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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

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

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

C Name of organization
NORTHBAY HEALTHCARE GROUP

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1200 B GALE WILSON BOULEVARD

City or town, state or province, country, and ZIP or foreign postal code
FAIRFIELD, CA 94533

D Employer identification number

94-1458282

E Telephone number

(707) 646-5000

F Name and address of principal officer:
AIMEE BREWER
4500 BUSINESS CTR DR
FAIRFIELD, CA 94534

G Gross receipts \$ 675,370,055

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ WWW.NORTHBAY.ORG

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

L Year of formation: 1954

M State of legal domicile: CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
HEALTH CARE SERVICES (INCLUDING HOSPITAL AND PHYSICIAN SERVICES) WITHIN SOLANO COUNTY.

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

3 Number of voting members of the governing body (Part VI, line 1a) 3 9

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 2

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 3,325

6 Total number of volunteers (estimate if necessary) 6 273

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 53,189

b Net unrelated business taxable income from Form 990-T, line 39 7b 32,980

Revenue

8 Contributions and grants (Part VIII, line 1h) 960,222 3,289,956

9 Program service revenue (Part VIII, line 2g) 589,975,097 660,646,110

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 8,338,813 8,292,315

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,857,332 2,660,568

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 603,131,464 674,888,949

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 25,199 548,000

14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 261,637,920 283,434,107

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

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 286,992,580 339,225,980

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 548,655,699 623,208,087

19 Revenue less expenses. Subtract line 18 from line 12 54,475,765 51,680,862

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 797,664,747 853,792,956

21 Total liabilities (Part X, line 26) 453,273,028 471,187,030

22 Net assets or fund balances. Subtract line 21 from line 20 344,391,719 382,605,926

Part II Signature Block

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

Sign Here

Signature of officer
MICHELE BOUIT VP, FINANCE/CFO
Type or print name and title

2020-11-08
Date

Paid Preparer Use Only

Print/Type preparer's name
Firm's name ▶ MOSS ADAMS LLP
Firm's address ▶ 101 SECOND STREET SUITE 900
SAN FRANCISCO, CA 94105

Preparer's signature
Date

Check ☐ if self-employed
Firm's EIN ▶ 91-0189318
Phone no. (415) 956-1500

PTIN P01262236

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

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

COMPASSIONATE CARE, ADVANCED MEDICINE, CLOSE TO HOME.

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 \$ 594,692,454 including grants of \$ 548,000) (Revenue \$ 660,646,110)
	See Additional Data





















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

4e	Total program service expenses ▶ 594,692,454
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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	695
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

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

Form **990** (2019)

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

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

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

		Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a		No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13 Did the organization have a written whistleblower policy?	13	Yes	
14 Did the organization have a written document retention and destruction policy?	14	Yes	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official	15a		No
b Other officers or key employees of the organization	15b	Yes	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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 Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶MICHELE BOUIT 4500 BUSINESS CENTER DRIVE FAIRFIELD, CA 94534 (707) 646-3400

Part VII

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

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

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

- 1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ARCHIE HUMPHREY CHAIR	1.00 1.00	X		X				16,055	0	0
(2) WAYNE SENALIK VICE CHAIR	1.00 2.00	X		X				15,918	0	0
(3) DENISE SUIHKONEN SECRETARY-TREASURER	1.00 0.00	X		X				15,938	0	0
(4) DONALD DOYLE MD DIRECTOR	1.00 0.00	X						15,938	0	0
(5) THERESA HITE DIRECTOR	1.00 0.00	X						8,983	0	0
(6) B KONARD JONES DIRECTOR/PRES. & CEO OF NBHC	13.00 37.00	X						0	998,864	377,010
(7) JAMES LONG MD DIRECTOR	1.00 0.00	X						23,697	0	0
(8) GWNEDOLYN RUNNELS DIRECTOR	1.00 0.00	X						0	0	0
(9) MARK SIEVERS DIRECTOR	1.00 1.00	X						16,055	0	0
(10) AIMEE BREWER PRESIDENT, NORTHBAY HEALTHCARE GROUP	50.00 0.00			X				0	877,234	100,917
(11) JIM STRONG INT VP, FINANCE/CFO THROUGH 11/2019	35.00 15.00			X				0	0	0
(12) THEO RALLIS INT VP, FINANCE/CFO START 11/2019	35.00 15.00			X				0	259,354	42,806
(13) CHRISOTPHER TIMBERS VP, CHIEF INFORMATION OFFICER	40.00 10.00				X			0	441,176	82,161
(14) NICOLE BRACATO VP, CHIEF QUALITY OFFICER	50.00 0.00				X			0	429,579	56,709
(15) WAYNE GIETZ VP, AMBULATORY DIVISION	50.00 0.00				X			0	370,308	62,373
(16) SETH A KAUFMAN MD CHIEF MEDICAL OFFICER	50.00 0.00				X			347,172	0	33,154
(17) TRACI DUNCAN VP, CHIEF NURSING OFFICER	50.00 0.00				X			259,153	0	16,894

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			
(18) THERESA BARTOLI CLINICAL COORDINATOR	44.00 0.00					X		352,068	0	40,194
(19) ANTOINETTE NAVARRO CLINICAL COORDINATOR	37.60 0.00					X		338,605	0	14,844
(20) JOANNE M JACOB CLINICAL NURSE IV	43.70 0.00					X		330,860	0	30,589
(21) DUSTIN D DATOC REGISTERED NURSE FIRST ASSISTANT	36.00 0.00					X		307,585	0	23,070
(22) JAMES BOLLIG SR, DIRECTOR PERIOP SVCS/WOUND/ASC	50.00 0.00					X		296,129	0	34,837

1b Sub-Total	▶			
c Total from continuation sheets to Part VII, Section A	▶			
d Total (add lines 1b and 1c)	▶	2,344,156	3,376,515	915,558

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 ▶ 925			
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	Yes	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SACSOLANO ANESTHESIA EXCHANGE MEDICAL GR 3315 WATT AVE SACRAMENTO, CA 95821	ANESTHESIA SERVICES	6,859,433
SOUND INPATIENT PHYSICIANS 1709 DOCK STREET TACOMA, WA 98402	PHYSICIAN SERVICES	6,747,081
SOLANO DIAGNOSTICS IMAGING PO BOX 39000 DEPT 34591 SAN FRANCISCO, CA 94139	DIAGNOSTIC IMAGING SERVICES	4,176,319
KAUFMAN AND HALL 8610 SOLUTION CENTER CHICAGO, IL 60677	CONSULTANTS	3,696,415
TOTAL RENAL CARE INC PO BOX 781607 PHILADELPHIA, PA 19178	DIALYSIS SERVICES	2,261,736

2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 151	
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Form 990 (2019)										Page 9		
Part VIII Statement of Revenue												
Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>												
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514			
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns				1a							
	b Membership dues				1b							
	c Fundraising events				1c							
	d Related organizations				1d	3,251,951						
	e Government grants (contributions)				1e							
	f All other contributions, gifts, grants, and similar amounts not included above				1f	38,005						
	g Noncash contributions included in lines 1a - 1f:\$				1g							
	h Total. Add lines 1a-1f ▶				3,289,956							
Program Service Revenue					Business Code							
	2a NET PATIENT SERVICE REVENUE				622110	539,970,177		539,970,177				
	b CAPITATION REVENUE				622110	105,544,382		105,544,382				
	c PHARMACY REVENUE				622110	7,530,128		7,476,939		53,189		
	d REINSURANCE RECOVERIES				622110	3,046,278		3,046,278				
	e REBATES/REFUNDS/DISCOUNTS				622110	1,893,587		1,893,587				
	f All other program service revenue.					2,661,558		2,661,558				
	g Total. Add lines 2a-2f. ▶				660,646,110							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶				6,090,009						6,090,009	
	4 Income from investment of tax-exempt bond proceeds ▶				2,346,287						2,346,287	
	5 Royalties ▶											
			(i) Real	(ii) Personal								
	6a Gross rents		6a	1,264,825								
	b Less: rental expenses		6b	69								
	c Rental income or (loss)		6c	1,264,756								
	d Net rental income or (loss) ▶				1,264,756						1,264,756	
			(i) Securities	(ii) Other								
	7a Gross amount from sales of assets other than inventory		7a	337,056								
	b Less: cost or other basis and sales expenses		7b	0	481,037							
	c Gain or (loss)		7c	337,056	-481,037							
	d Net gain or (loss) ▶				-143,981						-143,981	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		8a									
	b Less: direct expenses		8b									
	c Net income or (loss) from fundraising events ▶											
	9a Gross income from gaming activities. See Part IV, line 19		9a									
	b Less: direct expenses		9b									
	c Net income or (loss) from gaming activities ▶											
	10a Gross sales of inventory, less returns and allowances		10a									
b Less: cost of goods sold		10b										
c Net income or (loss) from sales of inventory ▶												
Miscellaneous Revenue				Business Code								
11a CAFETERIA				722514	1,044,351						1,044,351	
b AMORT OF GAIN/MOB SALE				900099	218,436						218,436	
c MISCELLANEOUS REVENUE				900099	133,025						133,025	
d All other revenue												
e Total. Add lines 11a-11d ▶				1,395,812								
12 Total revenue. See instructions ▶				674,888,949		660,592,921		53,189		10,952,883		

Form 990 (2019)

