

Form **990**

## 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2017**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning <b>07/01, 2017</b> , and ending <b>06/30, 2018</b>	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return (terminated) <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <b>SETON MEDICAL CENTER</b>
	D Employer identification number <b>91-2154441</b>
	E Telephone number <b>(650) 992-4000</b>
	F Name and address of principal officer <b>MARK FRATZKE</b> <b>SAME AS C ABOVE</b>
	G Gross receipts \$ <b>270,158,302</b>
H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
H(b) Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "No," attach a list (see instructions)	
H(c) Group exemption number <b>6153</b>	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: <b>HTTPS://VERITY.ORG/</b>	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <input type="checkbox"/>	
L Year of formation: <b>2001</b> M State of legal domicile: <b>CA</b>	

<b>Part I Summary</b>	
1 Briefly describe the organization's mission or most significant activities: <b>SETON MEDICAL CENTER AND ITS SISTER FACILITY, SETON COASTSIDE, OFFERS PATIENT-CENTRIC, QUALITY HEALTH CARE TO THE COMMUNITIES IN WHICH THEY SERVE.</b>	
2 Check this box <input type="checkbox"/> 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)	13
4 Number of independent voting members of the governing body (Part VI, line 1b)	11
5 Total number of individuals employed in calendar year 2017 (Part V, line 2e)	1,459
6 Total number of volunteers (estimate if necessary)	50
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Total unrelated business taxable income from Form 990-T, line 34	0
8 Contributions and grants (Part VIII, line 1h)	
9 Program service revenue (Part VIII, line 2g)	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11)	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	
13 Grants and similar amounts paid (Part IX, column (A), lines 13a-13d, 11f-11i, 12a-12d, 13e-13h, 14a-14d, 15a-15d, 16a-16d, 17a-17d, 18a-18d, 19a-19d, 20a-20d, 21a-21d, 22a-22d, 23a-23d, 24a-24d, 25a-25d, 26a-26d, 27a-27d, 28a-28d, 29a-29d, 30a-30d, 31a-31d, 32a-32d, 33a-33d, 34a-34d, 35a-35d, 36a-36d, 37a-37d, 38a-38d, 39a-39d, 40a-40d, 41a-41d, 42a-42d, 43a-43d, 44a-44d, 45a-45d, 46a-46d, 47a-47d, 48a-48d, 49a-49d, 50a-50d, 51a-51d, 52a-52d, 53a-53d, 54a-54d, 55a-55d, 56a-56d, 57a-57d, 58a-58d, 59a-59d, 60a-60d, 61a-61d, 62a-62d, 63a-63d, 64a-64d, 65a-65d, 66a-66d, 67a-67d, 68a-68d, 69a-69d, 70a-70d, 71a-71d, 72a-72d, 73a-73d, 74a-74d, 75a-75d, 76a-76d, 77a-77d, 78a-78d, 79a-79d, 80a-80d, 81a-81d, 82a-82d, 83a-83d, 84a-84d, 85a-85d, 86a-86d, 87a-87d, 88a-88d, 89a-89d, 90a-90d, 91a-91d, 92a-92d, 93a-93d, 94a-94d, 95a-95d, 96a-96d, 97a-97d, 98a-98d, 99a-99d, 100a-100d, 101a-101d, 102a-102d, 103a-103d, 104a-104d, 105a-105d, 106a-106d, 107a-107d, 108a-108d, 109a-109d, 110a-110d, 111a-111d, 112a-112d, 113a-113d, 114a-114d, 115a-115d, 116a-116d, 117a-117d, 118a-118d, 119a-119d, 120a-120d, 121a-121d, 122a-122d, 123a-123d, 124a-124d, 125a-125d, 126a-126d, 127a-127d, 128a-128d, 129a-129d, 130a-130d, 131a-131d, 132a-132d, 133a-133d, 134a-134d, 135a-135d, 136a-136d, 137a-137d, 138a-138d, 139a-139d, 140a-140d, 141a-141d, 142a-142d, 143a-143d, 144a-144d, 145a-145d, 146a-146d, 147a-147d, 148a-148d, 149a-149d, 150a-150d, 151a-151d, 152a-152d, 153a-153d, 154a-154d, 155a-155d, 156a-156d, 157a-157d, 158a-158d, 159a-159d, 160a-160d, 161a-161d, 162a-162d, 163a-163d, 164a-164d, 165a-165d, 166a-166d, 167a-167d, 168a-168d, 169a-169d, 170a-170d, 171a-171d, 172a-172d, 173a-173d, 174a-174d, 175a-175d, 176a-176d, 177a-177d, 178a-178d, 179a-179d, 180a-180d, 181a-181d, 182a-182d, 183a-183d, 184a-184d, 185a-185d, 186a-186d, 187a-187d, 188a-188d, 189a-189d, 190a-190d, 191a-191d, 192a-192d, 193a-193d, 194a-194d, 195a-195d, 196a-196d, 197a-197d, 198a-198d, 199a-199d, 200a-200d, 201a-201d, 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657a-657d, 658a-658d, 659a-659d, 660a-660d, 661a-661d, 662a-662d, 663a-663d, 664a-664d, 665a-665d, 666a-666d, 667a-667d, 668a-668d, 669a-669d, 670a-670d, 671a-671d, 672a-672d, 673a-673d, 674a-674d, 675a-675d, 676a-676d, 677a-677d, 678a-678d, 679a-679d, 680a-680d, 681a-681d, 682a-682d, 683a-683d, 684a-684d, 685a-685d, 686a-686d, 687a-687d, 688a-688d, 689a-689d, 690a-690d, 691a-691d, 692a-692d, 693a-693d, 694a-694d, 695a-695d, 696a-696d, 697a-697d, 698a-698d, 699a-699d, 700a-700d, 701a-701d, 702a-702d, 703a-703d, 704a-704d, 705a-705d, 706a-706d, 707a-707d, 708a-708d, 709a-709d, 710a-710d, 711a-711d, 712a-712d, 713a-713d, 714a-714d, 715a-715d, 716a-716d, 717a-717d, 718a-718d, 719a-719d, 720a-720d, 721a-721d, 722a-722d, 723a-723d, 724a-724d, 725a-725d, 726a-726d, 727a-727d, 728a-728d, 729a-729d, 730a-730d, 731a-731d, 732a-732d, 733a-733d, 734a-734d, 735a-735d, 736a-736d, 737a-737d, 738a-738d, 739a-739d, 740a-740d, 741a-741d, 742a-742d, 743a-743d, 744a-744d, 745a-745d, 746a-746d, 747a-747d, 748a-748d, 749a-749d, 750a-750d, 751a-751d, 752a-752d, 753a-753d, 754a-754d, 755a-755d, 756a-756d, 757a-757d, 758a-758d, 759a-759d, 760a-760d, 761a-761d, 762a-762d, 763a-763d, 764a-764d, 765a-765d, 766a-766d, 767a-767d, 768a-768d, 769a-769d, 770a-770d, 771a-771d, 772a-772d, 773a-773d, 774a-774d, 775a-775d, 776a-776d, 777a-777d, 778a-778d, 779a-779d, 780a-780d, 781a-781d, 782a-782d, 783a-783d, 784a-784d, 785a-785d, 786a-786d, 787a-787d, 788a-788d, 789a-789d, 790a-790d, 791a-791d, 792a-792d, 793a-793d, 794a-794d, 795a-795d, 796a-796d, 797a-797d, 798a-798d, 799a-799d, 800a-800d, 801a-801d, 802a-802d, 803a-803d, 804a-804d, 805a-805d, 806a-806d, 807a-807d, 808a-808d, 809a-809d, 810a-810d, 811a-811d, 812a-812d, 813a-813d, 814a-814d, 815a-815d, 816a-816d, 817a-817d, 818a-818d, 819a-819d, 820a-820d, 821a-821d, 822a-822d, 823a-823d, 824a-824d, 825a-825d, 826a-826d, 827a-827d, 828a-828d, 829a-829d, 830a-830d, 831a-831d, 832a-832d, 833a-833d, 834a-834d, 835a-835d, 836a-836d, 837a-837d, 838a-838d, 839a-839d, 840a-840d, 841a-841d, 842a-842d, 843a-843d, 844a-844d, 845a-845d, 846a-846d, 847a-847d, 848a-848d, 849a-849d, 850a-850d, 851a-851d, 852a-852d, 853a-853d, 854a-854d, 855a-855d, 856a-856d, 857a-857d, 858a-858d, 859a-859d, 860a-860d, 861a-861d, 862a-862d, 863a-863d, 864a-864d, 865a-865d, 866a-866d, 867a-867d, 868a-868d, 869a-869d, 870a-870d, 871a-871d, 872a-872d, 873a-873d, 874a-874d, 875a-875d, 876a-876d, 877a-877d, 878a-878d, 879a-879d, 880a-880d, 881a-881d, 882a-882d, 883a-883d, 884a-884d, 885a-885d, 886a-886d, 887a-887d, 888a-888d, 889a-889d, 890a-890d, 891a-891d, 892a-892d, 893a-893d, 894a-894d, 895a-895d, 896a-896d, 897a-897d, 898a-898d, 899a-899d, 900a-900d, 901a-901d, 902a-902d, 903a-903d, 904a-904d, 905a-905d, 906a-906d, 907a-907d, 908a-908d, 909a-909d, 910a-910d, 911a-911d, 912a-912d, 913a-913d, 914a-914d, 915a-915d, 916a-916d, 917a-917d, 918a-918d, 919a-919d, 920a-920d, 921a-921d, 922a-922d, 923a-923d, 924a-924d, 925a-925d, 926a-926d, 927a-927d, 928a-928d, 929a-929d, 930a-930d, 931a-931d, 932a-932d, 933a-933d, 934a-934d, 935a-935d, 936a-936d, 937a-937d, 938a-938d, 939a-939d, 940a-940d, 941a-941d, 942a-942d, 943a-943d, 944a-944d, 945a-945d, 946a-946d, 947a-947d, 948a-948d, 949a-949d, 950a-950d, 951a-951d, 952a-952d, 953a-953d, 954a-954d, 955a-955d, 956a-956d, 957a-957d, 958a-958d, 959a-959d, 960a-960d, 961a-961d, 962a-962d, 963a-963d, 964a-964d, 965a-965d, 966a-966d, 967a-967d, 968a-968d, 969a-969d, 970a-970d, 971a-971d, 972a-972d, 973a-973d, 974a-974d, 975a-975d, 976a-976d, 977a-977d, 978a-978d, 979a-979d, 980a-980d, 981a-981d, 982a-982d, 983a-983d, 984a-984d,	

**Part III** Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

ATTACHMENT 1

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 \$ 277,218,091 including grants of \$ ) (Revenue \$ 261,307,426. )

SETON MEDICAL CENTER ("SMC") IS A 357-BED HOSPITAL WHICH CONTINUES THE TRADITION OF PATIENT-CENTRIC, QUALITY HEALTH CARE. RECOGNIZED FOR ITS STROKE TREATMENT, CARDIO-VASCULAR EXCELLENCE (INCLUDING STEMI CERTIFICATION), SMC OFFERS A COMPREHENSIVE RANGE OF MEDICAL SPECIALTIES ON BOTH AN INPATIENT AND OUTPATIENT BASIS, AS WELL AS EMERGENCY SERVICES. ANNUALLY, SMC OVERSEES 5,151 ACUTE DISCHARGES, 4,016 SURGICAL CASES, AND 27,341 EMERGENCY VISITS.

