

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

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

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

C Name of organization
SUTTER VALLEY MEDICAL FOUNDATION

% JONATHAN ZACHRESON
Doing business as

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

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

D Employer identification number
68-0273974

E Telephone number
(916) 286-6665

G Gross receipts \$ 1,641,004,548

F Name and address of principal officer:
THERESA FREI
C/O SH TAX 2200 RIVER PLAZA DR
SACRAMENTO, CA 95833

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.SUTTERHEALTH.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1992

M State of legal domicile: CA

Part I Summary

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

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

3 Number of voting members of the governing body (Part VI, line 1a)	17
4 Number of independent voting members of the governing body (Part VI, line 1b)	14
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5,441
6 Total number of volunteers (estimate if necessary)	74
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 39	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	1,498,324	1,683,097
9 Program service revenue (Part VIII, line 2g)	1,543,967,072	1,637,548,736
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,355,224	1,635,357
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	82,055	93,652
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,546,902,675	1,640,960,842
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	795,366	480,055
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)	412,995,104	442,336,119
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 354,806		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,129,470,715	1,189,818,944
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,543,261,185	1,632,635,118
19 Revenue less expenses. Subtract line 18 from line 12	3,641,490	8,325,724
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	559,979,941	657,737,276
21 Total liabilities (Part X, line 26)	384,720,006	459,714,510
22 Net assets or fund balances. Subtract line 21 from line 20	175,259,935	198,022,766

Part II Signature Block

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

Sign Here
Signature of officer: _____ Date: 2020-11-05
SUE HADDAD Interim CFO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____
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

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 \$ 1,506,526,762 including grants of \$ 480,055) (Revenue \$ 1,637,548,736)
See Additional Data

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

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

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

4e Total program service expenses ▶ 1,506,526,762

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		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		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		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		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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		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	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.		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
11b	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		No
11c	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		No
11d	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	Yes	
11e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
11f	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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
12b	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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	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		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		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		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)		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	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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	Yes	
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and gaming winnings.

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

Main form area containing questions 2a through 16, including sub-questions like 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b, 15, and 16. Includes a table with columns for question numbers and Yes/No responses.

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

Table with 3 columns: Question, Yes, No. Rows include: 1a (17), 1b (14), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

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.
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

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

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

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

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

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

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

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

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

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows: 1b Sub-Total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c)

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization. 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? 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? 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization?

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Rows include DEACON CONSTRUCTION LLC, QUEST DIAGNOSTICS NICHOLS, ADVANCED BUILDING MAINTENANCE, HSS INC, HEALTH CARE LOGISTICS MGMT INC.

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 349			
	b Membership dues	1b			
	c Fundraising events	1c 56,554			
	d Related organizations	1d 19,596			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,606,598			
	g Noncash contributions included in lines 1a - 1f:\$	1g 55,371			
	h Total. Add lines 1a-1f		1,683,097		

Program Service Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
		Business Code				
2a PATIENT SERVICE REVENUE		621110	1,624,428,281	1,624,428,281		
b HEALTHCARE RELATED JV INCOME		621110	11,412,947	11,412,947		
c RENTAL TO AFFILIATES		621110	1,096,743	1,096,743		
d GUARANTEED PAYMENT JV INCOME		621110	610,765	610,765		
e						
f All other program service revenue.						
g Total. Add lines 2a-2f.			1,637,548,736			

Other Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
		Business Code				
3 Investment income (including dividends, interest, and other similar amounts)			1,445,768			1,445,768
4 Income from investment of tax-exempt bond proceeds			0			
5 Royalties			0			
6a Gross rents	6a	(i) Real	66,742			
		(ii) Personal				
	b Less: rental expenses	6b	6,485			
	c Rental income or (loss)	6c	60,257	0		
d Net rental income or (loss)			60,257			60,257
7a Gross amount from sales of assets other than inventory	7a	(i) Securities		204,102		
		(ii) Other				
	b Less: cost or other basis and sales expenses	7b		14,513		
	c Gain or (loss)	7c		189,589		
d Net gain or (loss)			189,589			189,589
8a Gross income from fundraising events (not including \$ 56,554 of contributions reported on line 1c). See Part IV, line 18	8a		10,506			
		8b	22,708			
	c Net income or (loss) from fundraising events			-12,202		
9a Gross income from gaming activities. See Part IV, line 19	9a		7,005			
		9b	0			
	c Net income or (loss) from gaming activities			7,005		
10a Gross sales of inventory, less returns and allowances	10a		0			
		10b	0			
	c Net income or (loss) from sales of inventory			0		
Miscellaneous Revenue		Business Code				
11a SFSC ADMIN FEE		541610	38,592			38,592
b						
c						
d All other revenue						
e Total. Add lines 11a-11d			38,592			
12 Total revenue. See instructions			1,640,960,842	1,637,548,736		1,729,009

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	476,367	476,367		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	3,688	3,688		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	267,128,313	248,835,092	18,182,714	110,507
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	22,357,909	20,826,816	1,531,093	
9 Other employee benefits	130,271,213	121,350,107	8,814,150	106,956
10 Payroll taxes	22,578,684	21,032,473	1,546,211	
11 Fees for services (non-employees):				
a Management	2,206,789	112,634	2,094,155	
b Legal	542,337	542,337		
c Accounting	1,000		1,000	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	470,469		470,469	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	625,889,134	607,695,327	18,193,807	0
12 Advertising and promotion	115,678		115,678	
13 Office expenses	13,048,664	3,420,812	9,626,015	1,837
14 Information technology	43,659,036	27,167,057	16,491,979	
15 Royalties	0			
16 Occupancy	51,553,865	49,483,698	2,070,167	
17 Travel	1,900,910	1,630,882	269,945	83
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	220,266	148,638	71,628	
20 Interest	7,253,075	7,253,075		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	42,499,665	39,265,459	3,234,206	
23 Insurance	2,066,494	1,078,881	987,613	
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 CAPITATED SERVICES	126,998,281	126,998,281		
b PURCHASED SERVICES	96,068,177	86,412,629	9,653,703	1,845
c MEDICAL SUPPLIES	92,509,942	92,509,942		
d SYSTEM ALLOCATIONS	68,460,111	38,391,009	30,006,070	63,032
e All other expenses	14,355,051	11,891,558	2,392,947	70,546
25 Total functional expenses. Add lines 1 through 24e	1,632,635,118	1,506,526,762	125,753,550	354,806
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 Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	89,621,827	2	130,256,760
	3 Pledges and grants receivable, net	63,718	3	1,026,674
	4 Accounts receivable, net	89,520,181	4	85,923,954
	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	9,413,905	8	9,078,287
	9 Prepaid expenses and deferred charges	749,356	9	408,812
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 768,393,194		
	b Less: accumulated depreciation	10b 460,768,347	315,120,490	10c 307,624,847
	11 Investments—publicly traded securities	571,022	11	967,540
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	15,832,291	13	16,056,473
	14 Intangible assets	24,283,299	14	24,283,299
	15 Other assets. See Part IV, line 11	14,803,852	15	82,110,630
16 Total assets. Add lines 1 through 15 (must equal line 34)	559,979,941	16	657,737,276	
Liabilities	17 Accounts payable and accrued expenses	186,731,143	17	219,818,174
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	191,334,459	20	189,242,968
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	6,654,404	25	50,653,368
	26 Total liabilities. Add lines 17 through 25	384,720,006	26	459,714,510
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	173,212,974	27	195,213,906
	28 Net assets with donor restrictions	2,046,961	28	2,808,860
	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	175,259,935	32	198,022,766	
33 Total liabilities and net assets/fund balances	559,979,941	33	657,737,276	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,640,960,842
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,632,635,118
3	Revenue less expenses. Subtract line 2 from line 1	3	8,325,724
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	175,259,935
5	Net unrealized gains (losses) on investments	5	333,518
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	14,103,589
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	198,022,766

Part XII Financial Statements and Reporting

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 68-0273974

Name: SUTTER VALLEY MEDICAL FOUNDATION

Form 990 (2019)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SARAH KREVANS DIRECTOR/PRESIDENT & CEO, SH	2.0 40.0	X						0	4,216,090	1,254,067
JAMES CONFORTI DIRECTOR/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
PAIGE TERRA CFO, SH VALLEY AREA	2.0 40.0			X				0	975,399	132,892
THERESA FREI CEO, SVMF	2.0 40.0			X				0	882,326	210,115
JEFF SZCZESNY SH VP, HR OPERATIONS	0.0 40.0						X	0	831,716	106,235
GARY ZUFELT FNDTN AREA CEO, NORTH VALLEY	0.0 40.0				X			0	755,696	179,437
PENNY WESTFALL SH VP, CLO, SH BAY & VALLEY	2.0 40.0			X				0	781,342	96,039
SUHEIR HADDAD CFO, SH VALLEY AREA FNDTN	0.0 40.0						X	0	673,336	101,158
PATRINA WHITE FNDTN AREA CEO, CENTRAL VALLEY	0.0 40.0				X			0	544,541	127,266