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	548,000	548,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	768,956	768,956		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	226,811,220	225,685,208	1,126,012	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	8,252,384	8,238,954	13,430	
9 Other employee benefits	31,098,859	31,041,717	57,142	
10 Payroll taxes	16,502,688	16,203,487	299,201	
11 Fees for services (non-employees):				
a Management				
b Legal	171,388	157,963	13,425	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	128,948,907	128,548,734	400,173	
12 Advertising and promotion	4,657	3,157	1,500	
13 Office expenses	9,728,344	9,671,737	56,607	
14 Information technology	1,069,828	1,062,678	7,150	
15 Royalties				
16 Occupancy	10,853,717	10,060,530	793,187	
17 Travel	398,054	397,082	972	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	339,895	298,253	41,642	
20 Interest	8,504,727	8,487,746	16,981	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	20,512,743	20,449,519	63,224	
23 Insurance	877,523	877,523		
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 CORPORATE MGMT FEES	74,776,358	74,776,358		
b MEDICAL SUPPLIES	52,931,918	52,931,120	798	
c QUALITY ASSURANCE FEE	24,872,161		24,872,161	
d TAXES & LICENSES	990,617	714,563	276,054	
e All other expenses	4,245,143	3,769,169	475,974	
25 Total functional expenses. Add lines 1 through 24e	623,208,087	594,692,454	28,515,633	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		19,120,625	1	9,849,811	
	2	Savings and temporary cash investments		20,811,937	2	23,244,949	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		71,474,862	4	81,423,579	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net		11,487	7	17,865	
	8	Inventories for sale or use		3,759,067	8	3,847,556	
	9	Prepaid expenses and deferred charges		25,300,733	9	13,188,183	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	517,761,554			
	b	Less: accumulated depreciation	10b	183,874,956	295,525,145	10c	333,886,598
	11	Investments—publicly traded securities		334,068,323	11	304,978,700	
	12	Investments—other securities. See Part IV, line 11		5,606,027	12	5,606,027	
	13	Investments—program-related. See Part IV, line 11		5,226,114	13	6,924,871	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		16,760,427	15	70,824,817	
16	Total assets. Add lines 1 through 15 (must equal line 34)		797,664,747	16	853,792,956		
Liabilities	17	Accounts payable and accrued expenses		73,193,182	17	58,013,859	
	18	Grants payable			18		
	19	Deferred revenue		47,005,690	19	29,152,819	
	20	Tax-exempt bond liabilities		273,911,434	20	266,195,008	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties		43,513,053	23	55,605,618	
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		15,649,669	25	62,219,726	
26	Total liabilities. Add lines 17 through 25		453,273,028	26	471,187,030		
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		344,340,642	27	382,578,311	
	28	Net assets with donor restrictions		51,077	28	27,615	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		344,391,719	32	382,605,926	
33	Total liabilities and net assets/fund balances		797,664,747	33	853,792,956		

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	674,888,949
2	Total expenses (must equal Part IX, column (A), line 25)	2	623,208,087
3	Revenue less expenses. Subtract line 2 from line 1	3	51,680,862
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	344,391,719
5	Net unrealized gains (losses) on investments	5	17,236,689
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-30,703,344
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	382,605,926

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

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

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

Additional Data

Software ID:
Software Version:
EIN: 94-1458282
Name: NORTHBAY HEALTHCARE GROUP

Form 990 (2019)

Form 990, Part III, Line 4a:

NORTHBAY HEALTHCARE GROUP OPERATES TWO NON-PROFIT HOSPITALS WITHIN SOLANO COUNTY: NORTHBAY MEDICAL CENTER AND VACAVALLEY HOSPITAL. NORTHBAY MEDICAL CENTER, A 132-BED ACUTE-CARE HOSPITAL, IS COMMITTED TO MEETING THE CHANGING HEALTH NEEDS OF LOCAL RESIDENTS, MAKING STATE-OF-THE-ART SERVICES AVAILABLE CLOSE TO HOME. THESE SERVICES INCLUDE: A 24-HOUR EMERGENCY DEPARTMENT AND STEMI RECEIVING CENTER, A LEVEL II TRAUMA CENTER, AN ACCREDITED CHEST PAIN CENTER WITH PCI, A PRIMARY STROKE CENTER, A MODERN MATERNITY UNIT WITH PRIVATE BIRTHING SUITES, A NEWBORN INTENSIVE CARE UNIT FOR PREMATURE AND CRITICALLY ILL NEWBORNS, STATE-OF-THE-ART CRITICAL CARE UNITS, COMPREHENSIVE DIAGNOSTIC IMAGING SERVICES, SURGICAL SERVICES, A CARDIAC CATHETERIZATION LAB, THE NORTHBAY HEART & VASCULAR CENTER, AND A CANCER CENTER ACCREDITED BY THE AMERICAN COLLEGE OF SURGEONS.VACAVALLEY HOSPITAL IS A 50-BED, NON-PROFIT HOSPITAL PROVIDING A WIDE RANGE OF MEDICAL SERVICES TO THE RESIDENTS OF VACAVILLE AND SURROUNDING COMMUNITIES OF NORTHERN SOLANO COUNTY. VACAVALLEY HOSPITAL PROVIDES A 24-HOUR EMERGENCY DEPARTMENT, 44 MEDICAL-SURGICAL BEDS, A SIX-BED CRITICAL CARE UNIT FOR HIGH-LEVEL INTENSIVE CARE, TWO SURGERY SUITES, A FULL SERVICE LABORATORY, AND DIAGNOSTIC IMAGING SERVICES WITH A FULLY EQUIPPED RADIOLOGY DEPARTMENT INCLUDING CT SCANNER.

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
NORTHBAY HEALTHCARE GROUP

Employer identification number
94-1458282

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

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

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

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6	Public support. Subtract line 5 from line 4.						
Section B. Total Support							
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage							
14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))					14	
15	Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a	33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b	33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

Part V

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

1

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

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

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:
Software Version:
EIN: 94-1458282
Name: NORTHBAY HEALTHCARE GROUP

Part VI

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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 for instructions and the latest information.

OMB No. 1545-0047

2019

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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 the organization NORTHBAY HEALTHCARE GROUP	Employer identification number 94-1458282
---	--

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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				

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
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
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.	
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		
j 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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)
		Yes	No	Amount
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?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		15,968
j	Total. Add lines 1c through 1i			15,968
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
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 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.

Return Reference	Explanation
PART II-B, LINE 1:	NORTHBAY HEALTHCARE GROUP SUPPORTS CERTAIN INITIATIVES AND ISSUES THAT ARE HEALTHCARE RELATED AND CONSISTENT WITH ITS MISSION OF PROMOTING HEALTHCARE IN ITS COMMUNITY. THE ORGANIZATION PAYS MEMBERSHIP DUES TO THE HOSPITAL COUNCIL OF NORTHERN & CENTRAL CALIFORNIA AND THE CALIFORNIA HOSPITAL ASSOCIATION; A PORTION OF THOSE DUES ARE ATTRIBUTABLE TO LOBBYING.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
NORTHBAY HEALTHCARE GROUP

Employer identification number
94-1458282

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

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

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

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ► \$

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

Cat. No. 52283D

Schedule D (Form 990) 2019

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐

Yes

☐

No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐

Yes

☐

No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐

Yes

☐

No

b

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

☐

Part V

Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	51,077	59,131	41,400	38,299	59,278
b Contributions	31,504	24,328	42,250	35,755	29,478
c Net investment earnings, gains, and losses					
d Grants or scholarships	37,942	25,199	19,888	22,135	50,457
e Other expenditures for facilities and programs	17,024	7,183	4,331	10,519	
f Administrative expenses			300		
g End of year balance	27,615	51,077	59,131	41,400	38,299

2

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

a

Board designated or quasi-endowment ▶ 0 %

b

Permanent endowment ▶ 0 %

c

Temporarily restricted endowment ▶ 100.000 %

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

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		9,867,153		9,867,153
b Buildings		314,862,443	78,309,092	236,553,351
c Leasehold improvements		27,617,010	11,920,869	15,696,141
d Equipment		143,983,291	83,614,568	60,368,723
e Other		21,431,657	10,030,427	11,401,230
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				333,886,598

Part VII

Investments—Other Securities.

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

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

Part VIII

Investments—Program Related.

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

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

Part IX

Other Assets.

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

(a) Description	(b) Book value
(1) OTHER RECEIVABLES	20,504,534
(2) HOSPITAL QUALITY ASSURANCE FEE RECEIVABLE	8,772,071
(3) OPERATING LEASE RIGHT-OF-USE ASSETS	41,171,765
(4) CASH WHOSE USE IS LIMITED	376,447
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	70,824,817

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	62,219,726

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 ☐

Schedule D (Form 990) 2019

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 94-1458282
Name: NORTHBAY HEALTHCARE GROUP

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	THE ENDOWMENT FUNDS ARE USED TO FINANCIALLY ASSIST PATIENTS AND EMPLOYEES IN NEED WITH HOUSING, UTILITIES, MEDICATIONS, FOOD, MEDICAL EQUIPMENT, TRANSPORTATION, PERSONAL ITEMS, AND REGULAR LIFE EXPENSES.

SCHEDULE H
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
NORTHBAY HEALTHCARE GROUP

Employer identification number
94-1458282

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes
b	If "Yes," was it a written policy?	1b	Yes
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other 13800.0000000000 % 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: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input checked="" type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care. 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? 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? Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.	3a	Yes
		3b	Yes
		4	Yes
		5a	Yes
		5b	Yes
		5c	No
		6a	Yes
		6b	Yes

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			35,384,441		35,384,441	5.680 %
b Medicaid (from Worksheet 3, column a)			230,715,894	174,348,192	56,367,702	9.040 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			266,100,335	174,348,192	91,752,143	14.720 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			11,316,893	7,960,278	3,356,615	0.540 %
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			11,316,893	7,960,278	3,356,615	0.540 %
k Total. Add lines 7d and 7j			277,417,228	182,308,470	95,108,758	15.260 %

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			536,000		536,000	0.090 %
2 Economic development			184,259		184,259	0.030 %
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			20,000		20,000	0 %
7 Community health improvement advocacy						
8 Workforce development			1,500		1,500	0 %
9 Other						
10 Total			741,759		741,759	0.120 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
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	7,445,065	
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	161,405,038
6 Enter Medicare allowable costs of care relating to payments on line 5	6	185,887,773
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-24,482,735
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:		
<input type="checkbox"/> Cost accounting system	<input type="checkbox"/> Cost to charge ratio	<input checked="" type="checkbox"/> Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