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 277,218,091.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. . . . .	X	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		X
<b>21</b> 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. . . . .		X
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III. . . . .		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. . . . .	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a. . . . .		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. . . . .		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. . . . .		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II. . . . .		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III. . . . .		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions). . . . .		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. . . . .		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. . . . .		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV. . . . .		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. . . . .		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. . . . .		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. . . . .		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. . . . .		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. . . . .		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1. . . . .	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. . . . .	X	
<b>36</b> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2. . . . .		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. . . . .		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. . . . .	X	

Form 990 (2017)

**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. . . . .	1a 179	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . .	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. . . . .	2a 1,459	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	2b X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). . . . .		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. . . . .	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	4a	X
b If "Yes," enter the name of the foreign country ► . . . . .		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8866-T? . . . . .	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	9b	
10 Section 501(c)(7) organizations. Enter		
a Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . .	10b	
11 Section 501(c)(12) organizations. Enter		
a Gross income from members or shareholders. . . . .	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . . . .	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. . . . .	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? . . . . .	13a	
Note: See the instructions for additional information the organization must report on Schedule O		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	13b	
c Enter the amount of reserves on hand . . . . .	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	14b	

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 ☒ X

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	13	
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . .	11	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2	X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . .	3	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	4	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . .	5	X
<b>6</b> Did the organization have members or stockholders? . . . . .	6	X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	7a	X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	7b	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . .	8a	X
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	8b	X
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. . . . .	9	X

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

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

**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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records ►  
 ANDREW FIERRO-PERETTI 1500 SOUTHGATE AVENUE DALY CITY, CA 94015 850-991-5428

**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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THOMAS A. NURIS, ESQ. CHAIR	1.00 0.	X		X				0.	0.	0.
(2) COLMAN RYAN, MD VICE CHAIR	1.00 0.	X		X				0.	0.	0.
(3) KATHY SHAPIRO, MD SECRETARY	1.00 0.	X		X				0.	0.	0.
(4) CHARLES ANTONINI, JR., MD CHIEF MEDICAL OFFICER	1.00 0.	X			X			0.	0.	0.
(5) WARREN CHANG, MD BOARD MEMBER	1.00 0.	X						0.	0.	0.
(6) MICHAEL J. CRILLY BOARD MEMBER	1.00 0.	X						0.	0.	0.
(7) JOHN FERRELLI PRESIDENT & CEO (THRU 11/2017)	41.00 1.00	X		X				0.	727,769.	26,100.
(8) MARK FRATZKE PRESIDENT & CEO (BEG 12/2017)	41.00 1.00	X		X				82,776.	9,135.	3,768.
(9) DALE KOCIENSKI, MD BOARD MEMBER	1.00 0.	X						0.	0.	0.
(10) PATRICIA MARTEL BOARD MEMBER	1.00 1.00	X						0.	0.	0.
(11) GENE MULLIN BOARD MEMBER	1.00 0.	X						0.	0.	0.
(12) ROBERT PEREZ, MD BOARD MEMBER	1.00 0.	X						0.	0.	0.
(13) JIM RUANE BOARD MEMBER	1.00 0.	X						0.	0.	0.
(14) RICHARD ADCOCK EX-OFFICIO (BEG 12/2017)	1.00 44.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) ANDREI SORAN EX-OFFICIO (THRU 07/2017)	1.00 44.00	X						0.	0.	0.
(16) PETER VERRECCHIA CFO (THRU 03/2018)	41.00 1.00			X				384,309.	0.	0.
(17) KYLE WICHELMANN CFO (BEG 05/2018)	41.00 1.00			X				0.	0.	0.
(18) TIMOTHY RANNEY CHIEF MEDICAL OFFICER	40.00 0.			X				326,287.	0.	2,769.
(19) TINA AHN DIRECTOR OF DEVELOPMENT	40.00 0.			X				199,013.	0.	29,917.
(20) MARK BROWN CHIEF NURSE OFFICER	40.00 0.			X				239,687.	0.	18,000.
(21) JAMES G. BROWN STAFF NURSE IV	40.00 0.				X			340,466.	0.	18,000.
(22) DOLLY CHAN STAFF NURSE IV	40.00 0.				X			414,644.	0.	24,000.
(23) EVELYN NUQUE STAFF NURSE II	40.00 0.				X			325,715.	0.	24,000.
(24) CHRISTINE A. JOSE STAFF NURSE II	40.00 0.				X			307,712.	0.	18,000.
(25) KEUNG BACK STAFF NURSE IV	40.00 0.				X			305,973.	0.	24,000.
<b>1b Sub-total</b>								82,776.	736,904.	29,868.
<b>c Total from continuation sheets to Part VII, Section A</b>								3,153,717.	0.	167,961.
<b>d Total (add lines 1b and 1c)</b>								3,236,493.	736,904.	197,829.

**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 **421**

- 3** Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3	X	
4	X	
5		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **49**



**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c			
	d	Related organizations	1d	201,365.		
	e	Government grants (contributions)	1e	6,233,825.		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	327,476		
	g	Noncash contributions included in lines 1a-1f, \$				
	h	<b>Total. Add lines 1a-1f.</b>		6,762,666.		
<b>Program Service Revenue</b>	2a	NET PATIENT REVENUE	Business Code 621110	261,307,426	261,307,426.	
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	<b>Total. Add lines 2a-2f.</b>		261,307,426.		
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts).		0.		
	4	Income from investment of tax-exempt bond proceeds		0.		
	5	Royalties		0.		
	6a	Gross rents	(i) Real 53,272			
	b	Less: rental expenses				
	c	Rental income or (loss)	53,272.			
	d	Net rental income or (loss)		53,272.		53,272
	7a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other			
	b	Less: cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss)		0.		
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a			
	b	Less: direct expenses	b			
	c	Net income or (loss) from fundraising events		0		
	9a	Gross income from gaming activities See Part IV, line 19	a			
	b	Less: direct expenses	b			
	c	Net income or (loss) from gaming activities		0.		
	10a	Gross sales of inventory, less returns and allowances	a			
	b	Less: cost of goods sold	b			
	c	Net income or (loss) from sales of inventory		0.		
<b>Miscellaneous Revenue</b>			<b>Business Code</b>			
11a	PHARMACY	446110	754,235		754,235.	
b	CAFETERIA	722514	378,267.		378,267	
c	UCSF	900099	145,500		145,500	
d	All other revenue	900099	756,936.		756,936	
e	<b>Total. Add lines 11a-11d</b>		2,034,938.			
12	<b>Total revenue. See instructions</b>		270,158,302.	261,307,426.		2,088,210.

**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 . . . .	0.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0.			
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 . . . . .	487,314.	487,314.		
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 . . . . .	118,401,682.	118,401,682.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	10,505,949.	10,505,949.		
9 Other employee benefits . . . . .	21,096,509.	21,096,509.		
10 Payroll taxes . . . . .	8,347,215.	8,347,215.		
11 Fees for services (non-employees)				
a Management . . . . .	12,885,366.		12,885,366.	
b Legal . . . . .	165,322.	165,322.		
c Accounting . . . . .	0.			
d Lobbying . . . . .	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees . . . . .	0.			
9 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	23,907,051.	23,907,051.		
12 Advertising and promotion . . . . .	11,337.	8,503.	2,834.	
13 Office expenses . . . . .	543,504.	407,628.	135,876.	
14 Information technology . . . . .	11,476,227.	8,607,170.	2,869,057.	
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	4,158,868.	3,119,151.	1,039,717.	
17 Travel . . . . .	48,979.	36,734.	12,245.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0.			
19 Conferences, conventions, and meetings . . . . .	442,323.		442,323.	
20 Interest . . . . .	5,329,637.		5,329,637.	
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	5,657,272.	5,317,836.	339,436.	
23 Insurance . . . . .	1,437,516.	776,259.	661,257.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL SUPPLIES . . . . .	30,991,290.	30,991,290.		
b ALLOCATED HEALTH SYSTEM EXP. . . . .	18,895,337.	14,171,503.	4,723,834.	
c CA PROVIDER FEE PROGRAM . . . . .	18,486,341.	18,486,341.		
d PATIENT BAD DEBT EXPENSE . . . . .	7,127,983.	7,127,983.		
e All other expenses . . . . .	5,154,402.	5,154,402.		
25 Total functional expenses. Add lines 1 through 24e . . . . .	305,557,424.	277,115,842.	28,441,582.	
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) . . . . .	0.			

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X. ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	0.	<b>1</b>	0.
	<b>2</b> Savings and temporary cash investments	8,146,127.	<b>2</b>	10,028,673.
	<b>3</b> Pledges and grants receivable, net	0.	<b>3</b>	0.
	<b>4</b> Accounts receivable, net	44,248,195.	<b>4</b>	55,804,444.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net	348,828.	<b>7</b>	382,262.
	<b>8</b> Inventories for sale or use	3,173,044.	<b>8</b>	2,948,624.
	<b>9</b> Prepaid expenses and deferred charges	1,042,558.	<b>9</b>	679,071.
	<b>10a</b> Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	<b>10a</b> 248,650,331		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 205,460,744.	<b>10c</b> 35,806,543.	43,189,587.
	<b>11</b> Investments - publicly traded securities	0.	<b>11</b>	0.
	<b>12</b> Investments - other securities See Part IV, line 11	0.	<b>12</b>	0.
	<b>13</b> Investments - program-related See Part IV, line 11	0.	<b>13</b>	0.
	<b>14</b> Intangible assets	0.	<b>14</b>	0.
	<b>15</b> Other assets See Part IV, line 11	66,353,631.	<b>15</b>	60,024,079.
<b>16</b> Total assets. Add lines 1 through 15 (must equal line 34)	159,118,926.	<b>16</b>	173,056,740.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	63,655,597.	<b>17</b>	57,801,324.
	<b>18</b> Grants payable	0.	<b>18</b>	0.
	<b>19</b> Deferred revenue	0.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	0.	<b>23</b>	38,756,296.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	0.	<b>24</b>	0.
	<b>25</b> 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	237,668,267.	<b>25</b>	254,100,023.
	<b>26</b> Total liabilities. Add lines 17 through 25	301,323,864.	<b>26</b>	350,657,643.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	<b>27</b> Unrestricted net assets	-142,204,938.	<b>27</b>	-177,600,903.
	<b>28</b> Temporarily restricted net assets	0.	<b>28</b>	0.
	<b>29</b> Permanently restricted net assets	0.	<b>29</b>	0.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> Total net assets or fund balances	-142,204,938.	<b>33</b>	-177,600,903.
<b>34</b> Total liabilities and net assets/fund balances	159,118,926.	<b>34</b>	173,056,740.	

Form 990 (2017)

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	270,158,302.
2	Total expenses (must equal Part IX, column (A), line 25)	2	305,557,424.
3	Revenue less expenses. Subtract line 2 from line 1	3	-35,399,122.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-142,204,938.
5	Net unrealized gains (losses) on investments	5	0.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	3,157.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-177,600,903.

**Part XII Financial Statements and Reporting**

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

- 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		X
2b		X
2c		
3a		X
3b		

Form 990 (2017)

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

SETON MEDICAL CENTER

Employer identification number

91-2154441

**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). 03
- 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)(vii). (Complete Part II.)
- 9 ☐ An agricultural research organization described in section 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		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2017

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**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 fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
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 <b>Total.</b> 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 <b>Public support.</b> Subtract line 5 from line 4 . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 <b>Total support.</b> 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 2017 (line 6, column (f) divided by line 11, column (f)). . . . .	14		%
15 Public support percentage from 2016 Schedule A, Part II, line 14 . . . . .	15		%
16a <b>33 1/3% support test - 2017.</b> 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 <b>33 1/3% support test - 2016.</b> 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 <b>10%-facts-and-circumstances test - 2017.</b> 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 <b>10%-facts-and-circumstances test - 2016.</b> 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 <b>Private foundation.</b> 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6. . . . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
c Add lines 10a and 10b . . . . .						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . . . . .						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)). . . . .	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15. . . . .	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)). . . . .	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17. . . . .	18	%

19a 33 1/3% support tests - 2017. 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 - 2016. 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations (continued)**

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

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

**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).			
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	<b>Total annual distributions.</b> 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 2017 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-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI) See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013 . . . . .			
c	From 2014 . . . . .			
d	From 2015 . . . . .			
e	From 2016 . . . . .			
f	<b>Total of lines 3a through e</b>			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7	<b>Excess distributions carryover to 2018.</b> Add lines 3j and 4c			
8	<b>Breakdown of line 7:</b>			
a	Excess from 2013 . . . . .			
b	Excess from 2014 . . . . .			
c	Excess from 2015 . . . . .			
d	Excess from 2016 . . . . .			
e	Excess from 2017 . . . . .			

Schedule A (Form 990 or 990-EZ) 2017

**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.)

**SCHEDULE H**  
**(Form 990)**

**Hospitals**

OMB No 1545-0047

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.

▶ Attach to Form 990

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information

Name of the organization

SETON MEDICAL CENTER

Employer identification number

91-2154441

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

- 1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .
- b If "Yes," was it a written policy? . . . . .
- 2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year
- ☐ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities
- ☐ Generally tailored to individual hospital facilities
- 3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.
- a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care.
- ☐ 100% ☐ 150% ☒ 200% ☐ Other \_\_\_\_\_ %
- b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . . .
- ☐ 200% ☐ 250% ☐ 300% ☒ 350% ☐ 400% ☐ Other \_\_\_\_\_ %
- 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"? . . . . .
- 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?
- b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .
- 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? . . . . .
- 6a Did the organization prepare a community benefit report during the tax year? . . . . .
- b If "Yes," did the organization make it available to the public? . . . . .