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			
PETER HULL MD DIRECTOR/CME SRMC	2.0 40.0	X						0	510,919	68,299
KATHERINE T MANUEL COO, SGMF	0.0 40.0				X			0	493,989	44,069
MICHAEL D MARINO VP, HR, SVMF & NORTH VALLEY	0.0 40.0				X			0	392,344	52,188
CHARLES SANDERS III CFO FNDTN - SGMF/NORTH	0.0 40.0						X	0	387,420	52,974
JONATHAN K BARENG DIR, RADIATION PHYSICS	40.0 0.0					X		326,098	0	36,702
BALJIT K DOSANJH ONCOLOGY NURSE NAVIGATOR	40.0 0.0					X		253,887	0	39,147
CHUAN WU LEAD PHYSICIST	40.0 0.0					X		251,164	0	39,149
SANDRA L ADAMS DIR, SERVICE AREA	40.0 0.0					X		257,309	0	32,141
PAMELA ADDY REG. DIR. OUTPATIENT IMAG SVCS	40.0 0.0					X		247,721	0	31,246
TODD SMITH MD DIRECTOR, FDN AREA CEO, SV	2.0 40.0	X						0	195,597	81,415

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			
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						0	3,312	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
I-MEI HSIU MD DIRECTOR	2.0 2.0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARIA PALLAVICINI DIRECTOR	2.0	X						0	0	0
PAT PATHIPATI DIRECTOR	2.0	X						0	0	0
FATIMA SEWARD CHAIR, FINANCE & PLANNING	4.0	X		X				0	0	0
JERRY TOKUNAGA DIRECTOR	2.0	X						0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ 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 MEDICAL FOUNDATION

Employer identification number
68-0273974

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.**

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>	Yes	No
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** 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: 68-0273974

Name: SUTTER VALLEY MEDICAL FOUNDATION

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ 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.

Name of the organization
SUTTER VALLEY MEDICAL FOUNDATION

Employer identification number
68-0273974

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

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

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

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

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f 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	144,711	113,025	100,600		
b Contributions	67,800	29,320	12,425	100,600	
c Net investment earnings, gains, and losses	5,460	2,366			
d Grants or scholarships	895				
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	217,076	144,711	113,025	100,600	

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 0 %
 - b** Permanent endowment ▶ 97.000 %
 - c** Temporarily restricted endowment ▶ 3.000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 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		43,649,238		43,649,238
b Buildings		346,935,517	156,422,190	190,513,327
c Leasehold improvements		86,843,687	64,836,348	22,007,339
d Equipment		266,774,637	223,537,417	43,237,220
e Other		24,190,115	15,972,392	8,217,723
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				307,624,847

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	20,511,710
(2) NOTES RECEIVABLE	289,286
(3) OTHER RECEIVABLES	1,462,218
(4) OTHER ASSETS	59,847,416
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	82,110,630

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
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	50,653,368

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	

Additional Data

Software ID:

Software Version:

EIN: 68-0273974

Name: SUTTER VALLEY MEDICAL FOUNDATION

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	THE INTENTIONS FOR THE ENDOWMENT FUNDS ARE AS FOLLOWS: DR. HUDLIN MEDICAL SCHOLARSHIP ENDOWMENT - THE EARNINGS OF THE ENDOWMENT ARE TO BE SPENT FOR THE PURPOSE OF PROVIDING SCHOLARSHIP SUPPORT FOR DISADVANTAGED HIGH SCHOOL STUDENTS PURSUING MEDICAL CAREERS. CHILDRENS BR AIN HEALTH ENDOWMENT - TO SUPPORT THE GENERAL NEEDS RELATED TO THE PSYCHOLOGICAL ASSESSMENT OF CHILDREN.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	<p>ASC 740 AUDIT FOOTNOTE 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>

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2019

Open to Public Inspection

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

Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service

Name of the organization SUTTER VALLEY MEDICAL FOUNDATION

Employer identification number

68-0273974

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

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

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

2a Did the organization have a written or oral agreement with any individual... b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

Total

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

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

Revenue	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	SWING INTO HLTH (event type)	(event type)	0 (total number)	(add col. (a) through col. (c))
1 Gross receipts	67,060			67,060
2 Less: Contributions	56,554			56,554
3 Gross income (line 1 minus line 2)	10,506			10,506
Direct Expenses	4 Cash prizes	1,246		1,246
	5 Noncash prizes	3,419		3,419
	6 Rent/facility costs	10,920		10,920
	7 Food and beverages	6,262		6,262
	8 Entertainment			
	9 Other direct expenses	861		861
10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				22,708
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-12,202

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.

Revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
	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? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

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

Return Reference	Explanation
------------------	-------------

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

Hospitals

OMB No. 1545-0047
2019
 Open to Public Inspection

▶ **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.**

Name of the organization
 SUTTER VALLEY MEDICAL FOUNDATION

Employer identification number
 68-0273974

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	Yes	
1b If "Yes," was it a written policy?	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 type="checkbox"/> Applied uniformly to most hospital facilities <input checked="" 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>	Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
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"?	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	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?		No
6a Did the organization prepare a community benefit report during the tax year?	Yes	
b If "Yes," did the organization make it available to the public?	Yes	

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			2,912,805		2,912,805	0.180 %
b Medicaid (from Worksheet 3, column a)			118,455,259	63,920,746	54,534,513	3.340 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			3,089,933	1,705,503	1,384,430	0.080 %
d Total Financial Assistance and Means-Tested Government Programs			124,457,997	65,626,249	58,831,748	3.600 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	6	5,501	326,165		326,165	0.020 %
f Health professions education (from Worksheet 5)	1		2,130,526	1,977,115	153,411	0.010 %
g Subsidized health services (from Worksheet 6)	6		5,297,392	4,293,091	1,004,301	0.060 %
h Research (from Worksheet 7)	1		523,130	200,369	322,761	0.020 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	7	185	2,419,184		2,419,184	0.150 %
j Total. Other Benefits	21	5,686	10,696,397	6,470,575	4,225,822	0.260 %
k Total. Add lines 7d and 7j	21	5,686	135,154,394	72,096,824	63,057,570	3.860 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	No
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	10,652,948
6 Enter Medicare allowable costs of care relating to payments on line 5	6	22,888,582
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-12,235,634
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(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 STANISLAUS SURG HOSP	MEDICAL SERVICES	31 %		30.77 %
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

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

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

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

2

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)

See Additional Data Table	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

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)
TWIN CITIES 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): _____ 1 _____

		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?		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.		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):	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	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	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	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):	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.	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>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
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)

TWIN CITIES 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 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): <u>SEE PART V, SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, 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

TWIN CITIES 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? 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)	19	No
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? 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)	21	Yes
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Part V Facility Information *(continued)*

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

TWIN CITIES 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
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): _____ 2 _____

		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?		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.		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):	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	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	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.	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):	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.	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>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

STANISLAUS SURGICAL HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13	Yes
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>100</u> % and FPG family income limit for eligibility for discounted care of <u>350</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15	Yes
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input checked="" type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16	Yes
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, 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? 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)	19	No
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? 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)	21	No
-----------	--	----	----

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
23		No
24		No

Part V Facility Information *(continued)*

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

Form and Line Reference	Explanation
See Add'l Data	

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 80

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: SUTTER VALLEY MEDICAL FOUNDATION OWNS 100% OF TWIN CITIES SURGICAL HOSPITAL, WHICH PROVIDES PREDOMINANTLY ELECTIVE SURGERIES AND DOES NOT PROVIDE EMERGENCY CARE. FOR UNINSURED PATIENTS TO BE ELIGIBLE FOR FREE CARE THIS FACILITY USES THE FEDERAL POVERTY GUIDELINES (FPG) FOR FAMILY INCOMES THAT ARE AT OR BELOW 400% OF FPG. IN ADDITION TWIN CITIES SURGICAL HOSPITAL 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 MEDICAL FOUNDATION ACQUIRED A 31% OWNERSHIP INTEREST 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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 3B	SUTTER VALLEY MEDICAL FOUNDATION IS COMMITTED TO PROVIDING CHARITY CARE. TWIN CITIES SURGICAL HOSPITAL PROVIDES FREE CARE AT HIGH PERCENTAGE OF FPG, SO 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 I, SECTION 7G	FINANCIAL ASSISTANCE/OTHER COMMUNITY BENEFITS AT COST RELATED TO SUBSIDIZED HEALTH SERVICES: THE AMOUNT OF COSTS ASSOCIATED WITH PHYSICIAN CLINICS IS \$1,004,301

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART II	SUTTER VALLEY MEDICAL FOUNDATION (SVMF) DID NOT HAVE ANY COMMUNITY BUILDING ACTIVITIES TO REPORT FOR 2019.