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

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

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

FACILITY REPORTING GROUP - A			Yes	No
Name of hospital facility or letter of facility reporting group				
Did the hospital facility have in place during the tax year a written financial assistance policy that:				
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP: <div><div>a</div><div><input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 138.000000000000% and FPG family income limit for eligibility for discounted care of 350.000000000000%</div><div>b</div><div><input type="checkbox"/> Income level other than FPG (describe in Section C)</div><div>c</div><div><input checked="" type="checkbox"/> Asset level</div><div>d</div><div><input checked="" type="checkbox"/> Medical indigency</div><div>e</div><div><input checked="" type="checkbox"/> Insurance status</div><div>f</div><div><input checked="" type="checkbox"/> Underinsurance discount</div><div>g</div><div><input checked="" type="checkbox"/> Residency</div><div>h</div><div><input type="checkbox"/> Other (describe in Section C)</div></div>	13	Yes	
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply): <div><div>a</div><div><input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</div><div>b</div><div><input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</div><div>c</div><div><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</div><div>d</div><div><input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</div><div>e</div><div><input type="checkbox"/> Other (describe in Section C)</div></div>	15	Yes	
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply): <div><div>a</div><div><input checked="" type="checkbox"/> The FAP was widely available on a website (list url): HTTPS://WWW.NORTHBAY.ORG/PATIENTS-VISITORS/FORMS-DOCUMENTS.CFM</div><div>b</div><div><input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): HTTPS://WWW.NORTHBAY.ORG/PATIENTS-VISITORS/FORMS-DOCUMENTS.CFM</div><div>c</div><div><input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): HTTPS://WWW.NORTHBAY.ORG/PATIENTS-VISITORS/FORMS-DOCUMENTS.CFM</div><div>d</div><div><input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div>e</div><div><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)</div><div>f</div><div><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)</div><div>g</div><div><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</div><div>h</div><div><input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</div><div>i</div><div><input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations</div><div>j</div><div><input checked="" type="checkbox"/> Other (describe in Section C)</div></div>	16	Yes	

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

FACILITY REPORTING GROUP - A

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

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

FACILITY REPORTING GROUP - A

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

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

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

[illegible]

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 55

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

Provide the following information.

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7:	A COST TO CHARGE RATIO WAS USED TO DETERMINE AMOUNTS ON SCHEDULE H, PART I, LINES 7A AND 7B. THE ORGANIZATION'S COST ACCOUNTING SYSTEM WAS UTILIZED TO DETERMINE AMOUNTS ON LINE 7E.
PART II, COMMUNITY BUILDING ACTIVITIES:	PHYSICAL IMPROVEMENTS AND HOUSING - NORTHBAY DONATED FUNDS TO PROVIDE OR REHABILITATE HOUSING FOR VULNERABLE POPULATIONS WHICH WILL BE USED FOR NEW INITIATIVES THAT RELATE TO HOMELESSNESS THE VALLEJO NAVIGATION CENTER, ANY NEW PROGRAM WITH SHELTER SOLANO, A VACAVILLE INITIATIVE IN THE WORKS WITH OPPORTUNITY HOUSE TO PROVIDE HOUSING FOR VULNERABLE PATIENTS UPON DISCHARGE FROM AN INPATIENT FACILITY. THIS INCLUDES FUNDING TO THE DREAM CENTER, WHOSE MISSION IS TO TRANSFORM OTHERS SUFFERING FROM ADDICTION, DOMESTIC VIOLENCE, HOMELESSNESS AND TRAUMA.ECONOMIC DEVELOPMENT - FINANCIAL SUPPORT FOR CHILD HAVEN, CHILDREN'S NETWORK, THE LEAVEN, MISSION SOLANO, WE CARE FOR CHILDREN SOLANO, MEALS ON WHEELS COMPRISE A NETWORK OF SUPPORT FOR VULNERABLE POPULATIONS IN OUR COMMUNITY. SERVICES INCLUDE A HAVEN FOR ABUSED AND ABANDONED CHILDREN, EARLY CHILDHOOD EDUCATION, AN AFTER-SCHOOL MENTORING PROGRAM FOR CHILDREN LIVING IN UNDERSERVED NEIGHBORHOODS AND SHELTER AND WRAP-AROUND SERVICES FOR THE HOMELESS.COALITION BUILDING - SOLANO COALITION FOR BETTER HEALTH IS A CONSORTIUM OF LOCAL HEALTH CARE SYSTEMS, THE COUNTY, NON-PROFIT SOCIAL SERVICE AGENCIES AND COMMUNITY CLINIC NETWORKS THAT WORK TOGETHER TO ASSESS THE COMMUNITY HEALTH NEEDS AND COLLABORATE TO MEET THEM.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2:	IN EVALUATING THE COLLECTABILITY OF ACCOUNTS RECEIVABLE, THE SYSTEM ANALYZES ITS PAST HISTORY AND IDENTIFIES TRENDS FOR EACH OF ITS MAJOR PAYOR SOURCES OF REVENUE TO ESTIMATE THE APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND PROVISION FOR BAD DEBTS ON A CONSOLIDATED BASIS. MANAGEMENT REGULARLY REVIEWS DATA ABOUT THESE MAJOR PAYOR SOURCES OF REVENUE IN EVALUATING THE SUFFICIENCY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS. FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WITH THIRD-PARTY INSURANCE COVERAGE, THE SYSTEM ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS AND A PROVISION FOR BAD DEBTS, IF NECESSARY (FOR EXAMPLE, FOR EXPECTED UNCOLLECTABLE DEDUCTIBLES AND COPAYMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYOR HAS NOT YET PAID, OR FOR PAYORS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES THAT MAKE THE REALIZATION OF AMOUNTS DUE UNLIKELY). FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS (THOSE WITHOUT THIRD-PARTY INSURANCE COVERAGE) AND RECEIVABLES REPRESENTING DEDUCTIBLES AND COPAYMENTS REQUIRED FROM PATIENTS BY THEIR INSURANCE PLANS, THE SYSTEM RECORDS A PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE ON THE BASIS OF ITS PAST EXPERIENCE. THE DIFFERENCE BETWEEN THE STANDARD RATES (OR DISCOUNTED RATES IF NEGOTIATED) AND THE AMOUNTS HISTORICALLY COLLECTED AFTER ALL REASONABLE COLLECTIONS HAVE BEEN EXHAUSTED IS THE ESTIMATED UNCOLLECTABLE RATE. THIS RATE IS APPLIED TO EXISTING ACCOUNTS TO RECORD AN ESTIMATE FOR UNCOLLECTABLE ACCOUNTS.
PART III, LINE 4:	THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS DOES NOT CONTAIN A SEPARATE FOOTNOTE ADDRESSING "BAD DEBT EXPENSE". HOWEVER, THE FOOTNOTE THAT ADDRESSES "PATIENTS ACCOUNTS RECEIVABLE" CAN BE FOUND ON PAGES 8 OF THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8:	ALL OF THE MEDICARE SHORTFALL, WHERE THE COSTS FOR PATIENT CARE EXCEED THE REIMBURSEMENT THEREON, SHOULD BE TREATED AS A COMMUNITY BENEFIT. THROUGH SERVING THE SOLANO COUNTY POPULATION, WHICH INCLUDES A VERY LARGE PERCENTAGE IN THE 65 AND OLDER AGE GROUP, NORTHBAY HEALTHCARE OFFERS THE PEACE OF MIND THAT COMES WITH CONTINUITY OF CARE TO GIVE ITS COMMUNITY A HOSPITAL THAT IS NEAR THEIR HOME. TO DETERMINE THE MEDICARE ALLOWABLE COSTS OF CARE, EXPENSES ARE DISALLOWED BASED ON PRIOR YEARS' COST REPORTS AUDITS AND STANDARD MEDICARE NON-REIMBURSABLE EXPENSES, AS DIRECTED BY THE MEDICARE PROGRAM. THE MEDICARE COST REPORT AND ITS RULES OF ALLOWABLE COSTS TO WERE USED AS THE COSTING METHODOLOGY TO DETERMINE THE AMOUNT ON SCHEDULE H, PART III, LINE 6.
PART III, LINE 9B:	NORTHBAY HEALTHCARE'S COLLECTION POLICIES OUTLINE THE TYPES OF COLLECTION EFFORTS THAT CONTRACTED COLLECTION AGENCIES MAY OR MAY NOT TAKE TO COLLECT ON PAST-DUE ACCOUNTS. IT IS RECOGNIZED THAT AS PART OF THE FINANCIAL ASSISTANCE PROCESS, PATIENTS MAY FROM TIME TO TIME BREAK THEIR PROMISE TO PAY MADE ON THE FINANCIAL ASSISTANCE APPLICATION. IN THESE INSTANCES, PATIENTS WITH PAST-DUE FINANCIAL ASSISTANCE OBLIGATIONS MAY BE REFERRED TO COLLECTION IN THE SAME MANNER AS ANY OTHER PATIENT WITH AN UNPAID PAST-DUE ACCOUNT. HOWEVER, IN NO INSTANCE WILL ANY PATIENT RECEIVING FINANCIAL ASSISTANCE UNDER THIS POLICY BE SUBJECT TO ABUSIVE TELEPHONE COLLECTION PRACTICES, LIENS BEING PLACED ON THEIR PRIMARY RESIDENCE, WAGE GARNISHMENTS, OR INVOLUNTARY COURT HOLD ORDERS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2:	IN PARTNERSHIP WITH THE SOLANO COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT COLLABORATIVE, A NEEDS ASSESSMENT WAS CONDUCTED IN 2019. IT RESULTED IN A DETAILED LIST OF PRIORITY HEALTH NEEDS, INCLUDING A DESCRIPTION OF UNWANTED HEALTH OUTCOMES AND ASSOCIATED DRIVERS. THE NEEDS ASSESSMENT IS AVAILABLE ON THE WEBSITE, WWW.NORTHBAY.ORG. IN ADDITION TO THE COMMUNITY HEALTH NEEDS ASSESSMENT, NORTHBAY OPERATES MANY SEMINARS, SUPPORT GROUPS, AND COMMUNITY EVENTS WHICH ALLOWS IT TO FURTHER ASSESS THE HEALTH CARE NEEDS OF THE COMMUNITY.
PART VI, LINE 3:	NORTHBAY HEALTHCARE POSTS NOTICES REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE IN ALL PATIENT REGISTRATION AREAS IN ALL PATIENT AREAS, IN PATIENT HANDBOOKS, AT ITS PATIENT BUSINESS SERVICES DEPARTMENT, AND ON ITS WEBSITE. NOTICES ARE POSTED IN ENGLISH AND SPANISH. PATIENTS ARE ALSO PROVIDED WITH INFORMATION REGARDING THE CHARITY CARE AND DISCOUNT POLICY AT THE POINT OF ACCESS. IF A PATIENT FEELS THAT THEY MAY BE ELIGIBLE UNDER THE POLICY, HE/SHE IS REFERRED TO NORTHBAY FINANCIAL COUNSELING FOR FURTHER ASSISTANCE. A FINAL DETERMINATION IS MADE WITHIN 30 DAYS OF A COMPLETE APPLICATION AND ALL REQUESTED DOCUMENTATION BEING SUBMITTED. ONCE A DECISION IS MADE FOR THE APPROVAL OR DENIAL OF FINANCIAL ASSISTANCE, A LETTER IS SENT TO THE PATIENT AS NOTIFICATION OF THE DECISION.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 4:	THE NORTHBAY HEALTHCARE SERVICE AREA INCLUDES ALL OF SOLANO COUNTY COMMUNITIES WITH A CONCENTRATION OF RESIDENTS IN THE CENTRAL SOLANO COMMUNITIES OF FAIRFIELD, SUISUN CITY, AND VACAVILLE. NORTHBAY HEALTHCARE IS CENTRALLY LOCATED ALONG THE INTERSTATE 80 CORRIDOR IN SOLANO COUNTY.THE TOTAL POPULATION IN THE SERVICE AREA IS ESTIMATED AT 287,540; OF THIS POPULATION 43.7% IDENTIFIES AS NON-HISPANIC WHITE, 27.52% IDENTIFIES AS HISPANIC OR LATINO, 11.4% IDENTIFIES AS ASIAN, 11.1% IDENTIFIES AS BLACK OR AFRICAN AMERICAN, 5.3% IDENTIFIES WITH MULTIPLES RACES, .3% IDENTIFIES AS NATIVE AMERICAN/ALASKAN NATIVE, .8% IDENTIFIES AS HAWAIIAN/PACIFIC ISLANDER, AND .2% IDENTIFIES AS SOME OTHER RACE.WITHIN THE SERVICE AREA, 11.3% OF THE TOTAL POPULATION IS LIVING IN POVERTY (<100% FEDERAL POVERTY LEVEL), WITH 16.6% OF THE CHILDREN IN THE SERVICE AREA LIVING IN POVERTY. THE UNEMPLOYMENT RATE IS 3.9%, WITH 8.5% OF THE POPULATION UNINSURED. ADULTS WITH NO HIGH SCHOOL DIPLOMA MAKE UP 13.5% OF THE POPULATION.
PART VI, LINE 5:	NORTHBAY CONTINUALLY PROMOTES PUBLIC HEALTH THROUGH DOZENS OF PROGRAMS, FROM FREE PRENATAL CARE TO LOW-INCOME PREGNANT WOMEN, TO FREE HOSPICE AND BEREAVEMENT SERVICES. A SUBSIDIZED DEMENTIA DAY CARE FACILITY AND A TRANSITIONAL CARE FACILITY FOR THE HOMELESS WHO REQUIRE POST-DISCHARGE CONTINUITY OF CARE ARE ALSO PROVIDED. UP TO 30 PUBLIC EDUCATION PROGRAMS -- HEALTH FAIRS, FREE SCREENINGS, DRIVE-THROUGH FLU VACCINATIONS, INJURY PREVENTION DEMONSTRATIONS, DRUNKEN DRIVING DETERENCE PROGRAMS AT LOCAL SCHOOLS AND DIABETES AWARENESS -- ARE CONDUCTED EVERY YEAR IN COMMUNITY FACILITIES CLOSE TO THOSE WHO CAN BENEFIT FROM THEM.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	CA