	Yes	No
1a	X	
1b	X	
3a	X	
3b	X	
4	X	
5a	X	
5b	X	
5c		X
6a	X	
6b	X	

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) . . . . .			935,405		935,405	.31
b Medicaid (from Worksheet 3, column e) . . . . .			92,975,955	91,690,931	1,285,024	.43
c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .						
d Total Financial Assistance and Means-Tested Government Programs . . . . .			93,911,360	91,690,931	2,220,429	.74
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4) . . . . .	18		191,324		191,324	.06
f Health professions education (from Worksheet 5) . . . . .	2		45,173		45,173	.02
g Subsidized health services (from Worksheet 6) . . . . .						
h Research (from Worksheet 7) . . . . .						
i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .	4		289,894		289,894	.10
j Total Other Benefits . . . . .	24		526,391		526,391	.18
k Total. Add lines 7d and 7j. . . . .	24		94,437,751	91,690,931	2,746,820	.92

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

Schedule H (Form 990) 2017

JSA 7E1284 1.000  
42072H 649R

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other	5	10715	300,357.		300,357.	.10
10 Total	5	10715	300,357.		300,357.	.10

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

- 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . . **1** X
- 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** 7,127,983.
- 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** 73,048,571.
- 6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . . **6** 123,155,250.
- 7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . . **7** -50,106,679.
- 8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.
- ☐ Cost accounting system ☒ Cost to charge ratio ☐ Other **2**

**Section C. Collection Practices**

- 9a Did the organization have a written debt collection policy during the tax year? . . . . . **9a** X
- 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** X

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
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)

	Long-term hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER/24 hours	ER-only	Other (describe)	Facility reporting group
<b>1</b> SETON MEDICAL CENTER 1900 SULLIVAN AVENUE DALY CITY CA 94015 HTTPS://VERITY.ORG/ 220000026	X	X					X			A
<b>2</b> SETON COASTSIDE 600 MARINE BLVD MOSS BEACH CA 94038 HTTPS://SETONCOASTSIDE.VERITY.ORG/ 220000026	X	X					X		SKILLED NURSING	A
<b>3</b>										
<b>4</b>										
<b>5</b>										
<b>6</b>										
<b>7</b>										
<b>8</b>										
<b>9</b>										
<b>10</b>										

**Part V Facility Information (continued)**

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

PART V, SECTION B, LINE 5:

IN AN EFFORT TO IDENTIFY THE MOST CRITICAL HEALTH CARE NEEDS IN SETON MEDICAL CENTER'S SERVICE AREA, A COMMUNITY HEALTHCARE NEEDS ASSESSMENT ("CHNA") IS CONDUCTED EVERY THREE YEARS. THE MOST RECENT ASSESSMENT WAS COMPLETED IN FISCAL YEAR 2017 (TAX YEAR 2016). THE CHNA BUILDS UPON THOSE EARLIER ASSESSMENTS.

THE DATA COLLECTION PROCESS FOR SETON MEDICAL CENTER'S CHNA TOOK PLACE OVER A FOUR-MONTH PERIOD IN 2015.

SETON PARTNERED WITH APPLIED SURVEY RESEARCH ("ASR"), A NONPROFIT SOCIAL RESEARCH FIRM THAT OBTAINED SECONDARY DATA FROM A VARIETY OF SOURCES. ASR OBTAINED PRIMARY DATA THROUGH DIRECT COMMUNITY INPUT: (A) KEY INTERVIEWS WITH LOCAL HEALTH EXPERTS, (B) FOCUS GROUPS WITH COMMUNITY LEADERS AND REPRESENTATIVES, AND (C) RESIDENT FOCUS GROUPS.

ASR CONSULTED WITH 53 PROFESSIONAL COMMUNITY REPRESENTATIVES OF VARIOUS ORGANIZATIONS AND SECTORS. THESE REPRESENTATIVES WERE WORKING EITHER IN THE HEALTHCARE FIELD OR IN A COMMUNITY-BASED ORGANIZATION THAT FOCUSES ON IMPROVING HEALTH AND QUALITY OF LIFE CONDITIONS BY SERVING THOSE FROM IRS-IDENTIFIED HIGH-NEED POPULATIONS. THE LIST BELOW PROVIDES THE NUMBER OF PARTICIPANTS FROM EACH SECTOR.

- SAN MATEO COUNTY HEALTH DEPARTMENT (1)
- SAN MATEO COUNTY HEALTH & HOSPITAL SYSTEM (5)
- SAN MATEO COUNTY SUPERVISORS OR COMMISSIONERS (3)



**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? \_\_\_\_\_

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

Schedule H (Form 990) 2017

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

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

Name of hospital facility or letter of facility reporting group ALine number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2**Community Health Needs Assessment**

- 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? . . . . .
- 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 . . . . .
- 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)
- a ☒ A definition of the community served by the hospital facility
- b ☒ Demographics of the community
- c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community
- d ☒ How data was obtained
- e ☒ The significant health needs of the community
- f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
- g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs
- h ☒ The process for consulting with persons representing the community's interests
- i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)
- j ☐ Other (describe in Section C)
- 4 Indicate the tax year the hospital facility last conducted a CHNA. 20 16
- 5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .
- 6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .
- 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 . . . . .
- 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)
- a ☒ Hospital facility's website (list url) SEE PART V, SECTION C
- b ☐ Other website (list url): \_\_\_\_\_
- c ☒ Made a paper copy available for public inspection without charge at the hospital facility
- d ☐ Other (describe in Section C)
- 8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .
- 9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 16
- 10 Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .
- a If "Yes," (list url): SEE PART V, SECTION C
- b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .
- 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)? . . . . .
- b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .
- c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$

	Yes	No
1		X
2		X
3	X	
4		
5	X	
6a	X	
6b	X	
7	X	
8		X
9		
10		
10b		
11		
12a		X
12b		

**Part V Facility Information (continued)****Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group A

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>13</b>	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.	<b>13</b> X	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0000</u> % and FPG family income limit for eligibility for discounted care of <u>350.0000</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input type="checkbox"/> Underinsurance status		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients?	<b>14</b> X	
<b>15</b>	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)	<b>15</b> X	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</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		
<b>c</b>	<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		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	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)	<b>16</b> X	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE PART V, SECTION C</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE PART V, SECTION C</u>		
<b>c</b>	<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>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<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)		
<b>f</b>	<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)		
<b>g</b>	<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.		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input 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		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		

Schedule M (Form 990) 2017

**Part V Facility Information (continued)**

**Billing and Collections**

Name of hospital facility or letter of facility reporting group **A**

	Yes	No
<b>17</b> 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? . . . . .	<b>X</b>	
<b>18</b> 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:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <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		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> 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? . . . . .		<b>X</b>
If "Yes," check all actions in which the hospital facility or a third party engaged:		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b> <input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b> <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		
<b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> 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):		
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs		
<b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
<b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
<b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

	Yes	No
<b>21</b> 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? . . . . .	<b>X</b>	
If "No," indicate why:		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information (continued)****Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group A

	Yes	No
<b>22</b> 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 <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b <input checked="" type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b> 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? . . . . .	<b>23</b>	X
If "Yes," explain in Section C.		
<b>24</b> 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? . . . . .	<b>24</b>	X
If "Yes," explain in Section C.		

Schedule H (Form 990) 2017

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

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

		Yes	No
<b>1</b>	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?		
<b>a</b>	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	1a	X
<b>b</b>	Gift, grant, or capital contribution to related organization(s).	1b	X
<b>c</b>	Gift, grant, or capital contribution from related organization(s).	1c	X
<b>d</b>	Loans or loan guarantees to or for related organization(s).	1d	X
<b>e</b>	Loans or loan guarantees by related organization(s).	1e	X
<b>f</b>	Dividends from related organization(s).	1f	X
<b>g</b>	Sale of assets to related organization(s).	1g	X
<b>h</b>	Purchase of assets from related organization(s).	1h	X
<b>i</b>	Exchange of assets with related organization(s).	1i	X
<b>j</b>	Lease of facilities, equipment, or other assets to related organization(s).	1j	X
<b>k</b>	Lease of facilities, equipment, or other assets from related organization(s).	1k	X
<b>l</b>	Performance of services or membership or fundraising solicitations for related organization(s).	1l	X
<b>m</b>	Performance of services or membership or fundraising solicitations by related organization(s).	1m	X
<b>n</b>	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	1n	X
<b>o</b>	Sharing of paid employees with related organization(s).	1o	X
<b>p</b>	Reimbursement paid to related organization(s) for expenses.	1p	X
<b>q</b>	Reimbursement paid by related organization(s) for expenses.	1q	X
<b>r</b>	Other transfer of cash or property to related organization(s).	1r	X
<b>s</b>	Other transfer of cash or property from related organization(s).	1s	X

**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.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	SETON MEDICAL CENTER FOUNDATION	C	201,365.	COST
(2)			5,	
(3)				
(4)				
(5)				
(6)				

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

**Political Campaign and Lobbying Activities**

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

- ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>SETON MEDICAL CENTER</b>	Employer identification number <b>91-2154441</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) . . . . .

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. . . . . ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . . ☐ Yes ☐ No
- 4a Was a correction made? . . . . . ☐ Yes ☐ No
- b If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. . . . . ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$
- 4 Did the filing organization file Form 1120-POL for this year? . . . . . ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2017

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .		277,115,842.													
<b>d</b> Other exempt purpose expenditures . . . . .		277,115,842.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .															
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) . . . . .		250,000.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .		0	0.												
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .		0	0.												
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2017



**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b) Amount
	Yes	No	
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

**Part IV** Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5; Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

## SCHEDULE C, PART II-A

SETON MEDICAL CENTER DID NOT INCUR ANY LOBBYING EXPENDITURES OR CONDUCT

LOBBYING ACTIVITIES DURING THE TAX YEAR ENDING JUNE 30, 2018. SCHEDULE C

IS BEING COMPLETED AS THE ORGANIZATION HAD AN IRC SECTION 501(H) ELECTION

IN EFFECT DURING THE TAX YEAR.

SETON MEDICAL CENTER

91-2154441

Schedule C (Form 990 or 990-EZ) 2017

Page 4

**Part IV** Supplemental Information (continued)

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

SETON MEDICAL CENTER

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

Employer identification number

91-2154441

**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? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> 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? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> 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)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule D (Form 990) 2017

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**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 d ☐ Loan or exchange programs
- b ☐ Scholarly research e ☐ Other \_\_\_\_\_
- c ☐ Preservation for future generations
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.**

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on 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                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_ %
- b Permanent endowment \_\_\_\_\_ %
- c Temporarily restricted endowment \_\_\_\_\_ %
- 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)  |    |
| (ii) related organizations  | 3a(ii) |    |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No
- 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		722,422.		722,422.
b Buildings		116,531,455.	101,263,084.	15,268,371.
c Leasehold improvements		91,512.	91,512.	
d Equipment		116,604,949.	104,106,148.	12,498,801.
e Other		14,699,993.		14,699,993.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				43,189,587.

**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) LIMITED AS TO USE-C-PACE FUNDS	36,585,451.
(2) DUE FROM RELATED ORGANIZATIONS	17,730,077.
(3) PROVIDER FEE RECEIVABLES	5,353,205.
(4) OTHER ASSETS	332,524.
(5) DEPOSITS	22,822.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	60,024,079.

**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	
(2) DUE TO RELATED ORGANIZATIONS	192,291,390.
(3) ALLOCATION OF TAX EXEMPT BOND	59,290,398.
(4) OTHER LIABILITIES	1,311,928.
(5) ASSET RETIREMENT OBLIGATION	1,206,307.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶	254,100,023.

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.

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

**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.

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

**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.

[illegible]

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

**Part V Facility Information (continued)**

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

- OTHER SAN MATEO COUNTY EMPLOYEES (4)
- NONPROFIT AGENCIES (34)
- FAITH-BASED LEADERS (2)
- BUSINESS SECTOR (3)
- PRIVATE SECTOR (1)

ASR CONDUCTED NINE RESIDENT FOCUS GROUPS. THE ASSESSMENT TEAMS TARGETED PARTICIPANTS WHO ARE MEDICALLY UNDERSERVED, LOW-INCOME, MINORITY (INCLUDING THE LINGUISTICALLY ISOLATED), AND THOSE WHO ARE SOCIALLY ISOLATED (OLDER ADULTS). ASR HELD THESE RESIDENT GROUPS IN VARIOUS GEOGRAPHIC LOCATIONS AROUND THE COUNTY. RESIDENT FOCUS GROUPS TOOK PLACE BETWEEN MARCH AND AUGUST OF 2015.

THE MAJORITY OF THE SECONDARY DATA WAS OBTAINED BY THE SAN MATEO HEALTH DEPARTMENT AND OTHER HEALTH COMMUNITY COLLABORATIVE MEMBERS. IN ADDITION, ASR COLLECTED THE LATEST DATA FROM ONLINE DATA PLATFORMS ON TOPICS SUCH AS LEADING CAUSE OF DEATH, UNINTENTIONAL INJURIES, INCOME, EDUCATION, ECONOMIC SELF-SUFFICIENCY, AND EMPLOYMENT.

PART V, SECTION B, LINE 6A:

SETON MEDICAL CENTER'S CHNA WAS CONDUCTED IN PARTNERSHIP WITH THE HEALTHY COMMUNITY COLLABORATIVE OF SAN MATEO COUNTY WHICH INCLUDES THE FOLLOWING HOSPITALS:

1. KAISER PERMANENTE (SAN MATEO AREA)
2. LUCILE PACKARD CHILDREN'S HOSPITAL AT STANFORD



**Part V Facility Information (continued)**

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

3. SAN MATEO COUNTY HEALTH SYSTEM
4. SEQUOIA HOSPITAL (A PART OF DIGNITY HEALTH SYSTEM)
5. STANFORD HEALTH CARE
6. SUTTER HEALTH PENINSULA COASTAL REGION.

**PART V, SECTION B, LINE 6B:**

THE NON-HOSPITAL ORGANIZATIONS INCLUDED IN THE HEALTHY COMMUNITY COLLABORATIVE OF SAN MATEO COUNTY, WHICH SETON MEDICAL CENTER WORKED IN CONJUNCTION WITH TO COMPLETE ITS CHNA, INCLUDE THE COUNTY OF SAN MATEO HUMAN SERVICES AGENCY, HOSPITAL CONSORTIUM OF SAN MATEO COUNTY, AND PENINSULA HEALTH CARE DISTRICT.