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	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>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, LINE 4</p>	<p>REPORTING FACILITY: #1 TWIN CITIES SURGICAL HOSPITAL THE DEFINITION OF THE COMMUNITY SERVED WAS THE PRIMARY SERVICE AREA JOINTLY SHARED BY RIDEOUT MEMORIAL HOSPITAL (RMH) AND TWIN CITIES SURGICAL HOSPITAL, DBA SUTTER SURGICAL HOSPITAL NORTH VALLEY (SSHNV). THIS AREA WAS DEFINED BY FIVE ZIP CODES: 95901, 95953, 95961, 95991, AND 95993. THIS SERVICE AREA WAS DESIGNATED BECAUSE THE MAJORITY OF PATIENTS SERVED BY BOTH RMH AND SSHNV RESIDED IN THESE ZIP CODES. RMH IS LOCATED IN MARYSVILLE, CA, AND SSHNV IS LOCATED IN YUBA CITY, CA. SEPARATED BY THE FEATHER RIVER, THESE CITIES ARE LOCATED ADJACENT TO ONE ANOTHER AND ARE PART OF THE YUBA CITY METROPOLITAN STATISTICAL AREA AS DESIGNATED BY THE US OFFICE OF MANAGEMENT AND BUDGET,8 WHICH IS LOCATED APPROXIMATELY 40 MILES DUE NORTH OF CALIFORNIA'S CAPITAL-SACRAMENTO. THE SERVICE AREA IS HOME TO OVER 147,000 COMMUNITY RESIDENTS AND ENCOMPASSES PORTIONS OF BOTH SUTTER AND YUBA COUNTIES. THERE ARE FOUR HOSPITALS THAT SERVE THE COMMUNITY. COMMUNITIES OF CONCERN ARE GEOGRAPHIC AREAS WITHIN 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 FOR POORER HEALTH. COMMUNITIES OF CONCERN ARE IMPORTANT TO THE OVERALL CHNA METHODOLOGY BECAUSE, AFTER THE SERVICE AREA IS ASSESSED MORE BROADLY, THEY ALLOW FOR A FOCUS ON THOSE PORTIONS OF THE REGION LIKELY EXPERIENCING THE GREATEST HEALTH DISPARITIES. GEOGRAPHIC COMMUNITIES OF CONCERN WERE IDENTIFIED USING A COMBINATION OF PRIMARY AND SECONDARY DATA SOURCES. ANALYSIS OF BOTH PRIMARY AND SECONDARY DATA REVEALED FOUR ZIP CODES THAT MET THE CRITERIA TO BE CLASSIFIED AS A COMMUNITY OF CONCERN. ANALYSIS OF BOTH PRIMARY AND SECONDARY DATA REVEALED FOUR COMMUNITIES THAT MET THE CRITERIA FOR CLASSIFICATION AS A COMMUNITY OF CONCERN. THESE COMMUNITIES ARE MARYSVILLE, LIVE OAK, OLIVEHURST AND SOUTH YUBA CITY. REPORTING FACILITY: #2 STANISLAUS SURGICAL HOSPITAL THE DEFINITION OF THE COMMUNITY SERVED WAS STANISLAUS COUNTY. THIS IS THE DESIGNATED SERVICE AREA BECAUSE THE MAJORITY OF PATIENTS SERVED BY STANISLAUS SURGICAL HOSPITAL RESIDED IN THIS AREA. THERE ARE EIGHT 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. COMMUNITIES OF CONCERN ARE GEOGRAPHIC AREAS WITHIN 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 FOR POORER HEALTH. COMMUNITIES OF CONCERN ARE IMPORTANT TO THE OVERALL CHNA METHODOLOGY BECAUSE, AFTER THE SERVICE AREA HAS BEEN ASSESSED MORE BROADLY, THEY ALLOW FOR A FOCUS ON THOSE PORTIONS OF THE REGION LIKELY EXPERIENCING THE GREATEST HEALTH DISPARITIES. GEOGRAPHIC COMMUNITIES OF CONCERN WERE IDENTIFIED USING A COMBINATION OF PRIMARY AND SECONDARY DATA SOURCES FOR STANISLAUS COUNTY. 10 ZIP CODES MET THE CRITERIA TO BE CLASSIFIED AS COMMUNITIES OF CONCERN. ANALYSIS OF BOTH PRIMARY AND SECONDARY DATA REVEALED FOUR COMMUNITIES THAT MET THE CRITERIA FOR CLASSIFICATION AS A COMMUNITY OF CONCERN. THESE COMMUNITIES ARE CERES, EMPIRE, WEST MODESTO, AIRPORT DISTRICT, OAKDALE, PATTERSON, RIVERBANK AND TURLOCK. AN IN-DEPTH VIEW OF THE DEMOGRAPHICS AND GEOGRAPHY OF THE SERVICE AREA, WITH SOURCES, IS AVAILABLE IN THE STANISLAUS SURGICAL HOSPITAL 2019 CHNA AT HTTPS://WWW.SUTTERHEALTH.ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN T</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART VI, LINE 5</p>	<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. REPORTING FACILITY: #1 TWIN CITIES SURGICAL HOSPITAL SHADY CREEK'S FIT QUEST PROGRAM HAS STUDENTS PARTICIPATE IN 3 ASSEMBLIES AT EACH SCHOOL SITE, LEAD BY NATURALISTS, WITH A FOCUS ON HEALTH, WELLNESS, AND FITNESS EDUCATION, AS WELL AS A WEEK-LONG IMMERSION AT THE OUTDOOR SCHOOL. THE GOAL OF FITQUEST IS TO TEACH CHILDREN AND THEIR FAMILIES HEALTHY LESSONS ABOUT FITNESS, PHYSICAL ACTIVITY AND THE IMPORTANCE OF NUTRITIOUS EATING. IN 2019, A TOTAL OF 2,586 COMMUNITY MEMBERS BENEFITED FROM THIS PROGRAM. LIFELONG COMPANIONS WAS A PROGRAM WITHIN OUR HOMELESS SERVICES DEPARTMENT AT OUR LIFE BUILDING CENTER TO HELP KEEP INDIVIDUALS EXPERIENCING HOMELESSNESS WITH THEIR PETS. USING KENNELS AND PARTNERSHIPS WITH OTHER ANIMAL SHELTERS AND LOCAL PET BUSINESSES, WE PROVIDED TRAINING AND ANIMAL HANDLING TRAINING FOR THESE STRUGGLING PET OWNERS AND THEIR ANIMALS. IN 2019, 64 INDIVIDUALS WERE SERVED WITH 129 REFERRALS MADE TO SERVICES SUCH AS PRIMARY HEALTH CARE, BEHAVIORAL HEALTH, DENTAL/VISION AS WELL AS BASIC NEEDS. REPORTING FACILITY: #2 STANISLAUS SURGICAL HOSPITAL THE MOBILE FRESH PROGRAM PROVIDES YEAR ROUND FOOD ASSISTANCE TO LOW-INCOME INDIVIDUALS, FAMILIES, AND CHILDREN IN HIGH NEED AREAS IN STANISLAUS COUNTY. THE PROGRAM IS DESIGNED TO BRING THE FOOD OUT TO MEET THE PEOPLE WHERE THEY LIVE, ADDRESSING SOME OF THE BARRIERS OF THE LOW INCOME POPULATION. THIS PROGRAM IS SUPPORTED IN PARTNERSHIP WITH MEMORIAL MEDICAL CENTER AND IN 2019, 164,219 POUNDS OF FOOD WAS DISTRIBUTED TO 518 INDIVIDUALS. STANISLAUS SURGICAL HOSPITAL SUPPORTS THE STANISLAUS COUNTY OFFICE OF EDUCATION'S SOCCER FOR SUCCESS PROGRAM. THIS PROGRAM FOCUSES ON HELPING CHILDREN/YOUTH TO ESTABLISH HEALTHY HABITS AND DEVELOP CRITICAL LIFE SKILLS THROUGH CARING COACH-MENTORS. IN 2019, 363 STUDENTS WERE SERVED AT 9 SCHOOL SITES WITHIN 3 DIFFERENT SCHOOL DISTRICTS. PART VI, LINE 6 SUTTER HEALTH IS NEARLY 60,000 PEOPLE STRONG THANKS TO ITS INTEGRATED NETWORK OF CLINICIANS, EMPLOYEES AND VOLUNTEERS. HEADQUARTERED IN SACRAMENTO, CALIFORNIA, SUTTER HEALTH PROVIDES ACCESS TO HIGH QUALITY, AFFORDABLE CARE FOR MORE THAN 3 MILLION NORTHERN CALIFORNIANS THROUGH ITS NETWORK OF HOSPITALS, MEDICAL FOUNDATIONS, URGENT AND WALK-IN CARE CENTERS, HOME HEALTH AND HOSPICE SERVICES. NEARLY 14,000 DOCTORS AND ADVANCED PRACTICE CLINICIANS CARE FOR SUTTER PATIENTS. RECOGNIZED AS A NATIONAL LEADER IN QUALITY AND ACCESS, 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 MEDICAL 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</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	<p>, 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: N/A