Additional Data

Software ID:
Software Version:
EIN: 94-1458282
Name: NORTHBAY HEALTHCARE GROUP

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 2		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	NORTHBAY MEDICAL CENTER 1200 B GALE WILSON BLVD FAIRFIELD, CA 94533 WWW.NORTHBAY.ORG 110000093	X	X					X		OUTPATIENT CLINICS	A
2	NORTHBAY VACAVALLEY HOSPITAL 1000 NUT TREE ROAD VACAVILLE, CA 95687 WWW.NORTHBAY.ORG 110000093	X	X					X		OUTPATIENT CLINICS	A

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
PART V, SECTION B	FACILITY REPORTING GROUP A

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
FACILITY REPORTING GROUP A CONSISTS OF:	- FACILITY 1: NORTHBAY MEDICAL CENTER, - FACILITY 2: NORTHBAY VACAVALLEY HOSPITAL

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- NORTHBAY HEALTHCARE GROUP PART V, SECTION B, LINE 5:	A BROAD RANGE OF COMMUNITY MEMBERS PROVIDED INPUT THROUGH KEY INFORMANT INTERVIEWS, GROUP INTERVIEWS, AND FOCUS GROUPS. WE CONSULTED INDIVIDUALS WITH KNOWLEDGE, INFORMATION, AND EXPERTISE RELEVANT TO THE HEALTH NEEDS OF THE COMMUNITY. THESE INDIVIDUALS INCLUDED REPRESENTATIVES FROM HEALTH DEPARTMENTS, SCHOOL DISTRICTS, LOCAL NON-PROFITS, AND OTHER REGIONAL PUBLIC AND PRIVATE ORGANIZATIONS. IN ADDITION, WE GATHERED INPUT FROM COMMUNITY LEADERS, CLIENTS OF LOCAL SERVICE PROVIDERS, AND OTHER INDIVIDUALS REPRESENTING PEOPLE WHO ARE MEDICALLY UNDERSERVED, LOW INCOME, OR WHO FACE UNIQUE BARRIERS TO HEALTH (E.G., RACE/ETHNIC MINORITIES AND INDIVIDUALS EXPERIENCING HOMELESSNESS).THERE WERE A TOTAL OF EIGHT KEY INFORMANT INTERVIEWS OCCURRING BETWEEN 8/8/2018 9/7/2018 WITH REPRESENTATIVES FROM VACAVILLE FAMILY RESOURCE CENTER, WINTERS HEALTHCARE, SOLANO COUNTY BOARD OF SUPERVISORS, CAMINAR, SOLANO COUNTY DEPARTMENT OF HEALTH AND SOCIAL SERVICES, SOLANO COUNTY PUBLIC HEALTH DEPARTMENT, PARTNERSHIP HEALTHPLAN, AND SOLANO COUNTY DEPARTMENT OF HEALTH AND SOCIAL SERVICES. IN ADDITION, THERE WERE FOUR GROUP INTERVIEWS: (1) A GROUP-INTERVIEW ON 8/30/2018 WITH SEVEN INDIVIDUALS REPRESENTING FIRST 5 SOLANO PARTNER ORGANIZATIONS, INCLUDING RIO VISTA CARE, CHILD START INC., SOLANO FAMILY AND CHILDREN'S SERVICES, COUNTY OF SOLANO MENTAL HEALTH SERVICES, AND THE SOLANO COUNTY OFFICE OF EDUCATION; (2) A GROUP-INTERVIEW ON 9/20/2018 WITH TWELVE INDIVIDUALS FROM THE WORKFORCE DEVELOPMENT BOARD; (3) A GROUP INTERVIEW ON 9/20/2018 WITH FOUR INDIVIDUALS FROM THE LEAVEN; AND (4) A GROUP INTERVIEW ON 9/28/2018 WITH FIVE INDIVIDUALS FROM SENIOR SERVICE PROVIDERS OLDER AND DISABLED ADULT SERVICES, FOOD BANK OF CONTRA COSTA AND SOLANO COUNTY, NORTH BAY REGIONAL CENTER, AND BORN TO AGE. ALL FOCUS GROUPS TARGETED INDIVIDUALS WHICH WORKED WITH THE MEDICALLY-UNDERSERVED, LOW-INCOME, AND MINORITY TARGET GROUPS.LASTLY, THERE WERE SEVEN SEPARATE FOCUS GROUPS HELD (IN BOTH ENGLISH AND SPANISH) IN WHICH 63 INDIVIDUALS PARTICIPATED ON THE FOLLOWING DATES: 9/26/2018, 10/1/2018, 10/5/2018, 10/5/2018, 10/5/2018, 10/8/2018, AND 10/8/2018. ALL FOCUS GROUPS INCLUDED INDIVIDUALS FROM THE MEDICAL-UNDERSERVED, LOW-INCOME, AND MINORITY TARGET GROUPS.

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- NORTHBAY HEALTHCARE GROUP PART V, SECTION B, LINE 6A:	THE ORGANIZATION CONDUCTED ITS CHNA IN CONJUNCTION WITH THE SOLANO COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT COLLABORATIVE (SOLANO CHNA COLLABORATIVE) WHICH INCLUDED THE FOLLOWING HOSPITAL FACILITIES (OTHER THAN THE ORGANIZATION ITSELF): (I) KAISER FOUNDATION AND (II) SUTTER HEALTH.

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- NORTHBAY HEALTHCARE GROUP PART V, SECTION B, LINE 6B:	THE OTHER ORGANIZATIONS OTHER THAN HOSPITAL FACILITIES WHICH PARTNERED WITH THE ORGANIZATION TO COMPLETE THE CHNA INCLUDE: (I) SOLANO COUNTY HEALTH AND SOCIAL SERVICES AND (II) COMMUNITY HEALTH INSIGHTS. ADDITIONALLY, THE ORGANIZATION CONSULTED WITH HARDER+COMPANY COMMUNITY RESEARCH, A SOCIAL RESEARCH AND PLANNING FIRM WHICH ASSISTS IN PLANNING, EVALUATING, AND IMPROVING SERVICES FOR VULNERABLE POPULATIONS.

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

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

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- NORTHBAY HEALTHCARE GROUP PART V, SECTION B, LINE 7D:	THE REPORT IS ALSO AVAILABLE ON THE WEBSITES OF SOLANO COUNTY HEALTH AND SOCIAL SERVICES AS WELL AS THE SOLANO COALITION FOR BETTER HEALTH, AND CAN BE REQUESTED IN HARD COPY FROM THOSE AGENCIES.

