CHNA. THESE ARE COMPARED TO THE STATE AND COUNTY CHARACTERISTICS FOR DESCRIPTION.</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	<p>TIVE PURPOSES. ANY ZIP CODE WITH RATES THAT VARIED NEGATIVELY OR PERFORMED POORLY WHEN COM PARED TO THE STATE OR COUNTY BENCHMARK WERE HIGHLIGHTED. EACH ZIP CODE IS COMPARED TO THE RATES OF THE COUNTY IN WHICH IT RESIDES. COMMUNITIES OF CONCERN ARE GEOGRAPHIC AREAS WITHI N THE SERVICE AREA THAT HAVE THE GREATEST CONCENTRATION OF POOR HEALTH OUTCOMES AND ARE HO ME TO MORE MEDICALLY UNDERSERVED, LOW INCOME, AND DIVERSE POPULATIONS AT GREATER RISK FOR POORER HEALTH. COMMUNITIES OF CONCERN ARE IMPORTANT TO THE OVERALL CHNA METHODOLOGY BECAUS E, AFTER THE SERVICE AREA IS ASSESSED MORE BROADLY, THEY ALLOW FOR A FOCUS ON THOSE PORTIO NS OF THE REGION LIKELY EXPERIENCING THE GREATEST HEALTH DISPARITIES. GEOGRAPHIC COMMUNITI ES OF CONCERN WERE IDENTIFIED USING A COMBINATION OF PRIMARY AND SECONDARY DATA SOURCES. A NALYSIS OF BOTH PRIMARY AND SECONDARY DATA REVEALED SEVEN ZIP CODES THAT MET THE CRITERIA TO BE CLASSIFIED AS A COMMUNITY OF CONCERN. THESE ARE NOTED IN ZIP CODE ORDER IN TABLE 2 O F THE CHNA, WITH THE CENSUS POPULATION PROVIDED FOR EACH, AND ARE DISPLAYED IN FIGURE 5 OF THE CHNA. THE TOTAL POPULATION OF COMMUNITIES OF CONCERN WAS 415,837 WHICH WAS 59.1% OF T HE TOTAL POPULATION SERVED. AN IN-DEPTH VIEW OF THE DEMOGRAPHICS AND GEOGRAPHY OF THE SERV ICE AREA IS AVAILABLE IN THE SUTTER ROSEVILLE MEDICAL CENTER CHNA AT HTTPS://WWW.SUTTERHEA LTH.ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN T SUTTER SOLANO MEDICAL CENTER: THE DEFINITION OF THE COMMUNITY SERVED INCLUDED THE PRIMARY SERVICE AREA OF THE HOSPITAL, THE CITY OF VALLEJO, CALIFORNIA, AND SURROUNDING COMMUNITIES AS DEFINED BY SIX ZIP CODES-94503 , 94510, 94589, 94590, 94591, AND 94592. THIS IS THE DESIGNATED SERVICE AREA BECAUSE THE M AJORITY OF PATIENTS SERVED BY SSMC RESIDED IN THESE ZIP CODES. CONSIDERED A NORTH SAN FRAN CISCO BAY COMMUNITY, VALLEJO IS AN INCORPORATED CITY IN SOLANO COUNTY. THE SERVICE AREA IN CLUDED ONE ZIP CODE, 94503 (AMERICAN CANYON), LOCATED IN NAPA COUNTY. THE TOTAL POPULATION OF THE SERVICE AREA WAS 170,925. THERE ARE THREE HOSPITALS THAT SERVE THE COMMUNITY. POPU LATION CHARACTERISTICS FOR EACH ZIP CODE IN THE SERVICE AREA ARE PRESENTED IN TABLE 1 OF T HE CHNA. THESE ARE COMPARED TO THE STATE AND COUNTY CHARACTERISTICS FOR DESCRIPTIVE PURPOS ES. ANY ZIP CODE WITH RATES THAT VARIED NEGATIVELY WHEN COMPARED TO THE STATE OR COUNTY BE NCHMARKS IS HIGHLIGHTED. BECAUSE AMERICAN CANYON IS LOCATED IN NAPA COUNTY, RATES FROM THI S ZIP CODE (94503) ARE COMPARED ONLY TO THE NAPA COUNTY AND STATE BENCHMARKS. SOLANO COUNT Y RESIDENT MEDIAN INCOME IS \$69,227 AND NAPA COUNTY IS \$74,609 COMPARED TO CALIFORNIA MEDI AN INCOME OF \$63,783. TWO ZIP CODES WITHIN SOLANO COUNTY FALL UNDER THE STATE MEDIAN INCOM E AT \$57,316 IN 94589 AND \$41,530 AT 94590. COMMUNITIES OF CONCERN ARE GEOGRAPHIC AREAS WI THIN THE SERVICE AREA THAT HAVE THE GREATEST CONCENTRATION OF POOR HEALTH OUTCOMES AND ARE HOME TO MORE MEDICALLY UNDERSERVED, LOW-INCOME, AND DIVERSE POPULATIONS AT GREATER RISK F OR POORER HEALTH. COMMUNITIES OF CONCERN ARE IMPORTANT TO THE OVERALL CHNA METHODOLOGY BEC AUSE, AFTER THE SERVICE AREA HAS BEEN ASSESSED MORE BROADLY, THEY ALLOW FOR A FOCUS ON THO SE PORTIONS OF THE REGION LIKELY EXPERIENCING THE GREATEST HEALTH DISPARITIES. GEOGRAPHIC COMMUNITIES OF CONCERN WERE IDENTIFIED USING A COMBINATION OF PRIMARY AND SECONDARY DATA S OURCES. ANALYSIS OF BOTH PRIMARY AND SECONDARY DATA REVEALED TWO ZIP CODES THAT MET THE CR ITERIA TO BE CLASSIFIED AS COMMUNITIES OF CONCERN. THE TWO ZIP CODES IDENTIFIED AS COMMUNI TIES OF CONCERN CONSIST OF A TOTAL POPULATION OF 67,400 WHICH WAS 39.4% OF THE TOTAL POPUL ATION OF THE SERVICE AREA FOR SUTTER SOLANO MEDICAL CENTER. AN IN-DEPTH VIEW OF THE DEMOGR APICS AND GEOGRAPHY OF THE SERVICE AREA IS AVAILABLE IN THE SUTTER MEDICAL CENTER CHNA AT HTTPS://WWW.SUTTERHEALTH.ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN T SUTTER TRACY COMMUNITY HOSPITAL: THE DEFININION OF THE COMMUNITY SERVED IS SAN JOAQUIN COUNTY, ONE OF CALIFORNIA'S FASTEST GROWING COUNTIES,</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	<p>PROMOTION OF COMMUNITY HEALTH: SUTTER HEALTH'S MISSION IS TO "ENHANCE THE WELL-BEING OF THE PEOPLE IN THE COMMUNITIES WE SERVE, THROUGH A NOT-FOR-PROFIT COMMITMENT TO COMPASSION AND EXCELLENCE IN HEALTH CARE SERVICES." SUTTER HEALTH'S MISSION REACHES BEYOND THE WALLS OF OUR HOSPITALS AND FACILITIES. OUR AFFILIATES FURTHER THEIR TAX-EXEMPT PURPOSE BY: - BUILDING RELATIONSHIPS OF TRUST BY WORKING COLLABORATIVELY WITH COMMUNITY GROUPS, SCHOOLS AND GOVERNMENT ORGANIZATIONS TO EFFECTIVELY LEVERAGE RESOURCES AND ADDRESS IDENTIFIED COMMUNITY NEEDS; - SUPPORTING NONPROFIT ORGANIZATIONS THAT ARE COMMITTED TO COMMUNITY HEALTH IMPROVEMENT THROUGH FINANCIAL INVESTMENTS, IN-KIND SERVICES AND EMPLOYEE VOLUNTEERISM; AND - PROVIDING GENEROUS CHARITY CARE POLICIES FOR OUR MOST VULNERABLE COMMUNITY MEMBERS. SUTTER MEDICAL CENTER SACRAMENTO THE 2019-2021 IMPLEMENTATION STRATEGIES FOR SUTTER MEDICAL CENTER SACRAMENTO (SMCS) DEFINE A VARIETY OF PROGRAMS AND PARTNERSHIPS THAT ADDRESS IDENTIFIED PRIORITY HEALTH NEEDS AND IMPROVE THE OVERALL HEALTH OF THE COMMUNITIES THEY SERVES. A FEW OF THOSE PROGRAMS AND PARTNERSHIPS ARE DESCRIBED BELOW. THE NEED FOR MENTAL HEALTH SERVICES AND RESOURCES, ESPECIALLY FOR THE UNDERSERVED, HAS REACHED A BREAKING POINT ACROSS THE SUTTER HEALTH VALLEY OPERATING UNIT. THIS IS WHY WE ARE FOCUSED ON BUILDING A COMPREHENSIVE MENTAL HEALTH STRATEGY THAT INTEGRATES KEY ELEMENTS SUCH AS POLICY AND ADVOCACY, COUNTY SPECIFIC INVESTMENTS, STIGMA REDUCTION, INCREASED AWARENESS AND EDUCATION, WITH TANGIBLE OUTREACH SUCH AS EXPANDED MENTAL HEALTH RESOURCES TO PROFESSIONALS IN THE WORKPLACE AND TELEPSYCH OPTIONS TO THE UNDERSERVED. IN 2019, SUTTER HEALTH VALLEY HOSPITALS EXTENDED THE PARTNERSHIP WITH STEINBERG INSTITUTE FOR AN ADDITIONAL THREE YEARS. THIS PROGRAM WILL INCREASE ACCESS TO AND CONTACT WITH CHILDREN AND ADOLESCENTS NEEDING MENTAL HEALTH SERVICES, INCREASE THE NUMBER OF ELECTED OFFICIALS WHO MAKE MENTAL HEALTH A TOP PRIORITY, AND INCREASE THE NUMBER OF ADVOCACY ORGANIZATIONS WHO ACTIVELY AND COLLABORATIVELY ENGAGED AROUND THE TOP IC OF MENTAL HEALTH. SUTTER MEDICAL CENTER SACRAMENTO CONTINUES TO PARTNER WITH WELLSPACE HEALTH THROUGH THE INTERIM CARE PROGRAM (ICP), ICP EXPANSION STREET NURSE PROGRAM, AND THE T3 PROGRAMS. THROUGH THESE PROGRAMS, THOUSANDS OF PATIENTS RECEIVE REFERRALS TO A VARIETY OF SERVICES. IN PARTNERSHIP WITH WELLSPACE HEALTH, THE INTERIM CARE PROGRAM (ICP) IS A SHORT TERM LAY-IN RESPIRE SHELTER HOUSED AT VOLUNTEERS OF AMERICA SERVICING CLIENTS THAT ARE EXPERIENCING HOMELESSNESS POST HOSPITALIZATION. CLIENTS HAVE ACCESS TO FOOD, SHELTER AND A CLEAN ENVIRONMENT FOR UP TO FOUR WEEKS WHILE RECUPERATING. THE ICP OFFERS INTENSIVE CASE MANAGEMENT SERVICES THAT INCLUDE TRANSPORTATION TO APPOINTMENTS, ASSISTANCE WITH SECURING IDENTIFICATION, GOVERNMENTAL ASSISTANCE, SOCIAL SECURITY CARD AND REFERRALS TO OTHER SUPPORTIVE SERVICES. THE ON-SITE REGISTERED NURSE OFFERS EDUCATION RELATED TO MEDICATION, DISEASE PROCESS AND POST HOSPITAL CARE WHILE ASSISTING CLIENTS WHO MAY HAVE DIFFICULTY NAVIGATING THE HEALTH CARE SYSTEM. IN 2019, ICP SERVED 1,076 CLIENTS WITH 18,397 REFERRALS MADE TO A VARIETY OF SERVICES INCLUDING PRIMARY HEALTH CARE, BEHAVIORAL HEALTH AND OTHER SUPPORT SERVICES. THE INTERIM CARE PROGRAM PLUS EXPANSION (ICP+) IS A SHORT TERM SIXTY TO NINETY DAY LAY-IN RESPIRE SHELTER HOUSED AT THE SALVATION ARMY SERVICING CLIENTS THAT ARE EXPERIENCING HOMELESSNESS POST HOSPITALIZATION. CLIENTS HAVE ACCESS TO FOOD, SHELTER AND A CLEAN ENVIRONMENT FOR UP TO FOUR WEEKS WHILE RECUPERATING. THE ICP+ OFFERS INTENSIVE CASE MANAGEMENT SERVICES THAT INCLUDE TRANSPORTATION TO APPOINTMENTS, ASSISTANCE WITH SECURING IDENTIFICATION, GOVERNMENTAL ASSISTANCE, SOCIAL SECURITY CARD AND REFERRALS TO OTHER SUPPORTIVE SERVICES. ICP+ DIFFERS FROM TRADITIONAL ICP IN THAT A CLIENT WITH A HIGHER LEVEL OF MEDICAL ACUITY IS ABLE TO HAVE THEIR RECUPERATIVE NEEDS MET DUE TO INCREASED LEVEL OF WELLSPACE HEALTH MEDICAL STAFFING. IN 2019, 578 PATIENTS WERE SERVED THROUGH THIS PROGRAM RECEIVING A TOTAL OF OVER 16,659 SOCIAL SERVICES REFERRALS. THE STREET OUTREACH NURSE, REFERRED TO HENCEFORTH AS THE OUTREACH NURSE, HAS BEEN ACTIVELY WORKING TO OUTREACH DIRECTLY TO PERSONS EXPERIENCING HOMELESSNESS LIVING ON THE STREETS SINCE JUNE OF 2016. IN THIS PROGRAM THE OUTREACH NURSE PROVIDES NURSING SERVICES SUCH AS WOUND CARE, VITAL SIGNS AND BLOOD GLUCOSE CHECKS, DISEASE MANAGEMENT EDUCATION, MEDICATION EDUCATION, AND ADDICTION EDUCATION. THE STREET OUTREACH NURSE PROVIDES BASIC HUMAN NEEDS WITH DIGNITY AND RESPECT. THE STREET NURSE PROVIDES INVALUABLE LINKAGES AND COMPREHENSIVE CASE MANAGEMENT TO HOMELESS PERSONS ON THE STREET WITH COMMUNITY RESOURCES AND PROGRAMS. THE LONG-TERM IMPACT ON THE COMMUNITY AS A WHOLE WILL BE THAT THE STREET NURSE WILL HELP FACILITATE APPROPRIATE CARE FOR HOMELESS PERSONS, REDUCING LOITERING, PANHANDLING, AND THE HOMELESS POPULATION IN GENERAL. IN 2019, 497 PEOPLE RECEIVED SERVICES INCLUDING 1,344 REFERRALS.</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	<p>ALS MADE TO SERVICES SUCH AS PRIMARY HEALTH CARE, BEHAVIORAL HEALTH AND OTHER BASIC NEEDS. IN PARTNERSHIP WITH WELLSPACE HEALTH, THE T3 PROGRAM PROVIDES CASE MANAGEMENT SERVICES FOR PEOPLE WHO FREQUENTLY ACCESS THE SUTTER MEDICAL CENTER, EMERGENCY DEPARTMENT FOR NON-URGENT NEEDS, BY CONNECTING VULNERABLE PATIENTS TO VITAL RESOURCES SUCH AS HOUSING, INCOME (S SI/GA) , PRIMARY CARE, MENTAL AND BEHAVIORAL HEALTH SERVICES, TRANSPORTATION, SUBSTANCE ABUSE TREATMENT AND OTHER KEY COMMUNITY RESOURCES. IN 2019, TRANSPORTATION ASSISTANCE WAS PROVIDED 988 TIMES, PATIENTS WERE CONNECTED TO 337 PRIMARY CARE HEALTH VISITS AND 42 MENTAL HEALTH VISITS, INCOME ASSISTANCE WAS GIVEN TO 812 CLIENTS AND 16 ESTABLISHED PERMANENT HOUSING PLACEMENTS. IN TOTAL, 7,001 REFERRALS WERE MADE FOR A VARIETY OF SERVICES. SACRAMENTO COVERED, IS A COMMUNITY-BASED NON-PROFIT ORGANIZATION DEDICATED TO IMPROVING THE OVERALL HEALTH OF THE REGION BY CONNECTING PEOPLE TO MEDICAL COVERAGE, PRIMARY AND PREVENTATIVE CARE, AND OTHER NEEDED RESOURCES. THE HEALTH NAVIGATION PROGRAM'S GOAL IS TO ESTABLISH MEDICAL HOMES, THEREBY REDUCING DEPENDENCE ON EMERGENCY ROOM SYSTEMS OF CARE. IN 2019, SACRAMENTO COVERED PROVIDED SERVICES TO A TOTAL OF 8,233 INDIVIDUALS WITH 1,138 SERVICE REFERRALS, AND 16,971 OTHER SERVICES. SMCS FUNDS MANY PARTNERS THAT FOCUS ON EARLY CHILDHOOD HEALTH AND WELLNESS, INCLUDING, NUTRITION AND EDUCATION. SOME OF THOSE PROGRAMS, INCLUDE, SOIL BORN FARMS (COMMUNITY FARMS/HEALTHY EATING), AND CLASSROOMS UNLEASHED. IN 2019, THESE PROGRAMS SAW THE FOLLOWING IMPACT: - FOOD ACCESS: IN 2019 FOR SOIL BORN FARMS THERE WAS AN EXPANDED LEVEL OF COMMUNITY AWARENESS AND ENGAGEMENT IN RANCHO CORDOVA AROUND HEALTHY FOOD, HEALTHY EATING EDUCATION AND HEALTHY FOOD CELEBRATION. EVENTS FEATURING THESE FOOD THEMES INCLUDED KIDS DAY, WEEKLY FARMSTANDS, FARM EVENTS (HARVEST FESTIVAL, AUTUMN EQUINOX CELEBRATION, FAMILY NIGHT AND TOMATO JUBILEE), GARDEN CLINICS, FARM CLASSES FOR YOUTH AND ADULTS, DAILY SCHOOL GARDEN INSTRUCTION AT ALL OF THE PRIMARY SCHOOLS IN THE COMMUNITY AND LINCOLN VILLAGE FRUIT TREE PLANTING. COLLECTIVELY THESE EVENTS AND INTERACTIONS ENGAGED THOUSANDS OF COMMUNITY RESIDENTS AND DISTRIBUTED THOUSANDS OF POUNDS OF FOOD. - EDUCATION: CLASSROOMS UNLEASHED IS AN IMPACTFUL YOUTH EDUCATION PROGRAM THAT COMBINES IN-CLASS LESSONS, LED BY OUR CREDENTIALLED AND EXPERIENCED TEACHERS, WITH AN INCORPORATED DAY-LONG OUTDOOR STEM EXPERIENCE DURING WHICH STUDENTS EXAMINE AND GATHER EVIDENCE THROUGH HANDS-ON EXPLORATION. THE PROGRAM INCLUDES SIX DIFFERENT UNITS, ONE FOR EACH GRADE, AND COMBINES THE BEST PRACTICES FROM FORMAL EDUCATION AND EXPERIENTIAL EDUCATION AS A FRAMEWORK FOR YOUNG PEOPLE TO STUDY, THINK, AND LEARN. IN 2019, 539 COMMUNITY MEMBERS PARTICIPATED IN THE PROGRAM. SACRAMENTO STEPS FORWARD (SSF) UTILIZES A THREE-STEP HOUSING CRISIS RESOLUTION SYSTEM AS A STRATEGY TO END HOMELESSNESS IN THE SACRAMENTO REGION. THIS SYSTEM IS BASED ON A HOUSING FIRST MODEL THAT PROVIDES PEOPLE WITH A CONTINUUM OF CARE. THE COORDINATED EXIT PROGRAM IS DESIGNED TO MOVE INDIVIDUALS AND FAMILIES OUT OF HOMELESSNESS AS EFFICIENTLY AND AS QUICKLY AS POSSIBLE BY PLACING THEM IN EMERGENCY, TRANSITIONAL, OR PERMANENT HOUSING WHILE CONCURRENTLY WRAPPING THEM WITH OTHER SUPPORTIVE SERVICES. THESE SERVICES OFTEN INCLUDE ACCESS TO HEALTH CARE, COORDINATION OF SOCIAL SERVICES, ENROLLMENT IN EMPLOYMENT PROGRAMS AND OTHER CLIENT-CENTERED SUPPORT SERVICES TO MAINTAIN ONGOING STABILITY AND BREAK THE CYCLE OF HOMELESSNESS. THROUGHOUT 2019, 107 INDIVIDUALS WERE SERVED RESULTING IN 525 SERVICES. THE NAVIGATOR TOOK EVERY REFERRAL AND WORKED WITH CLIENTS PROVIDING THEM HOMELESS RESOURCES RELEVANT TO THEIR CASES. THOUGH ONLY 13 CLIENTS GOT INTO HOUSING AS A RESULT OF DIRECT CARE, THE NAVIGATOR ALSO ASSISTED WITH REFERRING ELIGIBLE PATIENTS FROM SUTTER INTO THE NEW DOWNTOWN SHELTER WHERE THE CLIENTS RECEIVED BOTH SHELTER SERVICES AND HOUSING CASE MANAGEMENT. WEAVE'S VIOLENCE PREVENTION NAVIGATOR (VPN) PRO</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, LINE 6</p>	<p>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, SUTTER'S 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 SUTTER'S INTEGRATED SYSTEM PROVIDES A MODEL THAT CAN SHAPE THE FUTURE OF HEALTHCARE. SUTTER HEALTH'S 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 HEALTH'S 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. SUTTER'S 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.</p>

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

Additional Data

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

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 11		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	Sutter Medical Center Sacramento 2825 CAPITOL AVENUE SACRAMENTO, CA 95816 WWW.SUTTERMEDICALCENTER.ORG LICENSE #030000102	X	X					X			B
2	MEMORIAL MEDICAL CENTER 1700 COFFEE ROAD MODESTO, CA 95355 WWW.MEMORIALMEDICALCENTER.ORG LICENSE #030000061	X	X					X			
3	SUTTER ROSEVILLE MEDICAL CENTER ONE MEDICAL PLAZA ROSEVILLE, CA 956613037 WWW.SUTTERROSEVILLE.ORG LICENSE #030000083	X	X					X			A
4	SUTTER SOLANO MEDICAL CENTER 300 HOSPITAL DRIVE VALLEJO, CA 945892574 WWW.SUTTERSOLANO.ORG LICENSE #110000082	X	X					X			A
5	SUTTER TRACY COMMUNITY HOSPITAL 1420 N TRACY BLVD TRACY, CA 95376 WWW.SUTTERTRACY.ORG LICENSE #030000105	X	X					X			

Section A. Hospital Facilities		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 11											
Name, address, primary website address, and state license number											
6	SUTTER CENTER FOR PSYCHIATRY 7700 FOLSOM STREET SACRAMENTO, CA 958262608 www.suttermedicalcenter.org/psychiatry LICENSE #030000347	X									B
7	SUTTER AUBURN FAITH HOSPITAL 11815 EDUCATION STREET AUBURN, CA 956022410 WWW.SUTTERAUBURNFAITH.ORG LICENSE #030000012	X	X					X			A
8	SUTTER AMADOR HOSPITAL 200 MISSION BLVD JACKSON, CA 956422564 WWW.SUTTERAMADOR.ORG LICENSE #030000008	X	X					X			A
9	SUTTER DAVIS HOSPITAL 2000 SUTTER PLACE DAVIS, CA 956166201 WWW.SUTTERDAVIS.ORG LICENSE #030000124	X	X					X			A
10	MEMORIAL HOSPITAL LOS BANOS 520 West I Street Los Banos, CA 936353419 WWW.MEMORIALLOSBANOS.ORG LICENSE #040000177	X	X					X			

Section A. Hospital Facilities

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

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

11

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

Other (Describe)

Facility reporting group

11

STANISLAUS SURGICAL HOSPITAL
1421 OAKDALE ROAD
MODESTO, CA 953553356
WWW.STANISLAUSSURGICAL.COM
LICENSE #030000695

X

X

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

Form and Line Reference	Explanation
REPORTING FACILITY: A	<p>SCHEDULE H, PART V, SECTION B, LINE 3E THE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFIED THROUGH THE CHNA. REPORTING FACILITY: A SCHEDULE H, PART V, SECTION B, LINE 5 SUTTER ROSEVILLE MEDICAL CENTER (A, 3): IN CONDUCTING ITS MOST RECENT CHNA, SUTTER ROSEVILLE MEDICAL CENTER, A FACILITY OF SUTTER VALLEY HOSPITALS, DID TAKE INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY IN THE HOSPITAL'S SERVICE AREA (HSA). INPUT FROM THE COMMUNITY SERVED BY SUTTER ROSEVILLE MEDICAL CENTER WAS COLLECTED THROUGH TWO MAIN MECHANISMS. FIRST, KEY INFORMANT INTERVIEWS WERE CONDUCTED WITH COMMUNITY HEALTH EXPERTS AND AREA SERVICE PROVIDERS (I.E., MEMBERS OF SOCIAL-SERVICE NONPROFIT ORGANIZATIONS AND RELATED HEALTHCARE ORGANIZATIONS). THESE INTERVIEWS OCCURRED IN BOTH ONE-ON-ONE AND IN GROUP INTERVIEW SETTINGS. SECOND, FOCUS GROUPS WERE CONDUCTED WITH COMMUNITY RESIDENTS THAT WERE IDENTIFIED AS POPULATIONS EXPERIENCING DISPARITIES. ALL PARTICIPANTS WERE GIVEN AN INFORMED CONSENT FOR M PRIOR TO THEIR PARTICIPATION, WHICH PROVIDED INFORMATION ABOUT THE PROJECT, ASKED FOR PERMISSION TO RECORD THE INTERVIEW, AND LISTED THE POTENTIAL BENEFITS AND RISKS FOR INVOLVEMENT IN THE INTERVIEW. ALL INTERVIEW DATA WERE COLLECTED THROUGH NOTE TAKING AND, IN SOME INSTANCES, RECORDING. PRIMARY DATA COLLECTION WITH KEY INFORMANTS INCLUDED TWO PHASES. FIRST, PHASE ONE BEGAN BY INTERVIEWING AREA-WIDE SERVICE PROVIDERS WITH KNOWLEDGE OF THE SERVICE AREA, INCLUDING INPUT FROM THE DESIGNATED PUBLIC HEALTH DEPARTMENT. DATA FROM THESE ARE A-WIDE INFORMANTS, COUPLED WITH SOCIO-DEMOGRAPHIC DATA, WAS USED TO IDENTIFY ADDITIONAL KEY INFORMANTS FOR THE ASSESSMENT THAT WERE INCLUDED IN PHASE TWO. AS A PART OF THE INTERVIEW PROCESS, ALL KEY INFORMANTS WERE ASKED TO IDENTIFY VULNERABLE POPULATIONS. THE INTERVIEWER ASKED EACH PARTICIPANT TO VERBALLY EXPLAIN WHAT VULNERABLE POPULATIONS EXISTED IN THE COUNTY. AS NEEDED FOR A VISUAL AID, KEY INFORMANTS WERE PROVIDED A MAP OF THE HSA TO DIRECTLY POINT TO THE GEOGRAPHIC LOCATIONS OF THESE VULNERABLE COMMUNITIES. ADDITIONAL KEY INFORMANT INTERVIEWS WERE FOCUSED ON THE GEOGRAPHIC LOCATIONS AND/OR SUBGROUPS IDENTIFIED IN THE EARLIER PHASE. FOCUS GROUP INTERVIEWS WERE CONDUCTED WITH COMMUNITY MEMBERS LIVING IN GEOGRAPHIC AREAS OF THE SERVICE AREA IDENTIFIED AS LOCATIONS OR POPULATIONS EXPERIENCING A DISPARATE AMOUNT OF POOR SOCIOECONOMIC CONDITIONS AND POOR HEALTH OUTCOMES. RECRUITMENT CONSISTED OF REFERRALS FROM 40 DESIGNATED SERVICE PROVIDERS REPRESENTING VULNERABLE POPULATIONS, AS WELL AS DIRECT OUTREACH TO SPECIAL POPULATION GROUPS. THE FINDINGS FROM KEY INFORMANT INTERVIEWS AND FOCUS GROUPS IN SUTTER ROSEVILLE MEDICAL CENTER'S CHNA ARE AVAILABLE AT HTTPS://WWW.SUTTERHEALTH.ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMENT SUTTER SOLANO MEDICAL CENTER (A, 4): IN CONDUCTING ITS MOST RECENT CHNA, SUTTER SOLANO MEDICAL CENTER, A FACILITY OF SUTTER VALLEY HO</p>

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

Form and Line Reference	Explanation
REPORTING FACILITY: A	<p>SPTALS, DID TAKE INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY IN THE HOSPITAL'S SERVICE AREA (HSA). INPUT FROM THE COMMUNITY SERVED BY SUTTER SOLANO MEDICAL CENTER WAS COLLECTED THROUGH TWO MAIN MECHANISMS. FIRST, KEY INFORMANT INT ERVIEWS WERE CONDUCTED WITH COMMUNITY HEALTH EXPERTS AND AREA SERVICE PROVIDERS (I.E., MEM BERS OF SOCIAL-SERVICE NONPROFIT ORGANIZATIONS AND RELATED HEALTHCARE ORGANIZATIONS). THES E INTERVIEWS OCCURRED IN BOTH ONE-ON-ONE AND IN GROUP INTERVIEW SETTINGS. SECOND, FOCUS GR OUPS WERE CONDUCTED WITH COMMUNITY RESIDENTS THAT WERE IDENTIFIED AS POPULATIONS EXPERIENC ING DISPARITIES. ALL PARTICIPANTS WERE GIVEN AN INFORMED CONSENT FORM PRIOR TO THEIR PARTI CIPATION, WHICH PROVIDED INFORMATION ABOUT THE PROJECT, ASKED FOR PERMISSION TO RECORD THE INTERVIEW, AND LISTED THE POTENTIAL BENEFITS AND RISKS FOR INVOLVEMENT IN THE INTERVIEW. ALL INTERVIEW DATA WAS COLLECTED THROUGH NOTE TAKING AND, IN SOME INSTANCES, RECORDING. PR IMARY DATA COLLECTION WITH KEY INFORMANTS INCLUDED TWO PHASES. FIRST, PHASE ONE BEGAN BY I NTERVIEWING AREA-WIDE SERVICE PROVIDERS WITH KNOWLEDGE OF THE SERVICE AREA, INCLUDING INPU T FROM THE DESIGNATED PUBLIC HEALTH DEPARTMENT. DATA FROM THESE AREA-WIDE INFORMANTS, COUP LED WITH SOCIO-DEMOGRAPHIC DATA, WERE USED TO IDENTIFY ADDITIONAL KEY INFORMANTS FOR THE A SSESSMENT THAT WERE INCLUDED IN PHASE TWO. AS A PART OF THE INTERVIEW PROCESS, ALL KEY INF ORMANTS WERE ASKED TO IDENTIFY VULNERABLE POPULATIONS. THE INTERVIEWER ASKED EACH PARTICIP ANT TO VERBALLY EXPLAIN WHAT VULNERABLE POPULATIONS EXISTED IN THE COUNTY. AS NEEDED FOR A VISUAL AID, KEY INFORMANTS WERE PROVIDED A MAP OF THE HSA TO DIRECTLY POINT TO THE GEOGRA PHIC LOCATIONS OF THESE VULNERABLE COMMUNITIES. ADDITIONAL KEY INFORMANT INTERVIEWS WERE F OCUSD ON THE GEOGRAPHIC LOCATIONS AND/OR SUBGROUPS IDENTIFIED IN THE EARLIER PHASE. FOCUS GROUP INTERVIEWS WERE CONDUCTED WITH COMMUNITY MEMBERS LIVING IN GEOGRAPHIC AREAS OF THE SERVICE AREA IDENTIFIED AS LOCATIONS OR POPULATIONS EXPERIENCING A DISPARATE AMOUNT OF POO R SOCIOECONOMIC CONDITIONS AND POOR HEALTH OUTCOMES. RECRUITMENT CONSISTED OF REFERRALS FR OM DESIGNATED SERVICE PROVIDERS REPRESENTING VULNERABLE POPULATIONS, AS WELL AS DIRECT OUT REACH TO SPECIAL POPULATION GROUPS. THE FINDINGS FROM KEY INFORMANT INTERVIEWS AND FOCUS G ROUPS IN SUTTER SOLANO MEDICAL CENTER'S CHNA ARE AVAILABLE AT HTTPS://WWW.SUTTERHEALTH.ORG /FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN T SUTTER AUBURN FAITH HOSPITAL (A, 7): IN C ONDUCTING ITS MOST RECENT SUTTER AUBURN FAITH HOSPITAL (SAFH), A FACILITY OF SUTTER VALLEY HOSPITALS, DID TAKE INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY IN THE HOSPITAL'S SERVICE AREA (HSA). INPUT FROM THE COMMUNITY SERVED BY SAF H WAS COLLECTED THROUGH TWO MAIN MECHANISMS. FIRST, KEY INFORMANT INTERVIEWS WERE CONDUCTE D WITH COMMUNITY HEALTH EXPERTS AND AREA SERVICE PROVIDERS (I.E., MEMBERS OF SOCIAL SERVIC E NONPROFIT ORGANIZATIONS AND</p>

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

Form and Line Reference	Explanation
REPORTING FACILITY: A	RELATED HEALTHCARE ORGANIZATIONS). THESE INTERVIEWS OCCURRED IN BOTH ONE-ON-ONE AND IN GRO UP INTERVIEW SETTINGS. SECOND, FOCUS GROUPS WERE CONDUCTED WITH COMMUNITY RESIDENTS THAT W ERE IDENTIFIED AS POPULATIONS EXPERIENCING DISPARITIES. ALL PARTICIPANTS WERE GIVEN AN INF ORMED CONSENT FORM PRIOR TO THEIR PARTICIPATION, WHICH PROVIDED INFORMATION ABOUT THE PROJ ECT AND LISTED THE POTENTIAL BENEFITS AND RISKS FOR INVOLVEMENT IN THE INTERVIEW. ALL INTE RVIEW DATA WERE COLLECTED THROUGH NOTE TAKING AND, IN SOME INSTANCES, RECORDING. PRIMARY D ATA COLLECTION WITH KEY INFORMANTS INCLUDED TWO PHASES. FIRST, PHASE ONE BEGAN BY INTERVIE WING AREA-WIDE SERVICE PROVIDERS WITH KNOWLEDGE OF THE SERVICE AREA, INCLUDING INPUT FROM THE DESIGNATED PUBLIC HEALTH DEPARTMENT. DATA FROM THESE AREA-WIDE INFORMANTS, COUPLED WIT H SOCIO-DEMOGRAPHIC DATA, WAS USED TO IDENTIFY ADDITIONAL KEY INFORMANTS FOR THE ASSESSMEN T THAT WERE INCLUDED IN PHASE TWO. AS A PART OF THE INTERVIEW PROCESS, ALL KEY INFORMANTS WERE ASKED TO IDENTIFY VULNERABLE POPULATIONS. THE INTERVIEWER ASKED EACH PARTICIPANT TO V ERBALLY EXPLAIN WHAT VULNERABLE POPULATIONS EXISTED IN THE COUNTY. AS NEEDED FOR A VISUAL AID, KEY INFORMANTS WERE PROVIDED A MAP OF THE HSA TO DIRECTLY POINT TO THE GEOGRAPHIC LOC ATIONS OF THESE VULNERABLE COMMUNITIES. ADDITIONAL KEY INFORMANT INTERVIEWS WERE FOCUSED O N THE GEOGRAPHIC LOCATIONS AND/OR SUBGROUPS IDENTIFIED IN THE EARLIER PHASE. FOCUS GROUP I NTERVIEWS WERE CONDUCTED WITH COMMUNITY MEMBERS LIVING IN GEOGRAPHIC AREAS OF THE SERVICE AREA IDENTIFIED AS LOCATIONS OR POPULATIONS EXPERIENCING A DISPARATE AMOUNT OF POOR SOCIOE CONOMIC CONDITIONS AND POOR HEALTH OUTCOMES. RECRUITMENT CONSISTED OF REFERRALS FROM DESIG NATED SERVICE PROVIDERS REPRESENTING VULNERABLE POPULATIONS, AS WELL AS DIRECT OUTREACH TO SPECIAL POPULATION GROUPS. THE FINDINGS FROM KEY INFORMANT INTERVIEWS AND FOCUS GROUPS IN SUTTER AUBURN FAITH HOSPITAL'S CHNA ARE AVAILABLE AT HTTPS://WWW.SUTTERHEALTH.ORG/FOR-PAT IENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN T

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

Form and Line Reference	Explanation
SUTTER AMADOR HOSPITAL (A, 8):	IN CONDUCTING ITS MOST RECENT CHNA, SUTTER AMADOR HOSPITAL (SAH), A FACILITY OF SUTTER VALLEY HOSPITALS, DID TAKE INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY IN THE HOSPITAL'S SERVICE AREA (HSA). INPUT FROM THE COMMUNITY WAS COLLECTED THROUGH TWO MAIN MECHANISMS. FIRST, KEY INFORMANT INTERVIEWS WERE CONDUCTED WITH COMMUNITY HEALTH EXPERTS AND AREA SERVICE PROVIDERS (I.E., MEMBERS OF SOCIAL-SERVICE NONPROFIT ORGANIZATIONS AND RELATED HEALTHCARE ORGANIZATIONS). THESE INTERVIEWS OCCURRED IN BOTH ONE-ON-ONE AND IN GROUP INTERVIEW SETTINGS. SECOND, FOCUS GROUPS WERE CONDUCTED WITH COMMUNITY RESIDENTS THAT WERE IDENTIFIED AS POPULATIONS EXPERIENCING DISPARITIES. ALL PARTICIPANTS WERE GIVEN AN INFORMED CONSENT FORM PRIOR TO THEIR PARTICIPATION, WHICH PROVIDED INFORMATION ABOUT THE PROJECT AND LISTED THE POTENTIAL BENEFITS AND RISKS FOR INVOLVEMENT IN THE INTERVIEW. ALL INTERVIEW DATA WERE COLLECTED THROUGH NOTE TAKING AND, IN SOME INSTANCES, RECORDING. PRIMARY DATA COLLECTION WITH KEY INFORMANTS INCLUDED TWO PHASES. FIRST, PHASE ONE BEGAN BY INTERVIEWING AREA-WIDE SERVICE PROVIDERS WITH KNOWLEDGE OF THE SERVICE AREA, INCLUDING INPUT FROM THE DESIGNATED PUBLIC HEALTH DEPARTMENT. DATA FROM THESE AREA-WIDE INFORMANTS, COUPLED WITH SOCIO-DEMOGRAPHIC DATA, WAS USED TO IDENTIFY ADDITIONAL KEY INFORMANTS FOR THE ASSESSMENT THAT WERE INCLUDED IN PHASE TWO. AS A PART OF THE INTERVIEW PROCESS, ALL KEY INFORMANTS WERE ASKED TO IDENTIFY VULNERABLE POPULATIONS. THE INTERVIEWER ASKED EACH PARTICIPANT TO VERBALLY EXPLAIN WHAT VULNERABLE POPULATIONS EXISTED IN THE COUNTY. AS NEEDED FOR A VISUAL AID, KEY INFORMANTS WERE PROVIDED A MAP OF THE HSA TO DIRECTLY POINT TO THE GEOGRAPHIC LOCATIONS OF THESE VULNERABLE COMMUNITIES. ADDITIONAL KEY INFORMANT INTERVIEWS WERE FOCUSED ON THE GEOGRAPHIC LOCATIONS AND/OR SUBGROUPS IDENTIFIED IN THE EARLIER PHASE. FOCUS GROUP INTERVIEWS WERE CONDUCTED WITH COMMUNITY MEMBERS LIVING IN GEOGRAPHIC AREAS OF THE SERVICE AREA IDENTIFIED AS LOCATIONS OR POPULATIONS EXPERIENCING A DISPARATE AMOUNT OF POOR SOCIOECONOMIC CONDITIONS AND POOR HEALTH OUTCOMES. RECRUITMENT CONSISTED OF REFERRALS FROM DESIGNATED SERVICE PROVIDERS REPRESENTING VULNERABLE POPULATIONS, AS WELL AS DIRECT OUTREACH TO SPECIAL POPULATION GROUPS. THE FINDINGS FROM KEY INFORMANT INTERVIEWS IN SUTTER AMADOR HOSPITAL'S CHNA ARE AVAILABLE AT HTTPS://WWW.SUTTERHEALTH.ORG/FOR-PATIENTS /COMMUNITY-HEALTH-NEEDS-ASSESSMENT SUTTER DAVIS HOSPITAL (A, 9): IN CONDUCTING ITS MOST RECENT CHNA, SUTTER DAVIS HOSPITAL (SDH), A FACILITY OF SUTTER VALLEY HOSPITALS, DID TAKE INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY IN THE HOSPITAL'S SERVICE AREA (HSA). INPUT FROM THE COMMUNITY IN YOLO COUNTY WAS COLLECTED THROUGH THREE MAIN MECHANISMS. FIRST, KEY INFORMANT INTERVIEWS WERE CONDUCTED WITH COMMUNITY HEALTH EXPERTS AND AREA SERVICE PROVIDERS (I.E., MEMBERS OF SOCIAL-SERVICE NONPROFIT ORGANIZATIONS AND RELATED HEALTHCARE O

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
SUTTER AMADOR HOSPITAL (A, 8):	<p>RGANIZATIONS). THESE INTERVIEWS OCCURRED IN BOTH ONE-ON-ONE AND IN GROUP INTERVIEW SETTING S. SECOND, FOCUS GROUPS WERE CONDUCTED WITH COMMUNITY RESIDENTS LIVING IN IDENTIFIED COMMUNITIES OF CONCERN OR REPRESENTING COMMUNITIES EXPERIENCING HEALTH DISPARITIES. THIRD, A COUNTYWIDE SURVEY WAS ADMINISTERED TO COMMUNITY RESIDENTS. FOR KEY INFORMANT INTERVIEWS AND FOCUS GROUPS, ALL PARTICIPANTS WERE GIVEN AN INFORMED CONSENT FORM PRIOR TO THEIR PARTICIPATION, WHICH PROVIDED INFORMATION ABOUT THE PROJECT, ASKED FOR PERMISSION TO RECORD THE INTERVIEW, AND LISTED THE POTENTIAL BENEFITS AND RISKS OF INVOLVEMENT IN THE INTERVIEW. ALL INTERVIEW DATA WERE COLLECTED THROUGH NOTE-TAKING AND, IN SOME INSTANCES, RECORDING. PRIMARY DATA COLLECTION WITH KEY INFORMANTS INCLUDED TWO PHASES. PHASE ONE BEGAN BY INTERVIEWING AREA-WIDE SERVICE PROVIDERS WITH KNOWLEDGE OF THE YOLO COUNTY REGION, INCLUDING INPUT FROM THE DESIGNATED PUBLIC HEALTH DEPARTMENT. DATA FROM THESE AREA-WIDE INFORMANTS, COUPLED WITH SOCIODEMOGRAPHIC DATA, WERE USED TO IDENTIFY ADDITIONAL KEY INFORMANTS FOR THE ASSESSMENT THAT WERE INCLUDED IN PHASE TWO. AS A PART OF THE INTERVIEW PROCESS, ALL KEY INFORMANTS WERE ASKED TO IDENTIFY VULNERABLE POPULATIONS. THE INTERVIEWER ASKED EACH PARTICIPANT TO VERBALLY EXPLAIN WHAT VULNERABLE POPULATIONS EXISTED IN THE COUNTY. AS NEEDED, FOR A VISUAL AID, KEY INFORMANTS WERE PROVIDED A MAP OF THE COUNTY TO DIRECTLY POINT TO THE GEOGRAPHICALLY LOCATIONS OF THESE VULNERABLE COMMUNITIES. FOCUS GROUP INTERVIEWS WERE CONDUCTED WITH COMMUNITY MEMBERS LIVING IN GEOGRAPHIC AREAS OF THE SERVICE AREA IDENTIFIED AS LOCATIONS OR POPULATIONS EXPERIENCING A DISPARATE AMOUNT OF POOR SOCIOECONOMIC CONDITIONS AND POOR HEALTH OUTCOMES, OR COMMUNITIES OF CONCERN. RECRUITMENT CONSISTED OF REFERRALS FROM DESIGNATED SERVICE PROVIDERS REPRESENTING VULNERABLE POPULATIONS, AS WELL AS DIRECT OUTREACH TO SPECIAL POPULATION GROUPS. A COUNTYWIDE SURVEY WAS DISTRIBUTED FROM MAY 15, 2018, THROUGH JULY 31, 2018. THE SURVEY INCLUDED QUESTIONS FROM THE COMMUNITY THEMES AND STRENGTHS ASSESSMENT CONDUCTED BY YOLO COUNTY PARTNERS IN 2014 AS A PART OF THE MAPP PROCESS AND QUESTIONS FROM A HEALTHCARE ACCESS SURVEY FROM 2015. THE PARTNERS COMBINED BOTH SURVEYS, REMOVED DUPLICATIVE QUESTIONS, AND INCLUDED OTHER CRITICAL QUESTIONS THAT WERE IMPORTANT TO THE PARTNERSHIP. THE TARGET SAMPLE WAS 1,200 PARTICIPANTS. THE TOTAL SAMPLE FOR THE 2019 CHNA/COUNTYWIDE SURVEY WAS 2,291. THE FINDINGS FROM KEY INFORMANT INTERVIEWS AND FOCUS GROUPS IN SUTTER DAVIS HOSPITAL'S CHNA ARE AVAILABLE AT HTTPS://WWW.SUTTERHEALTH.ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMENT</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 6	(GROUP A) COMMUNITY HEALTH INSIGHTS WAS HIRED TO CONDUCT THE COMMUNITY HEALTH NEEDS ASSESSMENTS ON BEHALF OF THE FOLLOWING ORGANIZATIONS, ALL SERVING PORTIONS OF OR THE SAME COUNTIES: - SUTTER ROSEVILLE MEDICAL CENTER - SUTTER SOLANO MEDICAL CENTER - SUTTER AUBURN FAITH HOSPITAL - SUTTER AMADOR HOSPITAL - SUTTER DAVIS HOSPITAL IN PARTNERSHIP WITH WOODLAND MEMORIAL HOSPITAL AND YOLO COUNTY HEALTH & HUMAN SERVICES COMMUNITY HEALTH BRANCH Schedule H, Part V, Section B, Line 7a, 7b, 10a FILING ORG WEBSITES: - SUTTER ROSEVILLE MEDICAL CENTER (A, 3): HTTP://WWW.SUTTERROSEVILLE.ORG/ABOUT/COMMUNITY-NEEDS-ASSESSMENT.HTML - SUTTER SOLANO MEDICAL CENTER (A, 4): HTTP://WWW.SUTTERSOLANO.ORG/ABOUT/COMMUNITY-NEEDS-ASSESSMENT.HTML - SUTTER AUBURN FAITH HOSPITAL (A, 7): HTTP://WWW.SUTTERAUBURNFAITH.ORG/ABOUT/COMMUNITY-NEEDS-ASSESSMENT.HTML - SUTTER AMADOR HOSPITAL (A, 8): HTTP://WWW.SUTTERAMADOR.ORG/ABOUT/COMMUNITY-NEEDS-ASSESSMENT.HTML - SUTTER DAVIS HOSPITAL (A, 9): HTTP://WWW.SUTTERDAVIS.ORG/ABOUT/COMMUNITY-NEEDS-ASSESSMENT.HTML OTHER WEBSITE: HTTPS://WWW.SUTTERHEALTH.ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11	<p>SUTTER ROSEVILLE MEDICAL CENTER (A, 3): THE FOLLOWING SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED IN THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT AND ARE NEEDS THAT SUTTER ROSEVILLE MEDICAL CENTER INTENDS TO ADDRESS THROUGH ITS IMPLEMENTATION STRATEGY: 1. ACCESS TO MENTAL/BEHAVIOR/SUBSTANCE-ABUSE SERVICES 2. ACCESS TO QUALITY PRIMARY HEALTHCARE SERVICES 3. ACCESS TO BASIC NEEDS SUCH AS HOUSING, JOBS, AND FOOD 4. ACCESS AND FUNCTIONAL NEEDS 5. INJURY AND DISEASE PREVENTION AND MANAGEMENT 6. ACCESS TO SPECIALTY AND EXTENDED CARE 7. ACTIVE LIVING AND HEALTHY EATING DESCRIPTIONS OF THE COMMUNITY BENEFIT PROGRAMS THAT ADDRESS THESE SIGNIFICANT HEALTH NEEDS CAN BE FOUND IN PART VI. NO HOSPITAL CAN ADDRESS ALL OF THE HEALTH NEEDS PRESENT IN ITS COMMUNITY. SUTTER ROSEVILLE MEDICAL CENTER IS COMMITTED TO SERVING THE COMMUNITY BY ADHERING TO ITS MISSION, USING ITS SKILLS AND CAPABILITIES, AND REMAINING A STRONG ORGANIZATION SO THAT IT CAN CONTINUE TO PROVIDE A WIDE RANGE OF COMMUNITY BENEFITS. THE HOSPITAL PLANS TO ADDRESS ALL SIGNIFICANT HEALTH NEEDS THAT WERE IDENTIFIED IN THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT. SUTTER SOLANO MEDICAL CENTER (A, 4): THE FOLLOWING SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED IN THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT AND ARE NEEDS THAT SUTTER SOLANO MEDICAL CENTER INTENDS TO ADDRESS THROUGH ITS IMPLEMENTATION STRATEGY: 1. ACCESS TO MENTAL/BEHAVIORAL/SUBSTANCE-ABUSE SERVICES 2. INJURY AND DISEASE PREVENTION AND MANAGEMENT 3. ACCESS TO QUALITY PRIMARY CARE HEALTH SERVICES 4. ACCESS TO BASIC NEEDS, SUCH AS HOUSING, JOBS, AND FOOD 5. ACTIVE LIVING AND HEALTHY EATING DESCRIPTIONS OF THE COMMUNITY BENEFIT PROGRAMS THAT ADDRESS THESE SIGNIFICANT HEALTH NEEDS CAN BE FOUND IN PART VI. NO HOSPITAL CAN ADDRESS ALL OF THE HEALTH NEEDS PRESENT IN ITS COMMUNITY. SUTTER SOLANO MEDICAL CENTER IS COMMITTED TO SERVING THE COMMUNITY BY ADHERING TO ITS MISSION, USING ITS SKILLS AND CAPABILITIES, AND REMAINING A STRONG ORGANIZATION SO THAT IT CAN CONTINUE TO PROVIDE A WIDE RANGE OF COMMUNITY BENEFITS. THE HOSPITAL DOES NOT PLAN TO ADDRESS THE FOLLOWING SIGNIFICANT HEALTH NEEDS THAT WERE IDENTIFIED IN THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT: 1. INCREASING COMMUNITY CONNECTION 2. ACCESS AND FUNCTIONAL NEEDS 3. SAFE AND VIOLENCE-FREE ENVIRONMENT 4. POLLUTION-FREE LIVING ENVIRONMENT SUTTER AUBURN FAITH HOSPITAL (A, 7): THE FOLLOWING SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED IN THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT AND ARE NEEDS THAT SUTTER AUBURN FAITH HOSPITAL INTENDS TO ADDRESS THROUGH ITS IMPLEMENTATION STRATEGY: 1. ACCESS TO QUALITY PRIMARY CARE HEALTH SERVICES 2. ACCESS TO BASIC NEEDS SUCH AS HOUSING, JOBS, AND FOOD 3. ACCESS TO MENTAL/BEHAVIORAL/SUBSTANCE ABUSE SERVICES 4. INJURY AND DISEASE PREVENTION AND MANAGEMENT 5. ACCESS AND FUNCTIONAL NEEDS 6. ACTIVE LIVING AND HEALTHY EATING DESCRIPTIONS OF THE COMMUNITY BENEFIT PROGRAMS THAT ADDRESS THESE SIGNIFICANT HEALTH NEEDS CAN BE FOUND IN PART VI. NO HOSPITAL CAN ADDRESS ALL OF THE HEALTH</p>

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11	NEEDS PRESENT IN ITS COMMUNITY. SUTTER AUBURN FAITH HOSPITAL IS COMMITTED TO SERVING THE COMMUNITY BY ADHERING TO ITS MISSION, USING ITS SKILLS AND CAPABILITIES, AND REMAINING A S TRONG 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 IDE NTIFIED IN THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT: 1. ACCESS TO SPECIALTY AND EXTENDED CARE SUTTER AMADOR HOSPITAL (A, 8): THE FOLLOWING SIGNIFICANT HEALTH NEEDS WERE IDENTIFIE D IN THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT AND ARE NEEDS THAT SUTTER AMADOR HOSPITAL INTENDS TO ADDRESS THROUGH ITS IMPLEMENTATION STRATEGY: 1. ACCESS TO MENTAL/BEHAVIORAL/SUB STANCE ABUSE SERVICES 2. ACCESS TO QUALITY PRIMARY CARE HEALTH SERVICES 3. ACCESS TO BASIC NEEDS SUCH AS HOUSING, JOBS, AND FOOD 4. INJURY AND DISEASE PREVENTION MANAGEMENT 5. ACCE SS AND FUNCTIONAL NEEDS 6. ACCESS TO DENTAL CARE AND PREVENTIVE SERVICES 7. ACCESS TO SPEC IALTY AND EXTENDED CARE DESCRIPTIONS OF THE COMMUNITY BENEFIT PROGRAMS THAT ADDRESS THESE SIGNIFICANT HEALTH NEEDS CAN BE FOUND IN PART VI. SUTTER AMADOR HOSPITAL IS COMMITTED TO S ERVING THE COMMUNITY BY ADHERING TO ITS MISSION, USING ITS SKILLS AND CAPABILITIES, AND RE MAINING A STRONG ORGANIZATION SO THAT IT CAN CONTINUE TO PROVIDE A WIDE RANGE OF COMMUNITY BENEFITS. THE HOSPITAL PLANS TO ADDRESS ALL SIGNIFICANT HEALTH NEEDS THAT WERE IDENTIFIED IN THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT. SUTTER DAVIS HOSPITAL (A, 9): THE FOLLOWI G SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED IN THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT A ND ARE NEEDS THAT SUTTER DAVIS HOSPITAL INTENDS TO ADDRESS THROUGH ITS IMPLEMENTATION STRA TEGY: 1. ACCESS TO MENTAL/BEHAVIORAL/SUBSTANCE ABUSE SERVICES 2. INJURY AND DISEASE PREVEN TION AND MANAGEMENT 3. ACCESS TO BASIC NEEDS SUCH AS HOUSING, JOBS AND FOOD 4. ACTIVE LIVI NG AND HEALTH EATING 5. ACCESS TO QUALITY PRIMARY CARE HEALTH SERVICES 6. ACCESS TO SPECIA LTY AND EXTENDED CARE 7. ACCESS TO DENTAL CARE AND PREVENTIVE SERVICES DESCRIPTIONS OF THE COMMUNITY BENEFIT PROGRAMS THAT ADDRESS THESE SIGNIFICANT HEALTH NEEDS CAN BE FOUND IN PA RT VI. NO HOSPITAL CAN ADDRESS ALL OF THE HEALTH NEEDS PRESENT IN ITS COMMUNITY. SUTTER DA VIS HOSPITAL IS COMMITTED TO SERVING THE COMMUNITY BY ADHERING TO ITS MISSION, USING ITS S KILLS AND CAPABILITIES, AND REMAINING A STRONG ORGANIZATION SO THAT IT CAN CONTINUE TO PRO VIDE A WIDE RANGE OF COMMUNITY BENEFITS. THE HOSPITAL DOES NOT PLAN TO ADDRESS THE FOLLOWI NG SIGNIFICANT HEALTH NEEDS THAT WERE IDENTIFIED IN THE 2019 COMMUNITY HEALTH NEEDS ASSESS MENT: 1. ACCESS AND FUNCTIONAL NEEDS: WHILE THIS IS AN IMPORTANT ISSUE, SDH IS CURRENTLY F OCUSING ITS RESOURCES IN OTHER AREAS; HOWEVER, WE'LL CONTINUE TO LOOK FOR OPPORTUNITIES TO INCREASE ACCESS TO TRANSPORTATION. 2. SAFE AND VIOLENCE-FREE ENVIRONMENT: WHILE THIS IS A N IMPORTANT ISSUE, SDH IS CURRENTLY FOCUSING ITS RESOURCES IN OTHER AREAS; HOWEVER, WE'LL CONTINUE TO LOOK FOR OPPORTUNI

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11	TIES TO INCREASE SAFE AND VIOLENCE-FREE ENVIRONMENTS. 3. POLLUTION-FREE LIVING ENVIRONMENT : WHILE THIS IS AN IMPORTANT ISSUE, SDH IS CURRENTLY FOCUSING ITS RESOURCES IN OTHER AREAS ; HOWEVER, WE'LL CONTINUE TO LOOK FOR OPPORTUNITIES TO INCREASE POLLUTION-FREE LIVING ENVI RONMENTS.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 15E	(GROUP A) METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE-OTHER: PATIENTS MAY REQUEST ASSISTANCE WITH COMPLETING THE APPLICATION FOR FINANCIAL ASSISTANCE IN PERSON AT THE HOSPITAL, OVER THE PHONE, THROUGH THE MAIL, OR VIA THE SUTTER HEALTH WEBSITE. SCHEDULE H, PART V, LINES 16A, 16B, & 16C (GROUP A): THE FINANCIAL ASSISTANCE POLICY, APPLICATION FORM, AND PLAIN LANGUAGE SUMMARY ARE WIDELY AVAILABLE ON THE SUTTER VALLEY HOSPITALS WEBSITE AT: HTTPS://WWW.SUTTERHEALTH.ORG/FOR-PATIENTS/FINANCIAL-ASSISTANCE SCHEDULE H, PART V, SECTION B, LINE 16J (GROUP A) MEASURES USED TO PUBLICIZE THE FACILITY'S FINANCIAL ASSISTANCE POLICY: THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE IN THE PRIMARY LANGUAGES OF THE HOSPITAL'S SERVICE AREA. DURING PREADMISSION OR REGISTRATION ALL PATIENTS WILL BE PROVIDED A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY AND ALSO INFORMATION REGARDING THE RIGHT TO REQUEST AN ESTIMATE OF THEIR FINANCIAL RESPONSIBILITY FOR SERVICES. PATIENTS WHO MAY BE UNINSURED WILL BE ASSIGNED A FINANCIAL COUNSELOR WHO WILL VISIT WITH THE PATIENT IN PERSON AT THE HOSPITAL AND CAN PROVIDE ADDITIONAL INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY AND ASSIST WITH THE APPLICATION PROCESS. AT THE TIME OF DISCHARGE ALL PATIENTS WILL BE PROVIDED THE PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY. SUTTER HEALTH WILL PLACE AN ADVERTISEMENT REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE AT THE ORGANIZATION IN THE PRINCIPAL NEWSPAPER IN THE COMMUNITY OR WHEN DOING SO IS NOT PRACTICAL SUTTER WILL ISSUE A PRESS RELEASE CONTAINING THE INFORMATION OR USE OTHER MEANS THAT WILL WIDELY PUBLICIZE THE AVAILABILITY OF THE POLICY. SUTTER HEALTH WILL WORK WITH AFFILIATED ORGANIZATIONS, PHYSICIANS, COMMUNITY CLINICS AND OTHER HEALTH CARE PROVIDERS TO NOTIFY MEMBERS OF THE COMMUNITY ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE. Schedule H, Part V, Section B, Line 22D (GROUP A) AMOUNTS CHARGED TO FAP-ELIGIBLE INDIVIDUALS: THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY PROVIDES FOR FULL WRITE OFF OF ALL CHARGES FOR AN UNINSURED PATIENT WITH A FAMILY INCOME AT OR BELOW 400% OF THE MOST RECENT FEDERAL POVERTY LEVEL. IN ACCORDANCE WITH INTERNAL REVENUE CODE SECTION 1.501(R)-5, THIS ORGANIZATION ADOPTS THE PROSPECTIVE MEDICARE METHOD FOR AMOUNTS GENERALLY BILLED; HOWEVER, PATIENTS WHO ARE ELIGIBLE FOR FINANCIAL ASSISTANCE ARE NOT FINANCIALLY RESPONSIBLE FOR MORE THAN THE AMOUNTS GENERALLY BILLED BECAUSE ELIGIBLE PATIENTS DO NOT PAY ANY AMOUNT.

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

Form and Line Reference	Explanation
REPORTING FACILITY: B	<p>Schedule H, Part V, Section B, 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, Section B, Line 5 (GROUP B) SUTTER MEDICAL CENTER SACRAMENTO INCLUDES THE FOLLOWING FACILITIES LISTED IN PART V SECTION A: SUTTER MED CENTER AND SUTTER CENTER FOR PSYCHIATRY. IN CONDUCTING ITS MOST RECENT CHNA, SUTTER MEDICAL CENTER SACRAMENTO, A FACILITY OF SUTTER VALLEY HOSPITALS, DID TAKE INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY IN THE HOSPITAL'S SERVICE AREA (HSA). INPUT FROM THE COMMUNITY IN SACRAMENTO WAS COLLECTED THROUGH TWO MAIN MECHANISMS. FIRST, KEY INFORMANT INTERVIEWS WERE CONDUCTED WITH COMMUNITY HEALTH EXPERTS AND AREA SERVICE PROVIDERS (I.E., MEMBERS OF SOCIAL-SERVICE NONPROFIT ORGANIZATIONS AND RELATED HEALTHCARE ORGANIZATIONS). THESE INTERVIEWS OCCURRED IN BOTH ONE-ON-ONE AND IN GROUP INTERVIEW SETTINGS. SECOND, FOCUS GROUPS WERE CONDUCTED WITH COMMUNITY RESIDENTS LIVING IN IDENTIFIED COMMUNITIES OF CONCERN OR REPRESENTING COMMUNITIES EXPERIENCING HEALTH DISPARITIES. ALL PARTICIPANTS WERE GIVEN AN INFORMED CONSENT FORM PRIOR TO THEIR PARTICIPATION, WHICH PROVIDED INFORMATION ABOUT THE PROJECT, ASKED FOR PERMISSION TO RECORD THE INTERVIEW, AND LISTED THE POTENTIAL BENEFITS AND RISKS OF INVOLVEMENT IN THE INTERVIEW. ALL INTERVIEW DATA WERE COLLECTED THROUGH NOTE-TAKING AND, IN SOME INSTANCES, RECORDING. PRIMARY DATA COLLECTION WITH KEY INFORMANTS INCLUDED TWO PHASES. PHASE ONE BEGAN BY INTERVIEWING AREA-WIDE SERVICE PROVIDERS WITH KNOWLEDGE OF THE SACRAMENTO REGION, INCLUDING INPUT FROM THE DESIGNATED PUBLIC HEALTH DEPARTMENT. DATA FROM THESE AREA-WIDE INFORMANTS, COUPLED WITH SOCIODEMOGRAPHIC DATA, WERE USED TO IDENTIFY ADDITIONAL KEY INFORMANTS FOR THE ASSESSMENT THAT WERE INCLUDED IN PHASE TWO. AS A PART OF THE INTERVIEW PROCESS, ALL KEY INFORMANTS WERE ASKED TO IDENTIFY VULNERABLE POPULATIONS. THE INTERVIEWER ASKED EACH PARTICIPANT TO VERBALLY EXPLAIN WHAT VULNERABLE POPULATIONS EXISTED IN THE COUNTY. AS NEEDED, FOR A VISUAL AID, KEY INFORMANTS WERE PROVIDED A MAP OF THE COUNTY TO DIRECTLY POINT TO THE GEOGRAPHIC LOCATIONS OF THESE VULNERABLE COMMUNITIES. FOCUS-GROUP INTERVIEWS WERE CONDUCTED WITH COMMUNITY MEMBERS LIVING IN GEOGRAPHIC AREAS OF THE SERVICE AREA IDENTIFIED AS LOCATIONS OR POPULATIONS EXPERIENCING A DISPARATE AMOUNT OF POOR SOCIOECONOMIC CONDITIONS AND POOR HEALTH OUTCOMES, OR COMMUNITIES OF CONCERN. RECRUITMENT CONSISTED OF REFERRALS FROM DESIGNATED SERVICE PROVIDERS REPRESENTING VULNERABLE POPULATIONS, AS WELL AS DIRECT OUTREACH TO SPECIAL POPULATION GROUPS. THE FINDINGS FROM KEY INFORMANT INTERVIEWS AND FOCUS GROUPS IN SUTTER MEDICAL CENTER'S CHNA ARE AVAILABLE AT HTTPS://WWW.SUTTERHEALTH.ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMENT Schedule H, Part V, Section B, Line 6 (GROUP B) COMMUNITY HEALTH INSIGHTS CONDUCTED THE COMMUNITY HEALTH NEEDS ASSESSMENT ON BEHALF OF</p>

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

Form and Line Reference	Explanation
REPORTING FACILITY: B	A COLLECTION OF THREE NONPROFIT HOSPITALS, ALL SERVING PORTIONS OF OR THE SAME COMMUNITIE S, INCLUDING SUTTER HEALTH AFFILIATES, DIGNITY HEALTH AFFILIATES, AND UC DAVIS HEALTH.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINES 7A, 7B AND 10A	FILING ORG WEBSITES: - SUTTER MEDICAL CENTER SACRAMENTO HTTP://WWW.SUTTERMEDICALCENTER.ORG/ABOUT/COMMUNITY-NEEDS-ASSESSMENT.HTML OTHER WEBSITE: HTTPS://WWW.SUTTERHEALTH.ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11	<p>SUTTER MEDICAL CENTER SACRAMENTO (GROUP B): THE FOLLOWING SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED IN THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT AND ARE NEEDS THAT SUTTER MEDICAL CENTER, SACRAMENTO INTENDS TO ADDRESS THROUGH ITS IMPLEMENTATION STRATEGY: 1. ACCESS TO MENTAL/BEHAVIORAL/SUBSTANCE-ABUSE SERVICES 2. ACCESS TO QUALITY PRIMARY HEALTHCARE SERVICES 3. ACCESS TO BASIC NEEDS SUCH AS HOUSING, JOBS, AND FOOD 4. ACCESS TO SPECIALTY AND EXTENDED CARE 5. ACCESS TO ACTIVE LIVING AND HEALTHY EATING 6. ACCESS TO MEETING FUNCTIONAL NEEDS (TRANSPORTATION AND PHYSICAL MOBILITY) 7. SYSTEM NAVIGATION 8. CULTURAL COMPETENCY DESCRIPTIONS OF THE COMMUNITY BENEFIT PROGRAMS THAT ADDRESS THESE SIGNIFICANT HEALTH NEEDS CAN BE FOUND IN PART VI. NO HOSPITAL CAN ADDRESS ALL OF THE HEALTH NEEDS PRESENT IN ITS COMMUNITY. SUTTER MEDICAL CENTER, SACRAMENTO IS COMMITTED TO SERVING THE COMMUNITY BY ADHERING TO ITS MISSION, USING ITS SKILLS AND CAPABILITIES, AND REMAINING A STRONG ORGANIZATION SO THAT IT CAN CONTINUE TO PROVIDE A WIDE RANGE OF COMMUNITY BENEFITS. THE IMPLEMENTATION STRATEGY DOES NOT INCLUDE SPECIFIC PLANS TO ADDRESS THE FOLLOWING SIGNIFICANT HEALTH NEEDS THAT WERE IDENTIFIED IN THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT: 1. INJURY AND DISEASE PREVENTION AND MANAGEMENT: WHILE MANY OF OUR PROGRAMS EXPAND ACCESS TO PRIMARY CARE, IN TURN, CONNECTING PATIENTS WITH DISEASE PREVENTION, MANAGEMENT AND TREATMENT RESOURCES, THIS IS NOT A PRIMARY FOCUS IN THE SMCS. 2. SAFE AND VIOLENCE FREE ENVIRONMENT: SMCS PLANS TO IDENTIFY PARTNERSHIPS AND STRENGTHEN RELATIONSHIPS WITH ORGANIZATIONS IN THE NEAR FUTURE TO COLLABORATE ON INITIATIVES TO ADDRESS SAFE AND VIOLENCE FREE ENVIRONMENTS IN SACRAMENTO COUNTIES. SCHEDULE H, PART V, SECTION B, LINE 15E (GROUP B) METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE-OTHER: PATIENTS MAY REQUEST ASSISTANCE WITH COMPLETING THE APPLICATION FOR FINANCIAL ASSISTANCE IN PERSON AT THE HOSPITAL, OVER THE PHONE, THROUGH THE MAIL, OR VIA THE SUTTER HEALTH WEBSITE.</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Schedule H, Part V, Section B, Lines 16A, 16B, & 16C	(GROUP B) THE FINANCIAL ASSISTANCE POLICY, APPLICATION FORM, AND PLAIN LANGUAGE SUMMARY ARE WIDELY AVAILABLE ON THE SUTTER VALLEY HOSPITALS WEBSITE AT: HTTPS://WWW.SUTTERHEALTH.ORG/FOR-PATIENTS/FINANCIAL-ASSISTANCE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16J	(GROUP B) MEASURES USED TO PUBLICIZE THE FACILITY'S FINANCIAL ASSISTANCE POLICY: THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE IN THE PRIMARY LANGUAGES OF THE HOSPITAL'S SERVICE AREA. DURING PREADMISSION OR REGISTRATION ALL PATIENTS WILL BE PROVIDED A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY AND ALSO INFORMATION REGARDING THE RIGHT TO REQUEST AN ESTIMATE OF THEIR FINANCIAL RESPONSIBILITY FOR SERVICES. PATIENTS WHO MAY BE UNINSURED WILL BE ASSIGNED A FINANCIAL COUNSELOR WHO WILL VISIT WITH THE PATIENT IN PERSON AT THE HOSPITAL AND CAN PROVIDE ADDITIONAL INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY AND ASSIST WITH THE APPLICATION PROCESS. AT THE TIME OF DISCHARGE ALL PATIENTS WILL BE PROVIDED THE PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY. SUTTER HEALTH WILL PLACE AN ADVERTISEMENT REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE AT THE ORGANIZATION IN THE PRINCIPAL NEWSPAPER IN THE COMMUNITY OR WHEN DOING SO IS NOT PRACTICAL SUTTER WILL ISSUE A PRESS RELEASE CONTAINING THE INFORMATION OR USE OTHER MEANS THAT WILL WIDELY PUBLICIZE THE AVAILABILITY OF THE POLICY. SUTTER HEALTH WILL WORK WITH AFFILIATED ORGANIZATIONS, PHYSICIANS, COMMUNITY CLINICS AND OTHER HEALTH CARE PROVIDERS TO NOTIFY MEMBERS OF THE COMMUNITY ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 22D	(GROUP B) AMOUNTS CHARGED TO FAP-ELIGIBLE INDIVIDUALS: THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY PROVIDES FOR FULL WRITE OFF OF ALL CHARGES FOR AN UNINSURED PATIENT WITH A FAMILY INCOME AT OR BELOW 400% OF THE MOST RECENT FEDERAL POVERTY LEVEL. IN ACCORDANCE WITH INTERNAL REVENUE CODE SECTION 1.501(R)-5, THIS ORGANIZATION ADOPTS THE PROSPECTIVE MEDICARE METHOD FOR AMOUNTS GENERALLY BILLED; HOWEVER, PATIENTS WHO ARE ELIGIBLE FOR FINANCIAL ASSISTANCE ARE NOT FINANCIALLY RESPONSIBLE FOR MORE THAN THE AMOUNTS GENERALLY BILLED BECAUSE ELIGIBLE PATIENTS DO NOT PAY ANY AMOUNT.

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
REPORTING FACILITY: MEMORIAL MEDICAL CENTER	SCHEDULE H, PART V, SECTION B, LINE 3E THE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFIED THROUGH THE CHNA.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5	<p>MEMORIAL MEDICAL CENTER (FACILITY 2): IN CONDUCTING ITS MOST RECENT CHNA, MEMORIAL MEDICAL CENTER (MMC) A FACILITY OF SUTTER VALLEY HOSPITALS, DID TAKE INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY IN THE HOSPITAL'S SERVICE AREA. INPUT FROM THE COMMUNITY SERVED BY BOTH MEMORIAL MEDICAL CENTER AND STANISLAUS SURGICAL HOSPITAL WAS COLLECTED THROUGH TWO MAIN MECHANISMS. FIRST, KEY INFORMANT INTERVIEWS WERE CONDUCTED WITH COMMUNITY HEALTH EXPERTS AND AREA SERVICE PROVIDERS (I.E., MEMBERS OF SOCIAL-SERVICE NONPROFIT ORGANIZATIONS AND RELATED HEALTHCARE ORGANIZATIONS). THESE INTERVIEWS OCCURRED IN BOTH ONE-ON-ONE AND IN GROUP INTERVIEW SETTINGS. SECOND, FOCUS GROUPS WERE CONDUCTED WITH COMMUNITY RESIDENTS THAT WERE IDENTIFIED AS POPULATIONS EXPERIENCING DISPARITIES. ALL PARTICIPANTS WERE GIVEN AN INFORMED CONSENT FORM PRIOR TO THEIR PARTICIPATION, WHICH PROVIDED INFORMATION ABOUT THE PROJECT, ASKED FOR PERMISSION TO RECORD THE INTERVIEW, AND LISTED THE POTENTIAL BENEFITS AND RISKS FOR INVOLVEMENT IN THE INTERVIEW. ALL INTERVIEW DATA WERE COLLECTED THROUGH NOTE TAKING AND, IN SOME INSTANCES, RECORDING. PRIMARY DATA COLLECTION WITH KEY INFORMANTS INCLUDED TWO PHASES. FIRST, PHASE ONE BEGAN BY INTERVIEWING AREA-WIDE SERVICE PROVIDERS WITH KNOWLEDGE OF THE SERVICE AREA, INCLUDING INPUT FROM THE DESIGNATED PUBLIC HEALTH DEPARTMENT. DATA FROM THESE AREA-WIDE INFORMANTS, COUPLED WITH SOCIO-DEMOGRAPHIC DATA, WAS USED TO IDENTIFY ADDITIONAL KEY INFORMANTS FOR THE ASSESSMENT THAT WERE INCLUDED IN PHASE TWO. AS A PART OF THE INTERVIEW PROCESS, ALL KEY INFORMANTS WERE ASKED TO IDENTIFY VULNERABLE POPULATIONS. THE INTERVIEWER ASKED EACH PARTICIPANT TO VERBALLY EXPLAIN WHAT VULNERABLE POPULATIONS EXISTED IN THE COUNTY. AS NEEDED FOR A VISUAL AID, KEY INFORMANTS WERE PROVIDED A MAP OF THE HSA TO DIRECTLY POINT TO THE GEOGRAPHIC LOCATIONS OF THESE VULNERABLE COMMUNITIES. ADDITIONAL KEY INFORMANT INTERVIEWS WERE FOCUSED ON THE GEOGRAPHIC LOCATIONS AND/OR SUBGROUPS IDENTIFIED IN THE EARLIER PHASE. FOCUS GROUP INTERVIEWS WERE CONDUCTED WITH COMMUNITY MEMBERS LIVING IN GEOGRAPHIC AREAS OF THE SERVICE AREA IDENTIFIED AS LOCATIONS OR POPULATIONS EXPERIENCING A DISPARATE AMOUNT OF POOR SOCIOECONOMIC CONDITIONS AND POOR HEALTH OUTCOMES. RECRUITMENT CONSISTED OF REFERRALS FROM DESIGNATED SERVICE PROVIDERS REPRESENTING VULNERABLE POPULATIONS, AS WELL AS DIRECT OUTREACH TO SPECIAL POPULATION GROUPS. THE FINDINGS FROM KEY INFORMANT INTERVIEWS AND FOCUS GROUPS IN MEMORIAL MEDICAL CENTER'S CHNA ARE AVAILABLE AT HTTPS://WWW.SUTTERHEALTH.ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN T</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 6	MEMORIAL MEDICAL CENTER (FACILITY 2): COMMUNITY HEALTH INSIGHTS CONDUCTED THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT ON BEHALF OF MEMORIAL MEDICAL CENTER OF MODESTO AND STANISLAUS SURGICAL HOSPITAL. SCHEDULE H, PART V, SECTION B, LINE 7A, 7B AND 10A MEMORIAL MEDICAL CENTER (FACILITY 2): HTTP://WWW.MEMORIALMEDICALCENTER.ORG/ABOUT/COMMUNITY-BENEFIT.HTML OTHER WEBSITE: HTTPS://WWW.SUTTERHEALTH.ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN T

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11	MEMORIAL MEDICAL CENTER (FACILITY 2): THE FOLLOWING SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED IN THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT AND ARE NEEDS THAT MEMORIAL MEDICAL CENTER INTENDS TO ADDRESS THROUGH ITS IMPLEMENTATION STRATEGY: 1. ACCESS TO BASIC NEEDS, SUCH AS HOUSING, JOBS, AND FOOD 2. ACCESS TO MENTAL, BEHAVIORAL, AND SUBSTANCE-ABUSE SERVICES 3. ACCESS TO QUALITY PRIMARY CARE HEALTH SERVICES 4. SAFE AND VIOLENCE-FREE ENVIRONMENT 5. INJURY AND DISEASE PREVENTION AND MANAGEMENT 6. ACTIVE LIVING AND HEALTHY EATING DESCRIPTIONS OF THE COMMUNITY BENEFIT PROGRAMS THAT ADDRESS THESE SIGNIFICANT HEALTH NEEDS CAN BE FOUND IN PART VI. NO HOSPITAL CAN ADDRESS ALL THE HEALTH NEEDS IN THE COMMUNITY. MEMORIAL MEDICAL CENTER IS COMMITTED TO SERVING THE COMMUNITY BY ADHERING TO ITS MISSION, USING ITS SKILLS AND CAPABILITIES, AND REMAINING A STRONG ORGANIZATION SO THAT IT CAN CONTINUE TO PROVIDE A WIDE RANGE OF COMMUNITY BENEFITS. THE HOSPITAL DOES NOT PLAN TO ADDRESS THE FOLLOWING SIGNIFICANT HEALTH NEEDS THAT WERE IDENTIFIED IN THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT: 1. ACCESS AND FUNCTIONAL NEEDS-TRANSPORTATION AND PHYSICAL DISABILITY-WHILE OUR IMPLEMENTATION PLAN DOES NOT DIRECTLY ADDRESS ISSUES OF TRANSPORTATION AND PHYSICAL DISABILITY, MANY OF OUR PROGRAMS WILL OFFER CLIENTS REFERRALS TO TRANSPORTATION SERVICES SO THAT THEY CAN ACCESS MEDICAL APPOINTMENTS. 2. ACCESS TO SPECIALTY AND EXTENDED CARE-OUR FOCUS IN STANISLAUS COUNTY IS PRIMARILY ON EXPANDING ACCESS TO PRIMARY CARE THROUGH PARTNERSHIPS WITH OUR FQHC AND COMMUNITY PARTNERS. HOWEVER, SEVERAL OF THESE PROGRAMS WHICH INCREASE ACCESS TO PRIMARY CARE WILL ALSO HELP PATIENTS BECOME CONNECTED TO SPECIALTY CARE ONCE THEY ARE ESTABLISHED WITH A PCP. 3. POLLUTION-FREE LIVING ENVIRONMENT-DUE TO LIMITED RESOURCES AND ABILITY TO IMPACT ENVIRONMENTAL POLICIES, THE HOSPITAL DOES NOT INTEND TO DIRECTLY ADDRESS THIS HEALTH ISSUE AT THIS TIME.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 15E	Memorial Medical Center (Facility 2): METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE-OTHER: PATIENTS MAY REQUEST ASSISTANCE WITH COMPLETING THE APPLICATION FOR FINANCIAL ASSISTANCE IN PERSON AT THE HOSPITAL, OVER THE PHONE, THROUGH THE MAIL, OR VIA THE SUTTER HEALTH WEBSITE. SCHEDULE H, PART V, LINES 16A, 16B, & 16C Memorial Medical Center (Facility 2): THE FINANCIAL ASSISTANCE POLICY, APPLICATION FORM, AND PLAIN LANGUAGE SUMMARY ARE WIDELY AVAILABLE ON THE MEMORIAL MEDICAL CENTER WEBSITE AT: HTTP://WWW.MEMORIALMEDICALCENTER.ORG/ABOUT/FINANCIAL-ASSISTANCE.HTML

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16J	Memorial Medical Center (Facility 2): MEASURES USED TO PUBLICIZE THE FACILITY'S FINANCIAL ASSISTANCE POLICY: THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE IN THE PRIMARY LANGUAGES OF THE HOSPITAL'S SERVICE AREA. DURING PREADMISSION OR REGISTRATION ALL PATIENTS WILL BE PROVIDED A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY AND ALSO INFORMATION REGARDING THE RIGHT TO REQUEST AN ESTIMATE OF THEIR FINANCIAL RESPONSIBILITY FOR SERVICES. PATIENTS WHO MAY BE UNINSURED WILL BE ASSIGNED A FINANCIAL COUNSELOR WHO WILL VISIT WITH THE PATIENT IN PERSON AT THE HOSPITAL AND CAN PROVIDE ADDITIONAL INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY AND ASSIST WITH THE APPLICATION PROCESS. AT THE TIME OF DISCHARGE ALL PATIENTS WILL BE PROVIDED THE PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY. SUTTER HEALTH WILL PLACE AN ADVERTISEMENT REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE AT THE ORGANIZATION IN THE PRINCIPAL NEWSPAPER IN THE COMMUNITY OR WHEN DOING SO IS NOT PRACTICAL SUTTER WILL ISSUE A PRESS RELEASE CONTAINING THE INFORMATION OR USE OTHER MEANS THAT WILL WIDELY PUBLICIZE THE AVAILABILITY OF THE POLICY. SUTTER HEALTH WILL WORK WITH AFFILIATED ORGANIZATIONS, PHYSICIANS, COMMUNITY CLINICS AND OTHER HEALTH CARE PROVIDERS TO NOTIFY MEMBERS OF THE COMMUNITY ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 22D	Memorial Medical Center (Facility 2): AMOUNTS CHARGED TO FAP-ELIGIBLE INDIVIDUALS: THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY PROVIDES FOR FULL WRITE OFF OF ALL CHARGES FOR AN UNINSURED PATIENT WITH A FAMILY INCOME AT OR BELOW 400% OF THE MOST RECENT FEDERAL POVERTY LEVEL. IN ACCORDANCE WITH INTERNAL REVENUE CODE SECTION 1.501(R)-5, THIS ORGANIZATION ADOPTS THE PROSPECTIVE MEDICARE METHOD FOR AMOUNTS GENERALLY BILLED; HOWEVER, PATIENTS WHO ARE ELIGIBLE FOR FINANCIAL ASSISTANCE ARE NOT FINANCIALLY RESPONSIBLE FOR MORE THAN THE AMOUNTS GENERALLY BILLED BECAUSE ELIGIBLE PATIENTS DO NOT PAY ANY AMOUNT.

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
REPORTING FACILITY: SUTTER TRACY COMMUNITY HOSPITAL	Schedule H, Part V, Section B, Line 3E THE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFIED THROUGH THE CHNA.

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5	<p>SUTTER TRACY COMMUNITY HOSPITAL (FACILITY 5): IN CONDUCTING ITS MOST RECENT CHNA, SUTTER TRACY COMMUNITY HOSPITAL DID TAKE INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY IN THE HOSPITAL'S SERVICE AREA (HSA). COMMUNITY INPUT WAS PROVIDED BY A BROAD RANGE OF COMMUNITY MEMBERS USING KEY INFORMANT INTERVIEWS, FOCUS GROUPS, AND SURVEYS. INDIVIDUALS WITH THE KNOWLEDGE, INFORMATION, AND EXPERTISE RELEVANT TO THE HEALTH NEEDS OF THE COMMUNITY WERE CONSULTED. THESE INDIVIDUALS INCLUDED REPRESENTATIVES FROM LOCAL GOVERNMENTAL AND PUBLIC HEALTH AGENCIES AS WELL AS LEADERS, REPRESENTATIVES, OR MEMBERS OF UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS. ADDITIONALLY, WHERE APPLICABLE, OTHER INDIVIDUALS WITH EXPERTISE OF LOCAL HEALTH NEEDS WERE CONSULTED. AD LUCEM CONSULTING CONDUCTED KEY INFORMANT INTERVIEWS WITH ELEVEN INDIVIDUALS REPRESENTING DIVERSE SECTORS INCLUDING: PUBLIC HEALTH, HEALTH CARE, COMMUNITY-BASED ORGANIZATIONS, SOCIAL SERVICES, EDUCATION AND GOVERNMENT. THE KEY INFORMANTS WERE IDENTIFIED BY HEALTHIER SAN JOAQUIN COLLABORATIVE CORE TEAM MEMBERS. ALL INTERVIEWS WERE CONDUCTED BY TELEPHONE IN ENGLISH AND TOOK APPROXIMATELY 30-45 MINUTES TO COMPLETE. THE INTERVIEWS FOLLOWED A STANDARD SET OF INTERVIEW QUESTIONS AND THE INTERVIEWER TOOK DETAILED NOTES DURING THE CALL. AT THE BEGINNING OF THE INTERVIEW, CONFIDENTIALITY WAS ASSURED AND THE RESPONDENTS WERE INVITED TO SKIP QUESTIONS WHICH WERE NOT APPLICABLE TO THE RESPONDENT'S EXPERIENCE. THIRTY-ONE COMMUNITY RESIDENT FOCUS GROUPS WERE CONDUCTED IN GEOGRAPHIC AREAS WITHIN SAN JOAQUIN COUNTY, INCLUDING STOCKTON, LODI, TRACY AND MANTECA. NINETEEN GROUPS WERE CONDUCTED IN ENGLISH, TEN WERE CONDUCTED IN SPANISH, ONE WAS CONDUCTED IN TAGALOG AND ONE WAS CONDUCTED IN CAMBODIAN. PARTICIPANTS WERE TEENS, ADULTS, AND OLDER ADULTS, WHO REPRESENTED UNDERSERVED, LOW-INCOME, AND VARIED ETHNIC COMMUNITIES. THE FINDINGS FROM KEY INFORMANT INTERVIEWS AND FOCUS GROUPS IN THE SUTTER TRACY COMMUNITY HOSPITAL'S CHNA ARE AVAILABLE AT HTTPS://WWW.SUTTERHEALTH.ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN</p> <p>T</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 6	SUTTER TRACY COMMUNITY HOSPITAL (FACILITY 5): THE SAN JOAQUIN COUNTY 2019 CHNA WAS AN EFFORT OF THE HEALTHIER SAN JOAQUIN COLLABORATIVE THAT INCLUDED SAN JOAQUIN PUBLIC HEALTH SERVICES, SAN JOAQUIN'S NONPROFIT HOSPITALS AS WELL AS MANY PARTNER ORGANIZATIONS AND INDIVIDUALS THROUGHOUT THE COMMUNITY. THE CHNA WAS LED BY A CORE TEAM THAT WAS RESPONSIBLE FOR PLANNING AND KEY DECISION-MAKING, INCLUDING PROVIDING INPUT TO DEVELOPING DATA COLLECTION INSTRUMENTS, WORKING ALONGSIDE AD LUCEM CONSULTING TO COLLECT AND ANALYZE DATA, AND REVIEWING AND COMMENTING ON THE REPORT. THE BROADLY REPRESENTATIVE CHNA STEERING COMMITTEE SUPPORTED THE PROCESS BY COLLECTING PRIMARY DATA AND PARTICIPATING IN DATA REVIEW AND HEALTH NEED PRIORITIZATION. CORE TEAM MEMBERS 1. ADVENTIST HEALTH LODI MEMORIAL 2. COMMUNITY MEDICAL CENTERS 3. DAMERON HOSPITAL 4. DIGNITY HEALTH ST. JOSEPH'S MEDICAL CENTER 5. FIRST 5 SAN JOAQUIN 6. HEALTH NET 7. HEALTH PLAN OF SAN JOAQUIN 8. KAISER PERMANENTE 9. SAN JOAQUIN COUNTY PUBLIC HEALTH SERVICES 10. SUTTER HEALTH (SUTTER TRACY COMMUNITY HOSPITAL)

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 7A, 7B AND 10A	SUTTER TRACY COMMUNITY HOSPITAL (FACILITY 5): HTTPS://WWW.SUTTERHEALTH.ORG/STCH/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMENT OTHER WEBSITE: HTTPS://WWW.SUTTERHEALTH.ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11	<p>SUTTER TRACY COMMUNITY HOSPITAL (FACILITY 5): THE FOLLOWING SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED IN THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT AND ARE NEEDS THAT SUTTER TRACY COMMUNITY HOSPITAL INTENDS TO ADDRESS THROUGH ITS IMPLEMENTATION STRATEGY: 1. MENTAL HEALTH 2. ECONOMIC SECURITY 3. OBESITY/HEALTH EATING, ACTIVE LIVING/DIABETES 4. ACCESS TO CARE 5. VIOLENCE/INJURY PREVENTION 6. SUBSTANCE ABUSE/TOBACCO DESCRIPTIONS OF THE COMMUNITY BENEFIT PROGRAMS THAT ADDRESS THESE SIGNIFICANT HEALTH NEEDS CAN BE FOUND IN PART VI. NO HOSPITAL CAN ADDRESS ALL OF THE HEALTH NEEDS PRESENT IN ITS COMMUNITY. SUTTER TRACY COMMUNITY HOSPITAL IS COMMITTED TO SERVING THE COMMUNITY BY ADHERING TO ITS MISSION, USING ITS SKILLS AND CAPABILITIES, AND REMAINING A STRONG ORGANIZATION SO THAT IT CAN CONTINUE TO PROVIDE A WIDE RANGE OF COMMUNITY BENEFITS. THE HOSPITAL DOES NOT PLAN TO ADDRESS THE FOLLOWING SIGNIFICANT HEALTH NEEDS THAT WERE IDENTIFIED IN THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT: 1. SUBSTANCE ABUSE AND TOBACCO - WHILE OUR STRATEGY DOES NOT DIRECTLY FOCUS ON SUBSTANCE ABUSE AND TOBACCO, THIS IS AN AREA THAT WILL BE ADDRESSED THROUGH OUR INVESTMENTS IN ACCESS TO CARE AND ECONOMIC SECURITY. MANY INDIVIDUALS EXPERIENCING HOMELESSNESS OR AT-RISK OF BECOMING HOMELESS ARE ALSO GRAPPLING WITH MENTAL HEALTH AND SUBSTANCE ABUSE ISSUES, SO THROUGH PROGRAMS SUCH AS STREET OUTREACH, HOMELESS SHELTERS, AND RECUPERATIVE CARE, WE WILL LIKELY BE CONNECTING INDIVIDUALS TO THE APPROPRIATE SUBSTANCE ABUSE REFERRALS AS NEEDED. 2. ASTHMA - ASTHMA IS NOT SPECIFICALLY ADDRESSED IN OUR IMPLEMENTATION PLAN AS AN AREA OF FOCUS, BUT WE RECOGNIZE ITS PREVALENCE IN SAN JOAQUIN COUNTY AND MANY OF OUR OTHER STRATEGIES WILL SEEK TO ADDRESS THIS CHRONIC CONDITION. THROUGH OUR INVESTMENTS IN ACCESS TO CARE, WE WILL SEEK TO IDENTIFY INDIVIDUALS WITH ASTHMA AND CONNECT THEM WITH A PRIMARY CARE PROVIDER SO THAT THEY CAN APPROPRIATELY MANAGE THEIR CONDITION. 3. ORAL HEALTH - ALTHOUGH THE HOSPITAL DOES NOT HAVE A SPECIFIC STRATEGY TO ADDRESS THIS COMPONENT OF OVERALL HEALTH, IT DOES INTEND TO INDIRECTLY ADDRESS THE PRIORITY FINDING THROUGH THE VARIOUS OTHER INTERVENTIONS AS MENTIONED IN THIS REPORT. MANY OF THE STRATEGIES IN THIS PLAN LOOK TO PROVIDE WHOLE-PERSON CARE, AND WILL OFFER REFERRALS TO ORAL HEALTH CARE RESOURCES TO INDIVIDUALS AS NECESSARY. 4. CLIMATE AND HEALTH - DUE TO LIMITED RESOURCES AND ABILITY TO IMPACT ENVIRONMENTAL POLICIES, THE HOSPITAL DOES NOT INTEND TO DIRECTLY ADDRESS THIS HEALTH ISSUE AT THIS TIME.</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 15E	SUTTER TRACY COMMUNITY HOSPITAL (FACILITY 5): METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE- OTHER: PATIENTS MAY REQUEST ASSISTANCE WITH COMPLETING THE APPLICATION FOR FINANCIAL ASSISTANCE IN PERSON AT THE HOSPITAL, OVER THE PHONE, THROUGH THE MAIL, OR VIA THE SUTTER HEALTH WEBSITE. schedule H, Part V, Section B, Lines 16A, 16B, & 16C SUTTER TRACY COMMUNITY HOSPITAL (FACILITY 5): THE FINANCIAL ASSISTANCE POLICY, APPLICATION FORM, AND PLAIN LANGUAGE SUMMARY ARE WIDELY AVAILABLE ON THE SUTTER TRACY COMMUNITY HOSPITAL WEBSITE AT: HTTP://WWW.SUTTERTRACY.ORG/ABOUT/FINANCIAL-ASSISTANCE.HTML

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16J	SUTTER TRACY COMMUNITY HOSPITAL (FACILITY 5): MEASURES USED TO PUBLICIZE THE FACILITY'S FINANCIAL ASSISTANCE POLICY: THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE IN THE PRIMARY LANGUAGES OF THE HOSPITAL'S SERVICE AREA. DURING PREADMISSION OR REGISTRATION ALL PATIENTS WILL BE PROVIDED A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY AND ALSO INFORMATION REGARDING THE RIGHT TO REQUEST AN ESTIMATE OF THEIR FINANCIAL RESPONSIBILITY FOR SERVICES. PATIENTS WHO MAY BE UNINSURED WILL BE ASSIGNED A FINANCIAL COUNSELOR WHO WILL VISIT WITH THE PATIENT IN PERSON AT THE HOSPITAL AND CAN PROVIDE ADDITIONAL INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY AND ASSIST WITH THE APPLICATION PROCESS. AT THE TIME OF DISCHARGE ALL PATIENTS WILL BE PROVIDED THE PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY. SUTTER HEALTH WILL PLACE AN ADVERTISEMENT REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE AT THE ORGANIZATION IN THE PRINCIPAL NEWSPAPER IN THE COMMUNITY OR WHEN DOING SO IS NOT PRACTICAL SUTTER WILL ISSUE A PRESS RELEASE CONTAINING THE INFORMATION OR USE OTHER MEANS THAT WILL WIDELY PUBLICIZE THE AVAILABILITY OF THE POLICY. SUTTER HEALTH WILL WORK WITH AFFILIATED ORGANIZATIONS, PHYSICIANS, COMMUNITY CLINICS AND OTHER HEALTH CARE PROVIDERS TO NOTIFY MEMBERS OF THE COMMUNITY ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 22D	SUTTER TRACY COMMUNITY HOSPITAL (FACILITY 5): AMOUNTS CHARGED TO FAP-ELIGIBLE INDIVIDUALS: THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY PROVIDES FOR FULL WRITE OFF OF ALL CHARGES FOR AN UNINSURED PATIENT WITH A FAMILY INCOME AT OR BELOW 400% OF THE MOST RECENT FEDERAL POVERTY LEVEL. IN ACCORDANCE WITH INTERNAL REVENUE CODE SECTION 1.501(R)-5, THIS ORGANIZATION ADOPTS THE PROSPECTIVE MEDICARE METHOD FOR AMOUNTS GENERALLY BILLED; HOWEVER, PATIENTS WHO ARE ELIGIBLE FOR FINANCIAL ASSISTANCE ARE NOT FINANCIALLY RESPONSIBLE FOR MORE THAN THE AMOUNTS GENERALLY BILLED BECAUSE ELIGIBLE PATIENTS DO NOT PAY ANY AMOUNT.

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
REPORTING FACILITY: MEMORIAL HOSPITAL LOS BANOS	Schedule H, Part V, Section B, Line 3E THE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFIED THROUGH THE CHNA.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5	MEMORIAL HOSPITAL LOS BANOS (FACILITY 10): IN CONDUCTING ITS MOST RECENT CHNA, MEMORIAL HOSPITAL LOS BANOS DID TAKE INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY IN THE HOSPITAL'S SERVICE AREA. TO SOLICIT INPUT FROM KEY INFORMANTS, THOSE INDIVIDUALS WHO HAVE A BROAD INTEREST IN THE HEALTH OF THE COMMUNITY, AN ONLINE KEY INFORMANT SURVEY ALSO WAS IMPLEMENTED AS PART OF THIS PROCESS. A LIST OF RECOMMENDED PARTICIPANTS WAS PROVIDED BY THE STUDY SPONSORS; THIS LIST INCLUDED NAMES AND CONTACT INFORMATION FOR PHYSICIANS, PUBLIC HEALTH REPRESENTATIVES, OTHER HEALTH PROFESSIONALS, SOCIAL SERVICE PROVIDERS, AND A VARIETY OF OTHER COMMUNITY LEADERS. POTENTIAL PARTICIPANTS WERE CHOSEN BECAUSE OF THEIR ABILITY TO IDENTIFY PRIMARY CONCERNS OF THE POPULATIONS WITH WHOM THEY WORK, AS WELL AS OF THE COMMUNITY OVERALL. KEY INFORMANTS WERE CONTACTED BY EMAIL, INTRODUCING THE PURPOSE OF THE SURVEY AND PROVIDING A LINK TO TAKE THE SURVEY ONLINE; REMINDER EMAILS WERE SENT AS NEEDED TO INCREASE PARTICIPATION. IN ALL, 49 COMMUNITY STAKEHOLDERS TOOK PART IN THE ONLINE KEY INFORMANT SURVEY. THESE INCLUDED PHYSICIANS, PUBLIC HEALTH REPRESENTATIVES, OTHER HEALTH PROVIDERS, SOCIAL SERVICES PROVIDERS AND OTHER COMMUNITY LEADERS. THROUGH THIS PROCESS, INPUT WAS GATHERED FROM SEVERAL INDIVIDUALS WHOSE ORGANIZATIONS WORK WITH LOW-INCOME, MINORITY, OR OTHER MEDICALLY UNDERSERVED POPULATIONS. IN THE ONLINE SURVEY, KEY INFORMANTS WERE ASKED TO RATE THE DEGREE TO WHICH VARIOUS HEALTH ISSUES ARE A PROBLEM IN THEIR OWN COMMUNITY. FOLLOW-UP QUESTIONS ASKED THEM TO DESCRIBE WHY THEY IDENTIFY PROBLEM AREAS AS SUCH AND HOW THESE MIGHT BETTER BE ADDRESSED. RESULTS OF THEIR RATINGS, AS WELL AS THEIR VERBATIM COMMENTS, ARE INCLUDED THROUGHOUT THIS REPORT AS THEY RELATE TO THE VARIOUS OTHER DATA PRESENTED. THE FINDINGS FROM KEY INFORMANT SURVEY IN THE MEMORIAL HOSPITAL LOS BANOS'S CHNA ARE AVAILABLE AT HTTPS://WWW.SUTTERHEALTH.ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN T

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 6	MEMORIAL HOSPITAL LOS BANOS (FACILITY 10): PROFESSIONAL RESEARCH CONSULTANTS, INC. CONDUCTED THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT FOR MEMORIAL HOSPITAL LOS BANOS, MERCY MEDICAL CENTER MERCED AND VALLEY CHILDREN'S HOSPITAL.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 7A, 7B AND 10A	MEMORIAL HOSPITAL LOS BANOS (FACILITY 10): HTTP://WWW.MEMORIALLOSBANOS.ORG/ABOUT/COMMUNITY-NEEDS-ASSESSMENT.HTML OTHER WEBSITE: HTTPS://WWW.SUTTERHEALTH.ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN T

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11	MEMORIAL HOSPITAL LOS BANOS (FACILITY 10): THE FOLLOWING SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED IN THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT ARE NEEDS THAT MEMORIAL HOSPITAL LOS BANOS INTENDS TO ADDRESS THROUGH ITS IMPLEMENTATION STRATEGY: 1. MENTAL HEALTH 2. NUTRITION, PHYSICAL ACTIVITY, AND WEIGHT 3. ACCESS TO HEALTH SERVICES DESCRIPTIONS OF THE COMMUNITY BENEFIT PROGRAMS THAT ADDRESS THESE SIGNIFICANT HEALTH NEEDS CAN BE FOUND IN PART VI. NO HOSPITAL CAN ADDRESS ALL OF THE HEALTH NEEDS PRESENT IN ITS COMMUNITY. MEMORIAL HOSPITAL LOS BANOS IS COMMITTED TO SERVING THE COMMUNITY BY ADHERING TO ITS MISSION, USING ITS SKILLS AND CAPABILITIES, AND REMAINING A STRONG ORGANIZATION SO THAT IT CAN CONTINUE TO PROVIDE A WIDE RANGE OF COMMUNITY BENEFITS. THE HOSPITAL DOES NOT PLAN TO ADDRESS THE FOLLOWING SIGNIFICANT HEALTH NEEDS THAT WERE IDENTIFIED IN THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT: 1. SUBSTANCE ABUSE - OUR PLAN DOES NOT ADDRESS SUBSTANCE ABUSE DIRECTLY, HOWEVER, WE ANTICIPATE OUR STREET MEDICINE AND RESPITE CARE PROGRAMS WILL HELP ASSIST INDIVIDUALS EXPERIENCING SUBSTANCE ABUSE ISSUES AND REFER THEM TO APPROPRIATE RESOURCES. 2. DIABETES - WHILE WE WILL NOT INVEST IN THIS AREA, OUR PROGRAMS IN HEALTHY EATING AND ACTIVE LIVING WILL ADDRESS THE UPSTREAM SOCIAL DETERMINANTS OF HEALTH WHICH COULD LEAD TO DIABETES LATER IN LIFE. 3. HEART DISEASE AND STROKE - WHILE WE WILL NOT INVEST IN THIS AREA, OUR PROGRAMS IN HEALTHY EATING AND ACTIVE LIVING WILL ADDRESS THE UPSTREAM SOCIAL DETERMINANTS OF HEALTH WHICH COULD LEAD TO HEART DISEASE AND STROKE LATER IN LIFE. 4. TOBACCO USE - WE DO NOT PLAN TO ADDRESS TOBACCO ABUSE DIRECTLY, HOWEVER, WE ANTICIPATE OUR INVESTMENTS IN YOUTH PROGRAMS WILL HELP ENCOURAGE HEALTHIER LIFESTYLE HABITS FOR KIDS THAT WILL LEAD TO A DECREASED LIKELIHOOD OF TOBACCO USE LATER IN LIFE. 5. RESPIRATORY DISEASES - WE DO NOT FEEL RESPIRATORY DISEASE IS AS PRESSING AS OTHER HEALTH NEEDS IDENTIFIED IN OUR ASSESSMENT FOR THIS COMMUNITY, SO DUE TO LIMITED TIME AND RESOURCES WE ARE CHOOSING NOT TO ADDRESS THIS HEALTH NEED DIRECTLY. 6. INJURY AND VIOLENCE - OUR IMPLEMENTATION PLAN WILL NOT SPECIFICALLY ADDRESS INJURY AND VIOLENCE, HOWEVER OUR GOAL IS TO DECREASE THE LIKELIHOOD OF INJURY AND VIOLENCE THROUGH INVESTMENTS IN YOUTH PROGRAMS THAT WILL KEEP KIDS SAFE AND IN A POSITIVE ENVIRONMENT. 7. INFANT AND FAMILY PLANNING - WHILE OUR COMMUNITY HEALTH PROGRAMS ARE NOT FOCUSED ON INFANT AND FAMILY PLANNING, THE MEMORIAL HOSPITAL LOS BANOS RURAL HEALTH CLINIC DOES PROVIDE GYNECOLOGY AND WOMEN'S HEALTH SERVICES AS WELL AS PRENATAL CARE TO UNDERSERVED POPULATIONS. 8. CANCER - WE DO NOT FEEL CANCER IS AS PRESSING AS OTHER HEALTH NEEDS IDENTIFIED IN OUR ASSESSMENT FOR THIS COMMUNITY, SO DUE TO LIMITED TIME AND RESOURCES WE WILL NOT SEEK TO ADDRESS THIS HEALTH NEED DIRECTLY. 9. KIDNEY DISEASE - WE DO NOT FEEL RESPIRATORY DISEASE IS AS PRESSING AS OTHER HEALTH NEEDS IDENTIFIED IN THIS ASSESSMENT, SO DUE TO LIMITED TIME AND RESOURCES WE ARE CHOO

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11	SING NOT TO ADDRESS THIS HEALTH NEED DIRECTLY. 10. DEMENTIA/ALZHEIMER'S DISEASE - GIVEN LI MITED TIME AND RESOURCES AND OUR FOCUS ON OTHER PRIORITY NEEDS, WE WILL NOT BE ADDRESSING DEMENTIA AND ALZHEIMER'S DURING THIS IMPLEMENTATION CYCLE. HOWEVER, WE WILL BE INCREASING OUR MENTAL HEALTH INVESTMENTS WHICH COULD OVERLAP WITH THOSE EXPERIENCING DEMENTIA OR ALZH EIMER'S. 11. POTENTIALLY DISABLING CONDITIONS - GIVEN LIMITED TIME AND RESOURCES AND OUR F OCUS ON OTHER PRIORITY NEEDS, WE WILL NOT BE ADDRESSING POTENTIALLY DISABLING CONDITIONS D URING THIS IMPLEMENTATION CYCLE.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 15E	MEMORIAL HOSPITAL LOS BANOS (FACILITY 10): METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE-OTHER: PATIENTS MAY REQUEST ASSISTANCE WITH COMPLETING THE APPLICATION FOR FINANCIAL ASSISTANCE IN PERSON AT THE HOSPITAL, OVER THE PHONE, THROUGH THE MAIL, OR VIA THE SUTTER HEALTH WEBSITE. Schedule H, Part V, Section B, Lines 16A, 16B, & 16C MEMORIAL HOSPITAL LOS BANOS (FACILITY 10): THE FINANCIAL ASSISTANCE POLICY, APPLICATION FORM, AND PLAIN LANGUAGE SUMMARY ARE WIDELY AVAILABLE ON THE MEMORIAL HOSPITAL LOS BANOS WEBSITE AT: HTTP://WWW.MEMORIALLOSBANOS.ORG/ABOUT/FINANCIAL-ASSISTANCE.HTML

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16J	MEMORIAL HOSPITAL LOS BANOS (FACILITY 10): MEASURES USED TO PUBLICIZE THE FACILITY'S FINANCIAL ASSISTANCE POLICY: THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE IN THE PRIMARY LANGUAGES OF THE HOSPITAL'S SERVICE AREA. DURING PREADMISSION OR REGISTRATION ALL PATIENTS WILL BE PROVIDED A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY AND ALSO INFORMATION REGARDING THE RIGHT TO REQUEST AN ESTIMATE OF THEIR FINANCIAL RESPONSIBILITY FOR SERVICES. PATIENTS WHO MAY BE UNINSURED WILL BE ASSIGNED A FINANCIAL COUNSELOR WHO WILL VISIT WITH THE PATIENT IN PERSON AT THE HOSPITAL AND CAN PROVIDE ADDITIONAL INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY AND ASSIST WITH THE APPLICATION PROCESS. AT THE TIME OF DISCHARGE ALL PATIENTS WILL BE PROVIDED THE PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY. SUTTER HEALTH WILL PLACE AN ADVERTISEMENT REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE AT THE ORGANIZATION IN THE PRINCIPAL NEWSPAPER IN THE COMMUNITY OR WHEN DOING SO IS NOT PRACTICAL SUTTER WILL ISSUE A PRESS RELEASE CONTAINING THE INFORMATION OR USE OTHER MEANS THAT WILL WIDELY PUBLICIZE THE AVAILABILITY OF THE POLICY. SUTTER HEALTH WILL WORK WITH AFFILIATED ORGANIZATIONS, PHYSICIANS, COMMUNITY CLINICS AND OTHER HEALTH CARE PROVIDERS TO NOTIFY MEMBERS OF THE COMMUNITY ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 22D	MEMORIAL HOSPITAL LOS BANOS (FACILITY 10): AMOUNTS CHARGED TO FAP-ELIGIBLE INDIVIDUALS: THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY PROVIDES FOR FULL WRITE OFF OF ALL CHARGES FOR AN UNINSURED PATIENT WITH A FAMILY INCOME AT OR BELOW 400% OF THE MOST RECENT FEDERAL POVERTY LEVEL. IN ACCORDANCE WITH INTERNAL REVENUE CODE SECTION 1.501(R)-5, THIS ORGANIZATION ADOPTS THE PROSPECTIVE MEDICARE METHOD FOR AMOUNTS GENERALLY BILLED; HOWEVER, PATIENTS WHO ARE ELIGIBLE FOR FINANCIAL ASSISTANCE ARE NOT FINANCIALLY RESPONSIBLE FOR MORE THAN THE AMOUNTS GENERALLY BILLED BECAUSE ELIGIBLE PATIENTS DO NOT PAY ANY AMOUNT.

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
REPORTING FACILITY: STANISLAUS SURGICAL HOSPITAL	Schedule H, Part V, Section B, Line 3E THE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFIED THROUGH THE CHNA.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5	<p>STANISLAUS SURGICAL HOSPITAL (FACILITY 11): IN CONDUCTING ITS MOST RECENT CHNA, STANISLAUS SURGICAL HOSPITAL, A FACILITY OF SUTTER VALLEY HOSPITALS, DID TAKE INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY IN THE HOSPITAL'S SERVICE AREA. INPUT FROM THE COMMUNITY SERVED BY BOTH MEMORIAL MEDICAL CENTER AND STANISLAUS SURGICAL HOSPITAL WAS COLLECTED THROUGH TWO MAIN MECHANISMS. FIRST, KEY INFORMANT INTERVIEWS WERE CONDUCTED WITH COMMUNITY HEALTH EXPERTS AND AREA SERVICE PROVIDERS (I.E., MEMBERS OF SOCIAL-SERVICE NONPROFIT ORGANIZATIONS AND RELATED HEALTHCARE ORGANIZATIONS). THESE INTERVIEWS OCCURRED IN BOTH ONE-ON-ONE AND IN GROUP INTERVIEW SETTINGS. SECOND, FOCUS GROUPS WERE CONDUCTED WITH COMMUNITY RESIDENTS THAT WERE IDENTIFIED AS POPULATIONS EXPERIENCING DISPARITIES. ALL PARTICIPANTS WERE GIVEN AN INFORMED CONSENT FORM PRIOR TO THEIR PARTICIPATION, WHICH PROVIDED INFORMATION ABOUT THE PROJECT, ASKED FOR PERMISSION TO RECORD THE INTERVIEW, AND LISTED THE POTENTIAL BENEFITS AND RISKS FOR INVOLVEMENT IN THE INTERVIEW. ALL INTERVIEW DATA WERE COLLECTED THROUGH NOTE TAKING AND, IN SOME INSTANCES, RECORDING. PRIMARY DATA COLLECTION WITH KEY INFORMANTS INCLUDED TWO PHASES. FIRST, PHASE ONE BEGAN BY INTERVIEWING AREA-WIDE SERVICE PROVIDERS WITH KNOWLEDGE OF THE SERVICE AREA, INCLUDING INPUT FROM THE DESIGNATED PUBLIC HEALTH DEPARTMENT. DATA FROM THESE AREA-WIDE INFORMANTS, COUPLED WITH SOCIO-DEMOGRAPHIC DATA, WAS USED TO IDENTIFY ADDITIONAL KEY INFORMANTS FOR THE ASSESSMENT THAT WERE INCLUDED IN PHASE TWO. AS A PART OF THE INTERVIEW PROCESS, ALL KEY INFORMANTS WERE ASKED TO IDENTIFY VULNERABLE POPULATIONS. THE INTERVIEWER ASKED EACH PARTICIPANT TO VERBALLY EXPLAIN WHAT VULNERABLE POPULATIONS EXISTED IN THE COUNTY. AS NEEDED FOR A VISUAL AID, KEY INFORMANTS WERE PROVIDED A MAP OF THE HSA TO DIRECTLY POINT TO THE GEOGRAPHIC LOCATIONS OF THESE VULNERABLE COMMUNITIES. ADDITIONAL KEY INFORMANT INTERVIEWS WERE FOCUSED ON THE GEOGRAPHIC LOCATIONS AND/OR SUBGROUPS IDENTIFIED IN THE EARLIER PHASE. FOCUS GROUP INTERVIEWS WERE CONDUCTED WITH COMMUNITY MEMBERS LIVING IN GEOGRAPHIC AREAS OF THE SERVICE AREA IDENTIFIED AS LOCATIONS OR POPULATIONS EXPERIENCING A DISPARATE AMOUNT OF POOR SOCIOECONOMIC CONDITIONS AND POOR HEALTH OUTCOMES. RECRUITMENT CONSISTED OF REFERRALS FROM DESIGNATED SERVICE PROVIDERS REPRESENTING VULNERABLE POPULATIONS, AS WELL AS DIRECT OUTREACH TO SPECIAL POPULATION GROUPS. THE FINDINGS FROM KEY INFORMANT INTERVIEWS AND FOCUS GROUPS IN STANISLAUS SURGICAL HOSPITAL'S CHNA ARE AVAILABLE AT HTTPS://WWW.SUTTERHEALTH.ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMENT</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 6	STANISLAUS SURGICAL HOSPITAL (FACILITY 11): COMMUNITY HEALTH INSIGHTS CONDUCTED THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT ON BEHALF OF MEMORIAL MEDICAL CENTER OF MODESTO AND STANISLAUS SURGICAL HOSPITAL.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 7A, 7B AND 10A	STANISLAUS SURGICAL HOSPITAL (FACILITY 11): HTTPS://WWW.SUTTERHEALTH.ORG/PDF/FOR-PATIENTS/CHNA/MMC-SSH-2019-CHNA.PDF OTHER WEBSITE: HTTPS://WWW.SUTTERHEALTH.ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11	STANISLAUS SURGICAL HOSPITAL (FACILITY 11): THE FOLLOWING SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED IN THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT AND ARE NEEDS THAT STANISLAUS SURGICAL HOSPITAL INTENDS TO ADDRESS THROUGH ITS IMPLEMENTATION STRATEGY: 1. ACCESS TO BASIC NEEDS, SUCH AS HOUSING, JOBS, AND FOOD 2. ACCESS TO MENTAL, BEHAVIORAL, AND SUBSTANCE-ABUSE SERVICES 3. ACCESS TO QUALITY PRIMARY CARE HEALTH SERVICES 4. SAFE AND VIOLENCE-FREE ENVIRONMENT 5. INJURY AND DISEASE PREVENTION AND MANAGEMENT 6. ACTIVE LIVING AND HEALTHY EATING DESCRIPTIONS OF THE COMMUNITY BENEFIT PROGRAMS THAT ADDRESS THESE SIGNIFICANT HEALTH NEEDS CAN BE FOUND IN PART VI. NO HOSPITAL CAN ADDRESS ALL THE HEALTH NEEDS IN THE COMMUNITY. STANISLAUS SURGICAL HOSPITAL IS COMMITTED TO SERVING THE COMMUNITY BY ADHERING TO ITS MISSION, USING ITS SKILLS AND CAPABILITIES, AND REMAINING A STRONG ORGANIZATION SO THAT IT CAN CONTINUE TO PROVIDE A WIDE RANGE OF COMMUNITY BENEFITS. THE HOSPITAL DOES NOT PLAN TO ADDRESS THE FOLLOWING SIGNIFICANT HEALTH NEEDS THAT WERE IDENTIFIED IN THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT: 1. ACCESS AND FUNCTIONAL NEEDS - TRANSPORTATION AND PHYSICAL DISABILITY - WHILE OUR IMPLEMENTATION PLAN DOES NOT DIRECTLY ADDRESS ISSUES OF TRANSPORTATION AND PHYSICAL DISABILITY, MANY OF OUR PROGRAMS WILL OFFER CLIENTS REFERRALS TO TRANSPORTATION SERVICES SO THAT THEY CAN ACCESS MEDICAL APPOINTMENTS. 2. ACCESS TO SPECIALTY AND EXTENDED CARE - OUR FOCUS IN STANISLAUS COUNTY IS PRIMARILY ON EXPANDING ACCESS TO PRIMARY CARE THROUGH PARTNERSHIPS WITH OUR FQHC AND COMMUNITY PARTNERS. HOWEVER, SEVERAL OF THESE PROGRAMS WHICH INCREASE ACCESS TO PRIMARY CARE WILL ALSO HELP PATIENTS BECOME CONNECTED TO SPECIALTY CARE ONCE THEY ARE ESTABLISHED WITH A PCP. 3. POLLUTION - FREE LIVING ENVIRONMENT - DUE TO LIMITED RESOURCES AND ABILITY TO IMPACT ENVIRONMENTAL POLICIES, THE HOSPITAL DOES NOT INTEND TO DIRECTLY ADDRESS THIS HEALTH ISSUE AT THIS TIME.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 15E	Stanislaus Surgical Hospital (Facility 11): METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE-OTHER: PATIENTS MAY SUBMIT CHARITY CARE APPLICATION TO THE COLLECTIONS SUPERVISOR. Schedule H, Part V, Section B, Lines 16A, 16B, & 16C Stanislaus Surgical Hospital (Facility 11): THE FINANCIAL ASSISTANCE POLICY, APPLICATION FORM, AND PLAIN LANGUAGE SUMMARY ARE WIDELY AVAILABLE ON THE STANISLAUS SURGICAL HOSPITAL WEBSITE AT: HTTPS://STANISLAUSSURGICAL.COM/FINANCIAL-ASSISTANCE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16J	STANISLAUS SURGICAL HOSPITAL (Facility 11): MEASURES USED TO PUBLICIZE THE FACILITY'S FINANCIAL ASSISTANCE POLICY: THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE IN THE PRIMARY LANGUAGES OF THE HOSPITAL'S SERVICE AREA. DURING PREADMISSION OR REGISTRATION ALL PATIENTS WILL BE PROVIDED A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY AND ALSO INFORMATION REGARDING THE RIGHT TO REQUEST AN ESTIMATE OF THEIR FINANCIAL RESPONSIBILITY FOR SERVICES. PATIENTS WHO MAY BE UNINSURED WILL BE ASSIGNED A FINANCIAL COUNSELOR WHO WILL VISIT WITH THE PATIENT IN PERSON AT THE HOSPITAL AND CAN PROVIDE ADDITIONAL INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY AND ASSIST WITH THE APPLICATION PROCESS. AT THE TIME OF DISCHARGE ALL PATIENTS WILL BE PROVIDED THE PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 22D	STANISLAUS SURGICAL HOSPITAL (Facility 11): AMOUNTS CHARGED TO FAP-ELIGIBLE INDIVIDUALS: THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY PROVIDES FOR SLIDING SCALE CHARGES FOR AN UNINSURED PATIENT WITH A FAMILY INCOME AT OR BELOW 350% OF THE MOST RECENT FEDERAL POVERTY LEVEL. IN ACCORDANCE WITH INTERNAL REVENUE CODE SECTION 1.501(R)-5, THIS ORGANIZATION ADOPTS THE PROSPECTIVE MEDICARE METHOD FOR AMOUNTS GENERALLY BILLED; HOWEVER, PATIENTS WHO ARE ELIGIBLE FOR FINANCIAL ASSISTANCE ARE NOT FINANCIALLY RESPONSIBLE FOR MORE THAN THE AMOUNTS GENERALLY BILLED.

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

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

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

Name and address	Type of Facility (describe)
1 Memorial Medical Ctr Same Day Surg ctr 1329 Spanos Court Modesto, CA 95355	OUTPATIENT SERVICES
1 INFUSION THERAPY CENTER 11710 EDUCATION STREET AUBURN, CA 95602	OUTPATIENT SERVICES
2 WOUND CAREOSTOMY DEPARTMENT 11775 EDUCATION STREET AUBURN, CA 95602	OUTPATIENT SERVICES
3 URGENT CARE 11795 Education Street AUBURN, CA 95602	OUTPATIENT SERVICES
4 INFUSION SERVICES 2020 SUTTER PLACE DAVIS, CA 95616	OUTPATIENT SERVICES
5 CARDIAC REHABILITATION 2030 SUTTER PLACE DAVIS, CA 95616	OUTPATIENT SERVICES
6 SUTTER AMADOR WOMEN'S SERVICES 100 MISSION BLVD JACKSON, CA 95642	OUTPATIENT SERVICES
7 SUTTER SLEEP DISORDERS CENTER 1411 SECRET RAVINE PARKWAY STE 150 ROSEVILLE, CA 95661	OUTPATIENT SERVICES
8 OUTPATIENT SURGERY DEPARTMENT FOUR MEDICAL PLAZA ROSEVILLE, CA 95661	OUTPATIENT SERVICES
9 CHILDREN'S OUTPATIENT SERVICE CENTER 1625 STOCKTON BLVD SACRAMENTO, CA 95819	OUTPATIENT SERVICES
10 AMBULATORY SURGERY CENTER 2725 CAPITOL AVENUE SACRAMENTO, CA 95816	OUTPATIENT SERVICES
11 Sutter Cancer Center 2800 L STREET SACRAMENTO, CA 95816	OUTPATIENT SERVICES
12 SUTTER CENTER FOR PSYCHIATRY 7919 FOLSOM BLVD STE 100 SACRAMENTO, CA 95826	OUTPATIENT SERVICES
13 SUTTER CANCER CENTER 100 HOSPITAL DRIVE VALLEJO, CA 94589	OUTPATIENT SERVICES
14 ROSEVILLE ENDOSCOPY CENTER 4 MEDICAL PLAZA ROSEVILLE, CA 95661	OUTPATIENT SERVICES

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

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

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

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

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

Schedule I
(Form 990)

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
SUTTER VALLEY HOSPITALS

Employer identification number
94-1156621

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 115

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) PATIENT ASSISTANCE	6659		1,363,750	FMV	MEDICATION/TRANSPORT
(2) Spirit Club Program	10	19,500			
(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 project's budget, indicating any unused amount of grant funds. At the end of each year/reporting period, Community Benefit analyzes full-year data to ensure community partners met the objectives outlined in the MOU or BSA. If the community partners did not reach the anticipated outcomes, Community Benefit works to understand what circumstances prevented the organization from meeting the goals to help identify ways to improve or perhaps re-evaluate what success of this program looks like, and makes the determination to continue or terminate funding.

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WELLSPACE HEALTH 777 12TH ST STE 250 SACRAMENTO, CA 95814	94-1713704	501(C)(3)	4,081,389				GENERAL SUPPORT
HEALTHY COMM FORUM FOR THE GREATER SAC REG 819 19TH ST SACRAMENTO, CA 95811	68-0377256	501(C)(3)	1,270,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF VALLEJO UNITY DAY 555 SANTA CLARA ST VALLEJO, CA 94590	94-6000448	GOVT	1,000,000				GENERAL SUPPORT
CITY OF SACRAMENTO 915 I ST STE 104 SACRAMENTO, CA 95814	94-6000410	GOVT	590,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNICARE HEALTH CENTERS PO BOX 1260 DAVIS, CA 95617	94-2188574	501(C)(3)	525,000				GENERAL SUPPORT
MIDTOWN SACRAMENTO PBID CORP 1401 21ST ST STE A SACRAMENTO, CA 95811	46-1549378	501(C)(6)	470,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LA CLINICA DE LA RAZA 1515 FRUITVALE AVE OAKLAND, CA 94601	94-1744108	501(C)(3)	371,894				GENERAL SUPPORT
SALVATION ARMY 180 E OCEAN BLVD LONG BEACH, CA 90802	94-1156347	501(C)(3)	339,831				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY MEDICAL CENTERS INC 7210 MURRAY DR STOCKTON, CA 95210	94-2437106	501(C)(3)	300,000				GENERAL SUPPORT
SHADY CREEK OUTDOOR EDUCATION FOUNDATION 970 KLAMATH LN YUBA CITY, CA 95993	68-0239809	501(C)(3)	282,035				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VALLEY CONSORTIUM FOR MEDICAL EDUCATION 1400 FLORIDA AVE STE 200 MODESTO, CA 95350	27-0506209	501(C)(3)	221,690				GENERAL SUPPORT
COMMUNITY PARTNERSHIP FOR FAMILIES PO BOX 1569 STOCKTON, CA 95201	68-0475602	501(C)(3)	219,999				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOLDEN VALLEY HEALTH CENTERS 737 W CHILDS AVE MERCED, CA 95340	94-2196086	501(C)(3)	204,170				GENERAL SUPPORT
GLOBAL DEVELOPMENT INCUBATOR 1401 K ST NW STE 900 WASHINGTON, DC 20005	14-1945286	501(C)(3)	200,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION INC 7272 GREENVILLE AVE DALLAS, TX 75231	13-5613797	501(C)(3)	197,338				GENERAL SUPPORT
SACRAMENTO LGBT COMMUNITY CTR 2012 K ST SACRAMENTO, CA 95811	94-2502229	501(C)(3)	176,667				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENIORS FIRST 12183 LOCKSLEY LN STE 205 AUBURN, CA 95602	68-0430154	501(C)(3)	176,000				GENERAL SUPPORT
COUNTY OF YOLO CHILDRENS ALLIANCE 600 A ST STE Y DAVIS, CA 95616	68-0526185	GOVT	167,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VALLEY VISION INC 3400 3RD AVE SACRAMENTO, CA 95817	94-3214572	501(C)(3)	158,000				GENERAL SUPPORT
SACRAMENTO CONVENTION AND VISITORS BUREAU 1608 I ST SACRAMENTO, CA 95814	94-0824640	501(C)(6)	141,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GATHERING INN 201 BERKELEY AVE ROSEVILLE, CA 95678	84-1657746	501(C)(3)	134,940				GENERAL SUPPORT
STANFORD YOUTH SOLUTIONS 8912 VOLUNTEER LN SACRAMENTO, CA 95826	68-0065690	501(C)(3)	126,500				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF ROSEVILLE 311 VERNON ST ROSEVILLE, CA 95678	94-6000409	GOVT	125,000				GENERAL SUPPORT
AMERICAN CANCER SOCIETY INC 250 WILLIAMS ST NW STE400 ATLANTA, GA 30303	13-1788491	501(C)(3)	117,500				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOURO UNIVERSITY 1310 CLUB DR VALLEJO, CA 94592	13-3838740	501(C)(3)	110,500				GENERAL SUPPORT
BOYS AND GIRLS CLUB OF MERCED COUNTY 615 W 15TH ST MERCED, CA 95340	77-0357487	501(C)(3)	105,798				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MODESTO GOSPEL MISSION INC PO BOX 1203 MODESTO, CA 95353	94-6102833	501(C)(3)	100,500				GENERAL SUPPORT
COUNTY OF SOLANO 675 TEXAS ST STE 2800 FAIRFIELD, CA 94533	94-6000538	GOVT	100,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEAVE INC 1900 K ST SACRAMENTO, CA 95811	94-2493158	501(C)(3)	96,000				GENERAL SUPPORT
RONALD MCDONALD HOUSE CHARITIES NORTHERN CA 2555 49TH ST SACRAMENTO, CA 95817	68-0147193	501(C)(3)	92,500				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATH CHARITIES OF THE DIOCESE OF STOCKTON 1106 NO EL DORADO ST STOCKTON, CA 95202	94-1629114	501(C)(3)	91,200				GENERAL SUPPORT
WOMENS CENTER YOUTH AND FAMILY SERVICES 620 NO CALIFORNIA ST STOCKTON, CA 95202	94-2341360	501(C)(3)	91,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRACY COMMUNITY CONNECTIONS CENTER INC PO BOX 1215 TRACY, CA 95378	47-5483883	501(C)(3)	89,500				GENERAL SUPPORT
LATINO LEADERSHIP COUNCIL INC 2945 BELL RD STE 274 AUBURN, CA 95603	27-0970476	501(C)(3)	85,019				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUB OF TRACY 753 W LOWELL AVE TRACY, CA 95376	68-0028682	501(C)(3)	85,000				GENERAL SUPPORT
SACRAMENTO FOOD BANK SERVICES 3333 3RD AVE SACRAMENTO, CA 95817	94-3315566	501(C)(3)	83,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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H3O FOUNDATION PO BOX 1816 ESCONDIDO, CA 92033	45-3719707	501(C)(3)	82,500				GENERAL SUPPORT
SACRAMENTO STEPS FORWARD 1331 GARDEN HWY STE100 SACRAMENTO, CA 95833	27-4907397	501(C)(3)	74,150				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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DOWNTOWN SACTO PARTNERSHIP 980 NINTH ST STE 400 SACRAMENTO, CA 95814	68-0270320	501(C)(3)	72,500				GENERAL SUPPORT
AMBULATORY SURGERY ACCESS 1119 MARKET ST 400 SAN FRANCISCO, CA 94103	94-3180356	501(C)(3)	70,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SACRAMENTO METRO CHAMBER FNDT 1 CAPITOL MALL STE 700 SACRAMENTO, CA 95814	20-2381828	501(C)(3)	62,500				GENERAL SUPPORT
YOLO COMMUNITY CARE CONTINUUM PO BOX 1101 DAVIS, CA 95617	94-2623205	501(C)(3)	61,500				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HAVEN WOMENS CENTER 619 13TH ST STE 1 MODESTO, CA 95354	94-2499361	501(C)(3)	60,000				GENERAL SUPPORT
MERCED RESCUE MISSION PO BOX 3319 MERCED, CA 95344	77-0284849	501(C)(3)	60,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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UNITED WAY OF SAN JOAQUIN CNTY 777 NO PERSHING AVE 2B STOCKTON, CA 95203	94-1279805	501(C)(3)	60,000				GENERAL SUPPORT
MENTAL HEALTH AMERICA INC 500 MONTGOMERY ST 820 ALEXANDRIA, VA 22314	13-1614906	501(C)(3)	56,500				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SAC ASIAN PACIFIC CHAMBER OF COMMERCE 2331 ALHAMBRA BLVD 100 SACRAMENTO, CA 95817	68-0306606	501(C)(6)	55,000				GENERAL SUPPORT
GENDER HEALTH CENTER 2020 29TH ST STE 201 SACRAMENTO, CA 95817	26-3839452	501(C)(3)	50,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SEC HARV FB OF SAN JOAQUIN & STANISLAUS CO 704 E INDUSTRIAL PARK DR MANTECA, CA 95337	68-0376587	501(C)(3)	50,000				GENERAL SUPPORT
SOCIETY FOR THE BLIND INC LOW VISION CLINIC 1238 S ST SACRAMENTO, CA 95811	94-1384666	501(C)(3)	50,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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STANISLAUS BUSINESS ALLIANCE 1010 TENTH ST STE 1400 Modesto, CA 95354	20-5186517	501(C)(3)	50,000				GENERAL SUPPORT
UNITED WAY OF MERCED COUNTY 531 W MAIN ST MERCED, CA 95340	94-2633265	501(C)(3)	50,000				GENERAL SUPPORT

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WORLD RELIEF CO OF NTL ASSN OF EVANGELICALS 4616 ROSEVILLE RD 107 NO HIGHLANDS, CA 95660	23-6393344	501(C)(3)	50,000				GENERAL SUPPORT
ROSEVILLE AREA CHAMBER OF COMMERCE 650 DOUGLAS BLVD ROSEVILLE, CA 95678	94-1079379	501(C)(6)	49,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SUTTER YUBA HOMELESS CONSORTIUM PO BOX 3642 YUBA CITY, CA 95992	46-2438264	501(C)(3)	48,000				GENERAL SUPPORT
PRO YOUTH AND FAMILIES 4625 44TH ST SACRAMENTO, CA 95820	94-2795430	501(C)(3)	45,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SOIL BORN FARMS URBAN AGRICULTURE PROJECT PO BOX 661175 SACRAMENTO, CA 95866	20-0774693	501(C)(3)	42,500				GENERAL SUPPORT
MCHENRY HOUSE TRACY FAMILY SHELTER 757 A ST TRACY, CA 95376	68-0123612	501(C)(3)	40,600				GENERAL SUPPORT

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SHELTER SOLANO INC PO BOX 5368 CONCORD, CA 94524	83-2704105	501(C)(3)	37,500				GENERAL SUPPORT
SACRAMENTO SOC MED IMPROVEMENT 5380 ELVAS AVE SACRAMENTO, CA 95819	94-1149667	501(C)(6)	36,500				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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STANISLAUS COUNTY OFFICE OF EDUCATION 1100 H ST MODESTO, CA 95354	94-6002388	GOVT	35,000				GENERAL SUPPORT
SOLANO COALITION FOR BETTER HEALTH 3720 BARRETT AVE RICHMOND, CA 94805	94-3189914	501(C)(3)	32,500				GENERAL SUPPORT

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PLACER COUNTY AIR POLUTION CONTROL DISTRICT 110 MAPLE ST AUBURN, CA 95603	94-6000527	GOVT	30,000				GENERAL SUPPORT
SIERRA NEVADA JOURNEYS 190 E LIBERTY ST RENO, NV 89501	01-0881587	501(C)(3)	30,000				GENERAL SUPPORT

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CRISTO REY HIGH SCHOOL SAC WORK STUDY INC 6200 MCMAHON DR SACRAMENTO, CA 95824	41-2191660	501(C)(3)	28,000				GENERAL SUPPORT
SHADOWCHASE RUNNING CLUB 1325 11TH ST MODESTO, CA 95354	94-2751030	501(C)(3)	27,000				GENERAL SUPPORT

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GIVE EVERY CHILD A CHANCE 322 SUN WEST PL MANTECA, CA 95337	68-0399384	501(C)(3)	26,385				GENERAL SUPPORT
FAIRYTALE TOWN INC 3901 LAND PARK DR SACRAMENTO, CA 95822	94-1669088	501(C)(3)	25,000				GENERAL SUPPORT

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HELPING OTHS PROVIDE ENCORE MINISTRIES INC PO BOX 841 MANTECA, CA 95336	68-0235846	501(C)(3)	25,000				GENERAL SUPPORT
KEATONS CHILD CANCER ALLIANCE 2260 DOUGLAS BLVD 140 ROSEVILLE, CA 95661	68-0406980	501(C)(3)	25,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MAKE A WISH FOUNDATION 1401 HALYARD DR 130 W SACRAMENTO, CA 95691	68-0027351	501(C)(3)	25,000				GENERAL SUPPORT
MENTAL HEALTH AMERICA OF CALIFORNIA 2035 HURLEY WY STE 290 SACRAMENTO, CA 95825	94-1393424	501(C)(3)	25,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SACRAMENTO ASIAN SPORTS FNDT 9040 HIGH TECH CT ELK GROVE, CA 95758	94-3227001	501(C)(3)	25,000				GENERAL SUPPORT
SOLANO ECONOMIC DEVCO CORP 360 CAMPUS LN STE 102 FAIRFIELD, CA 94534	91-1790564	501(C)(3)	25,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUICIDE PREVENTION OF YOLO COUNTY 1784 PICASSO AVE STE A DAVIS, CA 95618	94-2619492	501(C)(3)	25,000				GENERAL SUPPORT
YUBA SUTTER CHAMBER OF COMMERCE 519 D ST MARYSVILLE, CA 95901	94-1731239	501(C)(6)	25,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ZAFIAS FAMILY HOUSE 326 NATTIER CT EL DORADO HILLS, CA 95762	27-3195178	501(C)(3)	25,000				GENERAL SUPPORT
SHORT TERM EMERGENCY AID COMMITTEE 1712 PICASSO AVE STE D DAVIS, CA 95618	94-6138684	501(C)(3)	22,500				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOVE OUR CITIES INC 1401 F ST MODESTO, CA 95354	47-1989572	501(C)(3)	20,000				GENERAL SUPPORT
SACRAMENTO SELF HELP HOUSING PO BOX 188445 SACRAMENTO, CA 95818	68-0217383	501(C)(3)	20,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VALLEJO SENIOR CITIZENS COUNCIL INC 333 AMADOR ST VALLEJO, CA 94590	23-7367329	501(C)(3)	20,000				GENERAL SUPPORT
COALITION OF TRACY CIT TO AST THE HOMELESS 21055 SO CORRAL HOLLOW ROAD TRACY, CA 95304	90-0532767	501(C)(3)	19,300				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF SUTTERS FORT 2701 L ST SACRAMENTO, CA 95816	94-2608741	501(C)(3)	18,000				GENERAL SUPPORT
LIGHTHOUSE COUNSELING AND FAMILY RES CTR 427 A ST STE 400 LINCOLN, CA 95648	35-2252834	501(C)(3)	15,347				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAPITAL AIRSHOW GROUP 10425 NORDEN AVE MATHER, CA 95655	74-3212900	501(C)(3)	15,000				GENERAL SUPPORT
GOLD COUNTRY FAIR PO BOX 5527 AUBURN, CA 95604	94-6001553	501(C)(3)	15,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MODESTO CHAMBER OF COMMERCE 1114 J ST MODESTO, CA 95354	94-0689450	501(C)(6)	15,000				GENERAL SUPPORT
VOLS OF AMER NORTHERN CA AND NORTHERN NV 1900 POINT W WY 270 SACRAMENTO, CA 95815	94-6001984	501(C)(3)	15,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOLO CRISIS NURSERY INC 1477 DREW AVE STE 103 DAVIS, CA 95618	47-1006055	501(C)(3)	15,000				GENERAL SUPPORT
SIERRA COLLEGE FOUNDATION 5100 SIERRA COLLEGE BLVD ROCKLIN, CA 95677	23-7241877	501(C)(3)	13,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHERN CA CONF OF SEVENTH DAY ADVENTIST 12225 ROCK CREEK RD AUBURN, CA 95602	68-0260677	501(C)(3)	12,540				GENERAL SUPPORT
AMER LDRSP FORUM MOUNTAIN VALLEY CHAPTER 1601 RESPONSE RD 350 SACRAMENTO, CA 95815	91-1792774	501(C)(3)	12,500				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA STATE UNIV SACTO 6000 J ST SACRAMENTO, CA 95819	68-0365325	GOVT	12,500				GENERAL SUPPORT
LOS RIOS COMM COLLEGE FNDT 1919 SPANOS CT SACRAMENTO, CA 95825	94-2506591	501(C)(3)	12,500				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALL ABOUT SACRAMENTO COMMUNITY FUND 555 CAPITOL MALL 400 SACRAMENTO, CA 95814	82-3048635	501(C)(3)	10,000				GENERAL SUPPORT
CALIFORNIA PRIMARY CARE ASSOC 1215 K ST STE 700 SACRAMENTO, CA 95814	94-3215565	501(C)(3)	10,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HOSPICE INC 4368 SPYRES WY MODESTO, CA 95356	94-2638213	501(C)(3)	10,000				GENERAL SUPPORT
EAST STANISLAUS RES CONSERVATION DISTRICT 3800 CORNUCOPIA WY STE E MODESTO, CA 95358	77-0451977	GOVT	10,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KVIE INC 2030 W EL CAMINO AVE SACRAMENTO, CA 95833	94-1421463	501(C)(3)	10,000				GENERAL SUPPORT
COUNTY OF MERCED SPRING FAIR 403 F ST LOS BANOS, CA 93635	94-6000521	GOVT	10,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUSIC ON A MISSION FOUNDATION 455 CAPITOL MALL 801 SACRAMENTO, CA 95814	46-2969397	501(C)(3)	10,000				GENERAL SUPPORT
RUN TO REMEMBER LOS ANGELES 1201 NO CATALINA AVE STE 848 REDONDO BEACH, CA 90277	82-2990305	501(C)(3)	10,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SACRAMENTO COTTAGE HOUSING INC 1500 NO A ST SACRAMENTO, CA 95811	68-0322086	501(C)(3)	10,000				GENERAL SUPPORT
STANISLAUS PARTNERS IN EDUC PO BOX 4477 MODESTO, CA 95352	77-0294263	501(C)(3)	10,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALING PASTURES INC 11685 LORENSON RD AUBURN, CA 95602	46-2449921	501(C)(3)	9,600				GENERAL SUPPORT
YUBA SUTTER PINK OCTOBER 871 E ONSTOTT RD YUBA CITY, CA 95991	20-1530007	501(C)(3)	9,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHAPA DE INDIAN HEALTH PROGRAM INC 11670 ATWOOD RD AUBURN, CA 85603	94-2583156	501(C)(3)	8,345				GENERAL SUPPORT
CHILD ABUSE PREVENTION COUNCIL OF SAC 4700 ROSEVILLE RD 102 NO HIGHLANDS, CA 95660	94-2833431	501(C)(3)	7,500				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOLDEN VALLEY HEALTH CENTERS FOUNDATION 737 W CHILDS AVE MERCED, CA 95341	47-4773124	501(C)(3)	7,500				GENERAL SUPPORT
LILLIPUT CHILDRENS SERVICES 1651 RESPONSE RD 300 SACRAMENTO, CA 95815	94-2614102	501(C)(3)	7,500				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MODESTO CITY SCHOOLS 426 LOCUST ST MODESTO, CA 95351	77-0195326	GOVT	7,500				GENERAL SUPPORT
SAC BLACK CHAMBER OF COMMERCE FOUNDATION 5770 FREEPORT BLVD 44 SACRAMENTO, CA 95822	95-4818928	501(C)(3)	7,500				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT JOHNS SHELTER FOR WOMEN AND CHILDREN 2443 FAIR OAKS BLVD 369 SACRAMENTO, CA 95825	68-0132934	501(C)(3)	7,500				GENERAL SUPPORT
TRACY SENIOR ADVOCACY ASSN 350 W GRANTLINE RD TRACY, CA 95376	46-1753137	501(C)(3)	7,500				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMADOR TUOLUMNE COMMUNITY ACTION AGENCY 10590 HWY 88 JACKSON, CA 95642	94-2765408	501(C)(3)	7,000				GENERAL SUPPORT
HEALTH EDUCATION COUNCIL 3950 INDUSTRIAL BLVD STE 600 W SACRAMENTO, CA 95691	68-0249296	501(C)(3)	5,823				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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VALLEJO CHAMBER OF COMMERCE 427 YORK ST VALLEJO, CA 94590	94-0949756	501(C)(6)	5,750				GENERAL SUPPORT
JDRF INTERNATIONAL 200 VESEY ST 28TH FLR NEW YORK, NY 10281	23-1907729	501(C)(3)	5,500				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SACRAMENTO ZOOLOGICAL SOCIETY 3930 W LAND PARK DR SACRAMENTO, CA 95822	94-2861667	501(C)(3)	5,500				GENERAL SUPPORT
WOMENS EMPOWERMENT 1400 NO C ST SACRAMENTO, CA 95814	30-0520643	501(C)(3)	5,500				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YUBA SUTTER UNITED WAY 1521 BUTTE HOUSE RD C YUBA CITY, CA 95993	94-1668459	501(C)(3)	5,500				GENERAL SUPPORT
EDUCATION FOUNDATION OF STANISLAUS COUNTY 1100 H ST MODESTO, CA 95354	94-2906392	501(C)(3)	5,300				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL MULTIPLE SCLEROSIS SOC 733 THIRD AVE 3RD FL NEW YORK, NY 10017	13-5661935	501(C)(3)	5,250				GENERAL SUPPORT

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization SUTTER VALLEY HOSPITALS		Employer identification number 94-1156621

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes 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.			
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	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	

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.

[illegible]

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 3	SUPPLEMENTAL COMPENSATION INFORMATION: THE CEO OF THIS ORGANIZATION IS AN EMPLOYEE OF SUTTER HEALTH, A RELATED TAX-EXEMPT ORGANIZATION. THE COMPENSATION COMMITTEE OF THE SUTTER HEALTH BOARD OF DIRECTORS RETAINS ULTIMATE DISCRETIONARY AUTHORITY OVER ALL ELEMENTS OF COMPENSATION TO ASSURE THAT ORGANIZATIONAL PURPOSES ARE APPROPRIATELY BEING SERVED. THE COMPENSATION COMMITTEE USES CREDIBLE DATA SOURCES AND MAINTAINS AN OBJECTIVE "ARM'S LENGTH" DECISION-MAKING PROCESS, ENSURING THE INTEGRITY OF SUTTER'S EXECUTIVE PROGRAMS AND CONSISTENCY WITH THE ORGANIZATION'S OVERALL MISSION. SEE SCHEDULE O NARRATIVE FOR PART VI, LINE 15 FOR A FULL DESCRIPTION OF THE COMPENSATION APPROVAL PROCESS COMPLETED BY SUTTER HEALTH. SCHEDULE J, PART I, LINE 4A SEVERANCE PAYMENTS: Daryn Kumar - \$77,445 Elizabeth A Pierson Nelson - \$55,942
SCHEDULE J, PART I, LINE 4B	NONQUALIFIED RETIREMENT PLAN: THE PURPOSE OF THE NONQUALIFIED RETIREMENT PLAN IS TO PROVIDE SUTTER HEALTH EXECUTIVES WITH A COMPETITIVE RETIREMENT BENEFIT CONSISTENT WITH SUTTER HEALTH'S OVERALL COMPENSATION PHILOSOPHY FOR ALL EMPLOYEES. CONTRIBUTIONS ARE DESIGNED TAKING INTO CONSIDERATION LOST RETIREMENT BENEFITS THAT WOULD OTHERWISE BE OBTAINED THROUGH THE QUALIFIED PENSION PLAN. SUTTER'S PLANS ARE DESIGNED CONSISTENT WITH COMPETITIVE INDUSTRY PRACTICES. THE RETIREMENT PLAN FOR SUTTER HEALTH EMPLOYEES IS A COMBINATION OF 403(B) EMPLOYER MATCH CONTRIBUTIONS AND QUALIFIED PENSION PLAN BENEFITS. SUTTER HEALTH EXECUTIVES ARE GENERALLY INELIGIBLE FOR EMPLOYER MATCH CONTRIBUTIONS. TO ENSURE A COMPETITIVE RETIREMENT BENEFIT, SUTTER HEALTH MAKES AN ANNUAL CONTRIBUTION TO A NON-QUALIFIED 457(F) PLAN FOR ITS EXECUTIVES. THE FORMULA PROVIDES 6% TO 12% OF BASE SALARY PLUS ANNUAL INCENTIVE PLAN AWARD (COMMENSURATE WITH MANAGEMENT LEVEL). CONTRIBUTIONS ARE ALSO MADE FOR A SMALL GROUP OF SENIOR LEVEL EXECUTIVES WHOSE ESTIMATED RETIREMENT BENEFIT (SOCIAL SECURITY PLUS QUALIFIED PLAN BENEFITS PLUS 457(F) FALLS BELOW 50% - 65% OF FINAL 4-YEAR AVERAGE BASE SALARY WHEN RETIRING AT AGE 65 WITH 22.5 YEARS OF SERVICE. TARGET BENEFIT LEVELS ARE DISCOUNTED FOR YEARS OF SERVICE LESS THAN 22.5 AT AGE 65. UNLIKE SUTTER HEALTH'S QUALIFIED PENSION PLAN WHERE EMPLOYEE BENEFITS ARE GUARANTEED (I.E., A DEFINED BENEFIT), SUTTER'S NON-QUALIFIED PLAN BENEFITS ARE NOT GUARANTEED BY SUTTER HEALTH. INVESTMENT RISK IS BORNE BY PARTICIPANTS AND BENEFITS ARE NOT PROTECTED SHOULD SUTTER HEALTH BECOME INSOLVENT. THE FOLLOWING INDIVIDUALS RECEIVED 457(F) NON-QUALIFIED PAYMENTS DURING THE YEAR: John Mesic, MD - \$609,372 Paige A Terra - \$47,301 Doug Archer - \$29,193 Anne Platt - \$113,318
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. SUTTER'S LONG TERM PERFORMANCE PLAN APPROACH IS A COMBINATION OF BOTH LONGER TERM MEASURES OF ORGANIZATION SUCCESS AND KEY ORGANIZATION STRATEGIES WHICH REQUIRE THE COMBINED EFFORT OF ALL LEADERSHIP TO ACHIEVE SUCCESS. SUTTER USES A COMMON FATE APPROACH IN THAT ALL LONG TERM PERFORMANCE PLAN PARTICIPANTS ARE MEASURED AGAINST THE SAME, ORGANIZATION-WIDE CRITERIA VS. INDIVIDUAL EFFORTS. THIS FOSTERS A COMMON PURPOSE ACROSS LEADERSHIP AND A SHARED SENSE OF ACCOUNTABILITY FOR THE OVERALL SUCCESS OF SUTTER HEALTH. 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: 94-1156621
Name: SUTTER VALLEY HOSPITALS

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Sarah Krevans President & CEO, Sutter Health	(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	(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 Sprague SH SVP & CFO	(i)	0	0	0	0	0	0	0
	(ii)	774,681	683,006	143,762	626,108	18,984	2,246,541	280,904
3John Mesic MD Chief Physician Exec, Research	(i)	0	0	0	0	0	0	0
	(ii)	252,625	433,821	1,303,524	85,539	10,733	2,086,242	748,957
4Grant Davies CEO, VA Hosp (PART YEAR)	(i)	0	0	0	0	0	0	0
	(ii)	555,056	498,887	290,329	111,072	18,451	1,473,795	203,835
5Paige Terra CFO, SH Valley Area	(i)	0	0	0	0	0	0	0
	(ii)	539,319	331,369	104,711	106,872	26,020	1,108,291	114,971
6David Cheney CEO, SMCS	(i)	0	0	0	0	0	0	0
	(ii)	549,043	278,646	15,352	210,548	16,273	1,069,862	71,884
7Terry 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
8Asit Gokli MD CMO, SH Valley Area	(i)	0	0	0	0	0	0	0
	(ii)	536,127	321,103	56,242	96,859	18,540	1,028,871	104,976
9Janet 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
10Brian 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
11Jeffrey D Szczesny SH VP, HR Operations	(i)	0	0	0	0	0	0	0
	(ii)	459,495	252,821	119,400	80,383	25,852	937,951	162,927
12David Thompson CEO, STCH & MHLB	(i)	0	0	0	0	0	0	0
	(ii)	398,390	252,146	59,094	142,172	26,861	878,663	108,297
13Penny Westfall Chief Legal OFCR Bay & VALLEY	(i)	0	0	0	0	0	0	0
	(ii)	476,170	253,975	51,197	85,785	10,254	877,381	91,204
14John W Boyd CEO, Mental Health Services	(i)	0	0	0	0	0	0	0
	(ii)	405,336	234,873	71,101	133,355	21,101	865,766	122,748
15Mitch Hanna CEO SCH & SAFH	(i)	0	0	0	0	0	0	0
	(ii)	377,832	231,497	95,270	133,933	26,668	865,200	103,007
16Eugene Patrizio CEO, MMC	(i)	0	0	0	0	0	0	0
	(ii)	485,477	61,090	11,366	158,836	19,671	736,440	0
17Linda Horn Special Projects Director	(i)	649,699	0	39,000	18,872	15,487	723,058	0
	(ii)	0	0	0	0	0	0	0
18Phillip Yu MD Admin/CME, MHLB & STCH	(i)	0	0	0	0	0	0	0
	(ii)	359,310	183,368	49,252	45,072	25,630	662,632	74,517
19Abhishek Dosi CEO, SSMC	(i)	0	0	0	0	0	0	0
	(ii)	317,062	140,225	46,765	109,467	29,500	643,019	60,124

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				
21 Peter Hull MD Director/CME, SRMC	(i)	0	0	0	0	0	0	0
	(ii)	354,872	149,074	6,973	43,172	25,127	579,218	22,730
1 Jose A Arevalo Chief Medical Officer, SIP	(i)	390,512	0	5,581	18,872	24,807	439,772	0
	(ii)	0	0	0	0	0	0	0
2 Colleen J Peschel VP HR	(i)	0	0	0	0	0	0	0
	(ii)	236,632	90,854	28,386	32,469	17,813	406,154	44,550
3 Angeline S Nunes Registered Nurse	(i)	360,966	0	837	18,872	21,726	402,401	0
	(ii)	0	0	0	0	0	0	0
4 Lisa Cassaday Staff Nurse II	(i)	342,756	0	0	18,872	15,433	377,061	0
	(ii)	0	0	0	0	0	0	0
5 Doug Archer Admin MHLB	(i)	0	0	0	0	0	0	0
	(ii)	33,942	117,762	195,122	22,650	6,868	376,344	143,762
6 Elizabeth A Pierson Nelson Director Employee Hlth Svcs	(i)	186,090	83,597	71,005	12,542	13,876	367,110	0
	(ii)	0	0	0	0	0	0	0
7 Anne Platt CEO, Sutter Amador Hospital	(i)	0	0	0	0	0	0	0
	(ii)	35,691	157,459	157,759	4,409	5,594	360,912	44,977
8 Todd Smith MD Director/Fdn Area CEO, SV	(i)	0	0	0	0	0	0	0
	(ii)	190,188	0	5,409	70,332	11,083	277,012	0
9 PAT Brady Former CEO, SRMC	(i)	0	0	0	0	0	0	0
	(ii)	0	0	253,205	0	0	253,205	0
10 Daryn Kumar Former CEO, MMC	(i)	0	0	0	0	0	0	0
	(ii)	0	0	163,549	0	0	163,549	0

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

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
SUTTER VALLEY HOSPITALS

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

Employer identification number
94-1156621

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A CHFFA 2008A	52-1643828	13033F2L3	05-14-2008	329,041,638	REFUNDING 5/1/07, 04 & 02		X		X		X
B CSCDA 2011A	68-0164610	1307952Q9	02-10-2011	271,589,951	CONSTRUCT & EQUIP FACILITY		X		X		X
C CSCDA 2011C	68-0164610	1307954U8	12-22-2011	38,777,964	REFUNDING - 1999		X		X		X
D CHFFA 2011D	52-1643828	13033LVW4	12-22-2011	331,759,643	CONSTRUCT & REFUNDING		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	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		276,421,554		38,777,964		334,684,174	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	0		0		0		0	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	0		0		0		0	
8	Credit enhancement from proceeds	0		0		0		0	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	0		276,421,554		0		145,589,174	
11	Other spent proceeds	329,041,638		0		38,777,964		189,095,000	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion			2014				2014	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue 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	
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 %		0.950 %		0.480 %		4.100 %	
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 %		0.030 %		0 %		0.070 %	
6	Total of lines 4 and 5	2.760 %		0.980 %		0.480 %		4.170 %	
7	Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV

Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
SCHEDULE K	THE ORGANIZATIONS SOLE CORPORATE MEMBER IS A CONDUIT BORROWER OF TAX-EXEMPT BOND ISSUES THAT ALLOCATES PORTIONS OF EACH ISSUE TO CERTAIN SUBSIDIARY ORGANIZATIONS, INCLUDING THE ORGANIZATION. THE OUTSTANDING BOND LIABILITY ALLOCATED TO THIS ORGANIZATION IS REPORTED ON FORM 990, PART X, BALANCE SHEET, AND PART VI HEREIN. WITH THE EXCEPTION OF THIS PORTION OF PART VI, THE SCHEDULE K FOR THIS ORGANIZATION IS REPORTING INFORMATION FOR THE ENTIRE BOND ISSUE.

Return Reference	Explanation
<p>SCHEDULE K, PART I-1, COLUMN (E):</p>	<p>THE FILING ORGANIZATION RECEIVED BOND PROCEEDS IN THE AMOUNTS OF: \$213,941,683 FROM THE 2008A ISSUE; \$271,589,951 FROM THE 2011A ISSUE; \$25,952,489 FROM THE 2011C ISSUE; AND \$59,991,527 FROM THE 2011D ISSUE. THE DIFFERENCE BETWEEN THE ISSUE PRICE REPORTED IN PART I, COLUMN (E) AND THE PROCEEDS OF ISSUE IN PART II, LINE 3 IS DUE TO INVESTMENT EARNINGS. SCHEDULE K, PART I-2, COLUMN (E): THE FILING ORGANIZATION RECEIVED BOND PROCEEDS IN THE AMOUNTS OF: \$132,681,869 FROM THE 2012A ISSUE; \$46,787,671 FROM THE 2015A ISSUE; \$190,388,783 FROM THE 2016B ISSUE; AND \$266,365,544 FROM THE 2017A ISSUE. THE DIFFERENCE BETWEEN THE ISSUE PRICE REPORTED IN PART I, COLUMN (E) AND THE PROCEEDS OF ISSUE IN PART II, LINE 3 IS DUE TO INVESTMENT EARNINGS. SCHEDULE K, PART I-1, LINE B, COLUMN (F) (CHFFA 2008A): THE REFUNDING OCCURRED VIA THE REPAYMENT OF A DRAW ON A TAXABLE LINE OF CREDIT, DRAWN IN SEVERAL INSTALLMENTS BETWEEN APRIL 7 AND APRIL 11, 2008, USED TO REFUND THE 2002, 2004 AND 2007 ISSUES. THE REFUNDED BONDS ISSUED IN 2007 WERE USED TO REFUND BONDS ISSUED IN 1991 AND 1995 AND TO REFUND BONDS ISSUED IN 1996 THAT WERE USED TO REFUND BONDS ISSUED IN 1985, 1989, 1990, 1991, 1992, AND 1995. THE REFUNDED BONDS ISSUED IN 2004 WERE USED FOR EXPANSION. THE REFUNDED BONDS ISSUED IN 2002 WERE USED TO REFUND BONDS ISSUED IN 1992, WHICH WERE USED TO REFUND BONDS ISSUED IN 1985, 1986 AND 1987. SCHEDULE K, PART II, LINE 7: ISSUANCE COSTS WERE FUNDED THROUGH EQUITY CONTRIBUTIONS. SCHEDULE K, PART IV, LINE 2C: THE REBATE COMPUTATIONS WERE PERFORMED FOR BOND CHFFA 2008A ON 6/20/2018; BOND CSCDA 2011A ON 3/15/2016; BOND CSCDA 2011C ON 1/13/2016; AND BOND CHFFA 2011D ON 1/13/2016.</p>

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

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
SUTTER VALLEY HOSPITALS

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

Employer identification number

94-1156621

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A CSCDA 2012A	68-0164610	1307956K8	07-11-2012	132,681,869	REFUNDING 2002		X		X		X
B CHFFA 2015A	52-1643828	13032UAR9	11-12-2015	204,061,105	REFUND 2005A & 1995 CERTIFICATES		X		X		X
C CHFFA 2016B	52-1643828	13032UDW5	08-17-2016	901,627,093	REFUND 2003AB, 2005BC & 2007A	X			X		X
D CHFFA 2017A	52-1643828	13032UNY0	07-06-2017	496,319,743	Refund 2004CD,2008BC,Partial 2008A	X			X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	0		0		0		0	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	132,681,869		204,061,105		902,923,938		496,319,743	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	0		0		0		0	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	0		0		0		0	
8	Credit enhancement from proceeds	0		0		0		0	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	0		0		0		0	
11	Other spent proceeds	132,681,869		204,061,105		902,923,938		496,319,743	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue 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	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0.100 %		0.120 %		0.860 %		1.500 %	
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 ▶	0.020 %		0 %		0.010 %		0.030 %	
6	Total of lines 4 and 5	0.120 %		0.120 %		0.870 %		1.530 %	
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).

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 VALLEY HOSPITALS

Employer identification number
94-1156621

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

Total ▶ \$

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MORAG THOMSON	SEE PART V	20,555	SEE PART V		No
(2) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	865,078	MEDICAL SERVICES		No
(3) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	1,581,570	MEDICAL SERVICES		No

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART IV	DESCRIPTION OF BUSINESS TRANSACTIONS WITH INTERESTED PERSONS: MORAG THOMSON, THE DAUGHTER OF TRUSTEE HELEN THOMSON, IS a staff nurse for Sutter Center FOR PSYCHIATRY WHICH IS PART OF SVH.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
SUTTER VALLEY HOSPITALS

Employer identification number
94-1156621

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	3	6,100	FMV
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	1	2,035	FMV
10 Securities—Closely held stock .				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous . .				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential . .				
16 Real estate—Commercial . .				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies .				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► See Additional Data				
26 Other ► (_____)				
27 Other ► (_____)				
28 Other ► (_____)				

29

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

29

30a

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

30a

Yes

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?

31

Yes

32a

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

32a

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.

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

Cat. No. 51227J

Schedule M (Form 990) (2019)

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

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

Additional Data

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

Part I, Lines 25-28

- Other ► (gift cards)
- Other ► (toys)
- Other ► (IPADS)
- Other ► (Talk of a Lifetime Card)
- Other ► (Pediatric Stethoscopes)
- Other ► (blankets)
- Other ► (Patient Gifts)
- Other ► (MISCELLANEOUS)

(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
X	5	8,218	FMV
X	1	5,400	FMV
X	1	1,088	FMV
X	1	250	FMV
X	1	1,260	FMV
X	1	162	FMV
X	1	5,000	FMV
X	1	15,000	FMV

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization
SUTTER VALLEY HOSPITALS**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019**Open to Public
Inspection****Employer identification number**

94-1156621

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>PROGRAM SERVICE ACCOMPLISHMENTS: Sutter Valley Hospitals serves Sacramento, Placer, Amador, El Dorado, Nevada, Yolo, Solano, Yuba, Sutter, Stanislaus, Merced, and San Joaquin counties with comprehensive health care. We strive to provide access to primary care physicians and specialty services in each of our communities, and have a network of more than 1,146 physicians regionally and more than 5,767 physicians throughout the Sutter Health system. Sutter Valley Hospitals provided more than \$933 million in charity care and community benefits and had a total of 400,734 patient days in 2019. Sutter Valley Hospitals is comprised of the following hospitals: Sutter Auburn Faith Hospital is licensed for 64 acute beds, and is accredited by the Joint Commission on the Accreditation of Healthcare Organizations. It is Medicare certified and accepts most private insurance plans. Sutter Auburn Faith Hospital's mission is to serve the healthcare needs of Auburn and the surrounding foothill communities. Through partnerships with physicians, payors, other health and human services agencies and with our employees and volunteer leadership, Sutter Auburn Faith Hospital seeks to provide a continuum of health and wellness services to assure a high quality of life for the people living in our service area. Sutter Amador Hospital is a 52-bed acute care hospital located in Jackson, California approximately 55 miles southeast of Sacramento in Amador County. The hospital was established in the mid-1800's and became affiliated with Sutter Health in 1993. Sutter Amador Hospital's mission is to enhance the health and well-being of the residents in the communities served by providing coordinated, effective, affordable and accessible health and wellness services. Sutter Amador Hospital continuously strives to identify the health care needs of these communities and respond by providing health and wellness services consistent with the stated values and vision of the hospital. Sutter Davis Hospital is a two-story 90,000 square foot acute care hospital licensed for 48 beds that serves the health care needs of residents living in Davis, Dixon, Woodland and Winters. The facility is located in the western-most section of the City of Davis at the corner of Highway 113 and Covell Boulevard. Sutter Davis is accredited by the Joint Commission on the Accreditation of Healthcare Organizations. It is Medicare certified and accepts most private insurance plans. As a not-for-profit hospital, Sutter Davis also donates many community services. Sutter Medical Center of Sacramento medical campus includes two acute care hospitals - Anderson Lucchetti Women's and Children's Center and Ose Adams Medical Pavilion, along with two buildings dedicated to doctors' offices and other care found in an outpatient setting. By locating all primary and specialty care services in a central location with convenient freeway access, patients and families now gain faster and easier access to needed medical services. The</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>The 242-bed Anderson Lucchetti Women's and Children's Center is a 10-story acute-care hospital where patients and their families can obtain the highest level of neonatal and pediatric intensive care services, pediatric cardiac, neurosurgery and cancer services, and high-risk and conventional maternity services. It replaces Sutter Memorial Hospital as "Sacramento's baby hospital" home to the Sutter Children's Center, Sacramento, a comprehensive children's hospital inside the Women's and Children's Center. Among the features of the Women's and Children's Center: - All private rooms, including those for new moms and our pediatric patients. The rooms have furniture that converts into beds for families to stay overnight with their loved ones. - A life-saving helistop atop the building adjacent to the Capital City Freeway will allow for the quick and safe transport of preemies and other sick babies as well as other patients. - Mothers who have given birth being treated to spacious suites with 8th-floor views of the city's skyline and the foothills. - The neonatal intensive care unit features 61 beds for our tiniest and sickest babies in a setting that looks like home and allows families to be more involved in the babies' care. - Facilities that include washers and dryers and a kitchen for families who have extensive stays. The 281-bed Ose Adams Medical Pavilion was previously known as Sutter General Hospital. While the outer shell of the Ose Adams Medical Pavilion remains much the same - with an expansion in the southeast corner to facilitate the dedicated Pediatric Emergency Department and other services - the transformation of the hospital includes major enhancements to all five floors with emphasis on five main services: emergency medicine, cardiovascular, neurosciences, orthopedics and oncology. The updated third floor contains 24 operating suites for inpatient surgeries. It is the new home for the Sutter Heart & Vascular Institute, which began at Sutter Memorial Hospital with the region's first open-heart surgeries in the late 1950s and early 1960s. Ose Adams Medical Pavilion has six new heart catheterization labs and hybrid suites, and four specialized operating rooms dedicated to heart surgery - one set up solely for pediatric heart patients. Because of the complex brain and other surgeries and procedures, the Ose Adams Medical Pavilion houses 10 specially designed, private observation beds on the fifth floor. These observation units will contain state-of-the-art equipment dedicated to the specialized care of Sutter Neuroscience Institute patients. Sutter Roseville Medical Center (SRMC) was established in 1952 and affiliated with Sutter Health in May 1993. In 1997, Sutter Health opened a 172-bed facility in the northeast area of Roseville, approximately 20 miles from downtown Sacramento. The hospital today has 328 beds and provides residents of southern Placer and northeastern Sacramento counties with comprehensive community health care. The facility</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>lity has an expanded helipad onsite for quick access to the hospital's Level II Trauma Center, which serves a seven-county region that includes Placer, Yolo, Nevada, Sutter and Yuba counties, and portions of Sacramento and El Dorado counties. Sutter Roseville Medical Center's mission is: To improve the health and well-being of the people living in the communities it serves. Sutter Roseville Medical Center strives continuously to identify the health care needs of these communities and respond by providing wellness, preventive, curative and restorative programs and services consistent with the stated values and vision of the hospital. Sutter Solano Medical Center (SSMC) is a 106-bed acute care hospital in Vallejo, California, between Sacramento and San Francisco. The not-for-profit, community-based facility is fully accredited by The Joint Commission and provides a full-range of general, emergency and medical/surgical specialties. SSMC affiliated with Sutter Health in 1984 ensuring the ability to continue providing and improving healthcare and wellness services to the community. Sutter Solano Medical Center's mission is to enhance the health and well-being of people in the communities served, through a not-for-profit commitment to compassion and excellence in health care services. Sutter Center for Psychiatry is a 73-bed acute behavioral medicine specialty hospital that treats adults, adolescents and children. It provides services to children from age 5 to elderly patients through a spectrum of care that allows each person to find the level of care needed to return to an active, healthy life. Family members and significant others are encouraged to participate in each patient's care by taking part in education services, therapy and support groups. SCP also offers a Critical Incident Debriefing Team to help employees of businesses cope after a traumatic or violent episode. Sutter Health EAP Resources offers confidential assessment, counseling and referral services to employees of large and small businesses. Sutter Center for Psychiatry offers the only Inpatient Eating Disorder Program in Northern California. This new program is a six-bed specialized treatment program for eating disorder patients.</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A CONTINUED	<p>ILITATION - RADIATION ONCOLOGY - RADIOLOGY - REHABILITATION / PHYSICAL THERAPY - REHABILITATION SERVICES - RESPIRATORY CARE - RESPIRATORY THERAPY - SENIOR SERVICES - SLEEP DISORDERS CENTER - SOCIAL SERVICES - SPECIALTY CARE - SPEECH THERAPY - SPIRITUAL SERVICES - SURGICAL SERVICES - SUTTER REHABILITATION INSTITUTE - TELEMETRY - TRANSFUSION MEDICINE - TRAUMA NEUROINTENSIVE CARE UNIT - UROLOGY - VNA (HOME HEALTH AND IV THERAPY) - WOMEN'S IMAGING CENTER - WOUND CARE SUTTER INSTITUTE FOR MEDICAL RESEARCH (SIMR): SUTTER VALLEY HOSPITALS OF SACRAMENTO SERVICE AREA IS COMMITTED TO PROVIDING THE BEST POSSIBLE HEALTHCARE TO ITS PATIENTS, AND THE SUTTER INSTITUTE FOR MEDICAL RESEARCH SUPPORTS THIS COMMITMENT BY PROVIDING RESEARCH SUPPORT AND EDUCATION PROGRAMS. SIMR HAS A HISTORY OF OVER FIVE DECADES OF COMMITMENT TO MEDICAL RESEARCH. SIMR HAS GAINED RECOGNITION FOR ITS INVESTIGATIVE STUDIES IN THE AREAS OF HEART, CANCER, ORTHOPEDICS, RESPIRATORY, NEUROLOGY, GI/GU AND MANY OTHER AREAS OF MEDICINE. SIMR'S PRIMARY OBJECTIVE IS TO HELP HEALTH PROFESSIONALS CONDUCT RESEARCH IN A CLINICAL SETTING BY PROVIDING MANAGEMENT AND ADMINISTRATIVE RESOURCES OTHERWISE UNAVAILABLE TO THE PRIVATE PRACTITIONER. AT SIMR, SUTTER INVESTIGATORS RECEIVE SUPPORT IN FIVE AREAS. - RESEARCH ADMINISTRATIVE SERVICES - RESEARCH SUPPORT SERVICES - CLINICAL TRIALS PROGRAM - LABORATORY RESEARCH AND TRAINING - SUTTER HEALTH CENTRAL AREA INSTITUTIONAL REVIEW COMMITTEE (IRC) COMMUNITY BENEFIT THE MEDICAL FACILITIES IN SUTTER VALLEY HOSPITALS (SVH) PLAY 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 SVH WORK COLLABORATIVELY AND IN PARTNERSHIPS WITH A BROAD AND DIVERSE NETWORK OF COMMUNITY-BASED NON-PROFITS, CITY AND COUNTY AGENCIES, PHYSICIANS, AND NEIGHBORHOOD GROUPS TO IDENTIFY LOCAL NEEDS, FORMULATE COMMUNITY BENEFIT PLANS, AND TAKE APPROPRIATE FUNDING ACTIONS. WHILE SBH MANAGEMENT SETS OVERALL GOALS FOR COMMUNITY BENEFITS, EACH OF THE FACILITIES MEDICAL CENTER ADMINISTRATORS ARE RESPONSIBLE FOR IDENTIFYING HOW LOCAL NEEDS ARE TO BE ADDRESSED. In fiscal year 2019, Sutter Valley Hospitals provided a regional total of \$933,116,190 in cost of services and benefits for the poor and underserved: \$46,513,333 in Financial Assistance, Means-Tested Programs \$77,250,009, and Medicaid \$809,352,848.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 1A	<p>THE AFFAIRS AND MANAGEMENT OF THE SUTTER VALLEY HOSPITALS (SVH) ARE SUPERVISED BY THE EXECUTIVE COMMITTEE WHICH HAS POWER TO TRANSACT ALL REGULAR BUSINESS OF SVH DURING THE PERIOD BETWEEN MEETINGS OF THE BOARD OF DIRECTORS. The Executive Committee consists of SVH's Chair who shall serve as chair of the committee, the Chair of the Finance and Planning Committee, the Chief Operating Officer of the General Member (if this position is occupied) and two (2) additional Directors. If the position of the Chief Operating Officer of the General Member is not occupied, then the President and CEO of the General Member may appoint either a Designated Director or an Appointed Director as a member. AT LEAST ONE COMMITTEE MEMBER IS A PHYSICIAN DIRECTOR. FORM 990, PART VI, LINES 6 & 7A CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS: THIS CORPORATION IS AN AFFILIATE OF SUTTER HEALTH, A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION. SUTTER HEALTH IS THE SOLE MEMBER WITH THE RIGHT TO ELECT AT LEAST A MAJORITY OF THE MEMBERS OF THE BOARD OF DIRECTORS.</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 11B	PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW FORM 990: SUTTER HEALTH HAS A CENTRALIZED TAX DEPARTMENT RESPONSIBLE FOR THE PREPARATION OF THE FORM 990. ANNUALLY THE TAX DEPARTMENT PROVIDES TRAINING AND EDUCATION TO AFFILIATE PERSONNEL WHO ASSIST THE TAX DEPARTMENT IN COLLECTING AND REVIEWING DATA TO BE REPORTED ON THE FORM 990. THE PREPARATION MATERIAL IS REVIEWED BY VARIOUS DEPARTMENTS INCLUDING TAX, FINANCE, LEGAL, AND HUMAN RESOURCES. A NATIONAL ACCOUNTING FIRM PREPARES AND/OR REVIEWS THE RETURN. A COMPLETED RETURN IS THEN REVIEWED BY THE TAX DEPARTMENT, THE AFFILIATE, AND THE CFO BEFORE THE RETURN IS FILED.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 19	<p>AVAILABILITY OF GOVERNING DOCUMENTS, COI POLICY & FINANCIAL STATEMENTS: THE SUTTER HEALTH SYSTEM POSTS ITS CURRENT AND PAST AUDITED FINANCIAL STATEMENTS AT SUTTERHEALTH.ORG. OTHER DOCUMENTS ARE ALSO LOCATED AT THIS WEBSITE INCLUDING THE ANNUAL REPORT, MISSION STATEMENT, HISTORY, AND LINKS TO AFFILIATE WEBSITES. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT AVAILABLE TO THE PUBLIC AT THIS TIME. FORM 990, PART VII, SECTION A COMPENSATION OF BOARD MEMBERS: THE FOLLOWING BOARD MEMBERS OF THE ORGANIZATION ARE FULL-TIME EMPLOYEES (40 HOURS PER WEEK) OF SUTTER HEALTH AND THEIR SUTTER HEALTH SALARIES ARE REPORTED HEREIN. THESE INDIVIDUALS RECEIVE NO COMPENSATION FOR THEIR SERVICE AS BOARD MEMBERS OF THIS ORGANIZATION. - JAMES CONFORTI - PETER HULL, MD - SARAH KREVANS - TODD SMITH, MD COMMON LAW EMPLOYEES: INDIVIDUALS LISTED AS OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION THAT ARE PAID FULLTIME BY A RELATED ORGANIZATION ARE COMMON LAW EMPLOYEES OF SUTTER HEALTH, A SEPARATE LEGAL ENTITY. IT IS THE INTENTION OF SUTTER HEALTH AND THE FILING ORGANIZATION TO MAKE INFORMATION ACCESSIBLE AND TRANSPARENT, REPORTING THOSE SUTTER HEALTH EMPLOYEES WHO HAVE OFFICER AND KEY EMPLOYEE RESPONSIBILITIES TO THE FILING ORGANIZATION.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN FUND BALANCE: K-1 ACTIVITY (744,362) PARTNERSHIP LOSS ON BOOKS 770,828 EQUITY TRANSFERS (NET) (226,328,908) ROUNDING (3) ----- TOTAL (226,302,445)

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 VALLEY HOSPITALS

Employer identification number
94-1156621

Part I

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

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

Part II

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

See Additional Data Table

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

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

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) SUTTER HEALTH DEFERRED COMP PLANS' TRUST 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 27-6851989	RABBI TRUST	CA	NA	TRUST				Yes	
(2) NORTHWOOD EUROPE TE FEEDER LP 1819 WAZEE ST 2ND FLOOR DENVER, CO 90202 98-1272216	HOLDING COMPANY	CJ	NA	C CORP				Yes	
(3) Lyxsop Segregated Portfolio 1 PO box 10008 Willow House Cricket Square, grand cayman KY1-10001 CJ	InVESTMENT	CJ	N/A	C corp				Yes	
(4) Lyxsop Segregated Portfolio 2 PO box 10008 Willow House Cricket Square, grand cayman KY1-10001 CJ	INVESTMENT	CJ	N/A	c corp				Yes	

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

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

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

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

1a

No

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

1b

No

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

Yes

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

1n

No

o Sharing of paid employees with related organization(s)

1o

No

p Reimbursement paid to related organization(s) for expenses

1p

Yes

q Reimbursement paid by related organization(s) for expenses

1q

Yes

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

1r

No

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

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 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 EBH	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 EBH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-2594966	FUNDRAISING	CA	501(C)(3)	7	SUTTER VH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-0562680	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-1156581	HEALTHCARE	CA	501(C)(3)	3	SUTTER HLTH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-2988520	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 68-0217870	FUNDRAISING	CA	501(C)(3)	7	SUTTER VH	Yes	
2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 94-2788907	SUPPORTING OR	CA	501(C)(3)	12C III-FI	NA		No
91-2301 FT WEAVER RD EWA BEACH, HI 96706 99-0298651	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 46-1183948	HEALTH PLAN	CA	501(C)(4)	N/A	SUTTER HLTH	Yes	
745 FORT STREET SUITE 1100 HONOLULU, HI 96813 99-0289310	INSURANCE SER	HI	501(C)(3)	12C III-FI	SUTTER HLTH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-2788906	FUNDRAISING	CA	501(C)(3)	7	SUTTER VH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 68-0040113	FUNDRAISING	CA	501(C)(3)	7	SUTTER VH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-2668262	FUNDRAISING	CA	501(C)(3)	7	SUTTER VH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 68-0273974	HEALTHCARE	CA	501(C)(3)	3	SUTTER HLTH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-6068843	Healthcare	CA	501(C)(3)	10	Sutter Hlth	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 68-0318845	Fundraising	CA	501(c)(3)	12A-I	Sutter VH	Yes	

Form 990, Schedule R, Part 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	

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

[illegible]

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Sutter Insurance Services Corporation	P	18,086,913	FMV
Memorial Hospital Foundation	Q	314,017	FMV
Memorial Hospital Foundation	C	1,171,439	FMV
Memorial Hospital Foundation	M	780,433	FMV
Sutter Auburn Faith Hospital Foundation	P	141,318	FMV
Sutter Auburn Faith Hospital Foundation	C	529,507	FMV
Sutter Auburn Faith Hospital Foundation	M	491,084	FMV
Sutter Bay Hospitals	Q	375,985	FMV
Sutter Coast Hospital	P	106,357	FMV
Sutter Davis Hospital Foundation	Q	225,531	FMV
Sutter Davis Hospital Foundation	C	357,489	FMV
Sutter Davis Hospital Foundation	M	416,626	FMV
Sutter Health Plan	S	123,768,886	FMV
Sutter Medical Center Foundation	P	1,206,828	FMV
Sutter Medical Center Foundation	C	5,102,544	FMV
Sutter Medical Center Foundation	M	1,556,374	FMV
Sutter Roseville Medical Center Foundation	Q	251,053	FMV
Sutter Roseville Medical Center Foundation	C	784,882	FMV
Sutter Roseville Medical Center Foundation	M	1,048,586	FMV
Sutter Solano Charitable Foundation	P	314,395	FMV
Sutter Solano Charitable Foundation	C	183,281	FMV
Sutter Solano Charitable Foundation	M	95,281	FMV
Sutter Valley Medical Foundation	P	1,310,039	FMV
Tracy Hospital Foundation	Q	238,567	FMV
Sutter Visiting Nurses Association and Hospic	Q	191,742	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
Tracy Hospital Foundation	M	117,218	FMV
Sutter Valley Medical Foundation	C	312,667	FMV
Tracy Hospital Foundation	C	211,932	FMV
Memorial Medical Office Building Partnership	P	388,078	FMV
Memorial Medical Office Building Partnership	J	62,250	FMV
Roseville Endoscopy Center LLC	J	251,741	FMV
Sutter Valley Medical Foundation	J	9,930,035	FMV
Sutter Visiting Nurse Association & Hospice	J	199,132	FMV
Sutter Valley Medical Foundation	K	369,197	FMV
Tracy Hospital Foundation	K	53,470	FMV