Additional Data

Software ID:

Software Version:

EIN: 68-0273974

Name: SUTTER VALLEY MEDICAL FOUNDATION

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? 2		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	TWIN CITIES SURGICAL HOSPITAL 455 PLUMAS BLVD YUBA CITY, CA 959915074 https://www.sutterhealth.org/sshnv LICENSE #550000989	X	X							OUTPATIENT SERVICES	
2	STANISLAUS SURGICAL HOSPITAL 1421 OAKDALE ROAD MODESTO, CA 953553356 WWW.STANISLAUSSURGICAL.COM/ LICENSE #030000695	X	X							OUTPATIENT SERVICES	

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 3E	TWIN CITIES SURGICAL HOSPITAL (FACILITY 1): 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	TWIN CITIES SURGICAL HOSPITAL (FACILITY 1): CHNA INPUT FROM KEY ADVISORS REPRESENTING BROAD COMMUNITY INTERESTS: INPUT FROM THE COMMUNITY SERVED 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 WAS 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 TWIN CITIES SURGICAL HOSPITAL'S CHNA ARE AVAILABLE AT HTTPS://WWW.SUTTERHEALTH.ORG/SSHNV/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASS ESSMENT

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 6A AND 6B	TWIN CITIES SURGICAL HOSPITAL (FACILITY 1): CHNA HOSPITAL COLLABORATORS: WORKING COLLABORATIVELY, RIDEOUT MEMORIAL HOSPITAL (RMH), DBA ADVENTIST HEALTH AND RIDEOUT, AND TWIN CITIES SURGICAL HOSPITAL, DBA SUTTER SURGICAL HOSPITAL NORTH VALLEY (SSHNV) CONTRACTED WITH COMMUNITY HEALTH INSIGHTS TO CONDUCT A CHNA FOR THEIR MUTUAL SERVICE AREAS.
SCHEDULE H, PART V, SECTION B, LINES 7A, 7B AND 10A	TWIN CITIES SURGICAL HOSPITAL (FACILITY 1): HOSPITAL FACILITY'S WEBSITE HTTP://WWW.SUTTERSURGICALHOSPITALNORTHVALLEY.ORG/ABOUT-US/COMMUNITY-NEEDS-ASSESSMENT.HTML OTHER WEBSITE HTTPS://WWW.SUTTERHEALTH.ORG/SSHNV/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	TWIN CITIES SURGICAL HOSPITAL (FACILITY 1): THE FOLLOWING SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED IN THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT ARE NEEDS THAT TWIN CITIES SURGICAL HOSPITAL INTENDS TO ADDRESS THROUGH ITS IMPLEMENTATION STRATEGY: 1. ACCESS TO MENTAL/BEHAVIORAL/SUBSTANCE ABUSE SERVICES 2 . PREVENTION OF DISEASE AND INJURY THROUGH KNOWLEDGE, ACTION, AND ACCESS TO RESOURCES 3 . ACCESS TO BASIC NEEDS SUCH AS HOUSING, JOBS, AND FOOD 4 . ACCESS TO QUALITY PRIMARY HEALTH SERVICES 5 . ACCESS TO SPECIALTY AND EXTENDED CARE 6 . ACTIVE LIVING AND HEALTH EATING 7 . SAFE AND VIOLENCE-FREE ENVIRONMENT DESCRIPTIONS OF THE COMMUNITY BENEFIT PROGRAMS THAT ADDRESS THESE SIGNIFICANT HEALTH NEEDS CAN BE FOUND IN PART VI, ALONG WITH ADDITIONAL CRITICAL EFFORTS ON BEHALF OF TWIN CITIES SURGICAL HOSPITAL. NO HOSPITAL CAN ADDRESS ALL OF THE HEALTH NEEDS PRESENT IN ITS COMMUNITY. TWIN CITIES 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: WHILE THIS IS AN IMPORTANT ISSUE, TWIN CITIES SURGICAL HOSPITAL IS CURRENTLY FOCUSING ITS RESOURCES IN OTHER AREAS; HOWEVER, WE'LL CONTINUE TO LOOK FOR OPPORTUNITIES TO INCREASE ACCESS TO TRANSPORTATION.
SCHEDULE H, PART V, SECTION B, LINE 15E	TWIN CITIES SURGICAL HOSPITAL (FACILITY 1): 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.

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	TWIN CITIES SURGICAL HOSPITAL (FACILITY 1): THE FINANCIAL ASSISTANCE POLICY, APPLICATION FORM, AND PLAIN LANGUAGE SUMMARY ARE WIDELY AVAILABLE ON THE SUTTER HEALTH WEBSITE AT: HTTPS://WWW.SUTTERHEALTH.ORG/FOR-PATIENTS/FINANCIAL-ASSISTANCE
SCHEDULE H, PART V, SECTION B, LINE 16J	TWIN CITIES SURGICAL HOSPITAL (FACILITY 1): 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	TWIN CITIES SURGICAL HOSPITAL (FACILITY 1): 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.
SCHEDULE H, PART V, SECTION B, LINE 3E	STANISLAUS SURGICAL HOSPITAL (FACILITY 2): 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
<p>SCHEDULE H, PART V, SECTION B, LINE 5</p>	<p>STANISLAUS SURGICAL HOSPITAL (FACILITY 2): IN CONDUCTING ITS MOST RECENT CHNA, STANISLAUS SURGICAL HOSPITAL (SSH) A FACILITY OF SUTTER VALLEY MEDICAL FOUNDATION, DID TAKE INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY IN THE HOSPITAL'S SERVICE AREA. COMMUNITY INPUT WAS PROVIDED BY A BROAD RANGE OF COMMUNITY MEMBERS THROUGH KEY INFORMANT INTERVIEWS AND FOCUS GROUPS. DATA COLLECTED AND ANALYZED INCLUDED BOTH PRIMARY OR QUALITATIVE DATA AND SECONDARY OR QUANTITATIVE DATA. PRIMARY DATA INCLUDED 11 INTERVIEWS WITH 16 COMMUNITY HEALTH EXPERTS AS WELL AS 9 FOCUS GROUPS CONDUCTED WITH A TOTAL OF 75 COMMUNITY RESIDENTS. 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>
<p>SCHEDULE H, PART V, SECTION B, LINE 6</p>	<p>STANISLAUS SURGICAL HOSPITAL (FACILITY 2): COMMUNITY HEALTH INSIGHTS CONDUCTED THE 2019 COMMUNITY HEALTH NEEDS ASSESSMENT ON BEHALF OF MEMORIAL MEDICAL CENTER OF MODESTO AND STANISLAUS SURGICAL HOSPITAL.</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, 6j, 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 12): HTTPS://WWW.SUTTERHEALTH.ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMENT OTHER WEBSITE: HTTPS://WWW.SUTTERHEALTH.ORG/PDF/FOR-PATIENTS/CHNA/MMC-SSH-2019-CHNA.PDF
SCHEDULE H, PART V, SECTION B, LINE 11	STANISLAUS SURGICAL HOSPITAL (FACILITY 2): 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 2): 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 AND 16C	STANISLAUS SURGICAL HOSPITAL (FACILITY 2): THE FINANCIAL ASSISTANCE POLICY, APPLICATION FORM, AND PLAIN LANGUAGE SUMMARY ARE WIDELY AVAILABLE ON THE SUTTER HEALTH 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 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 (ENGLISH & SPANISH). DURING PREADMISSION OR REGISTRATION ALL PATIENTS WILL BE PROVIDED THE FINANCIAL ASSISTANCE POLICY IS POSTED IN SEVERAL PROMINENT LOCATIONS WITHIN THE HOSPITAL, INCLUDING, BUT NOT LIMITED TO THE BILLING OFFICE, ADMISSIONS OFFICE, AND PATIENT WAITING AREA. HOSPITAL PROVIDES PATIENTS, IN A TIMELY MANNER, A COPY OF THE FINANCIAL ASSISTANCE POLICY UPON REQUEST.

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

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

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

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

Name and address	Type of Facility (describe)
1 Sutter Med Care Ct & Ambulatory Surg Ct 460 Plumas Yuba City, CA 95991	Outpatient Services/Surgery Center
1 Urgent Care 600 Coffee Road Modesto, CA 95355	Urgent Care
2 Stockton Medical Plaza 2545 West Hammer Lane Stockton, CA 95209	Urgent Care/Surgery Center/ Outpatient Services
3 Stockton Surgery Center 8011 Don Avenue Stockton, CA 95209	Surgery Center
4 Patterson Care Center 801 E Street Patterson, CA 95363	Lab/Outpatient Services
5 Turlock Care Center 3100 W Christoffersen Parkway Turlock, CA 95382	Urgent Care/ Radiology/ Laboratory
6 Briggsmore Specialty Center 1409 E Briggsmore Modesto, CA 95355	Outpatient Services
7 Sutter Imaging Sacramento 3161 L Street Sacramento, CA 95816	Imaging
8 Sutter Roseville Cancer Center 8 Medical Plaza Drive ROSEVILLE, CA 95661	Outpatient Services
9 ROSEVILLE PATIENT SERVICE CENTERS 3 MEDICAL PLAZA DRIVE ROSEVILLE, CA 95661	Outpatient Services
10 Sutter Imaging Roseville Parkway 1640 East Roseville Parkway ROSEVILLE, CA 95661	Imaging
11 Sutter Imaging Roseville II 2 Medical Plaza Drive ROSEVILLE, CA 95661	Imaging
12 Sutter Medical Plaza - Sutter Place 2020 SUTTER PLACE Davis, CA 95616	Outpatient Services
13 Sutter Cancer Center Sacramento 2800 L ST SACRAMENTO, CA 95816	Outpatient Services
14 Sutter Urgent Care Fairfield 2702 Low Court Fairfield, CA 94534	Outpatient Services

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

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

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

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

Name and address	Type of Facility (describe)
16 Sutter Yuba City Medical Center 480 Plumas Yuba City, CA 95991	Outpatient Services
1 Vacaville Care Center 770 Mason Street Vacaville, CA 95687	Outpatient Services
2 Vallejo Care Center 100 Hospital Drive Vallejo, CA 94589	Outpatient Services
3 Sutter Amador Surgery Center 223 Clinton Road Jackson, CA 95642	Outpatient Services
4 Sutter Fairfield Surgery Center 2700 Low Court Fairfield, CA 94534	Surgery Center
5 Auburn AMC Family Practice and Orthopedi 3133 Professional Drive Auburn, CA 95603	Family Practice and Orthopedic CARDIOLOGY
6 Urgent CareLabRadiologyCardiology 440 Plumas Yuba City, CA 95991	Urgent Care/Lab/Radiology/ Cardiology
7 Auburn Gastroenterology & Neurology 11795 Education Street Auburn, CA 95602	Gastroenterology and Neurology PHYSICAL THERAPY
8 ROSEVILLE - FAMILY PRACTICE AND PHY TH 568 N SUNRISE AVE ROSEVILLE, CA 95661	Outpatient Services and Physical Therapy
9 ELK GROVE - PHYSICAL THERAPY 9280 W STOCKTON BLVD ELK GROVE, CA 95758	PHYSICAL THERAPY
10 GRASS VALLEY FAMILY PRACTICE & PHY TH 10058 WOLF ROAD GRASS VALLEY, CA 95949	Outpatient Services and Physical Therapy
11 DAVIS - PHYSICAL THERAPY 11930 Heritage Oak Place Auburn, CA 95603	PHYSICAL THERAPY
12 Physical Therapy 420 B St Yuba City, CA 95991	Physical Therapy
13 Sutter Fairfield Diagnostic Imaging Ctr 2700 Low Court Fairfield, CA 94534	Diagnostic Imaging Center
14 Sutter Imaging Campus Commons 2 Scripps Drive Sacramento, CA 95825	Diagnostic Imaging Center

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

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

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

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

Name and address	Type of Facility (describe)
31 Sutter Imaging South 8118 Timberlake Way Sacramento, CA 95823	Diagnostic Imaging Center
1 FOLSOM PATIENT SVC CENTERSUrgent Care 2575 E BIDWELL ST FOLSOM, CA 95630	Outpatient Svcs/Urgent Care
2 SACRAMENTO AREA PATIENT SERVICE CENTERS 1625 STOCKTON BLVD SACRAMENTO, CA 95816	Outpatient Services
3 FORT SUTTER PATIENT SERVICE CENTERS 2801 K ST SACRAMENTO, CA 95816	Outpatient Services
4 NORTHEAST SAC PATIENT SERVICE CENTERS 3100 DOUGLAS BLVD ROSEVILLE, CA 95661	Outpatient Services
5 SACRAMENTO AREA PATIENT SERVICE CENTERS 1201 ALHAMBRA BLVD SACRAMENTO, CA 95816	Outpatient Services
6 SACRAMENTO AREA PATIENT SERVICE CENTERS 2725 CAPITOL AVE SACRAMENTO, CA 95816	Outpatient Services
7 YOLO AREA PATIENT SERVICE CENTERS 635 ANDERSON RD Davis, CA 95616	Outpatient Services
8 West Sacramento Walk-In Care 2055 Town Center Plaza West Sacramento, CA 95691	Outpatient Services
9 Natomas Walk-In Care 2860 Del Paso Road Sacramento, CA 95834	Outpatient Services
10 West Roseville Care Center 2050 Blue Oaks Boulevard Roseville, CA 95747	Outpatient Services
11 Davis Walk-In Care 4647 Second Street Sacramento, CA 95618	Outpatient Services
12 Sutter Medical Plaza Elk Grove 8170 LAGUNA BLVD ELK GROVE, CA 95758	Outpatient Services
13 SMF Surgery Center 8200 LAGUNA BLVD ELK GROVE, CA 95758	Ambulatory Surgery Center
14 Sutter Imaging RosevillePET 2241 Douglas Boulevard Roseville, CA 95661	Imaging

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

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

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

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

Name and address	Type of Facility (describe)
46 YOLO AREA PATIENT SERVICE CENTERS 2210 DEL PASO RD SACRAMENTO, CA 95831	Outpatient Services
1 PLACER AREA PATIENT SERVICE CENTERS 685 TWELVE BRIDGES DR LINCOLN, CA 95648	Outpatient Services
2 Sutter Imaging Folsom I 1655 Creekside Drive FOLSOM, CA 95630	Diagnostic Imaging Center
3 Sutter Imaging Folsom II 1661 Creekside Drive FOLSOM, CA 95630	Diagnostic Imaging Center
4 WOODLAND PATIENT SERVICES CENTER 475 PIONEER AVE WOODLAND, CA 95776	Outpatient Services
5 YOLO AREA PATIENT SERVICE CENTERS 125 N LINCOLN ST DIXON, CA 95620	Outpatient Services
6 Bell Road Medical Offices 3288 BELL RD AUBURN, CA 95603	Outpatient Services
7 NORTHEAST SAC PATIENT SERVICE CENTERS 5767 GREENBACK LANE SACRAMENTO, CA 95825	Outpatient Services
8 YOLO AREA PATIENT SERVICE CENTERS 7420 GREENHAVEN DR SACRAMENTO, CA 95831	Outpatient Services
9 Sutter Imaging Auburn 3123 Professional Drive Auburn, CA 95603	Diagnostic Imaging Center Gastroenterology
10 Sutter Imaging Carmichael 6620 Coyle Avenue Carmichael, CA 95608	Diagnostic Imaging Center
11 Behavioral Health Center 3425 Coffee Road Modesto, CA 95355	Behavioral Healthcare
12 Procedure Center 550 B St Yuba City, CA 95991	Procedure Center
13 Home Health/Hospice 400 Plumas Yuba City, CA 95991	Home Health/Hospice
14 Davis Internal Med and Gastroenterology 2068 John Jones Way Davis, CA 95616	Internal Medicine and Gastroenterology

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

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

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

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

Name and address	Type of Facility (describe)
61 L STREET MEDICAL NEUROLOGY 2800 L Street SACRAMENTO, CA 95819	Neurology
1 Orthopedics 470 Plumas Yuba City, CA 95991	Orthopedics
2 Sutter Obstetrics and Gynecology 969 Plumas Yuba City, CA 95991	Obstetrics
3 Sutter Advanced Dermatology & Laser Ctr 350 Del Norte Yuba City, CA 95991	Dermatology
4 Sacramento Walk-In Care center 2537 Fair Oaks Boulevard Sacramento, CA 95825	Outpatient Services
5 ROSEVILLE EXPRESS CLINIC 4010 Foothills Boulevard ROSEVILLE, CA 95747	Outpatient Services
6 EXPRESS CLINIC - El Dorado Hills 3919 Park Drive El Dorado Hills, CA 95762	Outpatient Services
7 EXPRESS CLINIC - Elk Grove 4810 Elk Grove Boulevard ELK GROVE, CA 95758	Outpatient Services
8 Citrus Heights Walk-In Care 5406 Sunrise Boulevard Citrus Heights, CA 95610	Outpatient Services
9 Rancho Cordova Walk-In Care 4040 Sunrise Boulevard Rancho Cordova, CA 95742	Outpatient Services
10 Roseville Walk-In Care 781 Pleasant Grove Boulevard Roseville, CA 95678	Outpatient Services
11 Sutter Gould Cardiology Stockton 1801 East March Lane Stockton, CA 95210	Cardiology
12 Radiation Oncology Services-Vacaville 200 Bella Vista Road Vacaville, CA 95687	Outpatient Services
13 Oakdale Road Care Center 1501 Oakdale Road Suite 218 Modesto, CA 95355	Surgery Center
14 Ceres Care Center Lab 2516 Whitmore Avenue Ceres, CA 95307	Outpatient Services

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

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

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

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

Name and address	Type of Facility (describe)
76 Tracy Care Center 445 W Eaton Ave Tracy, CA 95376	Outpatient Services
1 Dale Road Care Center Lab 3612 Dale Road Modesto, CA 95355	Laboratory
2 Laboratory 100 Mission Blvd Jackson, CA 95642	Laboratory
3 Sutter Medical Plaza Brownsville 16911 Willow Glen Road Brownsville, CA 95919	Outpatient Services
4 Fairmont Specialty Center 918 South Fairmont Ave Lodi, CA 95240	Outpatient Surgery

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**

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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.

Department of the
Treasury
Internal Revenue Service

Name of the organization
SUTTER VALLEY MEDICAL FOUNDATION

Employer identification number
68-0273974

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 4
 3 Enter total number of other organizations listed in the line 1 table 0

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)					
(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	<p>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.</p>

Additional Data

Software ID:
Software Version:
EIN: 68-0273974
Name: SUTTER VALLEY MEDICAL FOUNDATION

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 SACRAMENTO 915 I ST STE 104 SACRAMENTO, CA 95814	94-2985546	GOVT	50,000				PROGRAM SUPPORT
WELLSPACE HEALTH 777 12TH ST STE 250 SACRAMENTO, CA 95814	94-1713704	501(C)3	10,000				PROGRAM SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUTTER VALLEY HOSPITALS 2200 RIVER PLAZA DR SACRAMENTO CA SACRAMENTO, CA 95833	94-1156621	501(C)3	312,667				PROGRAM SUPPORT
SUTTER VISITING NURSE ASSOCIATION & HOSPICE 2200 RIVER PLAZA DR SACRAMENTO CA SACRAMENTO, CA 95833	94-6068843	501(C)3	97,000				PROGRAM SUPPORT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

Employer identification number
68-0273974

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"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <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 checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <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	

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 3	SUPPLEMENTAL COMPENSATION INFORMATION: THE CEO OF THIS ORGANIZATION IS AN EMPLOYEE OF SUTTER HEALTH, A RELATED TAX-EXEMPT ORGANIZATION. THE COMPENSATION COMMITTEE OF THE SUTTER HEALTH BOARD OF DIRECTORS RETAINS ULTIMATE DISCRETIONARY AUTHORITY OVER ALL ELEMENTS OF COMPENSATION TO ASSURE THAT ORGANIZATIONAL PURPOSES ARE APPROPRIATELY BEING SERVED. THE COMPENSATION COMMITTEE USES CREDIBLE DATA SOURCES AND MAINTAINS AN OBJECTIVE "ARMS'S LENGTH" DECISION-MAKING PROCESS, ENSURING THE INTEGRITY OF SUTTERS EXECUTIVE PROGRAMS AND CONSISTENCY WITH THE ORGANIZATIONS OVERALL MISSION. SEE SCHEDULE O NARRATIVE FOR PART VI, LINE 15 FOR A FULL DESCRIPTION OF THE COMPENSATION APPROVAL PROCESS COMPLETED BY SUTTER HEALTH. SCHEDULE J, PART I, LINE 4A SEVERANCE PAYMENTS THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS DURING THE YEAR: KATHERINE T. MANUEL: \$138,402
SCHEDULE J, PART I, LINE 4B	NONQUALIFIED RETIREMENT PLAN: THE PURPOSE OF THE NONQUALIFIED RETIREMENT PLAN IS TO PROVIDE SUTTER HEALTH EXECUTIVES WITH A COMPETITIVE RETIREMENT BENEFIT CONSISTENT WITH SUTTER HEALTHS OVERALL COMPENSATION PHILOSOPHY FOR ALL EMPLOYEES. CONTRIBUTIONS ARE DESIGNED TAKING INTO CONSIDERATION LOST RETIREMENT BENEFITS THAT WOULD OTHERWISE BE OBTAINED THROUGH THE QUALIFIED PENSION PLAN. SUTTERS PLANS ARE DESIGNED CONSISTENT WITH COMPETITIVE INDUSTRY PRACTICES. THE RETIREMENT PLAN FOR SUTTER HEALTH EMPLOYEES IS A COMBINATION OF 403(B) EMPLOYER MATCH CONTRIBUTIONS AND QUALIFIED PENSION PLAN BENEFITS. SUTTER HEALTH EXECUTIVES ARE GENERALLY INELIGIBLE FOR EMPLOYER MATCH CONTRIBUTIONS. TO ENSURE A COMPETITIVE RETIREMENT BENEFIT, SUTTER HEALTH MAKES AN ANNUAL CONTRIBUTION TO A NON-QUALIFIED 457(F) PLAN FOR ITS EXECUTIVES. THE FORMULA PROVIDES 6% TO 12% OF BASE SALARY PLUS ANNUAL INCENTIVE PLAN AWARD (COMMENSURATE WITH MANAGEMENT LEVEL). CONTRIBUTIONS ARE ALSO MADE FOR A SMALL GROUP OF SENIOR LEVEL EXECUTIVES WHOSE ESTIMATED RETIREMENT BENEFIT (SOCIAL SECURITY PLUS QUALIFIED PLAN BENEFITS PLUS 457(F) FALLS BELOW 50% - 65% OF FINAL 4-YEAR AVERAGE BASE SALARY WHEN RETIRING AT AGE 65 WITH 22.5 YEARS OF SERVICE. TARGET BENEFIT LEVELS ARE DISCOUNTED FOR YEARS OF SERVICE LESS THAN 22.5 AT AGE 65. UNLIKE SUTTER HEALTHS QUALIFIED PENSION PLAN WHERE EMPLOYEE BENEFITS ARE GUARANTEED (I.E., A DEFINED BENEFIT), SUTTERS NON-QUALIFIED PLAN BENEFITS ARE NOT GUARANTEED BY SUTTER HEALTH. INVESTMENT RISK IS BORNE BY PARTICIPANTS AND BENEFITS ARE NOT PROTECTED SHOULD SUTTER HEALTH BECOME INSOLVENT. THE FOLLOWING INDIVIDUALS RECEIVED 457(F) NON-QUALIFIED PAYMENTS DURING THE YEAR: PAIGE TERRA: \$47,301
SCHEDULE J, PART I, LINE 7	NON-FIXED PAYMENTS: SPOT AWARDS ARE INFREQUENTLY USED TO REWARD EMPLOYEES. THERE ARE NO SPECIFIC GUIDELINES FOR THE AMOUNT OF THE SPOT AWARD BUT THE AMOUNT TENDS TO NOT EXCEED 5% TO 15% OF GROSS ANNUAL SALARY. ANNUAL INCENTIVE PLAN (AIP): THE PURPOSE OF THE PLAN IS TO FOCUS EXECUTIVES ON SPECIFIC, SHORTER-TERM GOALS THAT ARE CRITICAL TO THE ACHIEVEMENT OF AFFILIATE, OPERATING UNIT AND SYSTEM-WIDE OBJECTIVES THAT DRIVE OVERALL ORGANIZATION PERFORMANCE. LONG TERM PERFORMANCE PLANS: SUTTER HEALTH ALSO EMPLOYS LONG TERM PERFORMANCE PLANS WHICH ARE DESIGNED TO FOCUS ON LONGER TERM STRATEGIC OBJECTIVES OF THE ORGANIZATION. SUTTERS LONG TERM PERFORMANCE PLAN APPROACH IS A COMBINATION OF BOTH LONGER TERM MEASURES OF ORGANIZATION SUCCESS AND KEY ORGANIZATION STRATEGIES WHICH REQUIRE THE COMBINED EFFORT OF ALL LEADERSHIP TO ACHIEVE SUCCESS. SUTTER USES A COMMON FATE APPROACH IN THAT ALL LONG TERM PERFORMANCE PLAN PARTICIPANTS ARE MEASURED AGAINST THE SAME, ORGANIZATION-WIDE CRITERIA VS. INDIVIDUAL EFFORTS. THIS FOSTERS A COMMON PURPOSE ACROSS LEADERSHIP AND A SHARED SENSE OF ACCOUNTABILITY FOR THE OVERALL SUCCESS OF SUTTER HEALTH. IN ALL CASES, THE COMPENSATION COMMITTEE OF THE BOARD DETERMINES ACHIEVEMENT OF ORGANIZATION GOALS AND MAKES FINAL AWARD DETERMINATION WHICH MAY RESULT IN A REDUCTION OF AWARD IF APPROPRIATE. ALL SENIOR EXECUTIVE AWARDS ARE REVIEWED FOR COMPENSATION REASONABLENESS AND APPROVED BY THE COMPENSATION COMMITTEE PRIOR TO PAYMENT. 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: 68-0273974
Name: SUTTER VALLEY MEDICAL FOUNDATION

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				
1 SARAH KREVANS DIRECTOR/PRESIDENT & CEO, SH	(i)	0	0	0	0	0	0	0
	(ii)	1,728,609	2,169,208	318,273	1,225,459	28,608	5,470,157	924,507
1 JAMES CONFORTI DIRECTOR/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
2 JEFF 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
3 PAIGE 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
4 THERESA FREI CEO, SVMF	(i)	0	0	0	0	0	0	0
	(ii)	560,692	274,894	46,740	184,565	25,550	1,092,441	97,070
5 JEFF 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
6 GARY ZUFELT FNDTN AREA CEO, NORTH VALLEY	(i)	0	0	0	0	0	0	0
	(ii)	448,826	244,522	62,348	150,050	29,387	935,133	106,056
7 PENNY WESTFALL SH VP, CLO, SH 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
8 SUHEIR HADDAD CFO, SH VALLEY AREA FNDTN	(i)	0	0	0	0	0	0	0
	(ii)	400,853	218,052	54,431	75,997	25,161	774,494	84,901
9 PATRINA WHITE FNDTN AREA CEO, CENTRAL VALLEY	(i)	0	0	0	0	0	0	0
	(ii)	352,297	185,275	6,969	103,851	23,415	671,807	17,538
10 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
11 KATHERINE T MANUEL COO, SGMF	(i)	0	0	0	0	0	0	0
	(ii)	171,719	116,908	205,362	32,830	11,239	538,058	43,720
12 MICHAEL D MARINO VP, HR, SVMF & NORTH VALLEY	(i)	0	0	0	0	0	0	0
	(ii)	268,120	97,155	27,069	34,959	17,229	444,532	42,949
13 CHARLES SANDERS III CFO FNDTN - SGMF/NORTH	(i)	0	0	0	0	0	0	0
	(ii)	269,714	96,138	21,568	35,024	17,950	440,394	35,139
14 JONATHAN K BARENG DIR, RADIATION PHYSICS	(i)	281,123	41,697	3,278	18,872	17,830	362,800	0
	(ii)	0	0	0	0	0	0	0
15 BALJIT K DOSANJH ONCOLOGY NURSE NAVIGATOR	(i)	253,409	0	478	17,080	22,067	293,034	0
	(ii)	0	0	0	0	0	0	0
16 CHUAN WU LEAD PHYSICIST	(i)	250,686	0	478	16,896	22,253	290,313	0
	(ii)	0	0	0	0	0	0	0
17 SANDRA L ADAMS DIR, SERVICE AREA	(i)	222,045	31,159	4,105	14,966	17,175	289,450	0
	(ii)	0	0	0	0	0	0	0
18 PAMELA ADDY REG. DIR. OUTPATIENT IMAG SVCS	(i)	210,692	29,217	7,812	14,201	17,045	278,967	0
	(ii)	0	0	0	0	0	0	0
19 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

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

▶ 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

Department of the Treasury
Internal Revenue Service

Name of the organization
SUTTER VALLEY MEDICAL FOUNDATION

Employer identification number

68-0273974

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A CHFFA 2008A	52-1643828	13033F2L3	05-14-2008	329,041,638	Refunding 2007, 2004, 2002		X		X		X
B CHFFA 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 2005BC & 2003AB & 2007A	X			X		X
D CHFFA 2017A	52-1643828	13032UNY0	07-06-2017	496,319,743	REFUND 2004CD, 2008A (PT), 2008BC	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	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	329,041,638	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	
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	2.640 %		0.120 %		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 ▶	0.120 %		0 %		0.010 %		0.030 %	
6 Total of lines 4 and 5	2.760 %		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				
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	

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. SCHEDULE K, PART I-1, LINE A, COLUMN (E): THE FILING ORGANIZATION RECEIVED BOND PROCEEDS IN THE AMOUNTS OF: \$15,965,401 FROM THE 2008A ISSUE; \$19,966,327 FROM THE 2015A ISSUE; \$53,216,412 FROM THE 2016B ISSUE; AND \$117,119,861 FROM THE 2017A ISSUE. SCHEDULE K, PART I, CHFFA 2008A, COLUMN (F) THE REFUNDING OCCURRED VIA THE REPAYMENT OF A DRAW ON A TAXABLE LINE OF CREDIT, DRAWN IN SEVERAL INSTALLMENTS BETWEEN APRIL 7 AND APRIL 11, 2008, USED TO REFUND THE 2002, 2004 AND 2007 ISSUES. THE REFUNDED BONDS ISSUED IN 2007 WERE USED TO REFUND BONDS ISSUED IN 1991 AND 1995 AND TO REFUND BONDS ISSUED IN 1996 THAT WERE USED TO REFUND BONDS ISSUED IN 1985, 1989, 1990, 1991, 1992, AND 1995. THE REFUNDED BONDS ISSUED IN 2004 WERE USED FOR EXPANSION. THE REFUNDED BONDS ISSUED IN 2002 WERE USED TO REFUND BONDS ISSUED IN 1992, WHICH WERE USED TO REFUND BONDS ISSUED IN 1985, 1986 AND 1987. SCHEDULE K, PART II, LINE 7: ISSUANCE COSTS FROM PROCEEDS: ISSUANCE COSTS WERE FUNDED THROUGH EQUITY CONTRIBUTIONS. SCHEDULE K, PART IV, LINE 2C THE REBATE COMPUTATION WAS PERFORMED FOR BONDS CHFFA 2008A ON 6/20/2018.

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization SUTTER VALLEY MEDICAL FOUNDATION

Employer identification number

68-0273974

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.

Table with 5 columns: (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

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

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

Table with 5 columns: (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) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	44,034,628	SERVICE VENDOR: MEDICAL SVCS		No
(2) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	252,310	SERVICE VENDOR: ARCHITECTURE		No

Part V Supplemental Information

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

Return Reference	Explanation

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

▶ **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.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
SUTTER VALLEY MEDICAL FOUNDATION

Employer identification number
68-0273974

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	2	55,371	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

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

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

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

SCHEDULE O
(Form 990 or 990-EZ)**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**