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

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- NORTHBAY HEALTHCARE GROUP PART V, SECTION B, LINE 11:	FOR THE PURPOSES OF THE CHNA, NORTHBAY HEALTHCARE DEFINES A "HEALTH NEED" AS A HEALTH OUTCOME AND/OR THE RELATED CONDITIONS THAT CONTRIBUTE TO A DEFINED HEALTH NEED. HEALTH NEEDS ARE IDENTIFIED BY THE COMPREHENSIVE IDENTIFICATION, INTERPRETATION, AND ANALYSIS OF A ROBUST SET OF PRIMARY AND SECONDARY DATA.THE FOLLOWING SEVEN HEALTH NEEDS WERE DETERMINED TO BE SIGNIFICANT (IN PRIORITIZED ORDER):1. ECONOMIC SECURITY: ECONOMIC SECURITY MEANS HAVING THE FINANCIAL RESOURCES, PUBLIC SUPPORTS, CAREER AND EDUCATIONAL OPPORTUNITIES, AND HOUSING NECESSARY TO BE ABLE TO LIVE YOUR FULLEST LIFE. 2. BEHAVIORAL HEALTH: BEHAVIORAL HEALTH IS THE FOUNDATION FOR HEALTHY LIVING AND ENCOMPASSES MENTAL ILLNESS, SUBSTANCE USE AND OVER DOSES, AND ACCESS TO SERVICE PROVIDERS FOR PREVENTIVE CARE AND TREATMENT. 3. ACCESS TO CARE: ACCESS TO QUALITY HEALTH CARE INCLUDES AFFORDABLE HEALTH INSURANCE, USE OF PREVENTIVE CARE, AND ULTIMATELY REDUCED RISK OF UNNECESSARY DISABILITY AND PREMATURE DEATH. 4. HEALTHY EATING AND ACTIVE LIVING (HEAL) RELATES TO FAIRFIELD/VACAVILLE SERVICE AREA RESIDENTS' ABILITY TO SHAPE THEIR HEALTH OUTCOMES THROUGH NUTRITION AND PHYSICAL ACTIVITY. 5. VIOLENCE AND INJURY PREVENTION: DIRECT AND INDIRECT EXPOSURE TO VIOLENCE AND INJURY, SUCH AS DOMESTIC AND COMMUNITY VIOLENCE, HAVE SIGNIFICANT EFFECTS ON WELL-BEING AND HEALTH. 6. HOUSING: ACCESS TO SAFE, SECURE, AND AFFORDABLE HOUSING IS AN IMPORTANT SOCIAL DETERMINANT OF HEALTH. FAMILIES WITH FEWER FINANCIAL RESOURCES ARE MORE LIKELY TO EXPERIENCE SUBSTANDARD HOUSING CONDITIONS AND THE ASSOCIATED RISKS. 7. MATERNAL & INFANT HEALTH: MOTHERS IN THE FAIRFIELD/VACAVILLE SERVICE AREA FACE MANY BARRIERS RELATED TO THEIR OWN WELL-BEING AND THAT OF THEIR CHILDREN.TO COMBAT THE HEALTH NEED OF ECONOMIC SECURITY, NORTHBAY HEALTHCARE INTENDS ON: (I) FURTHERING THE GOALS OF MOVING SOLANO FORWARD, A PROGRAM OPERATED BY THE SOLANO ECONOMIC DEVELOPMENT CORP., WHICH SEEKS BUSINESS ATTRACTION AND JOB CREATION, BY BEING A LEADING FINANCIAL SUPPORTER AND BY PARTICIPATING ON THE BOARD OF DIRECTORS OF THE SOLANO EDC ADVOCACY COUNCIL; (II) HELP THE LOCAL BUSINESS COMMUNITY FLOURISH AND RETAIN EXISTING JOBS BY BEING A FINANCIAL SUPPORTER AND PARTICIPATE ON THE BOARD OF DIRECTORS OF MOST OF THE NINE CHAMBERS OF COMMERCE'S IN SOLANO COUNTY AND BY CONDUCTING JOB AND RECRUITMENT FAIRS TO CONNECT THE UNEMPLOYED TO BUSINESSES THAT ARE HIRING; (III) CONDUCT A WEEKEND HEALTH AND RESOURCE FAIR FOR FAMILIES IN DISADVANTAGED NEIGHBORHOODS; (IV) FINANCIALLY SUPPORT THE PROGRAMS OF THE RAY KROC CENTER IN THE LOW-INCOME NEIGHBORHOODS OF SUISUN CITY OPERATED BY THE SALVATION ARMY; AND (V) THROUGH A COMMUNITY BENEFIT GRANT, ASSIST THE VACAVILLE NEIGHBORHOOD BOYS & GIRLS CLUB WITH PROGRAMS TO ASSIST LOW-INCOME FAMILIES BY PROVIDING AN OUT-OF-SCHOOL PLACE THAT OFFERS LIFE-ENHANCING EXPERIENCES, INCLUDING HEALTH MEALS AND ACTIVITIES.TO COMBAT THE HEALTH NEED OF BEHAVIORAL HEALTH, NORTHBAY HEALTHCARE INTENDS ON: (I) WORKING WITH SOLANO COUNTY

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

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- NORTHBAY HEALTHCARE GROUP PART V, SECTION B, LINE 11:	HEALTH & SOCIAL SERVICES AS IT CONSTRUCTS A NEW MENTAL HEALTH SERVICES UNIT ON BECK AVENUE IN FAIRFIELD; (II) INCREASE THE PATIENT CONTACTS FOR BEHAVIORAL HEALTH SERVICES IN BOTH T HE INPATIENT AND OUTPATIENT SETTINGS, CONNECTING THEM DIRECTLY TO COUNTY AND COMMUNITY RES OURCES; AND (III) PROVIDE A GRANT TO HORSEPLAY THERAPEUTIC RIDING CENTER, WHICH OFFERS A Y EAR-ROUND RECREATIONAL RIDING PROGRAM FOR SPECIAL NEEDS CHILDREN AND ADULTS.TO COMBAT THE HEALTH NEED OF ACCESS TO CARE, NORTHBAY HEALTHCARE INTENDS ON: (I) PARTNERING WITH OLE HEA LTH, A FEDERAL QUALIFIED HEALTH CENTER, BY PROVIDING 2,000 SQUARE FEET OF CLINIC SPACE TO OLE HEALTH ON THE CAMPUS OF NORTHBAY MEDICAL CENTER, WHICH WILL REDUCE UTILIZATION OF EMER GENCY ROOM RESOURCES AND RESULT IN BETTER OUTCOMES FOR PATIENTS OF OLE HEALTH WHO REQUIRE HOSPITALIZATION; (II) PROVIDE ACCESS TO CARE FOR AS MANY OF THOSE WHO CANNOT AFFORD THE CO ST AS POSSIBLE VIA THE ORGANIZATION'S CHARITY CARE PROGRAM; (III) INCREASE THE ADMISSION O F HOSPICE PATIENTS BY 5% IN 2020, EXTENDING THE PROGRAM'S REACH IN SOLANO COUNTY, WHILE EX PANDING THE POOL OF STAFF AND VOLUNTEERS TO ENSURE CAPACITY; AND (IV) CONTINUING TO OPERAT E THE NORTHBAY ADULT DAY CENTER, WHICH OFFERS CLIENTS WITH ALZHEIMER'S DISEASE AND RELATED DEMENTIAS THE OPPORTUNITY TO SOCIALIZE AND PARTICIPATE IN STIMULATING ACTIVITIES.TO COMBA T THE HEALTH NEED OF HEALTHY EATING AND ACTIVE LIVING, NORTHBAY HEALTHCARE INTENDS ON: (I) CONDUCTING COMMUNITY OUTREACH INITIATIVES TO AFFECT THE PUBLIC'S BEHAVIOR IN ORDER TO RED UCE THE INCIDENCE AND PREVALENCE OF CARDIOVASCULAR DISEASES, AS WELL AS OFFERING HANDS-ONL Y CPR AND AUTOMATED DEFIBRILLATION EDUCATION TO A LOCAL BUSINESS AND LOCAL SCHOOL; (II) PR OVIDE FINANCIAL ASSISTANCE TO MEALS ON WHEELS, WHICH SUPPORTS SENIOR INDEPENDENCE, HEALTH, AND WELL-BEING BY REGULARLY PROVIDING NUTRITIOUS MEALS AND HUMAN CONNECTION; (III) PROVID E GRANT FUNDING FOR THE FAIRFIELD CERTIFIED FARMERS' MARKET, WHICH WILL HELP FUND A 2-FOR- 1 MATCHING PROGRAM THAT PROVIDES NEEDY FAMILIES AN ADDITIONAL \$10 PER MONTH, WHICH INCREAS ES ACCESS TO HEALTH FOODS; AND (IV) PROVIDE A GRANT TO SOLANO LAND TRUST, WHICH WILL CONDU CT OUTDOOR EDUCATION PROGRAMS, DOCENT-LED TOURS AND COMMUNITY EVENTS TO CONNECT SCHOOL CHI LDREN AND THEIR FAMILIES TO NATURE.TO COMBAT THE HEALTH NEED OF VIOLENCE AND INJURY PREVEN TION, NORTHBAY HEALTHCARE INTENDS ON: (I) PROVIDING A BUILDING FACILITY FOR THE PROGRAMS O F THE LEAVEN (A NON-PROFIT ORGANIZATION WHICH BRINGS AFTER-SCHOOL MENTORING AND TUTORING P ROGRAMS AS A REVITALIZATION TOOL TO STRUGGLING NEIGHBORHOODS), AS WELL AS BY COVERING ALL OPERATIONAL COSTS; (II) SUPPORTING AND PARTNERING WITH THE ROBBY POBLETE FOUNDATION, WHICH OPERATES A FIREARMS BUYBACK EVENT, WITH THE GOAL OF GETTING AT LEAST 150 WEAPONS OFF THE STREET AS WELL AS OFFERING SCHOLARSHIPS TO INDIVIDUALS SEEKING A CAREER PATHWAY AWAY FROM A LIFE OF CRIME; AND (III) PROVIDE FINANCIAL ASSISTANCE TO THE JIM CAPOOT "CHARGE ON" FOUN DATION, WHICH BRINGS YOUTH UND