**PART V, SECTION B, LINE 7A AND 10A:**

ON AUGUST 31, 2018, VERITY HEALTH SYSTEM OF CALIFORNIA, INC. ("VHS" OR "VERITY HEALTH SYSTEM") AND MOST OF ITS AFFILIATED COMPANIES, INCLUDING THE HOSPITAL, FILED VOLUNTARY PETITIONS FOR RELIEF UNDER CHAPTER 11 OF THE UNITED STATES BANKRUPTCY CODE. THE BANKRUPTCY CASES ARE JOINTLY ADMINISTERED UNDER CASE NO. 18-20151 IN THE UNITED STATES BANKRUPTCY COURT FOR THE CENTRAL DISTRICT OF CALIFORNIA. COURT FILINGS ARE AVAILABLE AT [KCCLLC.NET/VERITYHEALTH](http://KCCLLC.NET/VERITYHEALTH).

THE CHNA REPORT AND IMPLEMENTATION STRATEGY CAN BE ACCESSED AT:

[HTTPS://VERITY.ORG/SMC/ABOUT.PHP#ABOUT-PANEL4](https://verity.org/smc/about.php#about-panel4)

**Part V Facility Information (continued)**

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

PART V, SECTION B, LINE 11:

ALL INFORMATION IN THIS SECTION IS BASED ON ACTIVITIES FOR THE TIME  
PERIOD THROUGH JUNE 30, 2018.

HEALTH NEEDS AND HOW PRIORITIES WERE ESTABLISHED

SETON MEDICAL CENTER CONDUCTED A CHNA IN 2015-2016 TO MEET THE FEDERAL  
REQUIREMENTS OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (ACA), AND  
TO INFORM SETON'S INVESTMENTS INTO THE HEALTH OF ITS SERVICE AREA IN THE  
NORTHERN AND COASTAL REGIONS OF NORTH SAN MATEO COUNTY. THE CHNA WAS  
APPROVED BY SETON MEDICAL CENTER'S BOARD OF DIRECTORS ON JUNE 14, 2016,  
AND IN ACCORDANCE WITH FEDERAL REQUIREMENTS, IT IS WIDELY AVAILABLE TO  
THE PUBLIC ON SETON'S WEBSITE AT WWW.SETON.VERITY.ORG.

SETON CONDUCTED THE CHNA IN PARTNERSHIP WITH THE HEALTHY COMMUNITY  
COLLABORATIVE OF SAN MATEO COUNTY ("HCC"), WHICH CONSISTS OF  
REPRESENTATIVES FROM NONPROFIT HOSPITALS, THE COUNTY HEALTH DEPARTMENT  
AND HUMAN SERVICES, PUBLIC AGENCIES, AND COMMUNITY-BASED ORGANIZATIONS.  
THE HCC WAS FORMED TO IDENTIFY AND ADDRESS THE SHARED HEALTH NEEDS OF THE  
COMMUNITY. THE GOALS OF THE 2016 CHNA WERE TO PROVIDE INSIGHT INTO THE  
HEALTH OF THE COMMUNITY, PRIORITIZE LOCAL HEALTH NEEDS, AND IDENTIFY  
AREAS FOR IMPROVEMENT. SECONDARY DATA ON HEALTH INDICATORS IN SETON'S  
SERVICE AREA WERE ANALYZED ALONG WITH THE RESULTS OF FOCUS GROUPS THAT  
WERE HELD WITH COMMUNITY MEMBERS AND HEALTH EXPERTS. AN INITIAL SET OF  
HEALTH NEEDS WERE IDENTIFIED AND THEN SETON MEDICAL CENTER'S COMMUNITY  
BENEFIT ADVISORY COUNCIL RANKED EACH HEALTH NEED USING MULTIPLE CRITERIA,

**Part V Facility Information (continued)**

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

## INCLUDING:

1. COMMUNITY'S PRIORITIZATION OF THE NEED (NUMBER OF TIMES RANKED AS TOP NEED BY COMMUNITY RESPONDENTS);
2. EXPERT'S PRIORITIZATION OF THE NEED (URGENCY OF NEED IN THE EYES OF COMMUNITY BENEFIT ADVISORY MEMBERS); AND
3. SETON MEDICAL CENTER'S CAPACITY TO IMPACT THE NEED.

## SETON MEDICAL CENTER PRIORITY HEALTH NEEDS

THE SETON MEDICAL CENTER COMMUNITY BENEFIT ADVISORY COUNCIL REVIEWED THE PRIORITIES AND DETERMINED THAT THE FIVE LISTED BELOW ARE OF HIGHEST CONCERN FOR NORTH COUNTY RESIDENTS.

1. OBESITY/DIABETES (INCLUDING FITNESS, NUTRITION)
2. ACCESS & DELIVERY
3. BEHAVIORAL HEALTH
4. HEART DISEASE & STROKE
5. CANCER

OBESITY/DIABETES (INCLUDING FITNESS, NUTRITION). THERE IS A HIGHER RATE OF DIABETES AMONG ADULTS IN THE COUNTY COMPARED TO THE HEALTHY PEOPLE 2020 ("HP2020") TARGET. BLACKS AND LOW-INCOME COUNTY RESIDENTS DISPROPORTIONATELY REPORT HAVING BEEN DIAGNOSED WITH DIABETES. DIABETES IS THE EIGHTH LEADING CAUSE OF DEATH IN THE COUNTY. THE RATE OF YOUTH WHO ARE OVERWEIGHT IN THE NORTH COUNTY/COASTAL SERVICE AREA IS HIGHER IN THE

**Part V Facility Information (continued)**

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

COUNTY COMPARED TO CALIFORNIA. CHILDHOOD OBESITY DISPROPORTIONATELY AFFECTS LATINO AND BLACK CHILDREN IN THE COUNTY. THE PERCENTAGE OF COUNTY ADULTS WHO EXHIBIT HEALTHY BEHAVIORS HAS DROPPED OVER TIME.

SETON MEDICAL CENTER'S DIABETES AND WELLNESS PROGRAM OFFERS A RANGE OF CLASSES:

- DIABETES EDUCATION AND MANAGEMENT CLASS
- DIABETES EDUCATION AND LIFESTYLE CHANGE PROGRAM GROUP CLASS
- PRE-DIABETES PROGRAM GROUP CLASS
- GESTATIONAL DIABETES PROGRAM. SWEET SUCCESS AFFILIATE
- ADVANCED DIABETES EDUCATION AND MANAGEMENT

ACCESS & DELIVERY. LATINO RESIDENTS AND RESIDENTS OF "SOME OTHER RACE" IN THE NORTH COUNTY/COASTAL SERVICE AREA ARE MORE LIKELY TO BE UNINSURED THAN STATE RESIDENTS. THE PROPORTION OF COUNTY RESIDENTS WHO REPORT VISITING A DOCTOR FOR A ROUTINE CHECKUP HAS BEEN TRENDING DOWNWARD. PROVIDERS REPORTED THAT MORE INDIVIDUALS ARE ENROLLED IN HEALTH INSURANCE, ALTHOUGH THEY CONTINUE TO USE THE ER OR COMMUNITY CLINICS. COMMUNITY MEMBERS INDICATED THAT PATIENTS NEED HELP NAVIGATING THE HEALTHCARE SYSTEM.

THE SETON MEDICAL CENTER HEALTH BENEFITS RESOURCE CENTER ("HBRC") IS A ONE-STOP INFORMATIONAL AND REFERRAL SERVICE THAT ADVOCATES FOR THOSE LIVING IN POVERTY. THE CENTER HELPS LOW-INCOME INDIVIDUALS WITH HEALTH INSURANCE ENROLLMENT ASSISTANCE, CALFRESH (FOOD STAMPS) ENROLLMENT AND

**Part V Facility Information (continued)**

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

**REPORTING AND LINKAGE TO ADDITIONAL COMMUNITY RESOURCES.**

BEHAVIORAL HEALTH. THE PERCENTAGE OF NORTH COUNTY/COASTAL SERVICE AREA ADULTS WHO SELF-REPORT EXCESSIVE CONSUMPTION OF ALCOHOL IS HIGHER THAN THE STATE. IN SMC, THE PERCENTAGE OF ADULTS WHO REPORT MENTAL AND EMOTIONAL PROBLEMS IS RISING, AND BINGE DRINKING AMONG YOUNG ADULT MALES IS TRENDING UP. IN ADDITION, SUICIDE IS ONE OF THE TOP 10 LEADING CAUSES OF DEATH IN THE COUNTY. COMMUNITY MEMBERS EXPRESSED CONCERN ABOUT A LACK OF RESOURCES, AND YOUTH FOCUS GROUP PARTICIPANTS IN SOUTH SAN FRANCISCO INDICATED THAT SUBSTANCE ABUSE IS A MORE PRESSING ISSUE IN THEIR COMMUNITY THAN ANY OTHER HEALTH NEED. THE STIGMA ASSOCIATED WITH BEHAVIORAL HEALTH CONTINUES TO EXIST.

SETON MEDICAL CENTER OPENED ITS GERIATRIC BEHAVIORAL HEALTH UNIT ("GBHU") IN JANUARY 2018. EXPERIENCED STAFF PROVIDED OUTREACH ABOUT THE OPENING OF THE GBHU AND EDUCATION ABOUT MENTAL HEALTH ISSUES AND MEDICAL MANAGEMENT AMONG THE ELDERLY.

HEART DISEASE & STROKE. MORTALITY RATES FOR HEART DISEASE AND STROKE IN THE NORTH COUNTY/COASTAL SERVICE AREA ARE HIGHER THAN HP2020 TARGETS. DISEASES OF THE HEART ARE THE LEADING CAUSE OF DEATH IN THE COUNTY, AND STROKE IS THE FOURTH LEADING CAUSE OF DEATH. RISING PERCENTAGES OF COUNTY ADULTS REPORT HIGH CHOLESTEROL.

SETON IS INVOLVED IN OUTREACH ACTIVITIES FOR EVENTS LIKE STROKE ALERT DAY

**Part V Facility Information (continued)**

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

IN WHICH WE PARTNER WITH LOCAL HOSPITALS TO RAISE AWARENESS STROKE BY  
HANDING OUT CARDS AT THE LOCAL BART STATION THAT SHOW THE SIGNS AND  
SYMPTOMS.

EACH YEAR, SETON MEDICAL CENTER PARTNERS WITH AND PARTICIPATES IN  
COMMUNITY EVENTS AND HEALTH FAIRS BY PROVIDING HEALTH EDUCATION  
INFORMATION AND SCREENINGS. OUR COMMUNITY HEALTH TEAM COMPRISED OF LEVEL  
3 AND 4 REGISTERED NURSES ATTEND MONTHLY BLOOD PRESSURE SCREENINGS FOR  
SENIORS AT AN EVENT IN PARTNERSHIP WITH THE DOELGER SENIOR CENTER AND  
SERRAMONTE CENTER, A LOCAL MALL. THIS MONTHLY EVENT IS KNOWN AS WALKABOUT  
TALKABOUT, AND SETON MEDICAL CENTER HAS SPONSORED THE BLOOD PRESSURE  
SCREENINGS SINCE THE PROGRAM WAS STARTED OVER 17 YEARS AGO. ON OCCASION,  
SETON MEDICAL CENTER ALSO PROVIDES SPEAKERS, INCLUDING NURSING STAFF AND  
PHYSICIANS.

CANCER. RATES OF BREAST CANCER INCIDENCE AND PROSTATE CANCER INCIDENCE IN  
THE NORTH COUNTY/COASTAL SERVICE AREA ARE HIGHER THAN THE STATE. IN  
ADDITION, THE RATE OF COLORECTAL CANCER INCIDENCE IN THE NORTH  
COUNTY/COASTAL SERVICE AREA IS HIGHER THAN THE HP2020 TARGET. CERTAIN  
ETHNIC GROUPS (I.E., BLACKS AND WHITES) IN THE SERVICE AREA ARE MOST  
AFFECTED BY CANCER AND HAVE INCIDENCE RATES THAT FAIL OR EQUAL THE STATE  
OR HP2020 TARGET. CANCER IS THE SECOND LEADING CAUSE OF DEATH IN THE  
COUNTY.

IN PARTNERSHIP WITH THE SAN FRANCISCO AND SAN MATEO COUNTIES HEP B FREE

**Part V Facility Information (continued)**

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

INITIATIVE, SETON MEDICAL CENTER PROVIDED NO COST CLINICAL LAB TESTING TO  
DETECT THE DISEASE.

OUR DIAGNOSTIC AND IMAGING DEPARTMENT HOSTED AN ANNUAL EVENT DURING  
BREAST CANCER AWARENESS MONTH TO RAISE AWARENESS AND THE NEED TO SCHEDULE  
SCREENING APPOINTMENTS.

WE PARTNERED WITH THE AMERICAN CANCER SOCIETY ("ACS") TO RAISE AWARENESS  
EACH YEAR DURING THE ACS' RELAY FOR LIFE. LEVEL 3 AND 4 REGISTERED NURSES  
PROVIDE INFORMATION ON PARTICULAR CANCERS TO EVENT PARTICIPANTS.

PART V, SECTION B, LINES 16A, 16B, AND 16C:

ON AUGUST 31, 2018, VERITY HEALTH SYSTEM OF CALIFORNIA, INC. ("VHS") AND  
MOST OF ITS AFFILIATED COMPANIES, INCLUDING THE HOSPITAL, FILED VOLUNTARY  
PETITIONS FOR RELIEF UNDER CHAPTER 11 OF THE UNITED STATES BANKRUPTCY  
CODE. THE BANKRUPTCY CASES ARE JOINTLY ADMINISTERED UNDER CASE NO.  
18-20151 IN THE UNITED STATES BANKRUPTCY COURT FOR THE CENTRAL DISTRICT  
OF CALIFORNIA. COURT FILINGS ARE AVAILABLE AT [KCCLLC.NET/VERITYHEALTH](http://KCCLLC.NET/VERITYHEALTH).  
THE FINANCIAL ASSISTANCE POLICY, APPLICATION FORM AND PLAIN LANGUAGE  
SUMMARY CAN BE ACCESSED AT:  
[HTTPS://VERITY.ORG/SMC/FINANCIALASSISTANCE.PHP](https://verity.org/smc/financialassistance.php)

**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

PART I, LINE 7, COLUMN (F): BAD DEBT EXPENSE

FORM 990, PART IX, LINE 25, COLUMN A FOR SETON MEDICAL CENTER AND SETON

COASTSIDE REFLECTS A BAD DEBT EXPENSE OF \$7,127,983 WHICH IS NOT INCLUDED

IN THE LINE 7 CALCULATION.

PART I, LINE 7: COSTING METHODOLOGY

SETON MEDICAL CENTER AND SETON COASTSIDE UTILIZE A COST ACCOUNTING SYSTEM

THAT DETERMINES COSTS FOR PROVIDING MEDICAL SERVICES BASED ON THE

HOSPITAL'S RELATIONSHIP OF COSTS TO CHARGES.

PART II: COMMUNITY BUILDING ACTIVITIES

SETON MEDICAL CENTER AND SETON COASTSIDE ACKNOWLEDGE THERE ARE MANY

PRESSING COMMUNITY NEEDS, BUT FOCUSES ITS EFFORTS ON ACTIVITIES THAT

BUILD UPON THE FOUNDATION SET BY PREVIOUS COMMUNITY BENEFIT INITIATIVES

(SERVING THE POOR, MINORITY POPULATIONS, ELDERLY AND CHILDREN). THE

ACTIVITIES SETON MEDICAL CENTER FOCUSES ON FALL INTO TWO REPORTING AREAS.

ACCES TO CARE AND COMMUNITY HEALTH EDUCATION. SETON MEDICAL CENTER

SUPPORTS THE FOLLOWING PROGRAMS AND ACTIVITIES:



**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.
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1. SERVING THE SICK AND THOSE LIVING IN POVERTY WHO LACK RESOURCES.
2. DEVELOPING AND IMPLEMENTING COMMUNITY-BASED PROGRAMS TARGETED TOWARDS IMPROVING HEALTH AND LIFESTYLE BEHAVIOR AND ILLNESS PREVENTION.
3. PROMOTING AND SPONSORING EVENTS THAT OFFER HEALTHCARE SERVICES AND EDUCATION TO THE COMMUNITY AT LARGE.
4. PROVIDING INFORMATION AND ADVOCATING FOR LOW-INCOME, UNINSURED OR UNDERINSURED PEOPLE TO GAIN ACCESS TO MEDICAL INSURANCE, GOVERNMENT ASSISTANCE PROGRAMS, HEALTH CARE SERVICES AND CONTINUUM OF CARE.

IN FISCAL YEAR 2018, SETON PROVIDED MORE THAN \$500K IN COMMUNITY BENEFIT ACTIVITIES. THE ACTIVITIES IN THIS CATEGORY INTEND TO IMPROVE ACCESS TO CARE FOR LOW-INCOME INDIVIDUALS, THE MEDICALLY UNDERSERVED AND OTHER VULNERABLE POPULATIONS. THESE ACTIVITIES INCLUDE PROVIDING HEALTH CARE SERVICES TO THE UNDERINSURED AND UNINSURED COMMUNITY MEMBERS, OPERATING THE HEALTH BENEFITS RESOURCE CENTER, AND PARTNERING WITH COMMUNITY PROGRAMS THAT CARE FOR THE HOMELESS.

SETON MEDICAL CENTER SUPPORTS A WIDE RANGE OF PROGRAMS AND ACTIVITIES

**Part VI** Supplemental Information

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THAT PROVIDE RESOURCES TO IMPROVE THE HEALTH AND WELFARE OF THE BROADER COMMUNITY. ACTIVITIES INCLUDE PRESENTING COMMUNITY HEALTH EDUCATION CLASSES, PARTICIPATING IN COMMUNITY HEALTH FAIRS AND SCREENINGS, PROVIDING HEALTH PROFESSIONS EDUCATION, AND PARTNERSHIPS WITH COMMUNITY ORGANIZATIONS.

SETON COASTSIDE CONTINUES TO OFFER SKILLED NURSING CARE TO 116 INPATIENT RESIDENTS YEAR-ROUND, IN ADDITION TO MEETING THE HEALTHCARE NEEDS OF PATIENTS, AND THE SURROUNDING COASTAL COMMUNITY. SETON COASTSIDE'S DEDICATED STAFF OF INTERDISCIPLINARY HEALTHCARE TEAM PROFESSIONALS PROVIDE EXCELLENT AND COMPREHENSIVE HEALTHCARE. SETON COASTSIDE OPERATES THE ONLY 24-HOUR STANDBY EMERGENCY DEPARTMENT FROM DALY CITY TO SANTA CRUZ. KEY MEDICAL SERVICES INCLUDE PHYSICAL, OCCUPATIONAL AND SPEECH THERAPIES, RADIOLOGY, MAMMOGRAPHY AND LABORATORY.

PART III, LINE 2, 3, AND 4: BAD DEBT EXPENSE

SETON MEDICAL CENTER IS PART OF THE CONSOLIDATED FINANCIAL STATEMENTS OF VERITY HEALTH SYSTEM OF CALIFORNIA, INC., WHICH INCLUDE ENTITIES OTHER

**Part VI** Supplemental Information

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- 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.

THAN THOSE INCLUDED IN THIS FILING.

ON AUGUST 31, 2018, VERITY HEALTH SYSTEM OF CALIFORNIA, INC. ("VHS") AND MOST OF ITS AFFILIATED COMPANIES, INCLUDING THE HOSPITAL, FILED VOLUNTARY PETITIONS FOR RELIEF UNDER CHAPTER 11 OF THE UNITED STATES BANKRUPTCY CODE. THE BANKRUPTCY CASES ARE JOINTLY ADMINISTERED UNDER CASE NO. 18-20151 IN THE UNITED STATES BANKRUPTCY COURT FOR THE CENTRAL DISTRICT OF CALIFORNIA. COURT FILINGS ARE AVAILABLE AT KCCLLC.NET/VERITYHEALTH.

DUE TO THE CHAPTER 11 FILING, A FORMAL AUDIT WAS NOT COMPLETED FOR FISCAL YEAR 2018. INSTEAD, THE VHS "MONTHLY OPERATING REPORTS" REQUIRED BY THE U.S. TRUSTEE'S OFFICE CAN BE OBTAINED FROM KCCLLC.NET/VERITYHEALTH. PLEASE NOTE THAT THE FISCAL YEAR 2017 AUDIT FOOTNOTE REGARDING BAD DEBT FOR THE CONSOLIDATED FINANCIAL STATEMENTS REMAINS TRUE AND ACCURATE. THE FIGURE IN LINE 2 OF PART III IS ONLY SETON MEDICAL CENTER'S PORTION OF THE CONSOLIDATED BAD DEBT EXPENSE.

**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.
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**PART III, LINE 2: METHODOLOGY TO ESTIMATE BAD DEBT EXPENSE**

BAD DEBT EXPENSE IS ESTIMATED BY UTILIZING HISTORICAL COLLECTIONS OF DATA OF SELF-PAY PATIENTS. IN MAKING THIS ESTIMATE, MANAGEMENT ALSO CONSIDERS BUSINESS AND GENERAL ECONOMIC CONDITIONS IN ITS SERVICE AREA.

**PART III, LINE 3: BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS UNDER FAP METHODOLOGY**

THE ESTIMATED AMOUNT OF SETON MEDICAL CENTER'S BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY IS UNDETERMINABLE AND THUS RECORDED AS ZERO.

**PART III, LINE 4: BAD DEBT EXPENSE FOOTNOTE**

ON AUGUST 31, 2018, VERITY HEALTH SYSTEM OF CALIFORNIA, INC. ("VHS") AND MOST OF ITS AFFILIATED COMPANIES, INCLUDING THE HOSPITAL, FILED VOLUNTARY PETITIONS FOR RELIEF UNDER CHAPTER 11 OF THE UNITED STATES BANKRUPTCY CODE. THE BANKRUPTCY CASES ARE JOINTLY ADMINISTERED UNDER CASE NO. 18-20151 IN THE UNITED STATES BANKRUPTCY COURT FOR THE CENTRAL DISTRICT OF CALIFORNIA. COURT FILINGS ARE AVAILABLE AT KCCLLC.NET/VERITYHEALTH.

**Part VI** Supplemental Information

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- 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.
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UNDER VERITY HEALTH SYSTEM'S FINANCIAL ASSISTANCE POLICY, HEALTH CARE SERVICES ARE PROVIDED FREE OF CHARGE OR AT A SIGNIFICANT DISCOUNT BASED ON A SLIDING SCALE TO INDIVIDUALS WHO MEET CERTAIN FINANCIAL CRITERIA. VHS MAKES AN EFFORT TO DETERMINE IF A PATIENT QUALIFIES FOR CHARITY CARE UPON ADMISSION. IF A PATIENT IS DETERMINED TO QUALIFY FOR CHARITY CARE, SERVICES ARE RENDERED TO THE PATIENT FREE OF COST. THE COSTS OF PROVIDING THESE SERVICES ARE INCLUDED IN UNSPONSORED COMMUNITY BENEFIT EXPENSE AND INCLUDED AS A DEDUCTION TO NET PATIENT SERVICE REVENUE IN THE CONSOLIDATED STATEMENT OF OPERATIONS. VHS ESTIMATES THE COST OF CHARITY CARE BY CALCULATING A RATIO OF COST TO USUAL AND CUSTOMARY CHARGES AND APPLYING THAT RATIO TO THE USUAL AND CUSTOMARY UNCOMPENSATED CHARGES

**Part VI Supplemental Information**

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ASSOCIATED WITH PROVIDING CARE TO PATIENTS THAT QUALIFY FOR CHARITY CARE.

AFTER SATISFACTION OF AMOUNTS DUE FROM INSURANCE AND THE APPLICATION OF FINANCIAL DISCOUNTS TO PATIENTS' BALANCES, AND AFTER EXHAUSTING ALL REASONABLE EFFORTS TO COLLECT FROM THE PATIENTS, A SIGNIFICANT PORTION OF VHS' UNINSURED AND SELF-PAY PATIENT ACCOUNTS ARE REFERRED TO THIRD-PARTY AGENCIES BASED ON VHS' ESTABLISHED GUIDELINES FOR FURTHER COLLECTION ACTIVITIES. AS A RESULT, VHS RECORDS A PROVISION FOR DOUBTFUL ACCOUNTS RELATED TO THESE UNINSURED PATIENTS IN THE PERIOD THE SERVICES ARE RENDERED BASED ON HISTORICAL COLLECTION EXPERIENCE.

AS PART OF VERITY HEALTH SYSTEM'S MISSION TO SERVE THE COMMUNITY, VHS PROVIDES CARE TO PATIENTS EVEN THOUGH THEY MAY LACK ADEQUATE INSURANCE OR MAY PARTICIPATE IN PROGRAMS THAT DO NOT PAY FULL CHARGES. RESERVES FOR CHARITY CARE AND UNCOLLECTIBLE AMOUNTS HAVE BEEN ESTABLISHED AND ARE NETTED AGAINST PATIENT ACCOUNTS RECEIVABLE IN THE CONSOLIDATED BALANCE SHEETS.

**Part VI** Supplemental Information

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**PART III, LINE 8: MEDICARE**

AS A NONPROFIT HOSPITAL, IT IS OUR MISSION TO IMPROVE THE HEALTH STATUS OF ALL PEOPLE WITHIN OUR COMMUNITY AND PROVIDE HEALTHCARE TO ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY OR THEIR INSURANCE STATUS. SETON MEDICAL CENTER AND SETON COASTSIDE ACCEPT MEDICARE WHICH RESULTS IN SHORTFALLS IN THE COSTS FOR CARING FOR PATIENTS UTILIZING THIS PROGRAM SETON MEDICAL CENTER UTILIZES AN ACCOUNTING SYSTEM THAT DETERMINES COSTS FOR PROVIDING MEDICAL SERVICES BASED ON THE HOSPITAL'S RELATIONSHIP OF COSTS TO CHARGES. THE ENTIRE SHORTFALL SHOWN ON PART III, LINE 7 IS REFLECTED AS A COMMUNITY BENEFIT.

**PART III, LINE 9B: COLLECTION POLICY**

SETON MEDICAL CENTER AND SETON COASTSIDE FOLLOW THE COLLECTION PRACTICES AS OUTLINED IN THE VERITY HEALTH SYSTEM FINANCIAL ASSISTANCE POLICY AND BILLING COLLECTION POLICY.

FOR PATIENTS WHO QUALIFY FOR CHARITY CARE AND FINANCIAL DISCOUNT, SETON MEDICAL CENTER AND SETON COASTSIDE PROVIDE THE PATIENT WITH A WRITTEN

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NOTICE PRIOR TO COMMENCING COLLECTION ACTIVITIES. THE NOTICE STATES THAT NONPROFIT COUNSELING SERVICES MAY BE AVAILABLE IN THE AREA AND PROVIDES INFORMATION CONCERNING STATE AND FEDERAL LAW REQUIREMENTS FOR DEBT COLLECTORS. SETON MEDICAL CENTER AND SETON COASTSIDE DO NOT PURSUE LEGAL ACTION FOR NON-PAYMENT OF BILLS AGAINST ANY HOUSEHOLD WHERE THE PRIMARY WAGE EARNER(S) IS UNEMPLOYED OR THERE ARE NOT SIGNIFICANT INCOME SOURCES. SETON MEDICAL CENTER AND SETON COASTSIDE DO NOT ASSIGN PATIENTS MEETING AN AGREED UPON MONTHLY PAYMENT PLAN TO A COLLECTION AGENCY AND DO NOT REPORT THE PATIENT TO CREDIT BUREAUS. SETON MEDICAL CENTER AND SETON COASTSIDE DO NOT REPORT ADVERSE INFORMATION TO A CONSUMER CREDIT AGENCY OR COMMENCE CIVIL ACTION FOR NONPAYMENT OF A PATIENT DEBT PRIOR TO 150 DAYS AFTER THE INITIAL BILLING OF THE PATIENT. SETON MEDICAL CENTER AND SETON COASTSIDE DO NOT USE WAGE GARNISHMENTS OR LIENS ON REAL PROPERTY AS A MEANS OF COLLECTING UNPAID HOSPITAL BILLS FOR ELIGIBLE PATIENTS. SETON MEDICAL CENTER AND SETON COASTSIDE HAVE AGREEMENTS WITH EXTERNAL COLLECTION AGENCIES TO NOT PURSUE LEGAL ACTION AGAINST AN ELIGIBLE PATIENT WITHOUT PRIOR APPROVAL FROM SETON MEDICAL CENTER OR SETON COASTSIDE. SETON MEDICAL CENTER AND SETON COASTSIDE HAVE AGREEMENTS WITH



**Part VI** Supplemental Information

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THEIR EXTERNAL COLLECTION AGENCIES TO FOLLOW FAIR DEBT AND COLLECTION

PRACTICES, ASSEMBLY BILL AB774 AND ACT IN A MANNER THAT TREATS

INDIVIDUALS WITH DIGNITY, RESPECT AND COMPASSION.

PART VI, QUESTION 2: NEEDS ASSESSMENT

IN ADDITION TO THE FORMAL CHNA, SETON MEDICAL CENTER ASSESSES THE NEEDS OF THE COMMUNITIES IT SERVES THROUGH THE COMMUNITY BENEFIT REPORT.

SETON MEDICAL CENTER PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT. IT HIGHLIGHTS THE COMMUNITY'S NEEDS AND SETON MEDICAL CENTER'S PROGRAMS AND ACTIVITIES THAT DIRECTLY RESPOND TO THE NEEDS. REPORTS ON COMMUNITY BENEFIT ACTIVITIES AND OUTCOMES ARE PROVIDED BY MANAGERS AND DIRECTORS RESPONSIBLE FOR SPECIFIC COMMUNITY BENEFIT PROGRAMS.

QUARTERLY REPORTS ARE PRESENTED TO THE SETON MEDICAL CENTER BOARD OF DIRECTORS AND VERITY HEALTH SYSTEM CORPORATE OFFICERS. AN ANNUAL REPORT IS PREPARED AND PRESENTED TO THE SETON MEDICAL CENTER BOARD OF DIRECTORS FOR APPROVAL.

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THE ANNUAL REPORT IS MADE AVAILABLE TO HOSPITAL LEADERSHIP, KEY  
STAKEHOLDERS, VHS, AND COMMUNITY ORGANIZATIONS AND MEMBERS. THE ANNUAL  
REPORT IS PRESENTED TO THE CALIFORNIA OFFICE OF STATEWIDE PLANNING AND  
DEVELOPMENT, IN ACCORDANCE WITH SB 697.

SETON MEDICAL CENTER'S COMMUNITY BENEFIT REPORT IS DEVELOPED USING  
RESULTS FROM THE COMMUNITY HEALTH NEEDS ASSESSMENT, DATA AND INPUT  
PROVIDED BY THE MANAGERS AND DIRECTORS RESPONSIBLE FOR SPECIFIC COMMUNITY  
BENEFIT PROGRAMS AND FEEDBACK FROM THE COMMUNITY BENEFITS COMMITTEE.  
SETON MEDICAL CENTER'S BOARD OF DIRECTORS REVIEWS AND GIVES FINAL  
APPROVAL OF SETON MEDICAL CENTER'S COMMUNITY BENEFIT REPORT. CONTINUAL  
MONITORING AND EVALUATION OF SETON MEDICAL CENTER'S CURRENT COMMUNITY  
HEALTH INITIATIVES PROVIDE VITAL INFORMATION TO THE STRATEGIC PLANNING  
PROCESS FOR COMMUNITY BENEFIT PROGRAMS.

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PART VI, QUESTION 3: PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

PATIENTS WHO PRESENT AT SETON MEDICAL CENTER OR SETON COASTSIDE'S EMERGENCY DEPARTMENT OR ADMITTING DEPARTMENT ARE PROVIDED WITH A FINANCIAL ASSISTANCE PACKET THAT CONSISTS OF AN INFORMATIONAL FLYER ON VARIOUS PROGRAMS FOR WHICH THEY MAY BE ELIGIBLE. THE FLYER IS IN ENGLISH, SPANISH, TAGALOG, AND SIMPLIFIED CHINESE. THE PACKET INCLUDES A MEDICAL APPLICATION, AS WELL AS A CHARITY CARE APPLICATION.

IN ADDITION, THERE ARE SIGNS POSTED IN ENGLISH AND SPANISH IN THE PATIENT FINANCIAL SERVICES DEPARTMENT AND AT EVERY POINT OF REGISTRATION STATING THAT SETON MEDICAL CENTER AND SETON COASTSIDE HAVE FINANCIAL ASSISTANCE AND CHARITABLE PROGRAMS AVAILABLE FOR QUALIFIED LOW INCOME, UNINSURED PATIENTS WHO MAY NOT HAVE THE ABILITY TO MEET THE FINANCIAL OBLIGATION OF THEIR HOSPITAL SERVICES AND A CONTACT NUMBER TO CALL. AFTER DISCHARGE, THE BACK OF THE MONTHLY PATIENT BILLS INCLUDES THIS SAME STATEMENT

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- 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.

**PART VI, QUESTION 4: COMMUNITY INFORMATION**

SETON MEDICAL CENTER'S SERVICE AREA INCLUDES, BUT IS NOT LIMITED TO, THE CITIES OF SOUTH SAN FRANCISCO, DALY CITY, BRISBANE, SAN BRUNO, PACIFICA, MONTARA, MOSS BEACH, AND HALF MOON BAY. THESE CITIES MAKE UP THE NORTH COUNTY/COASTAL SERVICE AREA IN WHICH THE U.S. CENSUS COUNTED A POPULATION OF 284,838 IN 2013. NEARLY 8% OF RESIDENTS IN THE NORTH COUNTY/COASTAL SERVICE AREA ARE LIVING IN POVERTY (100% OF THE FEDERAL POVERTY LEVEL, OR "FPL"). NEARLY ONE IN FIVE SERVICE AREA RESIDENTS (19%) LIVE BELOW 200% OF FPL AND MORE THAN TWO IN FIVE (44%) HOUSEHOLDS ARE OVERBURDENED BY HOUSING COSTS (I.E., HOUSING COSTS EXCEED 30% OF TOTAL HOUSEHOLD INCOME) 9% OF CHILDREN LIVING IN THE SERVICE AREA LIVE IN A HOUSEHOLD WITH INCOME BELOW 100% OF FPL. POVERTY IS MORE PREVALENT AMONG ADULTS WHO ARE LESS EDUCATED (I.E., THOSE WITH A HIGH SCHOOL DIPLOMA OR LESS) AND WHO ARE LATINO, BLACK, YOUNGER (AGED 18-39), AND WHO LIVE IN SOUTH COUNTY.

ACCORDING TO 2013 DATA FROM THE AMERICAN COMMUNITY SURVEY, THE PROPORTION OF INDIVIDUALS IN THE SETON MEDICAL CENTER SERVICE AREA WHO ARE WITHOUT HEALTH INSURANCE COVERAGE (11%) IS LOWER THAN THE STATE PERCENTAGE (17%).

**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.

HOWEVER, LATINOS (18%) AND THOSE OF "SOME OTHER RACE" (21%) ARE MUCH MORE LIKELY THAN OTHER ETHNIC GROUPS TO BE UNINSURED. THE SAN MATEO COUNTY HEALTH SYSTEM REPORTED THAT AS OF MARCH 1, 2016 (BASED ON 2014 CENSUS DATA), AN ESTIMATED 62,000 COUNTY RESIDENTS HAD ENROLLED IN HEALTH INSURANCE COVERAGE, MADE POSSIBLE THROUGH THE ACA. THIS INCLUDES 28,000 ENROLLED IN A PLAN OFFERED THROUGH COVERED CALIFORNIA AND 34,000 ENROLLED IN THE SEGMENT OF MEDI-CAL THAT EXPANDED.

PART VI, QUESTION 5: PROMOTING THE HEALTH OF THE COMMUNITY

SETON MEDICAL CENTER AND SETON COASTSIDE ACKNOWLEDGE THERE ARE MANY PRESSING COMMUNITY NEEDS, BUT FOCUSES ITS EFFORTS ON ACTIVITIES THAT BUILD UPON THE FOUNDATION SET BY PREVIOUS COMMUNITY BENEFIT INITIATIVES (SERVING THE POOR, MINORITY POPULATIONS, ELDERLY AND CHILDREN) THE ACTIVITIES SETON MEDICAL CENTER FOCUSES ON FALL INTO TWO REPORTING AREAS: ACCESS TO CARE AND COMMUNITY HEALTH EDUCATION. SETON MEDICAL CENTER SUPPORTS THE FOLLOWING PROGRAMS AND ACTIVITIES:

1. SERVING THE SICK AND THOSE LIVING IN POVERTY WHO LACK RESOURCES.
2. DEVELOPING AND IMPLEMENTING COMMUNITY-BASED PROGRAMS TARGETED TOWARDS

**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.

IMPROVING HEALTH AND LIFESTYLE BEHAVIOR AND ILLNESS PREVENTION.

3. PROMOTING AND SPONSORING EVENTS THAT OFFER HEALTHCARE SERVICES AND EDUCATION TO THE COMMUNITY AT LARGE.

4. PROVIDING INFORMATION AND ADVOCATING FOR LOW-INCOME, UNINSURED OR UNDERINSURED PEOPLE TO GAIN ACCESS TO MEDICAL INSURANCE, GOVERNMENT ASSISTANCE PROGRAMS, HEALTH CARE SERVICES AND CONTINUUM OF CARE.

IN FISCAL YEAR 2018, SETON MEDICAL CENTER PROVIDED MORE THAN \$500K IN COMMUNITY BENEFIT ACTIVITIES. THE ACTIVITIES THAT FALL INTO THIS CATEGORY IMPROVE ACCESS TO CARE FOR LOW-INCOME INDIVIDUALS, THE MEDICALLY UNDERSERVED AND OTHER VULNERABLE POPULATIONS. THESE ACTIVITIES INCLUDE PROVIDING HEALTH CARE SERVICES TO THE UNDERINSURED AND UNINSURED COMMUNITY MEMBERS, OPERATING THE HEALTH BENEFITS RESOURCE CENTER, AND PARTNERING WITH COMMUNITY PROGRAMS THAT CARE FOR THE HOMELESS.

SETON MEDICAL CENTER SUPPORTED A WIDE RANGE OF PROGRAMS AND ACTIVITIES THAT PROVIDE RESOURCES TO IMPROVE THE HEALTH AND WELFARE OF THE BROADER COMMUNITY. ACTIVITIES INCLUDE PRESENTING COMMUNITY HEALTH EDUCATION

**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
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- 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.

CLASSES, PARTICIPATING IN COMMUNITY HEALTH FAIRS AND SCREENINGS,  
PROVIDING HEALTH PROFESSIONS EDUCATION, AND PARTNERSHIPS WITH COMMUNITY  
ORGANIZATIONS.

SETON COASTSIDE CONTINUED TO OFFER SKILLED NURSING CARE TO 116 INPATIENT  
RESIDENTS YEAR-ROUND, IN ADDITION TO MEETING THE HEALTHCARE NEEDS OF OUR  
PATIENTS, AND THE SURROUNDING COASTAL COMMUNITY. SETON COASTSIDE'S  
DEDICATED STAFF OF INTERDISCIPLINARY HEALTHCARE TEAM PROFESSIONALS  
PROVIDE EXCELLENT AND COMPREHENSIVE HEALTHCARE. SETON COASTSIDE OPERATED  
THE ONLY 24-HOUR STANDBY EMERGENCY DEPARTMENT FROM DALY CITY TO SANTA  
CRUZ. KEY MEDICAL SERVICES INCLUDED PHYSICAL, OCCUPATIONAL AND SPEECH  
THERAPIES, RADIOLOGY, MAMMOGRAPHY AND LABORATORY.

PART VI, QUESTION 6: AFFILIATED HEALTHCARE SYSTEM  
VERITY HEALTH SYSTEM OF CALIFORNIA, INC. ("VHS"), IS A CALIFORNIA  
NONPROFIT PUBLIC BENEFIT CORPORATION, AND IS THE SOLE CORPORATE MEMBER OF  
THE FOLLOWING CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATIONS THAT  
OPERATE SIX ACUTE CARE HOSPITALS O'CONNOR HOSPITAL, SAINT LOUISE

**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

REGIONAL HOSPITAL, ST. FRANCIS MEDICAL CENTER, ST. VINCENT MEDICAL CENTER, AND SETON MEDICAL CENTER (INCLUDING THE SETON MEDICAL CENTER COASTSIDE CAMPUS) (COLLECTIVELY, THE "HOSPITALS") AND OTHER FACILITIES IN THE STATE OF CALIFORNIA. SETON MEDICAL CENTER AND SETON MEDICAL CENTER COASTSIDE OPERATE UNDER ONE CONSOLIDATED ACUTE CARE LICENSE. THE ASSETS OF O'CONNOR HOSPITAL AND ST. LOUISE REGIONAL HOSPITAL WERE SOLD TO SANTA CLARA COUNTY ON FEBRUARY 28, 2019.

ON AUGUST 31, 2018, VHS AND THE HOSPITALS (ALONG WITH OTHER VHS-AFFILIATED ENTITIES) EACH FILED VOLUNTARY PETITIONS FOR RELIEF UNDER CHAPTER 11 OF THE UNITED STATES BANKRUPTCY CODE (THE "BANKRUPTCY CODE"). THE CASES (COLLECTIVELY, THE "BANKRUPTCY CASES") ARE JOINTLY ADMINISTERED UNDER CASE NO. 18-20151 IN THE UNITED STATES BANKRUPTCY COURT FOR THE CENTRAL DISTRICT OF CALIFORNIA (THE "BANKRUPTCY COURT"). FOR ALL BANKRUPTCY CASE FILINGS AND MORE DETAIL REGARDING VHS, PLEASE SEE KCCLLC NET/VERITYHEALTH AND THE DECLARATION OF RICHARD G. ADCOCK IN SUPPORT OF EMERGENCY FIRST-DAY MOTIONS [DOCKET NOS. 8 AND 12].



**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
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- 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.

THE HOSPITALS WERE ORIGINALLY SPONSORED BY THE DAUGHTERS OF CHARITY OF ST. VINCENT DE PAUL, PROVINCE OF THE WEST (THE "DAUGHTERS OF CHARITY"), TO SUPPORT THE MISSION OF THE CATHOLIC CHURCH THROUGH A COMMITMENT TO THE SICK AND POOR. THE DAUGHTERS OF CHARITY BEGAN THEIR HEALTHCARE MISSION IN CALIFORNIA IN 1858 WITH THE OPENING OF LOS ANGELES INFIRMARY, NOW KNOWN AS ST. VINCENT MEDICAL CENTER. THE DAUGHTERS OF CHARITY EXPANDED ITS HOSPITALS TO SAN JOSE IN 1889 AND SAN FRANCISCO IN 1893. THE DAUGHTERS OF CHARITY MINISTERED TO ILL, POVERTY-STRICKEN INDIVIDUALS FOR MORE THAN 150 YEARS.

IN MARCH 1995, THE DAUGHTERS OF CHARITY MERGED THEIR HOSPITALS WITH CATHOLIC HEALTHCARE WEST ("CHW"). IN JUNE 2001, THE DAUGHTERS OF CHARITY HEALTH SYSTEM ("DCHS") WAS FORMED. IN OCTOBER 2001, THE DAUGHTERS OF CHARITY WITHDREW FROM CHW. IN 2002, DCHS COMMENCED OPERATIONS AND WAS THE SOLE CORPORATE MEMBER OF THE HOSPITALS, WHICH AT THAT TIME WERE CALIFORNIA NONPROFIT RELIGIOUS CORPORATIONS.

IN JULY 2015, THE DCHS BOARD OF DIRECTORS SELECTED BLUEMOUNTAIN CAPITAL

**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

MANAGEMENT LLC ("BLUEMOUNTAIN"), A PRIVATE INVESTMENT FIRM, TO RECAPITALIZE THE HOSPITAL OPERATIONS. THE PARTIES ENTERED INTO A SYSTEM RESTRUCTURING AND SUPPORT AGREEMENT, DCHS' NAME WAS CHANGED TO "VERITY HEALTH SYSTEM OF CALIFORNIA, INC.," AND BLUEMOUNTAIN FORMED INTEGRITY HEALTHCARE, LLC ("INTEGRITY") TO PROVIDE MANAGEMENT SERVICES UNDER A NEW MANAGEMENT SERVICES AGREEMENT, WHICH WAS APPROVED BY THE CALIFORNIA ATTORNEY GENERAL CHARITABLE TRUST DIVISION. IN JULY 2017, NANTWORKS, LLC ACQUIRED A CONTROLLING INTEREST IN INTEGRITY.

THROUGHOUT THEIR HISTORY AND CONTINUING THROUGH THIS FISCAL YEAR, THE HOSPITALS HAVE CONTINUED THE RICH TRADITION OF SERVING THE UNDER-SERVED AND PROVIDING ESSENTIAL HEALTH CARE SERVICES TO THEIR COMMUNITIES. THESE EXPANSIVE SERVICES ARE DETAILED IN MULTIPLE SECTIONS OF THIS FORM 990.

## PART VI, QUESTION 7: STATE FILING OF COMMUNITY BENEFIT REPORT

SETON MEDICAL CENTER AND SETON COASTSIDE ANNUALLY UPDATE THEIR COMMUNITY BENEFITS REPORT AND FILES A COPY OF IT WITH THE STATE OF CALIFORNIA.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

SETON MEDICAL CENTER

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

Employer identification number

91-2154441

**Part I Questions Regarding Compensation**

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

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

- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a** ☒ **X**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** ☐ **X**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** ☐ **X**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 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** ☐ **X**
- b** Any related organization? **5b** ☐ **X**
- 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** ☐ **X**
- b** Any related organization? **6b** ☐ **X**
- 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 on lines 5 and 6? If "Yes," describe in Part III. **7** ☐ **X**

- 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** ☐ **X**

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

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

Schedule J (Form 990) 2017

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PAGE 71

Schedule J (Form 990) 2017

Page **2****Part III 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 aren't 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				
1 CHARLES ANTONINI, JR., CHIEF MEDICAL OFFICER	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
2 JOHN FERRELLI PRESIDENT & CEO (THRU 11/2017)	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
3 KIM PARDINI-KIELY FORMER COO/CNE (THRU 03/2017)	(i) 429,665.	(ii) 0.	(iii) 298,104.	26,100.	0.	753,869.	0.
4 TIMOTHY RANNEY CHIEF MEDICAL OFFICER	(i) 122,911.	(ii) 17,000.	(iii) 170,000.	9,275.	0.	319,186.	0.
5 PETER VERRECCHIA CEO (THRU 03/2018)	(i) 326,287.	(ii) 0.	(iii) 0.	2,769.	0.	329,056.	0.
6 TINA AHN DIRECTOR OF DEVELOPMENT	(i) 370,809.	(ii) 13,500.	(iii) 0.	0.	0.	384,309.	0.
7 JAMES G. BROWN STAFF NURSE IV	(i) 199,013.	(ii) 0.	(iii) 0.	29,917.	0.	228,930.	0.
8 DOLLY CHAN STAFF NURSE IV	(i) 340,279.	(ii) 187.	(iii) 0.	18,000.	0.	358,466.	0.
9 EVELYN NUQUE STAFF NURSE II	(i) 408,083.	(ii) 0.	(iii) 6,561.	24,000.	0.	438,644.	0.
10 CHRISTINE A. JOSE STAFF NURSE II	(i) 319,857.	(ii) 0.	(iii) 5,858.	24,000.	0.	349,715.	0.
11 MARK BROWN CHIEF NURSE OFFICER	(i) 307,712.	(ii) 0.	(iii) 0.	18,000.	0.	325,712.	0.
12 KEUNG BACK STAFF NURSE IV	(i) 239,687.	(ii) 0.	(iii) 0.	18,000.	0.	257,687.	0.
13	(i) 305,973.	(ii) 0.	(iii) 0.	24,000.	0.	329,973.	0.
14	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
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Schedule J (Form 990) 2017

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**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.

**METHODS USED TO ESTABLISH COMPENSATION OF CEO BY RELATED ORGANIZATION**

**SCHEDULE J, PART I, LINE 3**

THE CEO OF SMC WAS AN EMPLOYEE OF VERITY HEALTH SYSTEM OF CALIFORNIA, INC. ("VHS"), A RELATED ORGANIZATION, FOR THE 2017 CALENDAR YEAR. THE CEO OF SMC IS PAID THROUGH A COMMON PAYMASTER, VHS. VHS UTILIZES AVAILABLE MARKET DATA ANALYSIS WHICH INCLUDES INDEPENDENT COMPENSATION CONSULTANTS, FORM 990'S OF OTHER ORGANIZATIONS, COMPENSATION SURVEYS OR STUDIES, AND RECOMMENDATIONS FROM THE AUTHORIZED COMMITTEE AND APPROVAL BY THE BOARD OF DIRECTORS.

**SEVERANCE PAYMENTS**

**SCHEDULE J, PART I, LINE 4A**

THE FOLLOWING INDIVIDUALS RECEIVED A SEVERANCE PAYMENT FROM THE ORGANIZATION OR A RELATED ORGANIZATION DURING THE 2017 CALENDAR YEAR, WHICH IS REPORTED AS TAXABLE COMPENSATION ON FORM 990, PART VII, COLUMN E AND SCHEDULE J, PART II, COLUMN (B) (III):

JOHN FERRELLI	\$247,846
KIM PARDINI-KIELY	\$170,000

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

SETON MEDICAL CENTER

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2017**

**Open to Public  
Inspection**

Employer identification number

91-2154441

**BUSINESS RELATIONSHIP**

FORM 990, PART VI, SECTION A, LINE 2

RICHARD ADCOCK - BUSINESS RELATIONSHIP

ANDREI SORAN - BUSINESS RELATIONSHIP

**MANAGEMENT DUTIES**

FORM 990, PART VI, SECTION A, LINE 3

THE PARENT OF SETON MEDICAL CENTER ("SMC"), VERITY HEALTH SYSTEM OF CALIFORNIA, INC. ("VHS"), ENTERED INTO A MANAGEMENT AGREEMENT WITH INTEGRITY HEALTHCARE, LLC, A WHOLLY-OWNED SUBSIDIARY OF BLUEMOUNTAIN CAPITAL MANAGEMENT, LLC (WHICH PROVIDED FINANCING IN EXCHANGE FOR AN OPTION TO PURCHASE THE ASSETS OF VHS), EFFECTIVE ON DECEMBER 14, 2015. THE MANAGEMENT AGREEMENT PROVIDES THAT, SUBJECT TO THE SUPERVISION OF THE BOARD OF DIRECTORS, VHS EXCLUSIVELY DESIGNATES AND APPOINTS INTEGRITY HEALTHCARE, LLC AS ITS SOLE AND EXCLUSIVE AGENT TO PROVIDE AND ASSUME RESPONSIBILITY FOR THE MANAGEMENT AND ADMINISTRATIVE AND SUPPORT SERVICES OF VHS AND ITS AFFILIATES.

DURING THE JUNE 30, 2018 FISCAL YEAR, THE POSITION OF CHIEF EXECUTIVE OFFICER OF VHS WAS DESIGNATED PURSUANT TO THE BYLAWS OF SMC AS AN EX-OFFICIO BOARD MEMBER OF SMC. THE INDIVIDUALS SERVING IN THIS POSITION WERE PROVIDED BY INTEGRITY HEALTHCARE, LLC DURING THE FISCAL YEAR. WHILE NEITHER SMC NOR VHS DIRECTLY COMPENSATED THESE INDIVIDUALS (LISTED BELOW), THEY WERE COMPENSATED AS PART OF THE AFOREMENTIONED MANAGEMENT

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AGREEMENT FOR SERVICES AS OFFICERS OF VHS, WHICH INCLUDED SERVICE AS  
EX-OFFICIO BOARD MEMBERS OF SMC DURING FY18.

RICHARD ADCOCK, EX-OFFICIO BOARD MEMBER OF SMC: \$ 795,699

ANDREI SORAN, EX-OFFICIO BOARD MEMBER OF SMC: \$ 7,093,797

## MEMBERS OR STOCKHOLDERS

FORM 990, PART VI, SECTION A, LINE 6

SMC HAS ONE MEMBER, VHS, A CALIFORNIA NONPROFIT CORPORATION.

## MEMBERS OR STOCKHOLDERS WITH POWER TO APPOINT

FORM 990, PART VI, SECTION A, LINE 7A

SMC'S SOLE MEMBER, VHS HAS THE AUTHORITY TO APPOINT, ELECT OR APPROVE THE  
GOVERNING BODY OF SMC.

## DECISIONS SUBJECT TO APPROVAL

FORM 990, PART VI, SECTION A, LINE 7B

AS THE SOLE MEMBER OF SMC, VHS HAS THE POWER TO TAKE OR APPROVE THE  
FOLLOWING ACTIONS AS IT RELATES TO SMC:

(A) APPROVE OR CHANGE THE MISSION, ROLE AND PURPOSE OF THIS  
CORPORATION;

(B) AMEND THE BYLAWS AND ARTICLES OF INCORPORATION OF THIS  
CORPORATION;

(C) AUTHORIZE THE BOARD OF DIRECTORS TO AMEND THE BYLAWS, ARTICLES OF  
INCORPORATION OR OTHER ORGANIZATIONAL DOCUMENTS OF ANY AFFILIATE;

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(D) APPROVE THE FORMATION, MERGER, DISSOLUTION, CONSOLIDATION, DIVESTITURE, CLOSURE, CHANGE IN CORPORATE MEMBERSHIP OR CONTROL AND REORGANIZATION OF EACH DIRECT AFFILIATE OF THIS CORPORATION;

(E) FIX THE NUMBER AND APPOINT AND REMOVE THE DIRECTORS OF THIS CORPORATION;

(F) APPOINT AND REMOVE THE CHAIRPERSON OF THE BOARD AND THE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF THIS CORPORATION AND OF EACH DIRECT AFFILIATE OR SUBSIDIARY OF THIS CORPORATION;

(G) APPROVE THE MERGER, CONSOLIDATION, REORGANIZATION OR DISSOLUTION OF THIS CORPORATION AND THE DISPOSITION OF THE ASSETS OF THIS CORPORATION UPON DISSOLUTION;

(H) APPROVE THE ACQUISITION, SALE, LEASE, MORTGAGE, TRANSFER OR OTHER ALIENATION OF REAL OR PERSONAL PROPERTY OF THIS CORPORATION OTHER THAN IN ACCORDANCE WITH THE SYSTEM AUTHORITY MATRIX;

(I) APPROVE THE CAPITAL AND OPERATING BUDGETS OF THIS CORPORATION OR OF ANY AFFILIATE CONTROLLED BY THIS CORPORATION;

(J) APPROVE THE INCURRENCE OF DEBT OR GUARANTIES OF THIS CORPORATION OTHER THAN IN ACCORDANCE WITH THE SYSTEM AUTHORITY MATRIX;



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(K) ESTABLISH POLICY CONCERNING QUALITY OF CARE AND SERVICES FOR THE CORPORATION AND TO APPROVE ANY SUCH POLICIES OF THIS CORPORATION THAT ARE INCONSISTENT WITH THE SYSTEM AUTHORITY MATRIX;

(L) ESTABLISH POLICY AND PROCEDURES CONCERNING FINANCE AND RESOURCES FOR THE CORPORATION AND TO APPROVE ANY SUCH POLICIES OR PROCEDURES THAT ARE INCONSISTENT WITH SUCH POLICIES OR PROCEDURES;

(M) ESTABLISH CRITERIA FOR THE LONG-RANGE FINANCIAL AND STRATEGIC PLANS OF THE CORPORATION AND TO APPROVE ANY SUCH PLANS;

(N) ESTABLISH AN INTERNAL AUDITING PROGRAM AND APPROVE ANY MATERIAL ELEMENT OF THE INTERNAL AUDITING PROGRAM FOR THIS CORPORATION THAT IS INCONSISTENT WITH THE INTERNAL AUDITING PROGRAM ESTABLISHED BY THE CORPORATE MEMBER;

(O) APPROVE CAPITAL EXPENDITURES BY THIS CORPORATION OR FOR ANY AFFILIATE CONTROLLED BY THIS CORPORATION OTHER THAN IN ACCORDANCE WITH THE SYSTEM AUTHORITY MATRIX;

(P) APPROVE THE TRANSFER OF FUNDS, BY GIFT OR LOAN, BETWEEN THIS CORPORATION AND ONE OR MORE OTHER AFFILIATES OF VERITY AND THIS CORPORATION OR TO ANY OTHER PERSON OR ENTITY OTHER THAN IN ACCORDANCE WITH SYSTEM AUTHORITY MATRIX; AND

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(Q) APPROVE ANY OTHER ACTION BY THIS CORPORATION OR FOR ANY AFFILIATE CONTROLLED BY THIS CORPORATION THAT HAS BEEN ESTABLISHED BY RESOLUTION OF THE CORPORATE MEMBER AS REQUIRING ITS APPROVAL, INCLUDING, BUT NOT LIMITED TO, ANY APPROVALS OF AUTHORITY NECESSARY TO ENSURE COMPLIANCE WITH ANY CREDIT AGREEMENT, MASTER INDENTURE OR LOAN AGREEMENT TO WHICH THIS CORPORATION OR ANY AFFILIATE CONTROLLED BY THIS CORPORATION IS A PARTY.

## FORM 990 REVIEW PROCESS

FORM 990, PART VI, SECTION B, LINE 11B

THE INDEPENDENT TAX PREPARERS AND FINANCE STAFF OF VHS AND ITS AFFILIATED COMPANIES (THE "ORGANIZATION") WORK TO GATHER THE REQUIRED INFORMATION NECESSARY TO COMPLETE THE FORM 990. THE INITIAL DRAFT FORM 990 IS REVIEWED BY THE ORGANIZATION'S FINANCE AND LEGAL DEPARTMENT. AFTER THE FORM 990 IS REVIEWED, RECOMMENDED CHANGES ARE DISCUSSED AND A FINAL FORM 990 IS PREPARED. PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE, THE FINAL FORM 990 IS DISTRIBUTED TO SMC'S BOARD OF DIRECTORS FOR REVIEW.

## CONFLICT OF INTEREST POLICY

FORM 990, PART VI, SECTION B, LINE 12C

VHS HAS A CONFLICT OF INTEREST POLICY THAT COVERS VHS AND ALL OF ITS AFFILIATES. THE POLICY PROVIDES FOR A SYSTEMATIC AND ONGOING METHOD OF REQUIRING INDIVIDUALS WHO HAVE DECISION MAKING RESPONSIBILITY TO DISCLOSE AND ADDRESS POTENTIAL AND ACTUAL CONFLICTS OF INTEREST. COVERED INDIVIDUALS ARE REQUIRED TO COMPLETE AN ANNUAL STATEMENT DISCLOSING ANY

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CONFLICTS OF INTEREST AND HAVE A DUTY TO UPDATE THE DISCLOSURE FOR ANY POTENTIAL CONFLICTS OF INTEREST THAT ARISE DURING THE YEAR. THE PRESIDENT & CEO OF EACH INDIVIDUAL HOSPITAL WITHIN THE HEALTH SYSTEM REPORTS THE CONFLICT OF INTEREST FINDINGS AND RESOLUTIONS TO THEIR RESPECTIVE BOARD OF DIRECTORS. THIS POLICY IS REVIEWED ANNUALLY FOR COMPLIANCE BY VHS' CORPORATE RESPONSIBILITY OFFICER.

## PROCESS FOR DETERMINING COMPENSATION

FORM 990, PART VI, SECTION B, LINE 15B

SMC IS PAID THROUGH A COMMON PAYMASTER, VHS, THE PRESIDENT & CEO OF EACH HOSPITAL IS EMPLOYED BY VHS. THE VHS COMPENSATION PROGRAMS ARE DESIGNED TO RECRUIT, RETAIN, AND MOTIVATE QUALIFIED EXECUTIVES. THE PROGRAMS ARE DESIGNED FOR POSITIONS THAT HAVE A SIGNIFICANT IMPACT ON THE HIGH-LEVEL STRATEGIC AND POLICY DIRECTION OF VHS AND ITS AFFILIATED HOSPITALS, INCLUDING SMC.

VHS UTILIZED A BENEFITS COMMITTEE TO REVIEW COMPENSATION AND BENEFITS. THE VHS BOARD OF DIRECTORS REVIEWS AND APPROVES COMPENSATION RECOMMENDED BY THE BENEFITS COMMITTEE, AND DOCUMENTS ITS CONCLUSION THAT THE PROPOSED COMPENSATION IS REASONABLE. IN EVALUATING AND FINALIZING ITS DETERMINATION OF BASE PAY AND TOTAL COMPENSATION FOR COMPARABLE POSITIONS AT COMPARABLE ORGANIZATIONS IN COMPARABLE MARKETS, VHS UTILIZES AVAILABLE MARKET DATA ANALYSES WHICH INCLUDES INDEPENDENT COMPENSATION CONSULTANTS, FORM 990S OF OTHER ORGANIZATIONS, WRITTEN EMPLOYMENT CONTRACTS, COMPENSATION SURVEYS OR STUDIES, AND RECOMMENDATIONS FROM THE BENEFITS COMMITTEE AND APPROVAL BY THE VHS BOARD OF DIRECTORS. COMPENSATION IS

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CONTEMPORANEOUSLY DOCUMENTED IN THE MINUTES.

HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC

FORM 990, PART VI, SECTION C, LINE 19

NO DOCUMENTS AVAILABLE TO THE PUBLIC:

CHANGES IN NET ASSETS OR FUND BALANCES

FORM 990, PART XI, LINE 9

NET ASSETS RELEASED FOR OPERATIONS - \$3,157

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TOTAL \$3,157

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FINANCIAL STATEMENTS AND REPORTING

FORM 990, PART XII

ON AUGUST 31, 2018, VERITY HEALTH SYSTEM OF CALIFORNIA, INC. ("VHS") AND 16 OF ITS AFFILIATED COMPANIES, INCLUDING SMC, EACH FILED VOLUNTARY PETITIONS FOR RELIEF UNDER CHAPTER 11 OF THE UNITED STATES BANKRUPTCY CODE. THE BANKRUPTCY CASES ARE JOINTLY ADMINISTERED UNDER CASE NO. 18-20151 IN THE UNITED STATES BANKRUPTCY COURT FOR THE CENTRAL DISTRICT OF CALIFORNIA. COURT FILINGS ARE AVAILABLE AT KCCLLC.NET/VERITYHEALTH.

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ATTACHMENT 1FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

SETON MEDICAL CENTER IS ORGANIZED AND OPERATED FOR THE PURPOSES OF (I) MAINTAINING ACUTE CARE HOSPITALS AND RELATED FACILITIES, (II) PROMOTING RESEARCH RELATED TO HEALTHCARE SERVICES, (III) MAINTAINING HEALTH PLANS USING SYSTEMS DESIGNED TO MAXIMIZE BENEFITS TO THE COMMUNITIES SERVED, (IV) PROMOTING THE GENERAL HEALTH OF THE COMMUNITY, AND (V) PROVIDING FINANCIAL AND OTHER FORMS OF ASSISTANCE FOR THE BENEFIT OF OTHER HEALTHCARE FACILITIES AFFILIATED WITH VERITY.

ATTACHMENT 2990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
TOTALMED STAFFING, INC. 221 W. COLLEGE AVENUE APPLETON, WI 54911	REGISTRY NURSING	2,208,523.
BAY AREA HOSPITALISTS, INC 450 STANYAN STREET, 6TH FLOOR SAN FRANCISCO, CA 94117	PHYS CLINICAL FEES	2,105,395.
FASTAFF, LLC FORMERLY FASTAFF, INC. P.O. BOX 911452 DENVER, CO 80291-1452	REGISTRY NURSING	1,218,947.
SODEXO CTM ( BIOMED SRVS) MSC - 410672 P.O. BOX 415000 NASHVILLE, TN 37241-5000	PURCHASED SERVICES	1,110,255.
AYA HEALTHCARE, INC. DEPT. 3519, P.O. BOX 123519 DALLAS, TX 75312-3519	REGISTRY NURSING	1,087,554.

**SCHEDULE R**  
**(Form 990)**

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

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OMB No. 1545-0047

**2017**

Open to Public  
Inspection

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

(1)	(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)						
(2)						
(3)						
(4)						
(5)						
(6)						

**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.

(1)	(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
(1)	ROBERT F. KENNEDY MEDICAL CENTER FOUND. 2040 E. MARIPOSA AVENUE, EL SEGUNDO, CA 90245	INACTIVE	CA	501 (C) (3)	07	VHS	X
(2)	ST. FRANCIS MEDICAL CENTER FOUNDATION 3630 E. IMPERIAL HIGHWAY LYNNWOOD, CA 90262	HOSP SUPPORT	CA	501 (C) (3)	12-I	VHS	X
(3)	ST. VINCENT FOUNDATION 2131 WEST THIRD STREET LOS ANGELES, CA 90057	HOSP SUPPORT	CA	501 (C) (3)	12-I	VHS	X
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2017

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**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

(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) Share of total income	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
(1)									Yes No	
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										

**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?
(1)								Yes No
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

**Part VI**

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

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

(a) Name, address and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) 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		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
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(10)													
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(12)													
(13)													
(14)													
(15)													
(16)													

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SETON MEDICAL CENTER

91-2154441

Schedule R (Form 990) 2017

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**Part VII** **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2017

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