Department of the Treasury

Name of the organization

SUTTER VALLEY MEDICAL FOUNDATION

Employer identification number

68-0273974

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1 & PART III, LINE 1	MISSION STATEMENT: 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>PROGRAM SERVICE ACCOMPLISHMENTS: SUTTER VALLEY MEDICAL FOUNDATION (SVMF) IS A COMMUNITY BASED, NOT-FOR-PROFIT MEDICAL ORGANIZATION SERVING CENTRAL AND NORTHERN CALIFORNIA COMMUNITIES AND SUPPORTING THE SUTTER HEALTH-AFFILIATED HOSPITALS. SVMF HAS CARE CENTERS LOCATED IN AMADOR, PLACER, SACRAMENTO, SAN JOAQUIN, SOLANO, STANISLAUS, SUTTER, YOLO AND YUBA COUNTIES. OUR MISSION IS TO ENHANCE THE HEALTH AND WELL-BEING OF PEOPLE IN THE COMMUNITIES WE SERVE THROUGH NOT FOR PROFIT COMMITMENT TO COMPASSION AND EXCELLENCE IN HEALTH CARE. WE VALUE EXCELLENCE AND QUALITY, CARING AND COMPASSION, HONESTY AND INTEGRITY, TEAMWORK AND COMMUNITY. SUTTER VALLEY MEDICAL FOUNDATION IS ALIGNED WITH PHYSICIAN AND MID-LEVEL PROVIDERS OF GOULD MEDICAL GROUP, SUTTER MEDICAL GROUP AND SUTTER NORTH MEDICAL GROUP. WE OFFER A FULL RANGE OF PRIMARY CARE AND SPECIALTY CARE MEDICAL SERVICES, INCLUDING AMBULATORY SURGERY, URGENT AND WALK-IN CARE CLINICS AND STATE OF THE ART IMAGING, LAB AND CARDIOLOGY TECHNOLOGY. IN ADDITION, WE OPERATE THE TWIN CITIES SURGICAL HOSPITAL IN YUBA COUNTY, AS WELL AS RURAL HEALTH CLINICS IN AMADOR AND YUBA COUNTIES AND THE MAINO COMMUNITY HEALTH LIBRARY IN STANISLAUS COUNTY. IN 2015, SUTTER MEDICAL FOUNDATION CHANGED ITS NAME TO SUTTER VALLEY MEDICAL FOUNDATION AND IN 2016, SUTTER GOULD MEDICAL FOUNDATION MERGED INTO SUTTER VALLEY MEDICAL FOUNDATION. IN 2019, THE FOUNDATION PROVIDED MORE THAN \$61 MILLION IN CHARITY CARE AND COMMUNITY BENEFITS AND PROVIDED PATIENT SERVICES OF 6 MILLION PATIENT VISITS. THE FOUNDATION ALSO PROVIDES COMMUNITY SUPPORT THROUGH DONATIONS AND PARTICIPATION IN VARIOUS NOT-FOR PROFIT COMMUNITY PROGRAMS INCLUDING, BUT NOT LIMITED TO, THE FOLLOWING: - AMERICAN CANCER SOCIETY - AMERICAN HEART ASSOCIATION - FITQUEST PROGRAM SUPPORTING STUDENT WELLNESS THROUGH SCHOOLS IN SUTTER, YUBA, SACRAMENTO AND PLACER COUNTIES - GIRLS ON THE RUN - HEALTH CAREERS ACADEMY PROGRAM FOR HIGH SCHOOL STUDENTS - KIWANIS - LOOK GOOD FEEL BETTER PROGRAM SUPPORTING WOMEN RECEIVING CANCER TREATMENT - MARCH OF DIMES - NATIONAL DIABETES SOCIETY - ROTARY - SALVATION ARMY - SOROPTIMIST - SPONSOR OF SUPPORT GROUPS FOR DISEASE RELATED EDUCATION INCLUDING BUT NOT LIMITED TO DIABETES, CHILDBIRTH EDUCATION, AUTISM AND PARKINSONS - TATS OFF, TATTOO REMOVAL PROGRAM - UNITED WAY</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 1A	THE AFFAIRS AND MANAGEMENT OF SUTTER VALLEY MEDICAL FOUNDATION (SVMF) ARE SUPERVISED BY THE EXECUTIVE COMMITTEE WHICH HAS POWER TO TRANSACT ALL REGULAR BUSINESS OF SVMF DURING THE PERIOD BETWEEN MEETINGS OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE CORPORATION'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 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 EXECUTIVE COMMITTEE MEMBER SHALL BE A PHYSICIAN DIRECTOR.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 6 & 7A	CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS: THIS CORPORATION IS AN AFFILIATE OF 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.

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 BOARDS FINAL DISCUSSION AND VOTE.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINES 15A & 15B	<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 SUTTERS EXECUTIVE PROGRAMS AND CONSISTENCY WITH THE ORGANIZATIONS OVERALL MISSION. IN ORDER TO ENSURE EXTERNAL COMPETITIVENESS, NATIONAL, CALIFORNIA AND LOCAL MARKET AREA COMPENSATION DATA COMPARISONS ARE REVIEWED. COMPETITIVE ANALYSIS INCLUDES: (A) BASE SALARY, (B) TOTAL CASH (BASE SALARY + ANNUAL INCENTIVE), (C) TOTAL DIRECT CASH (BASE SALARY + ANNUAL INCENTIVE + LONG TERM INCENTIVE) AND (D) TOTAL REMUNERATION (BASE SALARY + ANNUAL INCENTIVE + BENEFITS AND LONG TERM INCENTIVE). THIS ANALYSIS INCLUDES COMPARABLE ORGANIZATIONS AND GEOGRAPHIC CONSIDERATIONS. FOR THE MOST SENIOR EXECUTIVE POSITIONS, NATIONAL COMPARISONS FOR ORGANIZATIONS SIMILAR IN SIZE, SCOPE AND COMPLEXITY AS SUTTER HEALTH ARE MOST APPROPRIATE SINCE IT IS A NATIONAL MARKETPLACE IN WHICH SUTTER COMPETES FOR EXECUTIVE TALENT. ON THE OTHER HAND, BECAUSE 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 FEBRUARY 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. - SARAH KREVANS - JAMES CONFORTI - PETER HULL - TODD SMITH, MD INDIVIDUALS LISTED AS OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION THAT ARE PAID FULL-TIME 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: GAIN/(LOSS) ON HEALTH CARE INVESTMENTS \$ 11,697,552 HEALTHCARE RELATED JV INCOME (11,412,947) GUARANTEED PAYMENT JV INCOME (610,765) EQUITY TRANSFERS (NET) 14,501,907 STOCK AND OTHER ITEMS (78,830) OTHER CHANGES IN FUND BALANCE 6,672 ----- ----- TOTAL \$ 14,103,589

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:MEDICAL GROUP COMPENSATION TOTAL FEES:619265805

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:PROFESSIONAL FEE - PHYSICIAN TOTAL FEES:5645803

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:NON-PHYSICIAN MEDICAL TOTAL FEES:80

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:THERAPISTS/OTHER MEDICAL TOTAL FEES:695106

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:NURSE REGISTRY FEES TOTAL FEES:282340

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
SUTTER VALLEY MEDICAL FOUNDATION

Employer identification number

68-0273974

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) TWIN CITIES SURGICAL HOSPITAL LLC 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 35-2182617	SURGERY	CA	30,067,542	14,940,868	SUTTER VMF

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 CJ	INVESTMENT	CJ	NA	C CORP				Yes	
(4) LYXSOP SEGREGATED PORTFOLIO 2 PO BOX 10008 WILLOW HOUSE CRICKET SQUARE, GRAND CAYMAN CJ	INVESTMENT	CJ	NA	C CORP				Yes	

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

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

		Yes	No
1 During the tax year, did the 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		No
b	Gift, grant, or capital contribution to related organization(s)	Yes	
c	Gift, grant, or capital contribution from related organization(s)	Yes	
d	Loans or loan guarantees to or for related organization(s)		No
e	Loans or loan guarantees by related organization(s)		No
f	Dividends from related organization(s)		
g	Sale of assets to related organization(s)		No
h	Purchase of assets from related organization(s)		No
i	Exchange of assets with related organization(s)		No
j	Lease of facilities, equipment, or other assets to related organization(s)	Yes	
k	Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l	Performance of services or membership or fundraising solicitations for related organization(s)		No
m	Performance of services or membership or fundraising solicitations by related organization(s)		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o	Sharing of paid employees with related organization(s)		No
p	Reimbursement paid to related organization(s) for expenses	Yes	
q	Reimbursement paid by related organization(s) for expenses	Yes	
r	Other transfer of cash or property to related organization(s)	Yes	
s	Other transfer of cash or property from related organization(s)	Yes	

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

See Additional Data Table

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

Part 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: 68-0273974
Name: SUTTER VALLEY MEDICAL FOUNDATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 51-0160184	FUNDRAISING	CA	501(C)(3)	7	SUTTER BH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-2728423	FUNDRAISING	CA	501(C)(3)	7	SUTTER BH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 51-0172285	HEALTHCARE	CA	501(C)(3)	3	SUTTER BH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-2290244	FUNDRAISING	CA	501(C)(3)	12A - I	SUTTER VH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 23-7288765	FUNDRAISING	CA	501(C)(3)	7	SUTTER BH	Yes	
450 30TH STREET STE 2840 OAKLAND, CA 94609 94-2992642	UNIVERSITY	CA	501(C)(3)	2	SUTTER BH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-2594966	FUNDRAISING	CA	501(C)(3)	7	SUTTER VH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-0562680	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-1156581	HEALTHCARE	CA	501(C)(3)	3	SUTTER HLTH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-2988520	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 68-0217870	FUNDRAISING	CA	501(C)(3)	7	SUTTER VH	Yes	
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	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-2788906	FUNDRAISING	CA	501(C)(3)	7	SUTTER VH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 68-0040113	FUNDRAISING	CA	501(C)(3)	7	SUTTER VH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-2668262	FUNDRAISING	CA	501(C)(3)	7	SUTTER VH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-1156621	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 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
745 FORT STREET SUITE 1100 HONOLULU, HI 96813 99-0289310	INSURANCE SER	HI	501(C)(3)	12C III-FI	SUTTER HLTH	Yes	

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	3,049,705	
SUTTER HEALTH PLAN	S	86,341,948	
Sutter Valley Hospitals	Q	2,758,257	
SUTTER VALLEY HOSPITALS	K	9,930,035	
SUTTER VALLEY HOSPITALS	B	312,667	
Sutter Valley Hospitals	R	23,764,891	
SUTTER VISITING NURSE ASSOCIATION & HOSPICE	Q	260,435	
SUTTER FAIRFIELD SURGERY CENTER LLC	Q	62,592	
Sutter Valley Hospitals	J	369,197	
SUTTER FAIRFIELD SURGERY CENTER LLC	J	710,828	
SUTTER VISITING NURSE ASSOCIATION & HOSPICE	B	97,000	