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

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- NORTHBAY HEALTHCARE GROUP PART V, SECTION B, LINE 11:	ER THE SUPERVISION AND POSITIVE INFLUENCE OF A LAW ENFORCEMENT AGENCY AND EXPANDS PUBLIC A WARENESS ABOUT THE ROLE OF A POLICE OFFICER AND REINFORCEMENT OF THE RESPONSIBLE VALUES AN D ATTITUDES INSTILLED IN YOUNG PEOPLE BY THEIR PARENTS.TO COMBAT THE HEALTH NEED OF HOUSIN G, NORTHBAY HEALTHCARE INTENDS ON: (I) PROVIDING FINANCIAL SUPPORT TO SOLANO DREAM CENTER, WHICH PROVIDES HOMELESS INDIVIDUALS WITH EMERGENCY SHELTER AND CONNECTIONS TO EMPLOYMENT ASSISTANCE AND OTHER SERVICES; (II) PROVIDE COMMUNITY BENEFIT GRANT FUNDING TO SUSTAIN A P ROGRAM PROVIDING A SAFE ENVIRONMENT FOR HOMELESS OR NEAR-HOMELESS PATIENTS WHO ARE READY F OR DISCHARGE, CONNECTING THEM WITH PRIMARY CARE, LONG-TERM HOUSING, AND OTHER RESOURCES; (III) PROVIDE \$150,000 IN START-UP FUNDING FOR THE VALLEJO NAVIGATION CENTER, WHICH WILL PR OVIDE ACCESS TO TEMPORARY HOUSING AND WRAP-AROUND SERVICES TO SUPPORT MEN AND WOMEN LIVING UNSHELTERED IN THE CITY OF VALLEJO; AND (IV) THROUGH A COMMUNITY BENEFIT GRANT, ASSIST IN THE FUNDING OF A GROUP HOUSING PROJECT IN THE CITY OF RIO VISTA FOR HOMELESS VETERANS, WH ICH WILL SERVE SIX TO EIGHT HOMELESS VETERANS, CONNECTING THEM TO VA SERVICES, EMPLOYMENT ASSISTANCE, AND HEALTH CARE SERVICES.TO COMBAT THE HEALTH NEED OF MATERNAL & INFANT HEALTH , NORTHBAY HEALTHCARE WILL PARTICIPATE IN CALIFORNIA PERINATAL QUALITY CARE COLLABORATIVE (CPQCC) AND CALIFORNIA MATERNAL QUALITY CARE COLLABORATIVE (CMQCC) TO HELP ADDRESS THE OPI OID USE EPIDEMIC AS IT HAS IMPACTED FAMILIES IN SOLANO COUNTY. NORTHBAY WOMEN AND CHILDREN 'S SERVICES PROVIDERS WILL ENCOURAGE NON-PHARMACOLOGIC TREATMENT FOR NEONATAL ABSTINENCE S YNDROME (NAS) WHERE APPROPRIATE BASED ON EVIDENCE DEMONSTRATING ITS SUPERIORITY.NORTHBAY H EALTHCARE, IN ITS 2020 IMPLEMENTATION STRATEGY, ADDRESSES EACH OF THE SEVEN PRIORITIZED NE EDS IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT.

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 1 - CENTER FOR PRIMARY CARE FAIRFIELD 2458 HILLBORN ROAD FAIRFIELD, CA 94534	PRIMARY CARE CLINIC
1 2 - CENTER FOR PRIMARY CARE GREEN VALLEY 4520 BUSINESS CENTER DRIVE FAIRFIELD, CA 94534	PRIMARY CARE CLINIC
2 3 - CENTER FOR PRIMARY CARE VACAVILLE 421 NUT TREE ROAD VACAVILLE, CA 95687	PRIMARY CARE CLINIC
3 4 - ADULT DAY CENTER 3777 VACAVALLEY PARKWAY VACAVILLE, CA 94533	ADULT DAY CENTER
4 5 - BREAST CANCER PROGRAM 1020 NUT TREE ROAD VACAVILLE, CA 95687	BREAST CANCER CENTER
5 6 - CANCER CENTER MEDICAL ONCOLOGY 1020 NUT TREE ROAD SUITE 390 VACAVILLE, CA 95687	CANCER CENTER
6 7 - CANCER CENTER RADIATION ONCOLOGY 1020 NUT TREE ROAD SUITE 190 VACAVILLE, CA 95687	CANCER CENTER
7 8 - CARDIAC & PULMONARY REHABILITATION 1020 NUT TREE ROAD SUITE 250 VACAVILLE, CA 95687	CARDIAC REHAB CENTER
8 9 - CENTER FOR WOMEN'S HEALTH 1860 PENNSYLVANIA AVENUE SUITE 300 FAIRFIELD, CA 94533	WOMEN'S HEALTH
9 10 - DIABETES & ENDOCRINOLOGY 1020 NUT TREE ROAD SUITE 290 VACAVILLE, CA 95687	OUTPATIENT CLINIC
10 11 - DIAGNOSTIC IMAGING FAIRFIELD 1101 B GALE WILSON BOULEVARD FAIRFIELD, CA 94533	DIAGNOSTIC IMAGING
11 12 - DIAGNOSTIC IMAGING VACAVILLE 1020 NUT TREE ROAD SUITE 150 VACAVILLE, CA 95687	DIAGNOSTIC IMAGING
12 13 - EAR NOSE AND THROAT 1860 PENNSYLVANIA AVE SUITE 305 FAIRFIELD, CA 94533	OUTPATIENT CLINIC
13 14 - GASTROENTEROLOGY FAIRFIELD 4520 BUSINESS CENTER DRIVE FAIRFIELD, CA 94534	OUTPATIENT CLINIC
14 15 - GASTROENTEROLOGY VACAVILLE 1010 NUT TREE ROAD SUITE 100 VACAVILLE, CA 95687	OUTPATIENT CLINIC

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

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

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

Name and address	Type of Facility (describe)
16 16 - HEALTHSPRING FITNESS 1020 NUT TREE ROAD SUITE 100 VACAVILLE, CA 95687	OUTPATIENT FITNESS CENTER
1 17 - HEART AND VASCULAR CENTER FAIRFIELD 1860 PENNSYLVANIA AVE SUITE 120 FAIRFIELD, CA 94533	OUTPATIENT CLINIC
2 18 - HEART AND VASCULAR CENTER GREEN VALLEY 4520 BUSINESS CENTER DRIVE SUITE 200 FAIRFIELD, CA 94534	OUTPATIENT CLINIC
3 19 - HEART AND VASCULAR CENTER VACAVILLE 1020 NUT TREE ROAD SUITE 290 VACAVILLE, CA 95687	OUTPATIENT CLINIC
4 20 - HOME HEALTH 4520 BUSINESS CENTER DRIVE FAIRFIELD, CA 95687	HOME HEALTH CLINIC
5 21 - HOSPICE & BEREAVEMENT 4520 BUSINESS CENTER DRIVE FAIRFIELD, CA 94534	HOSPICE & BEREAVEMENT
6 22 - INFECTIOUS DISEASE 1010 NUT TREE ROAD SUITE 100B VACAVILLE, CA 95687	INFECTIOUS DISEASE CLINIC
7 23 - LACTATION SUPPORT 1860 PENNSYLVANIA AVENUE SUITE 310 FAIRFIELD, CA 94533	OUTPATIENT MATERNITY CLINIC
8 24 - NEUROSCIENCE FAIRFIELD 1860 PENNSYLVANIA AVENUE FAIRFIELD, CA 94533	NEUROSCIENCE CLINIC
9 25 - NEUROSCIENCE VACAVILLE 1010 NUT TREE ROAD SUITE 100-B VACAVILLE, CA 95687	NEUROSCIENCE CLINIC
10 26 - NEUROSCIENCE VACAVILLE (SPINE PROGRAM) 1020 NUT TREE ROAD 2ND FLOOR VACAVILLE, CA 95687	NEUROSCIENCE CLINIC
11 27 - OCCUPATIONAL HEALTH FAIRFIELD 2470 HILLBORN ROAD SUITE 100 FAIRFIELD, CA 94534	OCCUPATIONAL HEALTH CLINIC
12 28 - OCCUPATIONAL HEALTH VACAVILLE 1679 E MONTE VISTA AVE SUITE 104 VACAVILLE, CA 95688	OCCUPATIONAL HEALTH CLINIC
13 29 - ORTHOPEDICS FAIRFIELD 2500 HILLBORN ROAD FAIRFIELD, CA 94534	OUTPATIENT ORTHOPEDIC CLINIC
14 30 - ORTHOPEDICS VACAVILLE 1010 NUT TREE ROAD SUITE 200 VACAVILLE, CA 95687	OUTPATIENT ORTHOPEDIC CLINIC

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

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

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

Name and address	Type of Facility (describe)
31 31 - OSTEOPATHIC MANIPULATIVE MEDICINE 1020 NUT TREE ROAD SUITE 290 VACAVILLE, CA 95687	OSTEOPATHIC MEDICINE CLINIC
1 32 - PAIN MANAGEMENT FAIRFIELD 1860 PENNSYLVANIA AVENUE SUITE 310 FAIRFIELD, CA 94533	PAIN MANAGEMENT CLINIC
2 33 - PAIN MANAGEMENT VACAVILLE 1020 NUT TREE ROAD SUITE 270 VACAVILLE, CA 95687	PAIN MANAGEMENT CLINIC
3 34 - PHYSICALOCCUPATIONAL THERAPY FAIRFIELD 2500 HILLBORN ROAD FAIRFIELD, CA 94534	PHYSICAL/OCCUPATIOAL THERAPY CLINIC
4 35 - PHYSICALOCCUPATIONAL THERAPY VACAVILLE 1020 NUT TREE ROAD SUITE 260 VACAVILLE, CA 95687	PHYSICAL/OCCUPATIOAL THERAPY CLINIC
5 36 - PODIATRY & PODIATRIC SURGERY FAIRFIELD 2500 HILLBORN ROAD FAIRFIELD, CA 94534	OUTPATIENT PODIATRY CLINIC
6 37 - PODIATRY & PODIATRIC SURGERY VACAVILLE 1010 NUT TREE ROAD VACAVILLE, CA 95687	OUTPATIENT PODIATRY CLINIC
7 38 - PULMONARY MEDICINE FAIRFIELD 1860 PENNSYLVANIA AVENUE SUITE 200 FAIRFIELD, CA 94533	PULMONARY MEDICINE CLINIC
8 39 - PULMONARY MEDICINE SLEEP MEDICINE CLINIC 2458 HILLBORN ROAD FAIRFIELD, CA 94534	PULMONARY MEDICINE CLINIC
9 40 - PULMONARY MEDICINE VACAVILLE 1010 NUT TREE ROAD SUITE 100 VACAVILLE, CA 95687	PULMONARY MEDICINE CLINIC
10 41 - RHEUMATOLOGY 1010 NUT TREE ROAD SUITE 200 VACAVILLE, CA 95687	RHEUMATOLOGY CLINIC
11 42 - SPECIALTY PHARMACY 1020 NUT TREE ROAD VACAVILLE, CA 95687	SPECIALTY PHARMACY
12 43 - SPECIALTY PRACTICES FAIRFIELD 1860 PENNSYLVANIA AVENUE FAIRFIELD, CA 94533	SPECIALTY OUTPATIENT CLINIC
13 44 - SPECIALTY PRACTICES VACAVILLE 1010 NUT TREE ROAD VACAVILLE, CA 95687	SPECIALTY OUTPATIENT CLINIC
14 45 - SPEECH THERAPY 2500 HILBORN ROAD FAIRFIELD, CA 94534	SPEECH THERAPY CLINIC

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

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

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

Name and address	Type of Facility (describe)
46 46 - SPINE PROGRAM 1020 NUT TREE ROAD SUITE 270 VACAVILLE, CA 95687	OUTPATIENT SPINE CLINIC
1 47 - SURGERY CENTER AT VACAVALLEY 1006 NUT TREE ROAD VACAVILLE, CA 95687	OUTPATIENT SURGERY CENTER
2 48 - VACAVALLEY HEALTH PLAZA 1010 NUT TREE ROAD VACAVILLE, CA 95687	HEALTH PLAZA
3 49 - URGENT CARE FAIRFIELD 1320 TRAVIS BLVD SUITE C FAIRFIELD, CA 94533	URGENT CARE CLINIC
4 50 - URGENT CARE VACAVILLE 1679 E MONTE VISTA AVE SUITE 104 VACAVILLE, CA 95688	URGENT CARE CLINIC
5 51 - UROLOGY FAIRFIELD 1860 PENNSYLVANIA AVENUE SUITE 200 FAIRFIELD, CA 94533	UROLOGY CLINIC
6 52 - UROLOGY NAPA 3520 BEAR ROAD NAPA, CA 94558	UROLOGY CLINIC
7 53 - WOMEN'S DIAGNOSTIC IMAGING FAIRFIELD 1101 B GALE WILSON BOULEVARD SUITE 100B FAIRFIELD, CA 94533	WOMEN'S DIAGNOSTIC IMAGING CLINIC
8 54 - WOMEN'S DIAGNOSTIC IMAGING VACCAVILLE 1020 NUT TREE ROAD SUITE 150 VACAVILLE, CA 95687	WOMEN'S DIAGNOSTIC IMAGING CLINIC
9 55 - WOUND CARE AND HYPERBARIC MEDICINE 1010 NUT TREE ROAD SUITE 100 VACAVILLE, CA 95687	WOUND CARE CLINIC

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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTHBAY HEALTHCARE GROUP

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number
94-1458282

Part IGeneral Information on Grants and Assistance

- 1Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes☐ No
- 2Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) NORTHBAY HEALTHCARE FOUNDATION 4500 BUSINESS CENTER DRIVE FAIRFIELD, CA 945346888	94-2995085	501(C)(3)	500,000				GENERAL SUPPORT FOR HOMELESS COMMUNITY BENEFIT
(2) SOLANO DREAM CENTER INC 743 E TABOR AVENUE FAIRFIELD, CA 94533	83-2407160		48,000				GENERAL SUPPORT FOR HOMELESS COMMUNITY BENEFIT

2Enter total number of section 501(c)(3) and government organizations listed in the line 1 table1

3Enter total number of other organizations listed in the line 1 table1

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	GRANTS TO NORTHBAY HEALTHCARE FOUNDATION ARE MONITORED VIA OVERLAPPING MANAGEMENT WITH NORTHBAY HEALTHCARE GROUP. PROPER USE OF THE AMOUNTS GRANTED TO SOLANO DREAM CENTER, INC., ARE MONITORED BY WITNESSING THE WORK PERFORMED AND IMPACT ACHIEVED IN COMBATTING HOMELESSNESS WITHIN THE SOLANO COUNTY COMMUNITY; ACCESS TO SAFE, SECURE, AND AFFORDABLE HOUSING WAS OUTLINED AS A HEALTH NEED IN THE 2019 NORTHBAY HEALTHCARE GROUP COMMUNITY HEALTH NEEDS ASSESSMENT.

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization NORTHBAY HEALTHCARE GROUP		Employer identification number 94-1458282

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

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

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

[illegible]

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 3	THE PRESIDENT OF NORTHBAY HOSPITAL GROUP IS A PAID EMPLOYEE OF NORTHBAY HEALTHCARE CORPORATION, A RELATED ORGANIZATION. NORTHBAY HEALTHCARE CORPORATION UTILIZES THE FOLLOWING METHODS TO DETERMINE THE COMPENSATION OF THE PRESIDENT: COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.
PART I, LINE 4B	THE FOLLOWING INDIVIDUALS PARTICIPATED IN A RELATED ORGANIZATION'S SUPPLEMENTAL 457(F) RETIREMENT PLAN. EMPLOYER CONTRIBUTIONS TO THE PLAN DURING THE 2019 CALENDAR YEAR ARE AS FOLLOWS, WHICH HAS BEEN REPORTED WITHIN "DEFERRED COMPENSATION" ON SCHEDULE J, PART II, COLUMN (C): B. KONARD JONES - \$348,000 AIMEE BREWER - \$64,230 CHRISTOPHER TIMBERS - \$44,687 NICOLE BRACATO - \$28,967 WAYNE GIETZ - \$26,372
PART I, LINE 7	THE SENIOR MANAGEMENT INCENTIVE PROGRAM INCLUDES SPECIFIC CRITERIA WHICH MUST BE MET IN ORDER FOR SUCH INDIVIDUALS TO RECEIVE ADDITIONAL COMPENSATION; SOME OF THIS CRITERIA REQUIRES AN INDIVIDUAL TO EXERCISE DISCRETION WHEN CALCULATING THE AMOUNT OF PAYMENT OR DECIDING WHETHER TO MAKE SUCH A PAYMENT.

Additional Data

Software ID:
Software Version:
EIN: 94-1458282
Name: NORTHBAY HEALTHCARE GROUP

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1B KONARD JONES DIRECTOR/PRES. & CEO OF NBHC	(i)	0	0	0	0	0	0	0
	(ii)	694,409	260,615	43,840	359,200	17,810	1,375,874	0
1AIMEE BREWER PRESIDENT, NORTHBAY HEALTHCARE GROUP	(i)	0	0	0	0	0	0	0
	(ii)	520,580	145,236	211,418	74,101	26,816	978,151	0
2THEO RALLIS INT VP, FINANCE/CFO START 11/2019	(i)	0	0	0	0	0	0	0
	(ii)	228,018	24,336	7,000	16,470	26,336	302,160	0
3CHRISOTPHER TIMBERS VP, CHIEF INFORMATION OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	354,776	73,406	12,994	55,887	26,274	523,337	0
4NICOLE BRACATO VP, CHIEF QUALITY OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	338,544	82,914	8,121	40,167	16,542	486,288	0
5WAYNE GIETZ VP, AMBULATORY DIVISION	(i)	0	0	0	0	0	0	0
	(ii)	301,448	64,896	3,964	36,293	26,080	432,681	0
6SETH A KAUFMAN MD CHIEF MEDICAL OFFICER	(i)	347,172	0	0	7,808	25,346	380,326	0
	(ii)	0	0	0	0	0	0	0
7TRACI DUNCAN VP, CHIEF NURSING OFFICER	(i)	220,358	37,871	924	8,814	8,080	276,047	0
	(ii)	0	0	0	0	0	0	0
8THERESA BARTOLI CLINICAL COORDINATOR	(i)	348,448	0	3,620	15,512	24,682	392,262	0
	(ii)	0	0	0	0	0	0	0
9ANTOINETTE NAVARRO CLINICAL COORDINATOR	(i)	334,307	0	4,298	14,587	257	353,449	0
	(ii)	0	0	0	0	0	0	0
10JOANNE M JACOB CLINICAL NURSE IV	(i)	330,860	0	0	13,734	16,855	361,449	0
	(ii)	0	0	0	0	0	0	0
11DUSTIN D DATOC REGISTERED NURSE FIRST ASSISTANT	(i)	304,361	0	3,224	6,215	16,855	330,655	0
	(ii)	0	0	0	0	0	0	0
12JAMES BOLLIG SR, DIRECTOR PERIOP SVC/S/WOUND/ASC	(i)	268,212	26,111	1,806	6,718	28,119	330,966	0
	(ii)	0	0	0	0	0	0	0

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Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTHBAY HEALTHCARE GROUP

Supplemental Information on Tax-Exempt Bonds

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number
94-1458282

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A CALIFORNIA MUNICIPAL FINANCE AUTHORITY	20-1563466	13048TVG5	04-30-2015	34,809,259	CONSTRUCTION COSTS FOR EXPANSION OF NORTHBAY MEDICAL CENTER		X		X		X
B CALIFORNIA MUNICIPAL FINANCE AUTHORITY	20-1563466	13048TZY2	08-04-2016	39,829,633	PARTIALLY REFUND BOND DATED 10/23/2013		X		X		X
C CALIFORNIA MUNICIPAL FINANCE AUTHORITY	20-1563466	13048TP49	01-11-2017	210,294,259	CONSTRUCTION COSTS FOR EXPANSION OF NORTHBAY MEDICAL CENTER		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	2,115,000		7,500,000					
2	Amount of bonds legally defeased								
3	Total proceeds of issue	34,985,302		45,124,673		215,484,224			
4	Gross proceeds in reserve funds	2,220,248		3,668,623		15,092,432			
5	Capitalized interest from proceeds					535,643			
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	696,185		796,405		3,561,472			
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	32,068,869				140,499,950			
11	Other spent proceeds			35,543,728					
12	Other unspent proceeds			5,115,917		55,794,727			
13	Year of substantial completion	2016							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X	X			X		
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X		
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III

Private Business Use

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

Part III

Private Business Use (Continued)

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

Part IV

Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	ISSUER NAME: CALIFORNIA MUNICIPAL FINANCE AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED: 04/30/2020 ISSUER NAME: CALIFORNIA MUNICIPAL FINANCE AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED: 11/01/2019 ISSUER NAME: CALIFORNIA MUNICIPAL FINANCE AUTHORITY DATE THE REBATE COMPUTATION WAS PERFORMED: 12/31/2019

Return Reference	Explanation
PART I, COLUMN (E) AND PART II, LINE 3:	THE DIFFERENCE BETWEEN THE TOTAL ISSUE PRICE REPORTED IN SCHEDULE K, PART I, COLUMN (E) AND THE TOTAL PROCEEDS OF ISSUE IN SCHEDULE K, PART II, LINE 3 REPRESENTS INVESTMENT EARNINGS ON PROCEEDS (FOR EACH BOND) AS WELL AS UNSPENT PROCEEDS FROM PREVIOUSLY DEFEASED BONDS FOR THE 2016 BOND.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service
Name of the organization
NORTHBAY HEALTHCARE GROUP**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

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

94-1458282

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	DURING 2019, JIM STRONG FULFILLED THE ROLE OF INTERIM VICE PRESIDENT, FINANCE/CHIEF FINANCIAL OFFICER (UNTIL NOVEMBER 2019). JIM STRONG WAS A CONSULTANT WITH WIPFLI, LLP; NORTHBAY HEALTHCARE GROUP COMPENSATED WIPFLI, LLP \$468,620 IN EXCHANGE FOR JIM STRONG'S SERVICES AS INTERIM VICE PRESIDENT, FINANCE/CHIEF FINANCIAL OFFICER DURING THE 2019 CALENDAR YEAR.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION HAS ONE SOLE MEMBER, NORTHBAY HEALTHCARE CORPORATION, A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	NORTHBAY HEALTHCARE CORPORATION, THE ORGANIZATION'S SOLE MEMBER, HAS THE POWER TO ELECT ALL DIRECTORS FROM A PANEL OF QUALIFIED INDIVIDUALS NOMINATED BY A MAJORITY VOTE OF THE BOARD OF DIRECTORS OF NORTHBAY HEALTHCARE GROUP.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	<p>NORTHBAY HEALTHCARE CORPORATION, THE ORGANIZATION'S SOLE MEMBER, HAS THE RIGHT TO REMOVE A NY DIRECTOR. IN ADDITION, THE FOLLOWING POWERS ARE RESERVED TO THE MEMBER, MAY BE EXERCIED ONLY BY THE MEMBER, AND MAY BE EXERCISED WITHOUT ANY ACTION OR APPROVAL BY THE BOARD OF N ORTHBAY HEALTHCARE GROUP: (I) ELECTION OF DIRECTORS FROM A PANEL OF QUALIFIED NOMINEES; AN D (II) DISSOLUTION OF THE CORPORATION. THE FOLLOWING ACTIONS MAY BE TAKEN BY NORTHBAY HEAL THCARE GROUP ONLY IF ADOPTED BY THE BOARD AND APPROVED BY THE MEMBER: (I) ADOPT OR IMPLEME NT THE ANNUAL OPERATING AND CAPITAL BUDGET; (II) EFFECTUATE ANY PURCHASES OR FINANCING, HO WEVER STRUCTURED, IN AN AMOUNT EQUAL TO OR EXCEEDING ONE MILLION DOLLARS; (III) AMEND THE ARTICLES OF INCORPORATION OR THE BYLAWS; (IV) IMPLEMENT ANY MERGER, CONSOLIDATION, AFFILIA TION, JOINT VENTURE ACTIVITY, OR ALLIANCE BETWEEN THE CORPORATION AND ANY OTHER ENTITY; (V) ESTABLISH OR PROMULGATE CORPORATE POLICY AND GOALS; (VI) ESTABLISH OR PROMULGATE LONG-RA NGE AND STRATEGIC PLANS; (VII) ESTABLISH GENERAL POLICY WITH RESPECT TO EMPLOYEE BENEFIT P LANS; (VIII) UNDERTAKE OR MANAGE ANY FINANCING ACTIVITIES THAT ARE IN EXCESS OF ONE YEAR; (IX) DETERMINE ANY COMPENSATION OR REIMBURSEMENT TO BE PAID TO DIRECTORS; (X) ADJUST THE T ERM OF ANY DIRECTOR; AND (XI) FORMATION BY THE CORPORATION OF ANY NEW CORPORATION, OR TAKI NG ANY OWNERSHIP OF ANY CORPORATION OR ENTITY AS A SHAREHOLDER, MEMBER, PARTNER, OR JOINT VENTURER.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS REVIEWED BY THE VICE PRESIDENT/CFO AND PRESENTED TO THE BOARD OF DIRECTORS OF THE PARENT COMPANY, NORTHBAY HEALTHCARE CORPORATION. A COPY OF THE FORM 990 IS ALSO DISTRIBUTED TO ALL VOTING MEMBERS GOVERNING BODY OF NORTHBAY HEALTHCARE GROUP FOR THEIR REVIEW AND COMMENTS PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION REQUESTS ALL OFFICERS, DIRECTORS, KEY EMPLOYEES AND MEMBERS COMMITTEES APPOINTED BY THE BOARD OF DIRECTORS TO SELF-MONITOR COMPLIANCE; IN ADDITION EACH OFFICER AND BOARD MEMBERS MUST ANNUALLY COMPLETE A CONFLICT OF INTEREST STATEMENT. THE CONFLICT OF INTEREST STATEMENTS ARE REVIEWED AND ALL RESPONSES FILED. IF A POTENTIAL CONFLICT ARISES, BOARD MEMBERS, EMPLOYEES, AND MEDICAL STAFF ARE REQUIRED TO SELF-DISCLOSE THE CONFLICT TO THE CORPORATE COMPLIANCE OFFICER OR MEDICAL CHIEF OF STAFF. PROCESSES AND PROCEDURES ARE IN PLACE TO EVALUATE AND DETERMINE IF A POSSIBLE CONFLICT OF INTEREST EXISTS. IF CONFLICT OF INTEREST EXISTS, THE INDIVIDUAL WILL PRESENT RELEVANT INFORMATION TO THE BOARD. AFTER SUCH PRESENTATION, THE INDIVIDUAL SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND VOTE ON, THE TRANSACTION OR ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15B	THE ORGANIZATION DOES NOT COMPENSATE THE PRESIDENT OF NORTHBAY HEALTHCARE GROUP, OR ANY OF THE OFFICERS LISTED ON FORM 990, PART VII; THESE INDIVIDUALS ARE COMPENSATED BY NORTHBAY HEALTHCARE CORPORATION, A RELATED ORGANIZATION. AS SUCH, FORM 990, PART VI, SECTION A, LINE 15A HAS BEEN MARKED "NO", AS MANDATED BY THE FORM 990 INSTRUCTIONS. FOR KEY EMPLOYEES COMPENSATED BY THE ORGANIZATION, AN AD HOC COMPENSATION COMMITTEE OF THE NORTHBAY HEALTHCARE CORPORATION BOARD REVIEWS COMPENSATION. THEY ARE ASSISTED BY INDEPENDENT CONSULTANTS, AND INDEPENDENT LOCAL SURVEYS AS A MEANS TO SUBSTANTIATE COMPENSATION DECISIONS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE ON THE DIGITAL ASSURANCE CORPORATION W EBSITE. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST STATEMENT ARE NOT MADE AVAILABLE TO THE PUBLIC.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	PROFESSIONAL FEES - MEDICAL: PROGRAM SERVICE EXPENSES 69,186,838. MANAGEMENT AND GENERAL E XPENSES 99,827. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 69,286,665. PURCHASED SERVICES - OT HER: PROGRAM SERVICE EXPENSES 22,833,263. MANAGEMENT AND GENERAL EXPENSES 267,949. FUNDRAI SING EXPENSES 0. TOTAL EXPENSES 23,101,212. OTHER FEES FOR SERVICES: PROGRAM SERVICE EXPEN SES 36,528,633. MANAGEMENT AND GENERAL EXPENSES 32,397. FUNDRAISING EXPENSES 0. TOTAL EXPE NSES 36,561,030.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	RELIEF OF INTERCOMPANY RECEIVABLES -30,703,344.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
NORTHBAY HEALTHCARE GROUP

Employer identification number
94-1458282

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) NORTHBAYPHYSICIAN SURGERY CENTER LLC 4500 BUSINESS CENTER DRIVE FAIRFIELD, CA 94534 20-3502901	AMBULATORY SURGERY CENTER	CA	6,776,190	0	NORTHBAY HEALTHCARE GROUP

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.

(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)NORTHBAY HEALTHCARE CORPORATION 4500 BUSINESS CENTER DRIVE FAIRFIELD, CA 94534 68-0046750	TO SUPPORT THE OPERATION OF NORTHBAY HEALTHCARE GROUP & AFFILIATES	CA	501(C)(3)	LINE 12B, II N/A	N/A		No
(2)NORTHBAY HEALTHCARE FOUNDATION 4500 BUSINESS CENTER DRIVE FAIRFIELD, CA 94534 94-2995085	PROVIDES FUNDRAISING FOR NORTHBAY HEALTHCARE GROUP & AFFILIATES	CA	501(C)(3)	LINE 12B, II	NORTHBAY HEALTHCARE CORPORATION		No
(3)NORTHBAY HEALTH ADVANTAGE 4500 BUSINESS CENTER DRIVE FAIRFIELD, CA 94534 94-2495998	MANAGES REAL ESTATE FOR NORTHBAY HEALTHCARE GROUP & AFFILIATES	CA	501(C)(3)	LINE 12B, II	NORTHBAY HEALTHCARE CORPORATION		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) SOLANO DIAGNOSTIC PARTNERS 1101 B GALE WILSON BLVD FAIRFIELD, CA 94533 93-1013774	DIAGNOSTIC IMAGING CENTER	CA	N/A									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

Yes

1l

No

1m

Yes

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

No

1s

No

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

Schedule R (Form 990) 2019

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

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation