



AGENDA

Board of Directors Meeting

5:30 PM - Wednesday, April 26, 2023

[Click link to join Zoom meeting](#)

SPH Conference Rooms 1&2

Meeting ID: 878 0782 1015 Pwd: 931197

Phone Line: 669-900-9128 or 301-715-8592

Kelly Cooper President		Keriann Baker		Edson Knapp, MD	
Aaron Weisser Vice Pres.		M. Todd Boling, DO		Bernadette Wilson	
Julie Woodworth Secretary		Matthew Hambrick		Beth Wythe	
Walter Partridge Treasurer		Melissa Jacobsen		Ryan Smith, CEO	

Mission: South Peninsula Hospital promotes community health and wellness by providing personalized, high quality, locally coordinated healthcare.

Vision: South Peninsula Hospital is the provider of choice with a dynamic and dedicated team committed to service excellence.

Page

1. CALL TO ORDER

2. ROLL CALL

3. REFLECT ON LIVING OUR VALUES

4. WELCOME GUESTS & PUBLIC / INTRODUCTIONS / ANNOUNCEMENTS

- 5 4.1. Rules for Participating in a Public Meeting
[Rules for Participating in a Public Meeting](#)

5. COMMENTS FROM THE AUDIENCE ON ITEMS OF ANY MATTER

6. APPROVAL OF THE AGENDA

7. APPROVAL OF THE CONSENT CALENDAR

- 6 - 11 7.1. Consideration to Approve the South Peninsula Hospital (SPH) Board of Directors meeting minutes for March 22, 2023.
[Board of Directors - Mar 22 2023 - Minutes - DRAFT](#)
- 12 - 15 7.2. Consideration to Approve March FY2023 Financials
[Balance Sheet March FY2023](#)
[Income Statement March FY2023](#)
[Cash Flows Statement March FY2023](#)
- 16 - 81 7.3. Resolution 23-14, Approving Hospital Administration to File IRS Form 990 for Fiscal Year 2022, Tax Year 2021.
[SPH Resolution 23-14 Approval to File IRS Form 990 fiscal year 2022 tax year 2021](#)
[Draft 990](#)
[draft 990 schedule B](#)

8. PRESENTATIONS

9. UNFINISHED BUSINESS

10. NEW BUSINESS

- 82 - 85 10.1. Consideration to Approve SPH Resolution 2023-12, A Resolution of the South Peninsula Hospital Board of Directors Sunsetting South Peninsula Hospital Board of Directors Resolution 2020-03 and South Peninsula Hospital Board of Directors Resolution 2020-06, Which Provided Special Provisions for Operating During the COVID-19 Public Health Emergency
[SPH Resolution 2023-12](#)
- 86 - 95 10.2. Consideration to Approve South Peninsula Hospital Board of Directors Resolution 2023-13, A Resolution of the South Peninsula Hospital Board of Directors Approving the Request of \$608,020 of Plant Replacement and Expansion Funds to Support Upgrades to the Generator Annunciator and Switch Gear
[Memo](#)
[SPH Resolution 2023-13](#)
[Switchgear Quote](#)
- 96 - 99 10.3. Consideration to Approve Revised CRNA Privileges as recommended by the Medical Staff

[CRNA Privilege Revision Memo 2023](#)
[CRNA Privileges, revised](#)

- 100 - 110 10.4. First Reading: Consideration to Amend the South Peninsula Hospital Board of Director Bylaws, Article IV, Section 2, to change the term of officers from one to two years
[Memo BOD Bylaw Change](#)
[23 04 19 BOD Bylaws, proposed changes](#)

11. REPORTS

- 111 - 114 11.1. Chief Executive Officer
[Balanced Scorecard Q1 2023](#)
- 115 11.2. BOD Committee: Finance
[Finance Committee Memo - April 2023](#)
- 11.3. BOD Committee: Governance
- 116 11.4. BOD Committee: Education
[Education Committee Report - April 2023](#)
- 11.5. Chief of Staff
- 11.6. Service Area Board Representative

12. DISCUSSION

- 12.1. Discussion of iProtean video

13. COMMENTS FROM THE AUDIENCE ON ITEMS OF ANY MATTER

14. COMMENTS FROM THE BOARD

(Announcements/Congratulations)

- 14.1. Chief Executive Officer
- 14.2. Board Members

15. INFORMATIONAL ITEMS

16. ADJOURN TO EXECUTIVE SESSION

17. ANNOUNCEMENTS AS A RESULT OF EXECUTIVE SESSION

17.1. Credentialing

18. ADJOURNMENT

To: Public Participants
From: Operating Board of Directors – South Peninsula Hospital
Re: Rules for Participating in a Public Meeting

The following has been adapted from the “Rules for Participating in a Public Meeting” used by Kenai Peninsula SAB of SPHI.

Each member of the public desiring to speak on any issue before the SPH Operating Board of Directors at tonight’s meeting will be given an opportunity to speak to the following guidelines:

- *Those who wish to speak will need to sign in on the sign in sheet being circulated. When the chair recognizes you to speak, you need to clearly give your name and the subject you wish to address.*
- *Please be concise and courteous, in time, so others present will have an opportunity to speak.*
- *Please observe normal rules of decorum and avoid disparaging by name the reputation or character of any member of the Operating Board of directors, the administration or personnel of SPHI, or the public. You cannot mention or use names of individuals.*
- *The Operating Board Directors may ask you to respond to their questions following your comments. You could be asked to give further testimony in “Executive Session” if your comments are directly related to a member of personnel, or management of SPHI, or dealing with specific financial matters, either of which could be damaging to the character of an individual or the financial health of SPHI, however, you are under no obligation to answer any question put to you by the Operating Board Directors.*
- *This is your opportunity to provide your support or opposition to matters that are within the areas of Operating Board of Directors governance. If you have questions, you may direct them to the chair.*

These rules for participating in a public meeting were discussed and approved at the Board Governance Committee meeting on February 24, 2013.



MINUTES
Board of Directors Meeting
5:30 PM - Wednesday, March 22, 2023
Conference Rooms 1&2 and Zoom

The Board of Directors of the South Peninsula Hospital was called to order on Wednesday, March 22, 2023, at 5:30 PM, in Conference Rooms 1&2 and via Zoom.

1. CALL TO ORDER

President Kelly Cooper called the regular meeting to order at 5:30p.m.

2. ROLL CALL

BOARD PRESENT: President Kelly Cooper, Keriann Baker, Todd Boling, Melissa Jacobsen, Edson Knapp, Treasurer Walter Partridge, Vice President Aaron Weisser, Bernadette Wilson, Secretary Julie Woodworth, Beth Wythe, and CEO Ryan Smith

BOARD EXCUSED: Matthew Hambrick

ALSO PRESENT: Ryan Smith (CEO), Angela Hinnegan (COO), Rachael Kincaid (CNO), Dr. Christina Tuomi (CMO), Anna Hermanson, (CFO), Dr. Christopher Landess (Chief of Staff)

**Due to the Zoom meeting format, only meeting participants who comment, give report or give presentations are noted in the minutes. Others may be present on the virtual meeting.*

A quorum was present.

3. REFLECT ON LIVING OUR VALUES

Angela Hinnegan, COO, spoke about a recent partnership with the schools to support the AHEC program. Eleven students participated in the program over their spring break, exploring different career opportunities. The students spent a full day at South Peninsula Hospital (SPH.) It was very well received, and a great example of teamwork between Derotha Ferraro, the HR team, and many of our managers. There was a lot of positive feedback from both the college and the high school.

She shared another example of Living Our Values - SPH's Facilities Manager, Harrison Smith, pulled a school bus full of children out of a ditch, helped put chains on the bus and then plowed in front of the bus down the road so the bus could continue on its route.

4. WELCOME GUESTS & PUBLIC / INTRODUCTIONS / ANNOUNCEMENTS

Ms. Cooper thanked guests and members of the public for attending.

4.1. Rules for Participating in a Public Meeting

The rules were provided in the packet.

5. COMMENTS FROM THE AUDIENCE ON ITEMS OF ANY MATTER

Lane Chesley, KPBA Assembly member, gave comment. He has had several conversations with Mayor Micciche and he's motivated to learn more about South Peninsula Hospital. Mr. Chesley hopes there will be an opportunity for him to meet with staff and board members. John Hedges has been updating him on the Master Facility Planning process. He looks forward to cultivating that relationship. Ms. Cooper added that Mayor Micciche toured South Peninsula Hospital recently, and they do plan to cultivate that relationship.

6. APPROVAL OF THE AGENDA

Ms. Cooper asked to remove 10.1 from the agenda, as there have been new developments on that project and it's no longer ready for approval, until adjustments can be made.

6.1.

Beth Wythe made a motion to approve the agenda as amended, removing item 10.1. Consideration to Approve SPH Resolution 2023-10, A Resolution of the South Peninsula Hospital Board of Directors Approving the Request of \$550,000 of Plant Replacement and Expansion Funds to Support Upgrades to the Generator Annunciator and Switch Gear. Edson Knapp seconded the motion. Motion Carried.

7. APPROVAL OF THE CONSENT CALENDAR

Secretary Julie Woodworth read the consent calendar into the record.

7.1. Consideration to Approve the South Peninsula Hospital (SPH) Board of Directors meeting minutes for February 27, 2023.

7.2. Consideration to Approve February 2023 Financials

7.3. Consideration to Approve the Balanced Scorecard Indicators for 2023

Secretary Julie Woodworth made a motion to approve the consent calendar as read. Aaron Weisser seconded the motion. Motion Carried.

8. PRESENTATIONS

There were no presentations.

9. UNFINISHED BUSINESS

There was no unfinished business.

10. NEW BUSINESS

10.1. Consideration to Approve SPH Resolution 2023-10, A Resolution of the South Peninsula Hospital Board of Directors Approving the Request of \$550,000 of Plant Replacement and Expansion Funds to Support Upgrades to the Generator Annunciator and Switch Gear

10.1 was removed from the agenda.

10.2. Consideration to Approve SPH Board Resolution 2023-11, A Resolution of the South Peninsula Hospital Board of Directors Approving the Use of \$80,000 Operating Funds to Complete the Replacement of the Roof and Modification of the Drainage at 203 W. Pioneer Avenue.

Staff Report: Ryan Smith, CEO. This is the building this is the building we bought from Dr. Boling. At the time, the roof was in need of repairs. We got a quote for the roof repairs and Dr. Boling and borough decided to split that cost of the repairs, and that was removed from the purchase price. Now that the work is beginning, the borough put it out to bid and the cost is 80k over the initial estimate when we purchased the building. This will add this additional 80k so we can make the roof repairs.

WP The finance committee reviewed this and recommended approval.

Todd Boling abstained from the vote, due to being the previous owner of the building.

Secretary Julie Woodworth made a motion to approve SPH Board Resolution 2023-11, A Resolution of the South Peninsula Hospital Board of Directors Approving the Use of \$80,000 Operating Funds to Complete the Replacement of the Roof and Modification of the Drainage at 203 W. Pioneer Avenue. Beth Wythe seconded the motion. Motion Carried.

10.3. Consideration to Approve Core Privileges in Addiction Medicine as Recommended by the Medical Staff

Staff Report: Christina Tuomi, DO. Addiction medicine is advanced training in addiction and how to diagnose and treat it, and comes from a multi-factorial approach. Medicine and well as social needs. Dr. Spencer asked she be considered for credentialing for addiction medicine, which is her subspecialty within family medicine. For Dr. Spencer, these are consulting privileges, so she will not be admitting patients. This will better align the administrative paperwork with her current function in the medical staff.

Ms. Cooper asked if the medical staff has to wait until their next credentialing cycle or could they apply now. Dr. Landess clarified that medical staff members can request additional privileges at any time.

Secretary Julie Woodworth made a motion to approve Core Privileges in Addiction Medicine as Recommended by the Medical Staff. Edson Knapp seconded the motion. Motion Carried.

11. REPORTS

11.1. Chief Executive Officer

Ryan Smith, CEO, reported. The balanced scorecard is unchanged from last month. The new balanced scorecard for 2023 will be populated and presented at the April meeting. We are scheduled for a trauma recertification on June 19th. House Bill 52 on visitation is a bill introduced by Sarah Vance. It has had

some testimony from the public and from Jared Kosin from AHHA. It would likely need amendments in order to move forward, and could likely cause unintended consequences for us. We are tracking this. There is also a Nurse Licensure Compact Bill that hasn't dropped yet, but we support it and Rachael Kincaid, CNO, has been leading that charge for us. We are working on plans to get our housing leases under control, as well as for addressing the childcare needs of our staff.

11.2. BOD Committee: Finance

Walter Partridge, Finance Chair, reported. The Finance Committee met last week, and reviewed the two resolutions and passed them to the board. One of those was passed to tonight and the other removed from the agenda. We also received notice of a remodel at Homer Medical Center. The committee reviewed the February financials. It was a low volume, low revenue, but low expense month. We basically broke even. The committee is staying aware of Medicaid eligibility issues the impact that might have on our finances.

11.3. BOD Committee: Governance

- **Board Self Evaluation Item for Discussion: *"I believe our board reflects the social and cultural make-up of the service area."***

Aaron Weisser, Governance Chair, reported. The Governance Committee met last week. We are still working through the action item list from Jamie Orlikoff's visit last fall. Our bylaws state we use Robert's Rules of Order and Jamie advised us to look at that language, as it may be too stringent. It leaves us open to legal concern if we don't use this very detailed meeting rule system to the letter. His recommendation was to change the bylaw language to allow for flexibility, while still following the general spirit of Robert's Rules of Order. Mr. Weisser asked if the board would feel open to amending the bylaws as recommended. Ms. Cooper thought that makes sense, as long as the language is vetted to be legally sound. The board had no objections.

The Governance Committee also discussed Doctor's Dinners. There is a desire to start these up again, and make them informal, social gathering as opposed to a business meetings. Ms. Cooper and Mr. Weisser will work on scheduling one. Governance is also working on job descriptions for officers, and introduced a new version of the CEO evaluation tool online and delegated the CEO evaluation process to an ad-hoc committee.

The final question on the board's self-evaluation from last year that scored in the bottom three, was in response to the statement *"I believe our board reflects the social and cultural make-up of the service area."* The board was encouraged to give feedback, if they scored that low. Mr. Partridge scored it lower than the others, because there are ethnicities in the community not represented on the board, as well as geographic locations that are not represented. Ms. Wythe agreed with Mr. Partridge's comments. Ms. Baker agreed that she scored it in the same way as Mr. Partridge. She believes the board has tried to reach out and get diversity of thought and ideas, and she did

not score it low in terms of performance, but in the current factual makeup of the board.

11.4. BOD Committee: Education

Melissa Jacobsen, Education Chair, reported. The Education Committee will be scheduling a meeting for next month. There was some discussion about the iProtean video, and it was not clear when the video was due. We will make sure the video is listed on the agenda for next month. We will be working on scheduling the board work session for 2023, as well.

11.5. Chief of Staff

Dr. Christopher Landess, Chief of Staff, reported. Dr. Erin Murphy has been a great addition in the Emergency Room. The prn physicians are working out well, particularly Dr. Jesse Wray. We are looking to the future and possible recruitment for Dr. Wray when his military commitment ends. The medical staff is working well together and there is nothing else to report.

11.6. Service Area Board Representative

Tim Whip reported on behalf of the Service Area Board (SAB). At their recent meeting, Kathryn Ault and Willy Dunne reported on the AHA Rural Health Care Leadership Conference. They shared a lot of good information. The SAB unanimously approved the resolution recommending approval of unobligated service area funds and expansion funds to support updating the LTC HVAC system. We discussed that resolution and it sounds like it's past due so were glad to support it.

12. DISCUSSION

There was no further discussion.

13. COMMENTS FROM THE AUDIENCE ON ITEMS OF ANY MATTER

14. COMMENTS FROM THE BOARD

(Announcements/Congratulations)

14.1. Chief Executive Officer

The CEO had no further comments.

14.2. Board Members

Ms. Cooper asked for comments from the board. Bernie Wilson expressed interest in the nurse licensure compact and appreciated Ms. Kincaid for her representation there. She shared a story she heard in the community about a patient who came in for cataract surgery and had an excellent experience. Ms. Jacobsen appreciates Homer Medical Center's extended hours and good care. Ms. Wythe thanked the staff for their outreach. Mr. Partridge thanked Mr. Weisser for the electronic evaluation process. Dr. Knapp expressed appreciation for the general surgery team at South Peninsula Hospital. Dr. Boling and Dr. Kincaid make a great team, and patients are getting great care. Ms. Cooper said Coops is doing a protein drive at Coop's for the Food Pantry.

Housing solutions meeting is Saturday 9:30-12. Stacy, Derotha, and Kelly will all be attending. Haven House Women of Distinction event is April 1st and Angie Newby is being honored. If you'd like to attend the event, contact Kelly or Derotha.

15. INFORMATIONAL ITEMS

There were no informational items.

16. ADJOURN TO EXECUTIVE SESSION

Beth Wythe made a motion to adjourn to executive session. Treasurer Walter Partridge seconded the motion. Motion Carried.

17. ANNOUNCEMENTS AS A RESULT OF EXECUTIVE SESSION

17.1. Credentialing

After review of the applicant's files through the secure online portal, Julie Woodworth moved to certify the email vote of 2/20/23, approving the following positions in the medical staff as requested and recommended by the Medical Executive Committee. Matthew Hambrick seconded the motion. Motion carried.

Reappointments (telemed)

Klein, Jerome MD; Radiology/Vrad; Telemedicine

Appointments

Welkovich, Bruce MD; Emergency Med; Courtesy Staff

Reappointments

Ellerbe, Dwight MD; Otolaryngology; Courtesy Staff
Rollins, Donna PMHNP; Mental Health/NP; Active Staff
Schaffer, Stephen MD; Otolaryngology; Courtesy Staff
Sitenga, Garret MD; Ophthalmology; Active Staff

18. ADJOURNMENT

Respectfully Submitted,

Accepted:

Maura Jones, Executive Assistant

Kelly Cooper, President

Minutes Approved:

Julie Woodworth, Secretary



South Peninsula Hospital

DRAFT-UNAUDITED

BALANCE SHEET As of March 31, 2023

	As of March 31, 2023	As of March 31, 2022	As of February 28, 2023	CHANGE FROM Mar 31, 2022
ASSETS				
CURRENT ASSETS:				
1 CASH AND CASH EQUIVALENTS	23,808,636	19,332,369	23,984,882	4,476,267
2 EQUITY IN CENTRAL TREASURY	8,623,594	7,533,159	8,888,537	1,090,435
3 TOTAL CASH	<u>32,432,230</u>	<u>26,865,528</u>	<u>32,873,419</u>	<u>5,566,702</u>
4 PATIENT ACCOUNTS RECEIVABLE	29,970,631	30,906,362	29,711,475	(935,731)
5 LESS: ALLOWANCES & ADJ	(14,960,933)	(14,402,878)	(14,833,471)	(558,055)
6 NET PATIENT ACCT RECEIVABLE	<u>15,009,698</u>	<u>16,503,484</u>	<u>14,878,004</u>	<u>(1,493,786)</u>
7 PROPERTY TAXES RECV - KPB	134,853	158,451	160,237	(23,598)
8 LESS: ALLOW PROP TAX - KPB	(4,165)	(3,599)	(4,165)	(566)
9 NET PROPERTY TAX RECV - KPB	<u>130,688</u>	<u>154,852</u>	<u>156,072</u>	<u>(24,164)</u>
10 OTHER RECEIVABLES - SPH	2,182,213	261,173	1,684,572	1,921,040
11 INVENTORIES	1,916,511	1,838,559	1,946,543	77,952
12 NET PENSION ASSET- GASB	4,997,209	9,450,712	4,969,522	(4,453,503)
13 PREPAID EXPENSES	<u>911,096</u>	<u>915,598</u>	<u>1,016,641</u>	<u>(4,502)</u>
14 TOTAL CURRENT ASSETS	<u>57,579,645</u>	<u>55,989,906</u>	<u>57,524,773</u>	<u>1,589,739</u>
ASSETS WHOSE USE IS LIMITED				
15 PREF UNOBLIGATED	7,212,959	10,441,196	7,415,304	(3,228,237)
16 PREF OBLIGATED	1,781,135	2,312,376	1,531,135	(531,241)
17 OTHER RESTRICTED FUNDS	<u>27,064</u>	<u>90,451</u>	<u>72,861</u>	<u>(63,386)</u>
	9,021,158	12,844,023	9,019,299	(3,822,865)
PROPERTY AND EQUIPMENT:				
18 LAND AND LAND IMPROVEMENTS	4,114,693	4,111,915	4,114,693	2,778
19 BUILDINGS	67,648,703	67,122,976	67,648,703	525,727
20 EQUIPMENT	30,878,006	29,796,835	30,878,006	1,081,171
21 BUILDINGS INTANGIBLE ASSETS	2,456,899	0	2,456,899	2,456,899
22 EQUIPMENT INTANGIBLE ASSETS	462,427	0	462,427	462,427
23 IMPROVEMENTS OTHER THAN BUILDINGS	273,935	273,640	273,935	295
24 CONSTRUCTION IN PROGRESS	1,405,224	603,622	1,161,827	801,602
25 LESS: ACCUMULATED DEPRECIATION FOR FIXED ASSETS	(64,572,577)	(60,545,894)	(64,233,770)	(4,026,683)
26 LESS: ACCUMULATED AMORTIZATION FOR LEASED ASSETS	(750,630)	0	(713,634)	(750,630)
27 NET CAPITAL ASSETS	<u>41,916,680</u>	<u>41,363,094</u>	<u>42,049,086</u>	<u>553,586</u>
28 GOODWILL	8,000	20,000	9,000	(12,000)
29 TOTAL ASSETS	<u>108,525,483</u>	<u>110,217,023</u>	<u>108,602,158</u>	<u>(1,691,540)</u>
DEFERRED OUTFLOWS OF RESOURCES				
30 PENSION RELATED (GASB 68)	4,530,917	(568,607)	4,530,917	5,099,524
31 UNAMORTIZED DEFERRED CHARGE ON REFUNDING	<u>304,030</u>	<u>372,619</u>	<u>309,668</u>	<u>(68,589)</u>
32 TOTAL DEFERRED OUTFLOWS OF RESOURCES	4,834,947	(195,988)	4,840,585	5,030,935
33 TOTAL ASSETS AND DEFERRED OUTFLOWS OF RESOURCES	<u>113,360,430</u>	<u>110,021,035</u>	<u>113,442,743</u>	<u>3,339,395</u>

	<u>As of March 31, 2023</u>	<u>As of March 31, 2022</u>	<u>As of February 28, 2023</u>	<u>CHANGE FROM Mar 31, 2022</u>	
LIABILITIES & FUND BALANCE					
CURRENT LIABILITIES:					
34	ACCOUNTS AND CONTRACTS PAYABLE	1,254,561	1,971,162	1,561,606	(716,601)
35	ACCRUED LIABILITIES	7,153,626	7,978,679	7,259,769	(825,053)
36	DEFERRED CREDITS	5,189	730,235	4,868	(725,046)
37	CURRENT PORTION OF LEASE PAYABLE	401,282	0	400,069	401,282
38	CURRENT PORTIONS OF NOTES DUE	0	0	0	0
39	CURRENT PORTIONS OF BONDS PAYABLE	1,835,000	1,770,000	1,835,000	65,000
40	BOND INTEREST PAYABLE	75,666	90,679	40,705	(15,013)
41	DUE TO/(FROM) THIRD PARTY PAYERS	1,288,761	968,134	1,288,761	320,627
43	TOTAL CURRENT LIABILITIES	<u>12,014,085</u>	<u>13,508,889</u>	<u>12,390,778</u>	<u>(1,494,804)</u>
LONG-TERM LIABILITIES					
44	NOTES PAYABLE	0	0	0	0
45	BONDS PAYABLE NET OF CURRENT PORTION	6,905,000	8,740,000	6,905,000	(1,835,000)
46	PREMIUM ON BONDS PAYABLE	425,869	580,331	438,036	(154,462)
47	CAPITAL LEASE, NET OF CURRENT PORTION	1,962,699	26,531	1,996,193	1,936,168
48	TOTAL NONCURRENT LIABILITIES	<u>9,293,568</u>	<u>9,346,862</u>	<u>9,339,229</u>	<u>(53,294)</u>
49	TOTAL LIABILITIES	<u>21,307,653</u>	<u>22,855,751</u>	<u>21,730,007</u>	<u>(1,548,098)</u>
50	DEFERRED INFLOW OF RESOURCES	0	0	0	0
51	PROPERTY TAXES RECEIVED IN ADVANCE	0	0	0	0
NET POSITION					
52	INVESTED IN CAPITAL ASSETS	5,731,963	5,731,963	5,731,963	0
53	CONTRIBUTED CAPITAL - KPB	0	0	0	0
54	RESTRICTED	25,286	25,286	25,286	0
55	UNRESTRICTED FUND BALANCE - SPH	86,295,528	81,408,035	85,955,487	4,887,493
56	UNRESTRICTED FUND BALANCE - KPB	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
57	TOTAL LIAB & FUND BALANCE	<u><u>113,360,430</u></u>	<u><u>110,021,035</u></u>	<u><u>113,442,743</u></u>	<u><u>3,339,395</u></u>

	MONTH			YEAR TO DATE				
	03/31/23		03/31/23	03/31/23		03/31/23		
	Actual	Budget	Var B/(W)	Actual	Actual	Budget	Var B/(W)	Actual
Patient Service Revenue								
1 Inpatient	2,700,118	3,064,918	-11.90%	3,288,326	22,403,734	29,430,363	-23.88%	27,255,900
2 Outpatient	12,925,080	13,342,940	-3.13%	11,778,238	112,931,230	110,138,552	2.54%	98,440,307
3 Long Term Care	1,073,144	1,097,797	-2.25%	1,054,920	9,506,667	9,880,173	-3.78%	7,612,799
4 Total Patient Services	16,698,342	17,505,655	-4.61%	16,121,484	144,841,631	149,449,088	-3.08%	133,309,006
Deductions from Revenue								
5 Medicare	3,366,296	3,509,519	4.08%	3,119,424	27,802,481	30,052,091	7.49%	26,908,803
6 Medicaid	1,996,742	2,490,918	19.84%	2,250,328	20,169,299	21,329,785	5.44%	17,947,324
7 Charity Care	226,870	148,977	-52.29%	253,589	1,438,644	1,275,691	-12.77%	671,494
8 Commercial and Admin	1,524,168	1,397,337	-9.08%	1,248,136	13,250,211	11,965,430	-10.74%	11,459,761
9 Bad Debt	121,593	327,629	62.89%	34,632	2,179,430	2,805,495	22.32%	2,149,784
10 Total Deductions	7,235,669	7,874,380	8.11%	6,906,109	64,840,065	67,428,492	3.84%	59,137,166
11 Net Patient Services	9,462,673	9,631,275	-1.75%	9,215,375	80,001,566	82,020,596	-2.46%	74,171,840
12 USAC and Other Revenue	63,436	61,664	2.87%	54,476	558,324	554,984	0.60%	498,611
13 Total Operating Revenues	9,526,109	9,692,939	-1.72%	9,269,851	80,559,890	82,575,580	-2.44%	74,670,451
Operating Expenses								
14 Salaries and Wages	4,412,502	4,286,861	-2.93%	3,998,368	37,985,156	37,626,303	-0.95%	35,444,010
15 Employee Benefits	1,857,194	2,485,737	25.29%	2,154,184	16,978,120	19,777,930	14.16%	15,891,240
16 Supplies, Drugs and Food	999,110	1,197,680	16.58%	1,199,209	9,177,971	10,294,309	10.84%	9,625,768
17 Contract Staffing	276,972	152,386	-81.76%	288,000	2,140,629	1,450,751	-47.55%	3,240,463
18 Professional Fees	645,598	470,714	-37.15%	585,406	4,875,661	3,919,447	-24.40%	4,341,589
19 Utilities and Telephone	157,501	145,130	-8.52%	153,370	1,309,198	1,252,345	-4.54%	1,203,997
20 Insurance (gen'l, prof liab, property)	29,528	62,646	52.87%	57,698	534,066	562,265	5.02%	529,144
21 Dues, Books, and Subscriptions	17,154	15,233	-12.61%	19,453	170,422	193,444	11.90%	177,935
22 Software Maint/Support	157,949	190,370	17.03%	158,763	1,506,168	1,532,543	1.72%	1,393,594
23 Travel, Meetings, Education	29,488	66,050	55.36%	36,810	445,841	564,238	20.98%	425,446
24 Repairs and Maintenance	186,954	137,624	-35.84%	137,383	1,407,307	1,170,524	-20.23%	1,153,591
25 Leases and Rentals	72,508	69,108	-4.92%	77,980	583,012	604,267	3.52%	640,540
26 Other (Recruiting, Advertising, etc.)	74,977	83,119	9.80%	95,340	1,169,467	748,014	-56.34%	834,047
27 Depreciation & Amortization	339,807	345,888	1.76%	336,528	3,047,306	3,113,002	2.11%	2,947,001
28 Total Operating Expenses	9,257,242	9,708,546	4.65%	9,298,492	81,330,324	82,809,382	1.79%	77,848,365
29 Gain (Loss) from Operations	268,867	(15,607)	1822.73%	(28,641)	(770,434)	(233,802)	-229.52%	(3,177,914)
Non-Operating Revenues								
30 General Property Taxes	33,072	44,873	-26.30%	40,978	4,859,079	4,590,302	5.86%	4,626,941
31 Investment Income	104,630	9,750	973.13%	(2,678)	332,009	87,754	278.34%	(3,613)
32 Governmental Subsidies	0	0	0.00%	0	0	0	0.00%	2,428,182
33 Other Non Operating Revenue	1,892	0	100.00%	0	5,519	0	100.00%	79,384
34 Gifts & Contributions	0	0	0.00%	0	0	0	0.00%	0
35 Gain <Loss> on Disposal	0	0	0.00%	0	6,572	0	0.00%	0
36 SPH Auxiliary	0	6	-100.00%	2	2,740	52	5169.23%	43
37 Total Non-Operating Revenues	139,594	54,629	155.53%	38,302	5,205,919	4,678,108	11.28%	7,130,937
Non-Operating Expenses								
38 Insurance	0	0	0.00%	0	0	0	0.00%	0
39 Service Area Board	23,905	5,881	-306.48%	8,067	92,184	61,541	0.00%	61,500
40 Other Direct Expense	3,211	3,600	10.81%	11,540	14,966	32,401	53.81%	36,919
41 Administrative Non-Recurring	0	0	0.00%	0	0	0	0.00%	0
42 Interest Expense	38,803	28,431	-36.48%	32,233	350,344	255,883	-36.92%	290,097
43 Total Non-Operating Expenses	65,919	37,912	-73.87%	51,840	457,494	349,825	-30.78%	388,516
Grants								
44 Grant Revenue	0	29,167	0.00%	28,120	242,019	262,500	0.00%	1,202,809
45 Grant Expense	2,502	25,000	89.99%	12,508	22,514	225,000	89.99%	588,158
46 Total Non-Operating Gains, net	(2,502)	4,167	-160.04%	15,612	219,505	37,500	-485.35%	614,651
47 Income <Loss> Before Transfers	340,040	5,277	-6343.81%	(26,567)	4,197,496	4,131,981	1.59%	4,179,158
48 Operating Transfers	0	0	0.00%	0	0	0	0.00%	0
49 Net Income	340,040	5,277	6343.81%	(26,567)	4,197,496	4,131,981	1.59%	4,179,158



Statement of Cash Flows
As of March 31, 2023

Cash Flow from Operations:

1	YTD Net Income	4,197,496
2	Add: Depreciation Expense	3,047,306
3	Adj: Inventory (increase) / decrease	145,993
4	Patient Receivable (increase) / decrease	1,508,512
5	Prepaid Expenses (increase) / decrease	(150,877)
6	Other Current assets (increase) / decrease	(1,584,116)
7	Accounts payable increase / (decrease)	(550,534)
8	Accrued Salaries increase / (decrease)	(957,300)
9	Net Pension Asset (increase) / decrease	(321,500)
10	Other current liability increase / (decrease)	(991,307)
11	Net Cash Flow from Operations	4,343,673

Cash Flow from Investing:

12	Cash paid for the purchase of property/equip	(1,832,199)
13	Cash transferred to plant replacement fund	(1,276,373)
14	Proceeds from disposal of equipment	6,572
15	Net Cash Flow from Investing	(3,102,000)

Cash Flow from Financing

16	Cash paid for Lease Payable	-
17	Cash paid for Debt Service	(1,859,884)
18	Net Cash from Financing	(1,859,884)
19	Net increase in Cash	\$ (618,211)
20	Beginning Cash as of July 1, 2022	\$ 33,050,441
21	Ending Cash as of March 31, 2023	\$ 32,432,230

Introduced by:
Date:
Action:
Vote:

Administration
4/26/2023

**SOUTH PENINSULA HOSPITAL
BOARD RESOLUTION
2023-14**

**A RESOLUTION OF THE SOUTH PENINSULA HOSPITAL BOARD OF DIRECTORS AUTHORIZING
THE CFO TO SIGN, FILE AND SUBMIT THE IRS FORM 990.**

WHEREAS South Peninsula Hospital is a 501(c)3 organization and is required to file IRS Form 990 annually by the 15th day of the fifth month after the end of the tax year; and

WHEREAS South Peninsula Hospital filed for an automatic 6-month extension which extended the filing deadline to May 15, 2023 for the 2021 tax year (2022 fiscal year); and

WHEREAS it is a best practice to provide a copy of IRS Form 990 to each member of the Board of Directors for review and approval prior to filing; and

WHEREAS IRS Form 990, Part VI, line 11a, states that we have in fact provided a complete copy to each member of the Board of Directors; and

WHEREAS it is the intent of the South Peninsula Hospital Administration to timely file IRS 990 and requires the approval of an authorized signer; and

WHEREAS the IRS Form 990 may be signed and submitted electronically by an officer of South Peninsula Hospital Inc. and Anna Hermanson, CFO is able to do so.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF DIRECTORS OF SOUTH PENINSULA HOSPITAL:

1. That the South Peninsula Hospital, Inc. Board of Directors acknowledges that it has received a complete copy of IRS Form 990; and
2. That the South Peninsula Hospital, Inc. Board of Directors directs Management to timely file the IRS Form 990 on or before May 15, 2023; and
3. That the South Peninsula Hospital, Inc. Board of Directors authorizes Anna Hermanson, CFO to sign and submit the IRS Form 990 electronically.

**PASSED AND ADOPTED BY THE BOARD OF DIRECTORS OF SOUTH PENINSULA HOSPITAL
THIS 26th DAY OF APRIL, 2023.**

ATTEST:

Kelly Cooper, President

Julie Woodworth, Secretary

Return of Organization Exempt From Income Tax

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

2021

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning **07/01/2021** and ending **06/30/2022**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SOUTH PENINSULA HOSPITAL INC		D Employer identification number 92-0037099
	Doing business as		E Telephone number 907-235-8101
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	4300 Bartlett Street		
City or town, state or province, country, and ZIP or foreign postal code Homer, AK 99603			G Gross receipts \$ 111,103,111
F Name and address of principal officer: Ryan Smith 4300 Bartlett St, Homer, AK 99603		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions. H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ https://www.sphosp.org/			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1969
			M State of legal domicile: AK

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>South Peninsula Hospital promotes community health and wellness by providing personalized, high-quality, locally coordinated healthcare.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	11
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	603
	6	Total number of volunteers (estimate if necessary)	6	12
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 15,052,833	Current Year 10,760,082
	9	Program service revenue (Part VIII, line 2g)	85,596,354	99,822,840
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	104,569	-155,225
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	635,047	675,414
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	101,388,803	111,103,111
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	120,699	144,829
	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)	58,268,610	66,839,557
	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)	30,127,867	39,158,033
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	88,517,176	106,142,419	
19	Revenue less expenses. Subtract line 18 from line 12	12,871,627	4,960,692	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 110,326,959	End of Year 113,248,442
	21	Total liabilities (Part X, line 26)	27,340,834	25,393,162
	22	Net assets or fund balances. Subtract line 21 from line 20	82,986,125	87,855,280

Part II Signature Block

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

Sign Here	Signature of officer	Date
	<u>Anna Hermanson, Chief Financial Officer</u> Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

May the IRS discuss this return with the preparer shown above? See instructions Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

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:
South Peninsula Hospital promotes community health and wellness by providing personalized, high-quality, locally coordinated healthcare.

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.

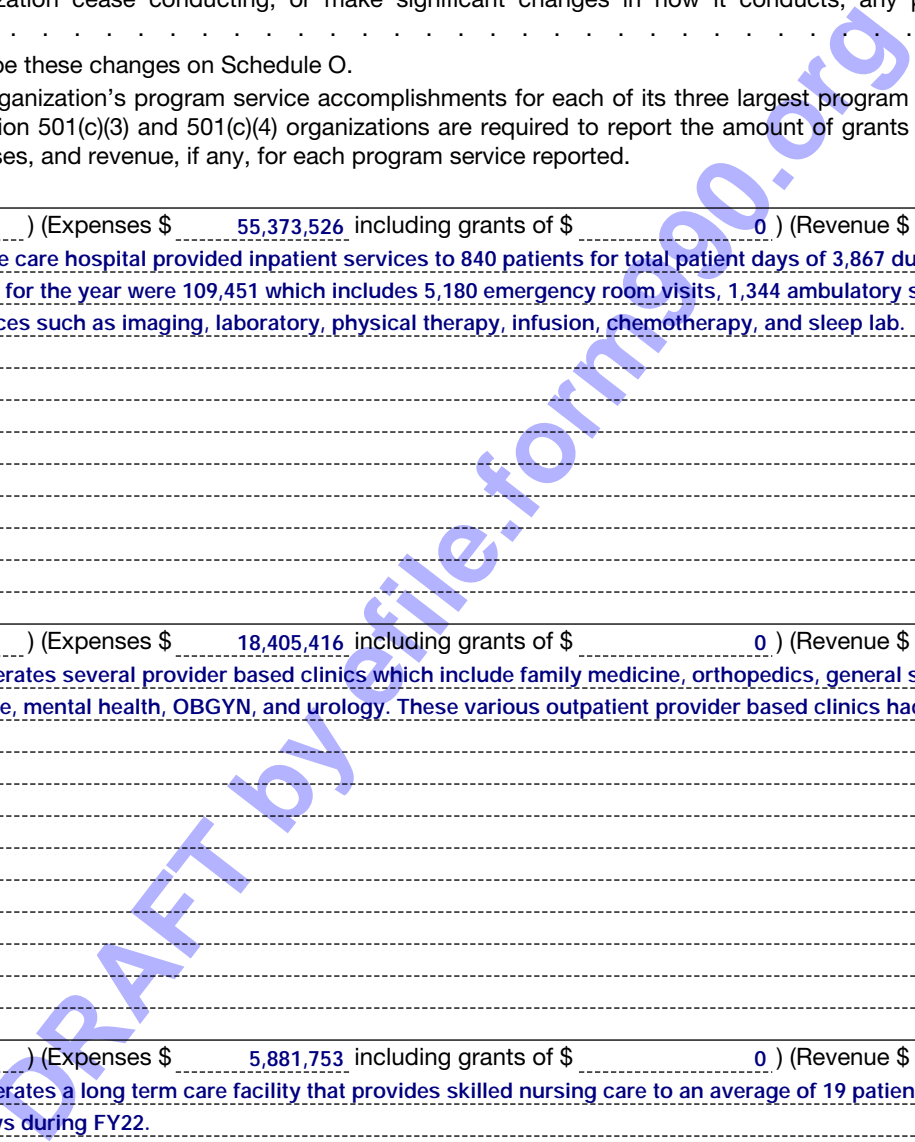
4a (Code:) (Expenses \$ 55,373,526 including grants of \$ 0) (Revenue \$ 79,485,923)
Our 22 bed acute care hospital provided inpatient services to 840 patients for total patient days of 3,867 during FY22. Total outpatient visits for the year were 109,451 which includes 5,180 emergency room visits, 1,344 ambulatory surgery visits, and other outpatient services such as imaging, laboratory, physical therapy, infusion, chemotherapy, and sleep lab.

4b (Code:) (Expenses \$ 18,405,416 including grants of \$ 0) (Revenue \$ 11,325,942)
The hospital operates several provider based clinics which include family medicine, orthopedics, general surgery, neurology, internal medicine, mental health, OBGYN, and urology. These various outpatient provider based clinics had 32,822 patient visits during FY22.

4c (Code:) (Expenses \$ 5,881,753 including grants of \$ 0) (Revenue \$ 7,942,080)
The hospital operates a long term care facility that provides skilled nursing care to an average of 19 patients daily for a total of 7,098 resident days during FY22.

4d Other program services (Describe on Schedule O.) See Schedule O, Statement 2
(Expenses \$ 1,622,240 including grants of \$ 0) (Revenue \$ 1,068,895)

4e Total program service expenses **▶ 81,282,935**



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)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IX</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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)? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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? <i>If "Yes," complete Schedule I, Parts I and III</i>		✓
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? <i>If "Yes," complete Schedule J</i>	✓	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	✓	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		✓
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?		✓
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		✓
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? <i>If "Yes," complete Schedule L, Part I</i>		✓
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? <i>If "Yes," complete Schedule L, Part I</i>		✓
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? <i>If "Yes," complete Schedule L, Part II</i>		✓
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? <i>If "Yes," complete Schedule L, Part III</i>		✓
28 Was the organization a party to a business transaction with one of the following parties (see the 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? <i>If "Yes," complete Schedule L, Part IV</i>	✓	
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		✓
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	✓	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		✓
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? <i>If "Yes," complete Schedule R, Part I</i>		✓
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	✓	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
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? <i>If "Yes," complete Schedule R, Part VI</i>		✓
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	603		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b		✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			✓
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15			✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			✓
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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 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 on Schedule O.		
	1a 11		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 7		
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?		<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<input checked="" type="checkbox"/>	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
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 on Schedule O		<input checked="" type="checkbox"/>

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?		<input checked="" type="checkbox"/>
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?	<input checked="" type="checkbox"/>	
b	Describe on 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	<input checked="" type="checkbox"/>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.	<input checked="" type="checkbox"/>	
12c		<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
b	Other officers or key employees of the organization	<input checked="" type="checkbox"/>	
	If "Yes" to line 15a or 15b, describe the process on 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?		<input checked="" type="checkbox"/>
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 ► **AK**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on 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 ►

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
Brent Adcox Orthopaedic Surgeon	40.00 0.00					✓	1,527,125	0	5,700	
Edson Knapp Director and Radiologist	40.00 0.00	✓					957,917	0	5,700	
Todd Boling Director and General Surgeon	40.00 0.00	✓					724,130	0	0	
Ryan Smith CEO	40.00 0.00			✓			527,254	0	5,700	
Miranda Marsh CRNA	40.00 0.00					✓	406,108	0	5,700	
Christy Martinez Physician	40.00 0.00					✓	404,863	0	5,700	
Christina Tuomi Physician	40.00 0.00			✓			402,503	0	5,700	
Christopher Landess ER Physician	40.00 0.00					✓	395,647	0	5,700	
Paula Godfrey Physician	40.00 0.00					✓	390,460	0	5,700	
Angela Hinnegan CFO	40.00 0.00			✓			231,989	0	8,662	
Angela Johnson CNO	40.00 0.00			✓			198,146	0	5,700	
Rachael Kincaid CNO	40.00 0.00			✓			167,656	0	5,700	
Kelly Cooper President	2.00 0.00			✓			9,000	0	0	
Melissa Jacobsen Director	2.00 0.00	✓					7,500	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
Keri-Ann Baker	2.00									
Director	0.00	✓					7,500	0	0	
Walter Partridge	2.00									
Treasurer	0.00			✓			7,500	0	0	
Bernadette Wilson	2.00									
Director	0.00	✓					6,500	0	0	
Matthew Hambrick	2.00									
Director	0.00	✓					6,000	0	0	
Mary Wythe	2.00									
Director	0.00	✓					6,000	0	0	
Julie Woodworth	2.00									
Secretary	0.00			✓			6,000	0	0	
David Groesbeck	2.00									
Director	0.00	✓					5,500	0	0	
Aaron Weisser	2.00									
Vice President	0.00			✓			0	0	0	
1b Subtotal							6,395,298	0	65,662	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							6,395,298	0	65,662	

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 **▶** 134

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

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
MEDEFIS Solutions LLC, PO BOX 5068, New York, NY 10087	Temporary Contract Staffing	3,768,489
Robert Lee Gear III, 6817 NORTH 57th PLACE, Paradise Valley, AZ 85253	Emergency Room Physician	443,314
Innovative Employee Solutions, PO Box 841212, Los Angeles, CA 90084-1212	Contract Staffing	355,219
COMPHEALTH, PO BOX 972651, Dallas, TX 75397-2651	Urology Services	335,226
Peak Imaging, 4438 Towne Heights Ln, Homer, AK 99603	Radiology Services	316,839

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 **▶** 18

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a 0				
	b	Membership dues	1b 0				
	c	Fundraising events	1c 0				
	d	Related organizations	1d 4,689,619				
	e	Government grants (contributions)	1e 6,068,963				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 1,500				
	g	Noncash contributions included in lines 1a-1f	1g \$ 2,189,818				
	h	Total. Add lines 1a-1f ▶		10,760,082			
	Program Service Revenue			Business Code			
2a		Hospital	622000	79,485,923	79,485,923	0	
b		Physician Offices	621110	11,325,942	11,325,942	0	
c		Long Term Care	623110	7,942,080	7,942,080	0	
d		Home Health Care	621610	1,068,895	1,068,895	0	
e							
f		All other program service revenue . .		0	0	0	
g	Total. Add lines 2a-2f ▶		99,822,840				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		-155,225	-155,225	0	
	4	Income from investment of tax-exempt bond proceeds ▶		0	0	0	
	5	Royalties ▶		0	0	0	
	6a	Gross rents	(i) Real	0			
			(ii) Personal	0			
			6a	0			
	b	Less: rental expenses	6b	0	0		
	c	Rental income or (loss)	6c	0	0		
	d	Net rental income or (loss) ▶		0	0	0	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	0			
			(ii) Other	0			
			7a	0			
	b	Less: cost or other basis and sales expenses	7b	0	0		
	c	Gain or (loss)	7c	0	0		
	d	Net gain or (loss) ▶		0	0	0	
8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	8a	0				
b	Less: direct expenses	8b	0				
c	Net income or (loss) from fundraising events . . ▶		0		0		
9a	Gross income from gaming activities. See Part IV, line 19	9a	0				
		b	Less: direct expenses	9b	0		
c	Net income or (loss) from gaming activities . . . ▶		0	0	0		
10a	Gross sales of inventory, less returns and allowances	10a	0				
		b	Less: cost of goods sold	10b	0		
		c	Net income or (loss) from sales of inventory . . . ▶		0	0	0
Miscellaneous Revenue			Business Code				
	11a	Cafeteria and Other Revenue	900099	410,885	410,885	0	
	b	USAC Internet Subsidies	900099	203,136	203,136	0	
	c	Other Operating Income	900099	61,393	61,393	0	
	d	All other revenue		0	0	0	
e	Total. Add lines 11a-11d ▶		675,414				
12	Total revenue. See instructions ▶		111,103,111	100,343,029	0		

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	144,829	144,829		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	3,460,580	2,127,430	1,333,150	0
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	43,636,428	34,050,788	9,585,640	0
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,006,570	1,427,497	579,073	0
9 Other employee benefits	14,698,599	10,402,088	4,296,511	0
10 Payroll taxes	3,037,380	2,300,040	737,340	0
11 Fees for services (nonemployees):				
a Management	0	0	0	0
b Legal	67,472	0	67,472	0
c Accounting	151,141		151,141	0
d Lobbying	6,220	0	6,220	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	0	0	0	0
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	12,003,051	11,075,120	927,931	0
12 Advertising and promotion	112,393	52,410	59,983	0
13 Office expenses	14,204,487	13,173,790	1,030,697	0
14 Information technology	2,211,309	685,931	1,525,378	0
15 Royalties	0	0	0	0
16 Occupancy	1,902,595	299,677	1,602,918	0
17 Travel	149,809	94,555	55,254	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	402,378	246,768	155,610	0
20 Interest	510,810	0	510,810	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	3,959,367	3,563,430	395,937	0
23 Insurance	1,200,162	513,743	686,419	0
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a -----				
b -----				
c -----				
d -----				
e All other expenses -----	2,276,839	1,124,839	1,152,000	0
25 Total functional expenses. Add lines 1 through 24e	106,142,419	81,282,935	24,859,484	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 Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	2,686	1	2,686
	2 Savings and temporary cash investments	40,673,894	2	40,998,938
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	13,855,512	4	16,295,100
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	1,808,615	8	2,062,504
	9 Prepaid expenses and deferred charges	654,007	9	760,219
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 102,562,999		
	b Less: accumulated depreciation	10b 61,534,269	41,740,348	10c 41,028,730
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	2,445,559
	15 Other assets. See Part IV, line 11	11,591,897	15	9,654,706
16 Total assets. Add lines 1 through 15 (must equal line 33)	110,326,959	16	113,248,442	
Liabilities	17 Accounts payable and accrued expenses	12,804,149	17	15,745,077
	18 Grants payable	0	18	0
	19 Deferred revenue	3,571,479	19	647,712
	20 Tax-exempt bond liabilities	10,965,206	20	9,000,373
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	27,340,834	26	25,393,162
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	82,986,125	27	87,795,935
	28 Net assets with donor restrictions	0	28	59,345
	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	82,986,125	32	87,855,280
33 Total liabilities and net assets/fund balances	110,326,959	33	113,248,442	

Part XI Reconciliation of Net Assets

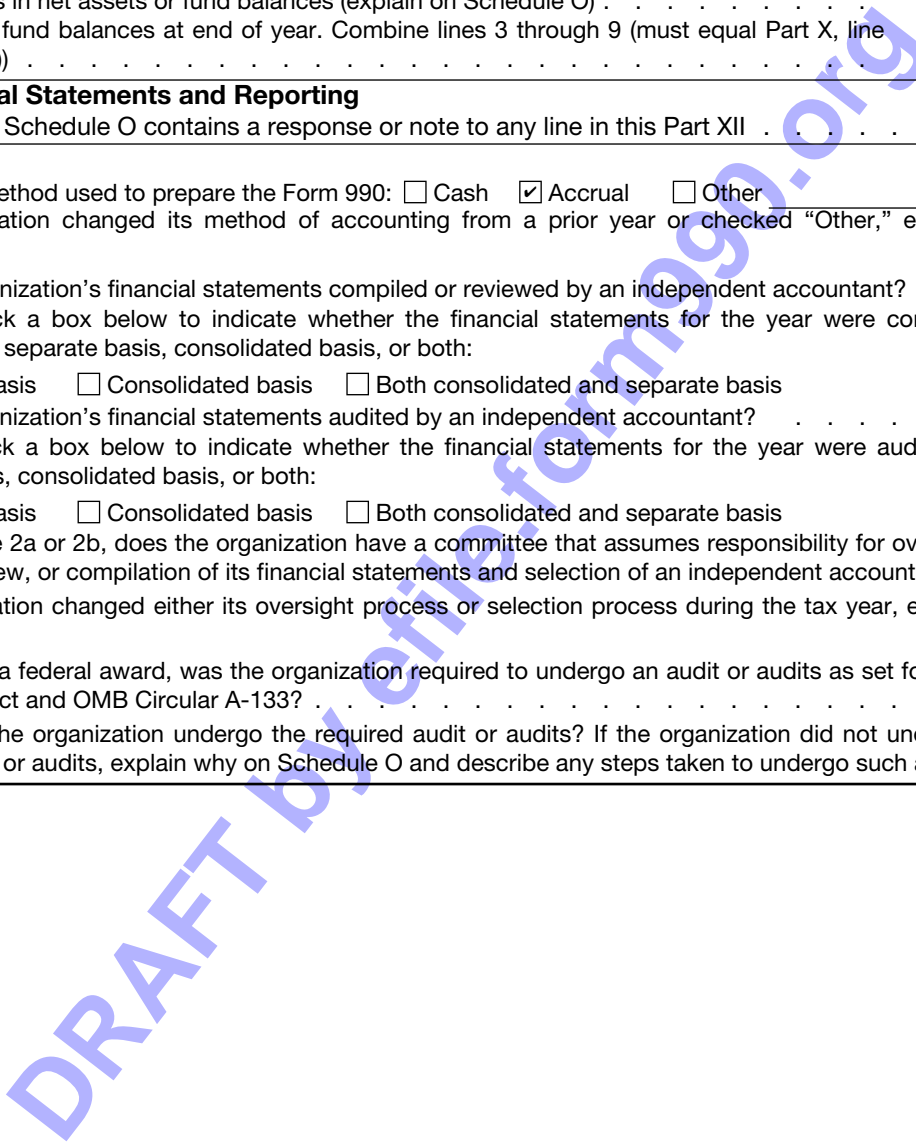
Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	111,103,111
2	Total expenses (must equal Part IX, column (A), line 25)	2	106,142,419
3	Revenue less expenses. Subtract line 2 from line 1	3	4,960,692
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	82,986,125
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	-91,537
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	87,855,280

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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 on 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 on Schedule O and describe any steps taken to undergo such audits.	✓	



SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization SOUTH PENINSULA HOSPITAL INC	Employer identification number 92-0037099
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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).)
- 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)(vii)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 5 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 2021 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2021. 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—2020. 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—2021. 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—2020. 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on 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 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2021. 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—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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>		
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>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
3b	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>		
3c	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>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4b	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>		
4c	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>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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>		
5b	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?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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>		
9b	Did one or more disqualified persons (as defined on 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>		
9c	Did a disqualified person (as defined on 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>		
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>		
10b	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>		

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 on lines 11b and 11c below, the governing body of a supported organization?		
	11a		
b	A family member of a person described on line 11a above?		
	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
	11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<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 governmental entity (see instructions).		
2	Activities Test. Answer lines 2a and 2b below.		
		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No," provide details in Part VI .		
	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
	3b		

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

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

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	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 0.85 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017 . . .			
b Excess from 2018 . . .			
c Excess from 2019 . . .			
d Excess from 2020 . . .			
e Excess from 2021 . . .			

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.)

Horizontal dashed lines for providing supplemental information.

DRAFT by efileform990.org

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

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

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

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

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

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

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

Name of organization SOUTH PENINSULA HOSPITAL INC	Employer identification number 92-0037099
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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 (grassroots 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.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
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) 2018	(b) 2019	(c) 2020	(d) 2021	(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?		✓	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		✓	
c Media advertisements?		✓	
d Mailings to members, legislators, or the public?		✓	
e Publications, or published or broadcast statements?		✓	
f Grants to other organizations for lobbying purposes?		✓	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		✓	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
i Other activities?	✓		6,220
j Total. Add lines 1c through 1i			6,220
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Schedule C, Part II-B, Line 1 - The hospital pays annual dues to entities that perform lobbying activities. Those entities are the Alaska Hospital and Healthcare Association, the American Hospital Association, and the American Healthcare Association. The amount reported on the Schedule H Part IV is based on the estimated percentage of lobbying activities reported for the year.

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

2021

Open to Public Inspection

Name of the organization

SOUTH PENINSULA HOSPITAL INC

Employer identification number

92-0037099

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.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds and grant purposes.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes questions 1-9 regarding 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.

Table with 3 columns: Line number, Description, Amount. Includes questions 1a, 1b, 2 regarding art and historical treasures.

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 make 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 program
- e** Other

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a** Board designated or quasi-endowment ▶%
- b** Permanent endowment ▶%
- c** Term endowment ▶%

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

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

- (i)** Unrelated organizations
- (ii)** Related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	395,485		395,485
b Buildings	0	67,421,851	34,286,715	33,135,136
c Leasehold improvements	0	290,386	126,197	164,189
d Equipment	0	30,084,169	24,367,152	5,717,017
e Other	0	4,371,108	2,754,205	1,616,903
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				41,028,730

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) Pension Asset	4,675,709
(2) Pension Related Outflow	4,624,231
(3) Deferred Loss On Refinancing	354,766
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	9,654,706

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 111,103,111.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 106,142,419.

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.

Dotted lines for providing supplemental information.

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2021

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization SOUTH PENINSULA HOSPITAL INC	Employer identification number 92 0037099
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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	✓	
1b If "Yes," was it a written policy?	✓	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <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 checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	✓	
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	✓	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	✓	
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?		

7 Financial Assistance and Certain Other Community Benefits at Cost

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)	1	1,072	130,571	0	130,571	0.1%
b Medicaid (from Worksheet 3, column a)	1	3,270	15,503,430	11,954,428	3,549,002	3.3%
c Costs of other means-tested government programs (from Worksheet 3, column b)	0	0	0	0	0	0%
d Total. Financial Assistance and Means-Tested Government Programs	2	4,342	15,634,001	11,954,428	3,679,573	3.4%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	21	28,285	2,611,366	1,000,348	1,611,018	1.5%
f Health professions education (from Worksheet 5)	9	35	15,641	2,619	13,022	0%
g Subsidized health services (from Worksheet 6)	13	49,785	33,175,149	18,839,613	14,335,536	14%
h Research (from Worksheet 7)	0	0	0	0	0	0%
i Cash and in-kind contributions for community benefit (from Worksheet 8)	7	375	32,726	0	32,726	0.03%
j Total. Other Benefits	50	78,480	35,834,882	19,842,580	15,992,302	15.53%
k Total. Add lines 7d and 7j	52	82,822	51,468,883	31,797,008	19,671,875	18.93%

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	0	0	0	0	0	0%
2 Economic development	0	0	0	0	0	0%
3 Community support	2	263	750	0	750	0%
4 Environmental improvements	0	0	0	0	0	0%
5 Leadership development and training for community members	0	0	0	0	0	0%
6 Coalition building	4	50	353	0	0	0%
7 Community health improvement advocacy	2	350	5,480	0	5,480	0%
8 Workforce development	0	0	0	0	0	0%
9 Other	0	0	0	0	0	0%
10 Total	8	663	6,583	0	6,230	0%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

- Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? **1**
- Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount **2** **3,568,228**
- 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** **122,397**
- 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

- Enter total revenue received from Medicare (including DSH and IME) **5** **34,897,422**
- Enter Medicare allowable costs of care relating to payments on line 5 **6** **36,026,820**
- Subtract line 6 from line 5. This is the surplus (or shortfall) **7** **-1,129,398**
- Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:
 Cost accounting system Cost to charge ratio Other

Section C. Collection Practices

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

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

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 1

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)

1 South Peninsula Hospital
4300 Bartlett St
Homer, AK 99603
www.sphosp.org, GACH-010

2

3

4

5

6

7

8

9

10

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
✓	✓			✓		✓			

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Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group South Peninsula Hospital

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		✓
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.		✓
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	✓	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a	<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 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>20</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	✓	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		✓
6b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		✓
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	✓	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>https://www.sphosp.org/about-sph/health-needs-assessment/</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 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	✓	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>20</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	✓	
a	If "Yes," (list url): <u>https://www.sphosp.org/about-sph/health-needs-assessment/</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		✓
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		✓
12b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group Facility: 1-South Peninsula Hospital

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	✓	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>100</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	✓	
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):	✓	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	✓	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): https://www.sphosp.org/for-patients/financial-assistar		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): https://www.sphosp.org/wp-content		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): https://www.sphosp.or		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j	<input checked="" type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)*

Billing and Collections

Name of hospital facility or letter of facility reporting group Facility: 1-South Peninsula Hospital

	Yes	No
<p>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?</p>	✓	
<p>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:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>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</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p> <p>f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted</p>		
<p>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?</p> <p>If "Yes," check all actions in which the hospital facility or a third party engaged:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>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</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p>		✓
<p>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):</p> <p>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)</p> <p>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)</p> <p>c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)</p> <p>d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p> <p>f <input type="checkbox"/> None of these efforts were made</p>		

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group Facility: 1-South Peninsula Hospital

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

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Part V Facility Information *(continued)*

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

Schedule H, Part V, Section B, Line 5-South Peninsula Hospital - Yes, South Peninsula Hospital included Lorne Carrol, Public Health Nurse Team Lead, Homer Office of Alaska Public Health as an advisor in the development of the CHNA. Six meetings were held with public health during the process to determine the goals, designate critical indicators to include, ensure adequate community input, and advise on other items. The steering committee of the local community health coalition (MAPP of the Southern Kenai Peninsula) was kept apprised at monthly meetings of decisions and direction made by South Peninsula Hospital and Public Health, and the status of the assessment. Members include representatives of Seldovia Village Tribe (SVT, FQHC), Kachemak Bay Family Planning, Kachemak Bay UAA Campus, Haven House, City of Homer, South Peninsula Behavioral Health, Sprout Family Services and United Methodist Church. The steering committee was integral with input for informed decisions and helped with data collection. In addition to board, public health advisement in the development, special consideration was given to the broad interest of the community served by ensuring broad, diverse representation in the data collected and community surveyed. Note- Much of this inclusion work was done virtually as the bulk of the CHNA was compiled March-May of 2020 when all work was virtual.

Schedule H, Part V, Section B, Line 11-South Peninsula Hospital - To provide services for a rapidly growing senior population: SPH recruited and now offers weekly neurology clinics; added a hand & shoulder orthopedic surgeon, a second general surgeon and transitioned to full-time hospitalists for more continuity of inpatient care. To help develop senior care offerings within services, SPH offered free weekly yoga for beginners, great for all ages and abilities. To secure space and facilities to support service growth, SPH sponsored Senior Day at the Kenai Peninsula State Fair with education and offerings geared towards seniors and community education was offered on end of life decision making and living wills including medical and legal components. To strengthen Primary and Preventative Care, SPH recruited a psychiatrist and LCSW expanding behavioral health services. To support wellness programs in the community, SPH participated in and assisted with the promotion of multiple community wellness programs. To strengthen relations with other providers in the community for seamless transition of care, SPH participated in annual mental health provider luncheon with partner organizations and collaborated with both private practice and organization based providers through venues including presentations, health fairs, pop up clinics, education outreach and more. Priority Economic security and social supports. Goal provide charity care to those in need. To help individuals access preventive care, free flu shot clinics offered to the community, free COVID 19 vaccinations offered to the community, discounted pediatric immunization clinic offered to the community, community and school based education programming offered both virtually and in person. We offered free financial assistance to patients and non-patients alike and did community outreach during open enrollment. We promoted this program at the annual health fair, on our website, and at quarterly presentations to the Kenai Peninsula Borough. To recruit locally for entry level positions, a SPH incentive program was developed to offer graduates of the Southern Peninsula sign on bonuses; HR participated in multiple job fairs within the Southern Peninsula. To support local workforce development programs, SPH provided staff instruction for the Certified Nursing Assistant program through KPC. We developed a "earn to learn" program for CNAs. SPH provided clinical representation on local MAPP opioid task force. SPH provides funding for the community task force on addiction. SPH expanded clinic staff to include a MA CDC 1 Provider and created a new clinic for behavioral health services: Serene Waters. SPH increased awareness of MAT programs through presence at community events, offerings, and virtual presence. SPH supports nutrition education, obesity, diabetes, and other related chronic disease care through multiple communications with school based and community educational presentations offered through SPH. The content focused on the science of weight loss, nutrition education, and obesity. To help support and promote physical activity among staff and community residents, SPH offered a staff wellness program aimed at addressing the 8 dimensions of wellness. SPH facilitated yearly staff and community wide community walking challenges, free weekly community yoga programs, free community walks in an indoor space, and free community cirque classes. Priority Support access to good nutrition, education, and dietary habits both as an employer and provider. SPH executed a yearly holiday food drive for local food banks, provided meals at community education events, and offered nutrition education through community presentations, health fairs, and a newsletter. SPH ensured ER, inpatient, and outpatient systems provide necessary safeguards to identify victims of violence. SART/SANE staff provide training and are available for assessments. SPH provides continued support and participation in local Sexual Assault Response Center, and expanded the number of SART/SANE nurses. To ensure our services meet the residents where the need is, SPH had a staff member help coordinate the Rotary Health Fair, Safe and Healthy Kids Fair, and Community Resource Connect which aimed to include services and resources to meet the needs of unique populations. SPH staffed and managed a free Covid-19 testing site 7 days a week during height of pandemic, and was open 33 months. SPH facilitated a 12+ free COVID 19 vaccination clinic for the community vaccinating thousands and provided education outreach to remote/rural areas of the Southern Peninsula. To offer flexible hours of operation such as weekends and holidays, SPH offers multiple clinics including mammogram appointments in the evenings and Saturdays and offers walk in evening visits. To strengthen and promote telehealth services, SPH created a streamlined patient portal with increased accessibility to telehealth services and all primary care practices now offer telehealth. For pandemic response, SPH is now conducting annual drills for emergency preparedness and maintains relations with local emergency response partners by conducting regularly scheduled meetings. Operations teams stayed abreast of current news via weekly state ECHO calls and relayed current information to staff and the community through the PIO. Consistent collaboration and

Part V- Section C - Supplemental Information For Part V Section B (Continued)

communication among community partners was maintained throughout the height of the pandemic to meet community needs. For the priority of addressing long term health consequences due to individuals delaying care, SPH promoted regular health screenings through annual health fairs for the staff and community and added two new primary care providers to help with increased patient loads. In an effort to make the systems easy and normal to access care, SPH returned to all pre-COVID protocols and systems in regards to seeking care and increased access to care via telehealth offerings. SPH messaging and language developed used a trauma informed/non fear based unbiased approach focusing on the promotion of positive health outcomes and transitioned to become a mask optional facility.

Schedule H, Part V, Section B, Line 16j-South Peninsula Hospital - Financial Assistance information is provided on patient statements and as financial navigators call patients to discuss bills, financial assistance program information is shared.

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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? 9

Name and address	Type of Facility (describe)
1 SPH Long Term Care 4300 Bartlett Street Homer, AK 99603	Long term care skilled nursing facility
2 SPH Home Health 203 W Pioneer Homer, AK 99603	Home Health Services
3 Homer Medical Center 4136 Bartlett St Homer, AK 99603	Family Practice Medical Clinic
4 SPH Specialty Physician & Family Care Clinic 4201 Bartlett St Homer, AK 99603	Orthopaedics, General Surgery, Urology, Primary Care, and other Specialty physicians
5 SPH West Wing Clinic 4117 Bartlett St Homer, AK 99603	OBGYN and Women's health services
6 SPH Infusion Clinic 4251 Bartlett St Homer, AK 99603	Infusion Treatments
7 SPH Functional Medicine Clinic 203 W Pioneer Ave Suite 2 Homer, AK 99603	Functional Medicine clinic
8 SPH-Peninsula Surgical Clinic 4252 Hohe St Suite B Homer, AK 99603	General Surgery Clinic
9 SPH Neurology & Sleep Clinic 4300 Bartlett St Homer, AK 99603	Neurology & Sleep Clinic
10 Serene Waters Mental Health Services 4135 Hohe St Homer, AK 99603	Mental Health Outpatient Services

Schedule H (Form 990) 2021

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.

Schedule H, Part I, Line 7 - Costs associated with financial assistance were based on the Medicare Cost Report cost to charge ratio for tax year 2021. Costs associated with other benefits are based on actual reported costs per activity or department.

Schedule H, Part I, Line 7g - The hospital included subsidized health service costs associated with several departments providing services for family medicine, behavioral health, functional medicine, orthopedics, sleep clinic, general surgery, long term care, home health, and various other departments.

Schedule H, Part II - Community building activities included activities in the community such as working with project homeless connect, the Southern Kenai Peninsula Resiliency Coalition, sponsoring support services for mothers and babies at the farmers market, and working to promote community wellness.

Schedule H, Part III, Section A, Line 4 - Percentage of self pay writeoffs that are charity care times the cost to charge ratio to get the true cost

Schedule H, Part III, Section B, Line 8 - This data was obtained from the CMS website on our Provider Statistical & Reimbursement Report for the tax year. We believe the shortfall in line 8 should be considered community benefit due to the provision of care to Medicare patients regardless of their ability to pay. Further the hospital is not allowed to collect from the contractual writeoffs from patients despite the deficit in the cost to provide the services to this population.

Schedule H, Part III, Section C, Line 9b - The facility has a debt collection policy. The policy allows for any funds sent to bad debt that are eligible for financial assistance to be pulled back from a collection agency.

Schedule H, Part VI, Line 2 - South Peninsula Hospital uses a collaborative effort within state and local agencies and also community members and focus groups to identify the community health needs

Schedule H, Part VI, Line 3 - The hospital employs 2 financial counselors and 2 financial navigators that are available to meet with patients to discuss bills, payment plans, and financial assistance options. The counselors can also assist patients with completing the charity care application. Additionally, a copy of the FAP is available at all registration areas, displayed prominently in the emergency rooms and waiting rooms, and published on our website.

Schedule H, Part VI, Line 4 - The hospital serves the Southern Kenai Peninsula Service Area located in the Kenai Peninsula Borough. That service area encompasses several communities in South Central Alaska to include Anchor Point, Diamond Ridge, Fox River, Fritz Creek, Happy Valley, Homer, Kachemack City, Nanwalek, Nikolaevsk, Ninilchick, Port Graham, and Seldovia for an estimated population of 19,728

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

SOUTH PENINSULA HOSPITAL INC

Employer identification number

92-0037099

Part I General Information on Grants and Assistance

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

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

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

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

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

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

Cat. No. 50055P

Schedule I (Form 990) 2021

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.

Schedule I, Part I, Line 2 - Assistance was provided to healthcare non-profits which support the community health needs such as Hospice of Homer, Kachemak Bay Family Planning, and G Squared, support for community MAPP. Records are kept in the facility's accounting system.

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Description of Grants and Other Assistance to Governments and Organizations in the United States

		Recipient EIN	Amt. of cash grant	Amt. of non-cash asst.
Name and address	G Squared LLC PO Box 1245 Homer, AK 99603	81-1770947	84,829	
IRC code section				
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Support for community MAPP program, mobilizing action through planning and partnerships, a coalition for health improvement on the peninsula. This program also supports All Things Recovery.			
Name and address	Hospice of Homer PO Box 4174 Homer, AK 99603	92-0115943	40,000	
IRC code section	501(c)(3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Support for the hospice program and community resource for DME and end of life care.			
Name and address	Kachemak Bay Family Planning 3959 Ben Walters Ln Homer, AK 99603	92-0106486	20,000	
IRC code section	501(c)(3)			
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Support for private community STD testing.			

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**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Compensation Information

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

SOUTH PENINSULA HOSPITAL INC

Employer identification number

92-0037099

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|---|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

3 Indicate which, if any, of the following the 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 checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

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

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- 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?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

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

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

	Yes	No
1b		✓
2	✓	
4a		✓
4b	✓	
4c		✓
5a		✓
5b		✓
6a		✓
6b		✓
7		✓
8		✓
9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Brent Adcox, Orthopaedic Surgeon	(i)	1,523,511	3,615	0	5,700	58,149	1,590,975	0
	(ii)	0	0	0	0	0	0	0
2 Edson Knapp, Director and Radiologist	(i)	954,373	3,545	0	5,700	62,114	1,025,732	0
	(ii)	0	0	0	0	0	0	0
3 Todd Boling, Director and General Surgeon	(i)	720,647	3,482	0	0	59,936	784,065	0
	(ii)	0	0	0	0	0	0	0
4 Ryan Smith, CEO	(i)	420,936	106,317	0	5,700	46,047	579,000	0
	(ii)	0	0	0	0	0	0	0
5 Miranda Marsh, CRNA	(i)	391,900	14,208	0	5,700	57,993	469,801	0
	(ii)	0	0	0	0	0	0	0
6 Christy Martinez, Physician	(i)	401,309	3,555	0	5,700	58,058	468,622	0
	(ii)	0	0	0	0	0	0	0
7 Christopher Landess, ER Physician	(i)	392,669	2,979	0	5,700	62,613	463,961	0
	(ii)	0	0	0	0	0	0	0
8 Christina Tuomi, Physician	(i)	389,160	13,343	0	5,700	54,411	462,614	0
	(ii)	0	0	0	0	0	0	0
9 Paula Godfrey, Physician	(i)	387,582	2,878	0	5,700	22,662	418,822	0
	(ii)	0	0	0	0	0	0	0
10 Angela Hinnegan, CFO	(i)	228,662	3,327	0	8,662	32,956	273,607	0
	(ii)	0	0	0	0	0	0	0
11 Angela Johnson, CNO	(i)	194,821	3,325	0	5,700	43,616	247,462	0
	(ii)	0	0	0	0	0	0	0
12 Rachael Kincaid, CNO	(i)	164,198	3,459	0	5,700	40,363	213,720	0
	(ii)	0	0	0	0	0	0	0
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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.

Schedule J, Part I, Line 1a - The hospital provides gift cards for special events. The taxes on those gift cards are grossed up and covered by the employer. The hospital also provides a wellness benefit, the use of local health facilities, and pays up to half of gym membership fees through the wellness program not to exceed \$400 per year for union employees and not to exceed \$500 per year for managers & confidential employees.

Schedule J, Part I, Line 1b - Although the hospital does not have a written policy governing all the fringe benefits, it does closely follow IRS guidelines for the treatment of those benefits and includes all applicable fringe as taxable earnings and reports them on form W2.

Schedule J, Part I, Line 3 - The Boad determines the CEO's compensation based on a comparative review of other facility's 990's and wage and compensation surveys done by various agencies including the Alaska Hospital and Healthcare Association.

Schedule J, Part I, Line 4 - Employees contributed to and participated in a nonqualified 457 compensation plan.

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**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

2021

**Open to Public
Inspection**

Name of the organization

SOUTH PENINSULA HOSPITAL INC

Employer identification number

92-0037099

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) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	Kenai Peninsula Borough 2015 Refunding Bonds	92-0030894		06/04/2015	8,655,000	Refunding Bonds		✓		✓		✓
B	Kenai Peninsula Borough 2016 Refunding Bonds	92-0030894		11/03/2016	2,660,000	Refunding Bonds		✓		✓		✓
C	Kenai Peninsula Borough Revenue Bonds	92-0030894		04/27/2017	4,500,000	Hospital Expansion and Maintenance		✓		✓		✓
D												

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired	3,095,000		1,285,000		1,185,000			
2 Amount of bonds legally defeased	0		0		0			
3 Total proceeds of issue	9,884,491		3,050,412		4,795,700			
4 Gross proceeds in reserve funds	0		0		0			
5 Capitalized interest from proceeds	0		0		62,086			
6 Proceeds in refunding escrows	0		0		0			
7 Issuance costs from proceeds	0		0		23,647			
8 Credit enhancement from proceeds	0		0		0			
9 Working capital expenditures from proceeds	0		0		0			
10 Capital expenditures from proceeds	0		0		4,779,254			
11 Other spent proceeds	0		0		0			
12 Other unspent proceeds	0		0		23,254			
13 Year of substantial completion	2009		2009		2018			
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		✓		✓		✓		
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	✓		✓			✓		
16 Has the final allocation of proceeds been made?	✓		✓			✓		
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	✓		✓		✓			

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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?		✓		✓		✓		
2 Are there any lease arrangements that may result in private business use of bond-financed property?		✓		✓		✓		
3a Are there any management or service contracts that may result in private business use of bond-financed property?		✓		✓		✓		
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?								
c Are there any research agreements that may result in private business use of bond-financed property?		✓				✓		
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 . . . ▶		%		%		%		%
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 . . . ▶		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		✓		✓		✓		
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?		✓		✓		✓		
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?		✓		✓		✓		

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?		✓		✓		✓		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		✓		✓		✓		
b Exception to rebate?		✓		✓		✓		
c No rebate due?		✓		✓		✓		
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?	✓			✓	✓			

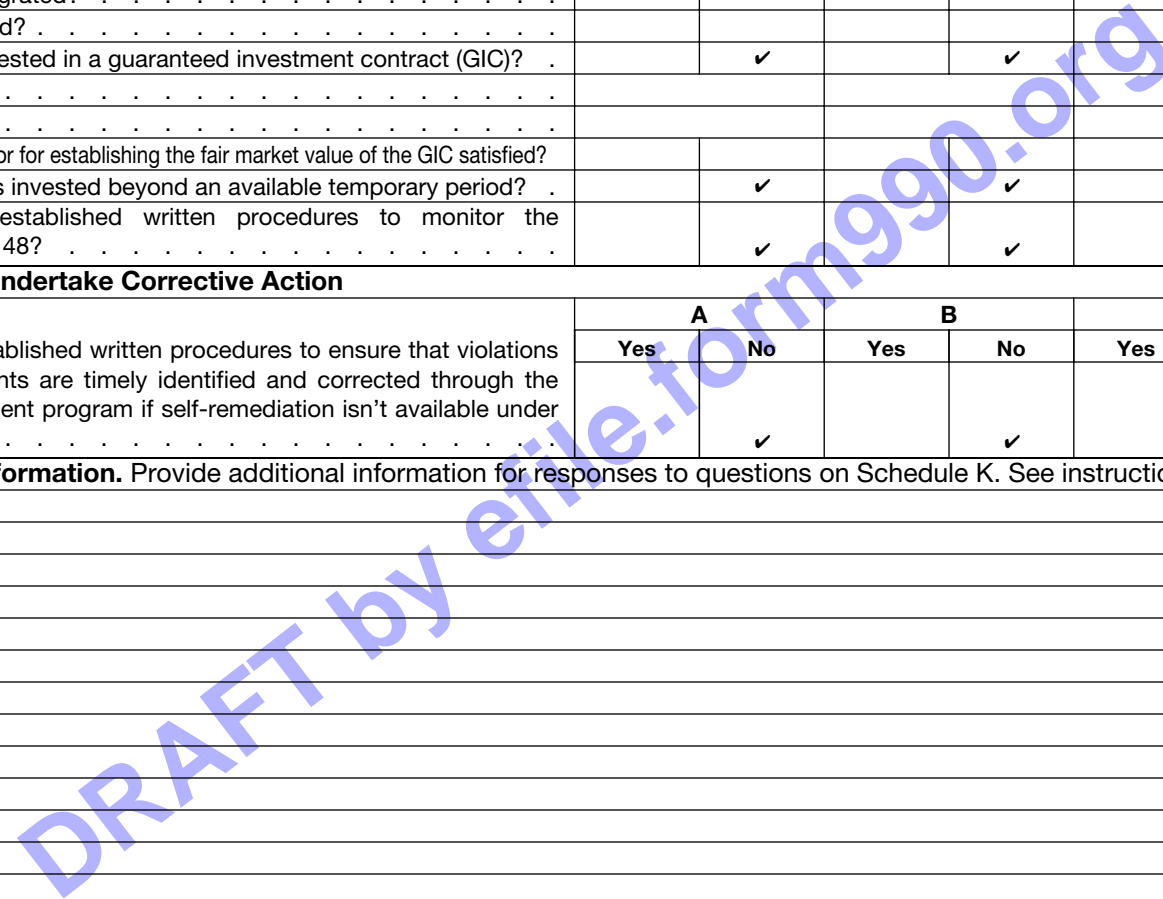
Part IV Arbitrage *(continued)*

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		✓		✓		✓		
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		✓		✓		✓		
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?		✓		✓		✓		
7 Has the organization established written procedures to monitor the requirements of section 148?		✓		✓		✓		

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 isn't available under applicable regulations?		✓		✓				

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



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

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

OMB No. 1545-0047

2021

Open To Public Inspection

Name of the organization

SOUTH PENINSULA HOSPITAL INC

Employer identification number

92-0037099

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total ▶						\$						

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

SOUTH PENINSULA HOSPITAL INC

92-0037099

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	✓	2	895,000	Amount Provided by the Donor
21				
22				
23				
24				
25	✓	1	1,294,815	SPH Contract Labor Expense
26				
27				
28				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 0

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

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

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

SOUTH PENINSULA HOSPITAL INC

Employer identification number

92-0037099

Form 990, Part VI, Section A, Line 7b - South Peninsula Hospital is operated by South Peninsula Hospital Inc. through a sublease and operating agreement with the Kenai Peninsula Borough. In accordance with that agreement certain key decisions must be approved by the Kenai Peninsula Borough Assembly. Signing of any leases in excess of one year or \$100,000 also requires Borough approval. The issuance of tax exempt bonds backed by the revenues of the hospital requires voter approval.

Form 990, Part VI, Section B, Line 11b - Form 990 is prepared by Hospital Finance, reviewed first by the Executive Team which includes the CFO, COO, and CEO, and then distributed to the Board of Directors for review and approval. The Board of Directors then approved the CFO to sign and submit the return electronically.

Form 990, Part VI, Section B, Line 12c - The Board of Directors signs an annual conflict of interest attestation indicating whether any conflicts of interest exist. In matters where Board action is required, any members with an identified conflict of interest state their conflict and refrain from voting.

Form 990, Part VI, Section B, Line 15 - South Peninsula Hospital does have independent compensation review studies performed periodically to ensure that the wages are reasonable and customary for key positions. Comparative industry compensation data is utilized determining compensation levels for key staff. The Board of Directors discusses and sets the wage for the CEO based on market and other available data.

Form 990, Part VI, Section C, Line 19 - The hospital makes its governing documents, 990, form 1023, and financial statements available upon request. It also provides a financial overview to the public during its monthly board meetings, as well as quarterly financial overview presentations at the quarterly Borough Assembly meetings.

Form 990, Part IX, Line 11g - Other expenses include \$5,926,912 of contract wages which were used to pay for contract staff needed due to challenges in recruiting clinical staff to care for patients. This also included \$6,138,639 in professional fees which includes contract physician fees, consulting fees, and collection fees.

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Reasonable Cause Explanations

Explanation

An extension was needed to file the 990, due to late receipt of reports from the State of Alaska relating to Coronavirus contributed services provided to the hospital as part of the public health emergency. The delay of receiving this information caused our financial audit to not complete timely and thus delayed the preparation of the hospital's 990.

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Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	Our Home Health division caring for patients in the home performed 3,441 home visits during the tax year.	1,622,240	0	1,068,895
Total:		1,622,240	0	1,068,895

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**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

SOUTH PENINSULA HOSPITAL INC

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

2021

Open to Public Inspection

Employer identification number

92-0037099

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) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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

(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) Kenai Peninsula Borough (92-0030894) 144 N Binkley St, Soldotna, AK 99669	Local area government	AK	115	N/A	N/A		✓
(2) South Peninsula Hospital Foundation (83-0354063) PO Box 2548, Homer, AK 99603	Fundraising and Community Health	AK	501c3	public charity	N/A		✓
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) -----									
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

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)

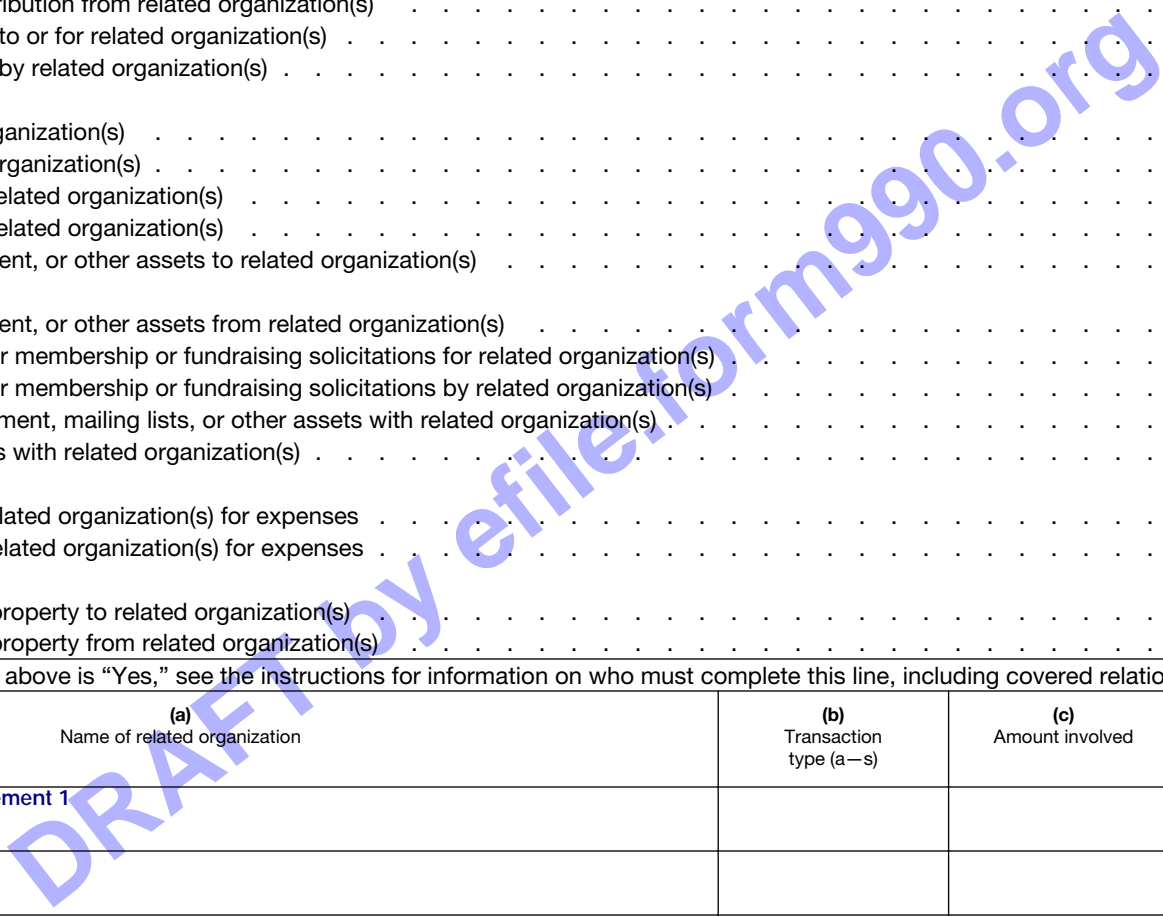
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- 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		✓
1b		✓
1c	✓	
1d		✓
1e	✓	
1f		✓
1g		✓
1h		✓
1i		✓
1j		✓
1k	✓	
1l		✓
1m		✓
1n		✓
1o		✓
1p		✓
1q	✓	
1r	✓	
1s	✓	

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
See Schedule R, Part VII, Statement 1			
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			



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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

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Part VII Supplemental Information

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

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Description of Covered Relationships and Transaction Thresholds

		Amt. involved
Name	Kenai Peninsula Borough	10,250,000
Transaction type	e	
Method of determining amt. involved	The Kenai Peninsula Borough acts as the loan guarantor on certain bond issuances in the event that South Peninsula Hospital Inc ceased to exist prior to the retirement of that date. This amount represents the total outstanding principal on the bonds as of the end of the tax year.	
Name	Kenai Peninsula Borough	4,689,619
Transaction type	c	
Method of determining amt. involved	The hospital receives property taxes and bond proceeds from the Kenai Peninsula Borough service area to assist with its capital repairs and replacement as well as debt service. This amount represents the total received in 2019 for these purposes.	
Name	Kenai Peninsula Borough	4,689,619
Transaction type	q	
Method of determining amt. involved	The Kenai Peninsula Borough reimbursed South Peninsula Hospital for certain organizational expenses such as the annual audit property insurance, professional fees for the community health needs assessment, capital expenses, and the debt service on behalf of the hospital. The amount represents the total of these payments during the tax year.	
Name	Kenai Peninsula Borough	1
Transaction type	k	
Method of determining amt. involved	South Peninsula Hospital Inc operates the hospital on behalf of the Kenai Peninsula Borough through a sublease and operating agreement for a cost of \$1 per annum.	
Name	Kenai Peninsula Borough	3,275,405
Transaction type	r	
Method of determining amt. involved	South Peninsula Hospital, as part of its sublease and operating agreement with the Kenai Peninsula Borough, is required to transfer any cash on hand in excess of 90 days at the end of each quarter to the Kenai Peninsula Borough for use in Property and Plant Replacement expenses. The total represents the amount transferred during the tax year.	
Name	Kenai Peninsula Borough	5,161,198
Transaction type	s	
Method of determining amt. involved	South Peninsula Hospital transfers cash in excess of 90 days at the end of each quarter to the Kenai Peninsula Borough. The cash is held in a plant replacement and expansion fund. South Peninsula Hospital is able to request use of these funds should their operating cash drop below 90 days. In February 2022, South Peninsula Hospital was down to 70 days cash on hand and requested cash from the plant replacement expansion fund held at the Kenai Peninsula Borough. This dollar amount is the total transferred to South Peninsula Hospital during the tax year.	

Schedule of Contributors

2021

▶ **Attach to Form 990, Form 990-EZ or Form 990-PF.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Name of the organization SOUTH PENINSULA HOSPITAL INC	Employer identification number 92-0037099
---	---

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ
 - 501(c)(3) (enter number) organization
 - 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
 - 527 political organization
- Form 990-PF
 - 501(c)(3) exempt private foundation
 - 4947(a)(1) nonexempt charitable trust treated as a private foundation
 - 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization SOUTH PENINSULA HOSPITAL INC	Employer identification number 92-0037099
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Kenai Peninsula Borough 144 N Binkley St Soldotna, AK 99669	\$ 4,848,714	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Department of Health and Human Services 200 independence Ave SW Washington, DC 20201	\$ 3,118,212	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Alaska Department of Health & Human Services PO Box 110650 Juneau, AK 99811	\$ 2,364,856	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	Small Rural Hospital Improvement Grant Program PO Box 110650 Juneau, AK 99811-0650	\$ 270,231	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	City of Homer 491 E Pioneer Ave Homer, AK 99603	\$ 215,165	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	Universal Services Admin Co 700 12th St NW Suite 900 Washington DC, DC 20005	\$ 203,136	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SOUTH PENINSULA HOSPITAL INC	Employer identification number 92-0037099
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	Alaska Hospital and Healthcare Association ----- 1049 W 5h Ave Nbr 200 Anchorage, AK 99501	\$ 24,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SOUTH PENINSULA HOSPITAL INC	Employer identification number 92-0037099
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	Clinical Contract Labor to assist with staffing shortage during the pandemic.	\$ 1,294,815	10/5/2021
3	COVID CUE Testing supplies	\$ 895,000	9/23/2021
6	SPH receives a telecommunication subsidy from USAC to allow for more affordable internet services	\$ 203,136	6/30/2022
-----	-----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	-----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	-----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	-----	\$ -----	-----

Name of organization SOUTH PENINSULA HOSPITAL INC	Employer identification number 92-0037099
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Part III *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**SOUTH PENINSULA HOSPITAL
BOARD RESOLUTION
2023-12**

A RESOLUTION OF THE SOUTH PENINSULA HOSPITAL BOARD OF DIRECTORS SUNSETTING SOUTH PENINSULA HOSPITAL BOARD OF DIRECTORS RESOLUTION 2020-03 AND SOUTH PENINSULA HOSPITAL BOARD OF DIRECTORS RESOLUTION 2020-06, WHICH PROVIDED SPECIAL PROVISIONS FOR OPERATING DURING THE COVID-19 PUBLIC HEALTH EMERGENCY

WHEREAS South Peninsula Hospital operations were impacted as a result of a public health emergency due to the COVID-19 pandemic; and

WHEREAS the US President signed legislation on April 10th ending the national emergency for COVID-19; and

WHEREAS the end of the COVID-19 public health emergency which provided several provisions and flexibilities to Federal regulations is scheduled to end on May 11; and

WHEREAS South Peninsula Hospital Board of Directors passed two resolutions in 2020, South Peninsula Hospital Board of Directors Resolution 2020-03 and South Peninsula Hospital Board of Directors Resolution 2020-06 which provided flexibilities and variations from standard policies to allow the hospital to operate and provide needed services during the pandemic; and

WHEREAS South Peninsula Hospital Board would also like to sunset the following resolutions that provided special provisions relating to the COVID-19 pandemic effective April 10, 2023; and

- SPH Board of Directors Resolution 2020-03, Increasing the Spending Authority of the CEO for Unbudgeted Capital and Operating Expenditures from \$100,000 to \$250,000 During a Public Health Emergency
- SPH Board of Directors Resolution 2020-06, Authorizing Expanded Privileges and Waiving Reappointment Expirations During the Course of the COVID 19 National Emergency

WHEREAS South Peninsula Hospital will return back to normal operations following standard policies regarding purchasing and credentialing beginning April 10, 2023.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF DIRECTORS OF SOUTH PENINSULA HOSPITAL:

1. That SPH Board of Directors Resolution 2020-03, Increasing the Spending Authority of the CEO for Unbudgeted Capital and Operating Expenditures from \$100,000 to \$250,000 During a Public Health Emergency will sunset effective April 10, 2023.
2. That SPH Board of Directors Resolution 2020-06, Authorizing Expanded Privileges and Waiving Reappointment Expirations During the Course of the COVID 19 National Emergency will sunset effective April 10, 2023.

PASSED AND ADOPTED BY THE BOARD OF DIRECTORS OF SOUTH PENINSULA HOSPITAL THIS 26th DAY OF APRIL, 2023.

ATTEST:

Kelly Cooper, President

Julie Woodworth, Secretary

Introduced by: Administration
Date: April 6, 2020
Action: Approved
Vote: Yes - 11, No -0, Excused -0

**SOUTH PENINSULA HOSPITAL
BOARD RESOLUTION
2020-03**

A RESOLUTION OF THE SOUTH PENINSULA HOSPITAL BOARD OF DIRECTORS INCREASING SPENDING AUTHORITY OF THE CEO TO \$250,000 DURING A PUBLIC HEALTH EMERGENCY OR DISASTER EMERGENCY AFFECTING HEALTH CARE

WHEREAS South Peninsula Hospital is currently experiencing a public health emergency due to the COVID-19 pandemic and is seeking to reduce the administrative burden of board approval for unbudgeted expenditures over \$100,000 during a public health emergency when declared by the State of Alaska; and

WHEREAS Board Policy F-16 Budget Modifications limits the authority of the CEO to approve unbudgeted capital and operating expenditures in excess of \$100,000 without prior board approval; and

WHEREAS the expansive nature of the COVID-19 pandemic is expected to require unbudgeted procurement resources to provide the Hospital, its departments, and alternate care sites with necessary medical equipment, supplies, and personal protective equipment; and

WHEREAS the CEO is and will continue to be fiscally responsible throughout the course of this and all future public health emergencies; and

WHEREAS it is the intent of the South Peninsula Hospital Board of Directors to increase the spending authority of the CEO during a Public Health Emergency or Disaster Emergency affecting health care, as declared by the State of Alaska to \$250,000; and

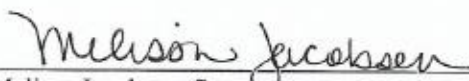
WHEREAS the spending authority of the CEO shall in no instances exceed that which is required by the Operating Agreement with the Kenai Peninsula Borough.

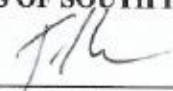
NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF DIRECTORS OF SOUTH PENINSULA HOSPITAL:

1. That the spending authority of the CEO is increased to \$250,000 for the duration of any public health emergency or disaster emergency affecting health care, as declared by state or local government.
2. That management is authorized and directed to amend any and all purchasing policies to include this provision.
3. That management is hereby authorized to take any other actions that are necessary or desirable to achieve the intent of this resolution.

**PASSED AND ADOPTED BY THE BOARD OF DIRECTORS OF SOUTH PENINSULA HOSPITAL
THIS 6th DAY OF APRIL, 2020.**

ATTEST:


Melissa Jacobsen, Secretary


Tom Clark, President

Introduced by: Administration
Date: April 6, 2020
Action: Approved
Vote: Yes - 11, No - 0, Excused -0

**SOUTH PENINSULA HOSPITAL
BOARD RESOLUTION
2020-06**

**A RESOLUTION OF THE SOUTH PENINSULA HOSPITAL BOARD OF DIRECTORS AUTHORIZING
EXPANDED PRIVILEGES AND WAIVING REAPPOINTMENT EXPIRATIONS DURING THE
COURSE OF THE COVID-19 NATIONAL EMERGENCY**

WHEREAS the COVID-19 pandemic has created a national emergency and exceptional circumstance creating an urgent demand for health care practitioners beyond the capacity of many hospitals and their medical staffs; and

WHEREAS the COVID-19 national emergency has created extraordinary circumstances which disrupt the normal credentialing processes by which practitioners are granted medical staff privileges; and

WHEREAS the current national emergency may require the hospital to grant clinical privileges to practitioners who do not meet all current eligibility requirements or who may not undergo all the documentation and assessment requirements and steps outlined in medical staff bylaws or medical staff and hospital policies and procedures (including delineation of privileges forms); and

WHEREAS the Medical Executive Committee of the Medical Staff of South Peninsula Hospital approved and recommended this resolution by email vote on April 5, 2020.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF DIRECTORS OF SOUTH PENINSULA HOSPITAL:

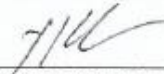
1. That the Board authorizes any privileged practitioner to act during this period of national emergency to provide care beyond his or her delineation of privileges as previously granted by the board as long as it is care consistent with the practitioner's professional license and he or she has been directed to provide such care by a medical staff officer or medical director in order to serve urgent patient care needs.
2. That during this national emergency the Board waives the reappointment date and expiration of the privileges of any practitioner who is currently appointed with privileges at the hospital as of March 13, 2020 (the date the COVID-19 national emergency was declared). This extension of clinical privileges will last for the duration of the national emergency, after which the practitioner must be reappointed as soon as practicable as determined by the Hospital CEO and the Chief of Staff.
3. That management is hereby authorized to take any other actions that are necessary or desirable to achieve the intent of this resolution.

**PASSED AND ADOPTED BY THE BOARD OF DIRECTORS OF SOUTH PENINSULA HOSPITAL
THIS 6th DAY OF APRIL, 2020.**

ATTEST:



Melissa Jacobsen, Secretary



Tom Clark, President

To: South Peninsula Hospital Inc. Operating Board & Southern Kenai Peninsula Service Area Board

From: Anna Hermanson, Chief Financial Officer

Date: April 17, 2023

Re: Resolution 2023-13, Requesting \$613,020 of Plant Replacement and Expansion Funds to Support Upgrades to the Generator Annunciator and Switch Gear

South Peninsula Hospital Administration has identified the need to upgrade the annunciator and switch gears for the backup generators in order to meet current life safety codes and remedy an outstanding CMS (Centers for Medicare and Medicaid Service) citation. The Hospital has two backup generators, the older of which is well past its usual life expectancy and thus difficult to service or repair, with parts being difficult to find.

In order to maintain redundancy for backup power generation and comply with current life safety codes, the following upgrades are proposed:

- Replace main generator breakers with newer up to date load breakers.
- Pull out 1980's out-of-date RUSS gear equipment and replace with upgraded digital monitoring components.
- Install two digital monitoring cabinets that tie into switch gear interface.
- Install two remote enunciators that will feed alarm panels that are monitored 24/7 at the Acute Care nurses station and Security office.
- Install external tie-in with disconnect for future testing and emergency generator tie in box.
- Prepare engineered drawings for connections and components that are up to date to meet CMS requirements.

The cost to upgrade the annunciator and switch gear is estimated at \$601,000 and the Kenai Peninsula Borough charges a 2% project administration fee is estimated to be \$12,020. In total, the estimated cost is \$613,020. South Peninsula Hospital is requesting the use of Plant Replacement and Expansion Funds to cover the cost of this project

Introduced by: Administration
Date: April
Action:
Vote: Y/N

**SOUTH PENINSULA HOSPITAL
BOARD RESOLUTION
2023-13**

**A RESOLUTION OF THE SOUTH PENINSULA HOSPITAL BOARD OF DIRECTORS
APPROVING THE REQUEST OF \$613,020 OF PLANT REPLACEMENT AND
EXPANSION FUNDS TO SUPPORT UPGRADES TO THE GENERATOR
ANNUNCIATOR AND SWITCH GEAR**

WHEREAS, South Peninsula Hospital Administration has identified the need to upgrade the annunciator and switch gears for the backup generators in order to meet current life safety codes and remedy an outstanding CMS (Centers for Medicare and Medicaid Service) citation, and

WHEREAS, the Hospital has two backup generators, the older of which is well past its usual life expectancy and thus difficult to service or repair, with parts being difficult to find, and

WHEREAS, in order to maintain redundancy for backup power generation and comply with current life safety codes, upgrades to the switch gear and annunciator along with other related work is necessary; and

WHEREAS, the cost to upgrade the annunciator and switch gear is estimated at \$613,020; and

WHEREAS, SPH Management would like to request \$613,020 from the Plant Replacement and Expansion Fund to be appropriated to complete the upgrade of the annunciator and switch gear; and

WHEREAS, the upgrades to the annunciator and switch gear were discussed at Finance Committee on April 20, 2023.

**NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF DIRECTORS OF
SOUTH PENINSULA HOSPITAL:**

1. That the South Peninsula Hospital Board of Directors approves the use of \$608,020 from the Plant Replacement and Expansion fund to upgrade the annunciator and switch gear, following recommendation from the Service Area Board and approved by the Kenai Peninsula Borough Assembly.
2. That Management is hereby authorized to take any other actions that are necessary or desirable to achieve the intent of these Resolutions.

**PASSED AND ADOPTED BY THE BOARD OF DIRECTORS OF SOUTH PENINSULA
AT ITS MEETING HELD ON THIS 26TH DAY OF APRIL, 2023.**

ATTEST:

Kelly Cooper, Board President

Julie Woodworth, Board Secretary



Proposal No: 191687 - 3

**SOUTH PENINSULA HOSPITAL INC
 PO BOX 1017 4300 BARTLETT ST
 HOMER 99603**

CUSTOMER NO.	CONTACT	PHONE NO.	FAX NO.	Work Order No.
0181590	ROYAL BOWN	907 235 0927		
QUOTE NO.	P.O. NO.	DATE	Email	
191687		2023-04-05	rbrown@sphosp.org	
MAKE	MODEL	SERIAL NO.	UNIT NO.	hours
AA	3456 PGAG	0C4G00324		299
NOTES				

SEGMENT: 01 PERFORM PRODUCT UPDATE ON SWITCHGEAR ()
 NOTES:

 PRICE QUOTE FOR UPDATED SOUTH PENINSULA'S
 SWITCHGEAR, PLEASE SEE ATTACHED DOCUMENTS FOR
 SCOPE OF WORK AND CLARIFICATIONS.

Misc			
Description	Qty	Ext Price	
SWITCHGEAR QUOTE	1		601,556.50
	Total Misc:		601,556.50
	Segment 01 Total:		601,556.50
	Total Segments:		601,556.50
SUB TOTAL (BEFORE TAXES)			601,556.50

- This estimate will expire 30 days from the estimate date.
- Price excludes Freight Charges, Operating Supplies/EPA Fees and Overtime.
- Terms: Net 10th Prox.
- Sales Taxes where applicable are not included with the above prices.

ESTIMATED REPAIR TIME: _____ *from start date*
"The Signature is an authorization to proceed with the required repair work as described

within the quote".

Issued PO# _____, **Authorized Name** _____ **Please Print.**

Date ____/____/____.

Signature

Any Questions? Please Call Nicholas Gundersen at 907-632-3075.

Existing System:

The existing system is an EGP2 standby system controlled by a PLC based operating system. The generator Brown Boveri Electric breakers are obsolete and no longer supported. The generator breaker cabinet cables to the Emergency ATS bus. One of the Generators has an existing EMCP4.2, while the other generator will be upgraded by NC Machinery during the retrofit being proposed.

PROPOSED SCOPE OF WORK: This Proposal for a PLC - HMI Modernization for South Peninsula Hospital project in Homer, AK. Caterpillar Switchgear AES will remove the existing Processors (PLC's), Transducers, Mechanical Gauges, Annunciation lights, Power Relays and replace those components with Schneider Electric Ethernet PLC processors running Control Expert software, PowerPlex II transducers, HMI Touchscreen Processor running a Windows 10 OS programmed with FactoryTalk graphics software and a Kepware software interface with the PLC network. Three (3) new door skins and back pans are included in the bill of materials. During the controls modernization, NC Machinery will be installing a EMCP 4.2 and CDVR for the existing 3412. Caterpillar will provide the appropriate cutout on one of the door plates to mount the 4.2 panel. Caterpillar will also include the EMCP4.2 and CDVR wiring in the submittals and drawings, as they are being installed in the switchgear. A separate trip, prior to the controls work will be necessary for ABB to install Two (2) new generator breakers in the existing generator breaker cabinet. ABB will install a new cradle adapter and breaker during One (1) day onsite. This system will be internally networked together via an ethernet communications network which will replace the existing network.

Controls work on site will be performed by One (1) Caterpillar Switchgear Engineers and one NC Machinery Technician over the course of up to Nine (9) Days. Documentation includes Manufacturer Data Sheets of new components, General Drawings consisting of system one line, Automation Communication drawing, Conduit Schedule, Wiring Count, Training Manual, and updated As Built Drawings. Following completion of work on site, operator training, up to Eight

(8) hours, will be provided for end user operators. ***If new conduit and/or wiring is necessary for the upgrade of the current system.**

Due to the volatility of supply chains at this time, budgetary proposals are not available, and the duration of this proposal is Forty-Five (45) days from date of issuance. Caterpillar Switchgear reserves the right to modify this bill of materials to make use of available products at time of order.

COMMERCIAL TERMS AND CONDITIONS

Terms of Proposal:

Proposal pricing is firm for forty-five (45) days from date issued unless otherwise stated in the proposal. Proposals may be terminated sooner by written notice prior to expiration. Verbal proposal, unless accepted, expire the same day they are made. Caterpillar Switchgear reserves the right to review and revise any proposal that is past the 45-day expiration period.

Terms of Sale:

This proposal represents a good faith estimate based on description of services requested. All work includes seller's standard AES warranty. This Proposal is subject to Caterpillar's Standard Distribution Agreement incorporated by reference into this proposal. Applicable taxes, duties and freight is not included and will be added at time of invoice unless otherwise stated. Travel estimate is based on rates available at time of proposal, actual travel costs may differ depending on requested schedule. Any additional labor or material required but not included as a result of change in scope will be invoiced as accrued. Canceled orders will be invoiced to include all appropriate charges, including all costs plus profit. Payment Terms Payment Terms are net 30 in U.S. Dollars.

WARRANTY INFORMATION:

Equipment sold pursuant to this proposal shall be warranted to be free from defects in design, workmanship and material, and such warranty shall be on the terms and conditions contained in the manufacturer's standard end user warranty statement (SELF5731 and associated Warranty Bulletins) for such equipment subject to such changes to the warranty statement as may be necessary to include the equipment in coverage, and for the duration set forth below.

Items

Warranty Terms

AES Services: Caterpillar Switchgear Aftermarket Services warranty period is the shorter of: 12 months from startup completion for equipment / materials provided 90 days from startup completion for onsite labor and workmanship - OR - 18 Months from shipment

ABB Breakers: ABB New Product warranty period is

12 months from ship date Caterpillar Switchgear Americas, LLC.

DEFINITION OF SERVICES:

In house:

- Engineering – Programming PLC’s, Hardware Design, drawing markups, testing, and workplan.
- Graphics –Create graphics for HMI and test on a simulation of the site system.
- Logistics – Communication, planning, scheduling, procurement, shipping preparation.
- CAD - Creation of production drawings, issue of field and updated As Built drawings.
- Production-Wiring & Assembly

Onsite:

- One (1) trip for One (1) NC Machinery Engineer on site for up to one (1) day for a site assessment.
- One (1) trip for Two (2) engineers on site for up to Nine (9) consecutive days
- One (1) trip for One (1) ABB technician to install new generator breakers.
- Install Schneider Electric Ethernet PLC bases and processors.
- Removal of obsolete relay parallel controls
- Removal of mechanical gauges
- Removal of door indication lights
- Install Transducers with PowerPlex II transducers.
- Install Windows 10 Touchscreen processor with Factory Talk/Kepware software.
- Install new touchscreen.
- Install new door plates and backpans
- System Testing
- End User Training

Bill of Materials:

(1) Master Control Hardware:

- Schneider Electric Ethernet PLC Processors (AP1 & AP2)
- Replacement Touchscreen
- Windows 10 Touchscreen Processor with FactoryTalk/Kepware software

- Data Table Gateway dedicated for switchgear system data points with the following protocols:
 - o Serial Modbus RTU
 - o Various Ethernet protocols
- Managed Ethernet switches

(2) Generator Control Hardware:

- Schneider Electric Ethernet PLC Processor (1 per generator breaker)
- PowerPlex II Transducer
- 86 Lockout Relay
- Circuit Breaker Control Switch, and red/green LED indicator lights.
- Device 25 Sync Check
- PTs
- CPT
- Managed Ethernet switch

Additional Items:

- Miscellaneous Hardware (wiring, cables, labels, etc.)
- Station Batteries and Rack
- Power Supply

CLARIFICATIONS:

- This proposal assumes that all work will occur in One (1) trip to the site and performed in Nine (9) consecutive days and will be performed during normal business hours.
1. NC Machinery is responsible to provide load banks for engine tuning and load share validation, if site load cannot be used. The minimum required load is 50% of the generator plant capacity. If site load fulfills this requirement and can be affected, a load bank will not be necessary.
 2. Caterpillar Switchgear will procure all specified components and program in Alpharetta, GA. The PLC and HMI programming will be tested on a static simulation of the site system configuration prior to shipment to the project site for installation.
 3. Cancellation charges or rescheduling charges for onsite services, including but not limited to loss of utilization of assigned field service personnel and remobilization, may apply for startup schedule changes received within Two (2) weeks of confirmed schedule.

4. Any changes to the Scope of Work or Bill of Material will require the proposal to be revised which may result in a price change and/or rescheduling of the work.
5. End User is responsible to provide emergency backup power for duration of work, if necessary. During this work, the system will remain capable of automatic operation, however, only one generator will be available. Emergency Loads are required to be minimized to the capability of one of the Caterpillar Generators.
6. As Built Drawings, Operators Training Manual, and Manufacturer Data Sheets of replaced components, in electronic format will be provided following onsite work completion.
7. Unimpeded access to the system is required. All removal and replacement of any obstructions that may interfere with access to the existing equipment will be the responsibility of others, if necessary.
8. This proposal assumes that any components not explicitly listed above are operational. Components found inoperable during upgrade testing and not covered under this proposal will be identified and quoted in a separate change order proposal for acceptance and authorization prior to procurement or repair.
9. This proposal includes submittals for approval in electronic format consisting of G drawings (Informational consisting of power one line, automation one line, controls one line, elevation & conduit schedule), manufacturer data sheets related to the new components, and a basic project schedule. No work beyond creation of submittal will be performed on order until release for manufacturing is provided. Lead-time for submittal drawings will be determined at time of order. Field Interconnect & Wiring drawing submittals will require additional time and revised proposal if necessary.
10. A site-specific Work Plan is included. This will be provided prior to mobilization of the Caterpillar Field Engineers for review and coordination.
11. Multiple momentary Utility power outages will be required during testing of Sequence of Operation to properly test the emergency mode of operations.
12. No site safety training, background checks or drug screens are included in this proposal. If these are required, there will be a revision to this proposal to capture additional costs associated with expenses and detention.
13. No provisions for independent or third-party testing have been included in this proposal. Should this be required, pricing will be provided in a separate proposal at the standard Caterpillar Switchgear Americas, LLC published field labor rates plus travel and expenses.
14. End User is responsible for coordinating with the local utility for switching orders, scheduling outages and to DE energize the electrical apparatus involved in this project, if required. This includes any utility fees associated with the service disconnection and reconnection.
15. Prior to the start of work, End User shall familiarize Caterpillar Switchgear personnel with their safety practices, regulations in effect at the jobsite, and any chemical and

physical hazards, including process safety issues associated with the work environment. Caterpillar Switchgear shall be under no obligation to commence work unless safety practices are acceptable to Caterpillar Switchgear. As a safety precaution, prior to the commencement of work, access to a nearby telephone with the ability to call outside the facility will be provided by the end user, as well as telephone numbers for local emergency services.

16. The End User shall identify someone with site authority to allow the following - (A) switching and outages as required with safe lock out and tag out of equipment being worked upon, (B) free and clear access and egress to the worksite, (C) provide communication and sanitation facilities, and (D) identify someone from maintenance to be able to control and shift loads and have that individual available to Caterpillar Switchgear during testing.
17. If necessary, any additional conduit, field wiring, and/or fiber optic cabling, shall be provided by the End User or a contractor of the End User.
18. During the removal and installation of the parallel controls, the end user may need to operate the system manually. The system capacity will be reduced to one generator while the removal and replacement is ongoing. The single generator will be capable of automatic operation however, if site load exceeds the capacity of one of the generators, manual operations of a temporary system may be necessary.
19. During the replacement of the generator breakers, the system will be incapable of utilizing generator power. This will be the duration of Two (2) hours and will require a separate trip prior to the modernization.
20. No warranty extension is expressed or implied for existing equipment. Caterpillar Switchgear Aftermarket Warranty covers only the components listed and the workmanship/labor involved with the installation of those components.
21. UL field certification is not included in our proposal. If a field certification is required, a separate proposal will be provided for this service.
22. Shipping terms are FOB Origin. A Freight Allowance has been included in this proposal. Freight Charges exceeding the Freight Allowance will be prepaid and added to the final invoice.
23. This proposal includes end user operator training lasting no more than Eight (8) hours. This training will include electronically updated Operator Manuals to be retained by the end user for reference.
24. This proposal does not include any time or cost for Federal, State, Local, or Site quarantine restrictions and/or requirements due to the Covid-19 virus. Should it be necessary, a separate proposal to capture costs associated with these requirements will be provided.

To: SPH Board of Directors
From: Andrea Konik, Medical Staff Coordinator
Date: April 2023
Re: Approval of Revised Core Privileges for Certified Registered Nurse Anesthetists

The attached South Peninsula Hospital Privileges in Family Medicine were revised by the Medical Staff Office; Robert Austin, CRNA, Brian McCorison, CRNA Medical Director of Surgical Services, and approved by the Medical Executive Committee on April 12, 2023.

The previous core privileges did not encompass all of the duties performed by the CRNAs at South Peninsula Hospital, and primarily were for anesthesia services in the surgical services environment. These new privileges include all aspects of anesthesia services at SPH. They have also been updated to clarify reappointment criteria and required certifications.

Recommended Motion(s):

Consideration to Approve the revised Core Privileges for Certified Registered Nurse Anesthetists as presented.

South Peninsula Hospital Privileges for Certified Registered Nurse Anesthetist

Name: _____ Date: _____

Qualifications

To be eligible for **CRNA** core privileges, a **new applicant** must meet the following qualifications:

- Unrestricted Alaska license for Registered Nurse and APRN Certified Registered Nurse Anesthetist
- Demonstration of the provision of services to at least 100 patients of your expected caseload (adult/pediatric) in the past two years;
- Certification by the National Board of Certification for Nurse Anesthetists or its respective predecessors or successors; **AND**
- Graduation from a program of nurse anesthesia education accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs or its predecessor

Collaborative Agreement: Must have a valid collective Collaborative Agreement with the Medical Staff signed by the Chief of Staff

CRNA CORE

Pre-anesthesia or Pre-procedure

Performing a patient assessment and evaluation, which includes obtaining appropriate health history, reviewing systems, reviewing the comprehensive history and physical, and conducting an appropriate focused physical assessment and evaluating the results.

- Selecting, obtaining, ordering, and administering medications.
- Documenting the evaluation.
- Developing and documenting the plan of care.
- Obtaining a comprehensive informed consent for anesthesia or procedure to be performed.
- Performing and initiating pain management multimodal strategies.

Intra-operative Care

- Obtaining, preparing, and using all equipment, monitors, supplies, and medications for the administration of general and regional anesthesia and sedation techniques; performing anesthesia equipment safety checks.
- Selecting, obtaining, and administering the anesthetics, adjuvant drugs, accessory drugs, fluids, and blood products necessary to induce, maintain, and manage the anesthetic.
 - Performing all aspects of airway management, including, but not limited to, fiberoptic intubation.
 - Performing and managing regional anesthetic techniques including, but not limited to, subarachnoid, epidural, and caudal blocks; plexus and peripheral nerve blocks; intravenous regional anesthesia; transtracheal, topical, and local infiltration blocks; intracapsular, intercostal, and ocular blocks, lumbar punctures
- Providing appropriate invasive and noninvasive monitoring modalities.
- Recognizing, evaluating, and managing the patient's physiological response and complications during the provision of anesthesia services; selecting and implementing corrective action, and requesting consultation as necessary.

- Evaluating patient response during emergence from anesthesia and instituting pharmacological or supportive treatment to ensure patient stability during transfer.

Post-anesthesia Care

- Evaluating and managing the patient’s response to anesthesia and the procedure, addressing any issues, and requesting consultation as needed.
- Initiating and administering respiratory support to provide adequate ventilation and oxygenation.
- Selecting, obtaining, ordering, and administering post-anesthetic medications and volume management.
- Continuing multimodal analgesia plan of care.
- Discharging patients from the post-anesthesia care unit (PACU) and the facility according to organization policy.

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Clinical Support Functions

- Inserting additional nasopharyngeal, nasogastric, or bougie tubes.
- Inserting, managing, and removing arterial catheters and performing arterial puncture to obtain arterial blood samples.
- Inserting peripheral and central venous access.
- Inserting pulmonary artery catheter.
- Performing intubation and airway / ventilator management outside of the operating room.
- Performing diagnostic procedures including but not limited to lumbar punctures or no-operative TAP blocks.
- Consultations for non-operative pain management or sedation.

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Additional Criteria: BLS, ACLS, PALS certifications

Renewal Criteria: Participation in a minimum of fifty (50) sedation cases over the prior two (2) year period.

<input type="checkbox"/> Requested	<input type="checkbox"/> Recommended	<input type="checkbox"/> Not Recommended
<input type="checkbox"/> Recommended with the following modification(s) and reason(s):		

Recommended/Not recommended with the following modification(s) and reason(s):

Acknowledgement of Practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform, and that I wish to exercise at **South Peninsula Hospital**, and I will provide documentation, as required, to support the granting of these privileges. I know of no health condition that with reasonable accommodation would impair my ability to competently perform these requested privileges, and;

I understand that:

(a) In exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

(b) Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such a situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed: _____

Date: _____

Approvals:

The requested clinical privileges and supportive documentation for the above named applicant has been reviewed and recommend action on the privileges as noted above:

Medical Staff Approval Yes _____ No _____ Date _____

Board of Directors Approval Yes _____ No _____ Date _____

To: SPH Board of Directors
From: BOD Governance Committee
Date: April 20, 2023
Re: Board Bylaws Amendment Proposal

After discussion at several Governance Committee meetings, the committee is proposing a change to the bylaws.

The proposal will change the officer terms from one year, to two years. Many committee members felt that one year is not enough time for someone to learn an officer role and execute it effectively. The CEO agreed that extending the officer terms to two years would provide continuity for the executive staff as well.

Section 1 of ARTICLE IX – AMENDMENTS asks for two readings of the change to be made prior to vote, with a required 75% of the entire membership needed to ratify the amendment. This is the first reading of the proposed amendment.

The full copy of the proposed revised bylaws are attached for review as well.

ARTICLE IV - OFFICERS

Section 1.

The officers of the Hospital Board shall be a President, Vice-President, Secretary, and Treasurer.

Section 2.

At the annual meeting in the month of January each even year, the officers shall be elected, all of whom shall be from among its own membership, and shall hold office for a period of ~~one~~two years.

No motion at this time. First reading of proposed amendment.

**BYLAWS
SOUTH PENINSULA HOSPITAL, INC.**

ARTICLE I - NAME AND OBJECTIVES

Section 1.

The name of this corporation shall be South Peninsula Hospital, Inc., and its mailing address shall be 4300 Bartlett Street, Homer, Alaska 99603.

Section 2.

The name of the Board shall be the South Peninsula Hospital Board of Directors, and shall be referred to in these Bylaws as the Hospital Board.

Section 3.

The objective of the Hospital Board shall be to construct, maintain, and operate a hospital and authorized services in accordance with the laws and regulations of the State of Alaska and in fulfillment of our responsibility to the taxpayers and citizens of the South Kenai Peninsula Hospital Service Area. The Hospital Board shall be responsible for the control and operation of the Hospital and authorized services including the appointment of a qualified medical staff, the conservation and use of hospital monies, and the formulation of administrative policy.

ARTICLE II - MEETINGS

Section 1. Regular Meetings.

The Hospital Board shall hold regular meetings with a minimum of ten (10) meetings a year. Meetings shall be held at South Peninsula Hospital or such other place as may be designated, or virtually through telephonic or other electronic means

Section 2. Special Meetings.

Special meetings may be called by the President, Vice-President, Secretary, or Treasurer, at the request of the Administrator, Chief of Staff, or three Board members. Members shall be notified of special meetings, the time, place, date, and purpose of said meeting. Notice will be given verbally or by email. A minimum of five days' notice shall be given to members except in the event of an emergency. Notice will be provided to borough clerk and posted on SPHI website.

Section 3. Quorum.

A quorum for the transaction of business at any regular, special, or emergency meeting shall consist of a majority of the seated members of the Hospital Board, but a majority of those present

shall have the power to adjourn the meeting to a future time. Attendance may be in person through telephonic or other electronic means.

Section 4. Minutes.

All proceedings of meetings shall be permanently recorded in writing by the Secretary and distributed to the members of the Hospital Board and ex-officio members. Copies of minutes will be posted on the SPHI website.

Section 5. Reconsideration:

A member of the board of directors who voted with the prevailing side on any issue may move to reconsider the board's action at the same meeting or at the next regularly scheduled meeting. Notice of reconsideration can be made immediately or made within forty-eight hours from the time of the original action was taken by notifying the president or secretary of the board.

Section 6. Annual Meeting.

The annual meeting of the Board of South Peninsula Hospital, Inc. shall be held in January, at a time and place determined by the Board of Directors. The purpose of the annual meeting shall include election of officers and may include appointment of Board members.

ARTICLE III - MEMBERS

Section 1.

The Hospital Board shall consist of nine (9) to eleven (11) members. No more than three (3) members may reside outside of the Hospital Service Area. No more than two (2) members may be physicians.

Section 2.

Appointments to the Hospital Board shall be made by the Hospital Board with an affirmative vote of the majority of the Board. Term of office shall be three (3) years with appointments staggered so that at least three members' terms will expire each year on December 31. Members may be reappointed by an affirmative vote of the majority of the Board. Election shall be by secret ballot. Elections may be held by any electronic means that provides the required anonymity of the ballot.

Section 3.

Vacancies created by a member no longer able to serve shall be filled by the procedure described in Section 2 for the unexpired term. Any member appointed to fill a vacant seat shall serve the remainder of the term for the seat the member has been appointed to fill.

Section 4.

Any Hospital Board member who is absent from two (2) consecutive regular meetings without prior notice may be replaced. In the event of sickness or circumstances beyond the control of the absent member, the absence may be excused by the President of the Board or the President's designee. Any Board member who misses over 50% of the Board meetings during a year may be replaced.

Section 5.

Censure of, or removal from the Board of any member shall require a 75% affirmative vote of the Board members.

Section 6.

No member shall commit the Hospital Board unless specifically appointed to do so by the Hospital Board, and the appointment recorded in the minutes of the meeting at which the appointment was made.

Section 7.

Hospital Board members will receive a stipend according to a schedule adopted by the board and outlined in Board Policy SM-12 Board Member Stipends.

ARTICLE IV - OFFICERS

Section 1.

The officers of the Hospital Board shall be a President, Vice-President, Secretary, and Treasurer.

Section 2.

At the annual meeting in the month of January each even year, the officers shall be elected, all of whom shall be from among its own membership, and shall hold office for a period of ~~one~~two years.

Section 3.

President. The President shall preside at all meetings of the Hospital Board. The President may be an appointed member to any committee and shall be an ex-officio member of each committee.

Section 4.

Vice-President. The Vice-President shall act as President in the absence of the President, and when so acting, shall have all of the power and authority of the President.

Section 5.

In the absence of the President and the Vice-President, the members present shall elect a presiding officer.

Section 6.

Secretary. The secretary shall be responsible for the minutes of the meeting, act as custodian of all records and reports, ensure posting of the agenda and minutes on the website, ensure that notification is provided to the Kenai Peninsula Borough for any changes to board membership or officer assignments, and other duties as set forth by the Hospital Board. These duties shall be performed in conjunction with SPH Hospital Staff assigned to assist the Board.

Section 7.

Treasurer. The Treasurer shall have charge and custody of, and be responsible to the Hospital Board for all funds, properties and securities of South Peninsula Hospital, Inc. in keeping with such directives as may be enacted by the Hospital Board.

ARTICLE V - COMMITTEES

Section 1.

The President shall appoint the number and types of committees consistent with the size and scope of activities of the hospital. The committees shall provide advice or recommendations to the Board as directed by the President. The President may appoint any person including, but not limited to, members of the Board to serve as a committee member. Only members of the Board will have voting rights on any Board committee. All appointments shall be made a part of the minutes of the meeting at which they are made.

Section 2.

Committee members shall serve without remuneration. Reimbursement for out-of-pocket expenses of committee members may be made only by hospital Board approval through the Finance Committee.

Section 3.

Committee reports, to be presented by the appropriate committee, shall be made a part of the minutes of the meeting at which they are presented. Substance of committee work will be fully disclosed to the full board.

ARTICLE VI - ADMINISTRATOR

Section 1.

The Administrator shall be selected by the Hospital Board to serve under its direction and be responsible for carrying out its policies. The Administrator shall have charge of and be responsible for the administration of the hospital.

Section 2.

The Administrator shall supervise all business affairs such as the records of financial transactions, collection of accounts and purchases, issuance of supplies, and to ensure that all funds are collected and expended to the best possible advantage. All books and records of account shall be maintained within the hospital facilities and shall be current at all times.

Section 3.

The Administrator shall prepare an annual budget showing the expected receipts and expenditures of the hospital.

Section 4.

The Administrator shall prepare and submit a written monthly report of all expenses and revenues of the hospital, preferably in advance of meetings. This report shall be included in the minutes of that meeting. Other special reports shall be prepared and submitted as required by the Hospital Board.

Section 5.

The Administrator shall appoint a Medical Director of the Long Term Care Facility. The Medical Director shall be responsible for the clinical quality of care in the Long Term Care Facility and shall report directly to the Administrator.

Section 6.

The Administrator shall serve as the liaison between the Hospital Board and the Medical Staff.

Section 7.

The Administrator shall provide a Collective Bargaining Agreement to the Hospital Board for approval.

Section 8.

The Administrator shall see that all physical properties are kept in a good state of repair and operating condition.

Section 9.

The Administrator shall perform any other duty that the Hospital Board may assign.

Section 10.

The Administrator shall be held accountable to the Hospital Board in total and not to individual Hospital Board members.

ARTICLE VII - MEDICAL STAFF

The Hospital Board will appoint a Medical Staff in accordance with these Bylaws, the Medical Staff Development Plan, and the Bylaws of the Medical Staff approved by the Hospital Board. The Medical Staff will operate as an integral part of the hospital corporation and will be responsible and accountable to the Hospital Board for the discharge of those responsibilities delegated to it by the Hospital Board from time to time. The delegation of responsibilities to the Medical Staff under these Bylaws or the Medical Staff Bylaws does not limit the inherent power of the Hospital Board to act directly in the interests of the Hospital.

Section 1.

The Hospital Board has authorized the creation of a Medical Staff to be known as the Medical Staff of South Peninsula Hospital. The membership of the Medical Staff will be comprised of all practitioners who are eligible under Alaska state law and otherwise satisfy requirements established by the Hospital Board Membership in this organization shall not be limited to physicians only. Membership in this organization is a prerequisite to the exercise of clinical privileges in the Hospital, except as otherwise specifically provided in the Medical Staff Bylaws. The Medical Staff organization, and its members will be responsible to the Hospital Board for the quality of patient care practiced under their direction and the Medical Staff will be responsible for the ethical and clinical practice of its members.

The Chief of Staff will be responsible for regular communication with the Hospital Board.

Section 2.

The Hospital Board delegates to the Medical Staff its responsibility to develop Bylaws, Rules and Regulations for the internal governance and operation of the Medical Staff. Neither will be effective until approved by the Hospital Board.

The following purposes and procedures will be incorporated into the Bylaws and Rules and Regulations of the Medical Staff:

1. The Bylaws and Rules and Regulations of the Medical Staff will state the purposes, functions and organization of the Medical Staff and will set forth the policies by which the Professional Staff exercises and accounts for its delegated authority and responsibilities.
2. The Medical Staff Bylaws will require adherence to an identified code of behavior within the Hospital. The Bylaws will state that the ability to work harmoniously and cooperatively with others is a basic requirement for initial appointment and reappointment. Such Bylaws will state that appointment and reappointment is subject to compliance with Medical Staff Bylaws and Hospital Board Bylaws.
3. The Medical Staff Bylaws or Rules and Regulations will clearly define a regular method of quality assessment if not established by Hospital Board policy.

Section 3.

The following tenets will be applicable to Medical Staff membership and clinical privileges:

1. The Hospital Board delegates to the Medical Staff the responsibility and authority to investigate and evaluate matters relating to Medical Staff membership, clinical privileges, behavior and disciplinary action, and will require that the Medical Staff adopt, and forward to the Hospital Board, specific written recommendations with appropriate supporting documentation that will allow the Hospital Board to take informed action when necessary.
2. Final actions on all matters relating to Medical Staff membership, clinical privileges, behavior and disciplinary action will generally be taken by the Hospital Board following consideration of Medical Staff recommendations. However, the Hospital Board has the right to directly review and act upon any action or failure to act by the Medical Staff if, in the opinion of the Hospital Board, the Medical Staff does not or is unable to carry out its duties and responsibilities as provided in the Medical Staff Bylaws.
3. In acting on matters involving granting and defining Medical Staff membership and in defining and granting clinical privileges, the Hospital Board, through the Medical Staff's recommendations, the supporting information on which such recommendations are based, and such criteria as are set forth in the Medical Staff Bylaws. No aspect of membership nor specific clinical privileges will be limited or denied to a practitioner on the basis of sex, race, age, color, disability, national origin, religion, or status as a veteran.
4. The terms and conditions of membership on the Medical Staff and exercise of clinical privileges will be specifically described in the notice of individual appointment or reappointment.
5. Subject to its authority to act directly, the Hospital Board will require that any adverse recommendations or requests for disciplinary action concerning a practitioner's Medical Staff appointment, reappointment, clinical unit affiliation, Medical Staff category, admitting prerogatives or clinical privileges, will follow the requirements set forth in the Medical Staff Bylaws.

6. From time to time, the Hospital Board will establish professional liability insurance requirements that must be maintained by members of the Medical Staff as a condition of membership. Such requirements will be specific as to amount and kind of insurance and must be provided by a rated insurance company acceptable to the Hospital Board.

ARTICLE VIII - AUTHORIZATION OF INDEBTEDNESS

Section 1. Indebtedness.

It shall require seventy five percent (75%) of the entire Hospital Board to commit funds beyond current income, cash available, and appropriations of the current budget.

ARTICLE IX - AMENDMENTS

Section 1.

The Bylaws may be altered, amended, or repealed by the members at any regular or special meeting provided that notice of such meeting shall have contained a copy of the proposed alteration, amendment or repeal and that said proposed alteration, amendment, or repeal shall be read at two meetings prior to a vote.

Section 2.

An affirmative vote of seventy-five percent (75%) of the entire membership shall be required to ratify amendments, alterations or repeals to these Bylaws.

Section 3.

These Bylaws shall be reviewed at the annual meeting.

ARTICLE X - ORDER OF BUSINESS

Section 1.

The order and conduct of business at all meetings of the Hospital Board shall be governed by Roberts Rules of Order Revised, except when provided otherwise in these Bylaws.

ARTICLE XI - INDEMNIFICATION

Section 1.

The corporation shall indemnify every person who was or is a party or is threatened to be made a party to any threatened, pending or completed action, suit or proceeding, whether civil, criminal, administrative or investigative (other than an action by or in the right of the corporation) by reason of the fact that he is or was a board member, director, officer, employee or agent of the corporation, or is or was serving at the request of the corporation as a director, officer, employee, or agent of another corporation, partnership, joint venture, trust or other enterprise, against expenses (including attorneys' fees), judgment, fines and amounts paid in settlement actually and reasonably incurred by him in connection with such action, suit or proceeding if he acted in good faith and in a manner he reasonably believed to be in or not opposed to the best interests of the corporation and, with respect to any criminal action or proceeding, had no reasonable cause to believe his conduct was unlawful. The termination of any action, suit or proceeding by judgment, order, settlement, conviction, or upon a plea of nolo contendere or its equivalent, shall not, of itself, create a presumption that the person did not act in good faith and in a manner which he reasonably believed to be in or not opposed to any criminal action or proceeding, had reasonable cause to believe that his conduct was unlawful.

Section 2.

The corporation shall indemnify every person who has or is threatened to be made a party to any threatened, pending or completed action or suit by or in the right of the corporation to procure a judgment in its favor by reason of the fact that he is or was a board member, director, officer, employee or agent of the corporation, partnership, joint venture, trust or other enterprise against expenses (including attorneys' fees) actually and reasonably incurred by him in connection with the defense or settlement of such action or suit if he acted in good faith and in a manner he reasonably believed to be in or not opposed to the best interests of the corporation except that no indemnification shall be made in respect of any claim, issue or matter as to which such person shall have been adjudged to be liable for negligence or misconduct in the performance of his duty to the corporation unless and only to the extent that the court in which such action or suit was brought shall determine upon application that, despite the adjudication of liability but in view of all circumstances of the case, such person is fairly and reasonably entitled to indemnify for such expenses which such court shall deem proper.

Section 3.

To the extent that a board member, director, officer, employee or agent of the corporation has been successful on the merits or otherwise in defense of any action, suit or proceeding referred to in subsections 1 and 2 hereof, or in defense of any claim, issue or matter therein, he shall be indemnified against expenses (including attorneys' fees) actually and reasonably incurred by him in connection therewith.

Section 4.

Any indemnification under subsections 1 and 2 hereof (unless ordered by a court) shall be made by the corporation only as authorized in the specific case upon a determination that

indemnification of the board member, director, officer, employee or agent is proper in the circumstances because he has met the applicable standard of conduct set forth in subsections 1 and 2 hereof. Such determination shall be made (a) by the Board of Directors by a majority vote of a quorum consisting of directors who were not parties to such action, suit or proceedings, or (b) if such quorum is not obtainable, or even if obtainable, a quorum of disinterested directors so directs, by independent legal counsel in a written opinion.

Section 5.

Expenses incurred in defending a civil or criminal action, suit, or proceeding may be applied by the corporation in advance of the final disposition of such action, suit or proceeding as authorized by the Board of Directors in the manner provided in subsection 4 upon receipt of any undertaking by or on behalf of the board member, director, officer, employee or agent, to repay such amount unless it shall ultimately be determined that he is entitled to be indemnified by the corporation as authorized in this section.

Section 6.

The indemnification provided by this Article shall not be deemed exclusive of any other rights to which those indemnified may be entitled under any resolution adopted by the members after notice, both as to action in his official capacity and as to action in another capacity while holding office, and shall continue as to a person who has ceased to be a board member, director, officer, employee or agent and shall inure to the benefit of the heirs, executors and administrators of such a person.

- Adopted by the South Peninsula Hospital Board of Directors. December 7, 2022.
- Kelly Cooper, President
- Julie Woodworth, Secretary

South Peninsula Hospital
Hospital Board of Trustees Balanced Scorecard Report
1st Quarter Calendar 2023 (Jan, Feb, Mar)

Overall Indicators	Q 2023	Target	n	Note
Medicare Care Compare Overall Hospital Star Rating	N/A	5		There are too few measures or measure groups reported to calculate.
Medicare Care Compare Overall Hospital Survey Star Rating	4	5		
Medicare Care Compare Overall Nursing Home Star Rating	5	5		
Medicare Merit Based Incentive Payment System Total Score	32.61	25		2019-- 60.6; 2020--75.2; 2021--81.34
Quality of Care / Patient Safety	1Q 2023	Target	n	Note
Severe Sepsis & Septic Shock Care	100%	>75%	58	(Care Compare : 24 cases - 71%, 4/1/21-3/31/22)
Sepsis (% of patients who received appropriate care for sepsis and/or septic shock.)				# of cases passing/total # of cases-exceptions (58 cases reviewed: 27 pass, 0 fail, 31 exclusions)
Stroke Care	71%	> 95%	21	(Care Compare N/A, 4/1/21-3/31/22)
Percentage of patients who came to ED w/Stroke symptoms and received CT/MRI within 45 minutes of arrival.				Numerator = CT/MRI within 45 min & documented last known well. Denominator = Patients with Stroke presenting within 2 hours of symptoms. (15- pass, 6- failed, 0- excluded)
Median Emergency Room Time	193 min	180 min	1195	Target (minutes) (Care Compare: 158 min, 4/1/21-3/31/22)
Average time spent in department before leaving.				Average throughput time of all ED visits
Readmission	6.7%	< 15%	209	(Care Compare 15.8%, 7/1/18-6/30/21)
The readmission measures are estimates of the rate of unplanned readmission to an acute care hospital in 30 days after discharged from a hospitalization. Patients may have had an unplanned readmission for any reason.				% of patients with unplanned readmission to (IP/Obs) within 30 days of discharge - exclusions/Eligible admissions- (14 readmits/total admits*100)
Elective Deliveries	0%	0%	25	(Care Compare 0%, 22 patients 4/1/21-3/31/22)
Percentage of mothers whose deliveries were scheduled too early (1-2 weeks early), when a scheduled delivery wasn't medically necessary.				# of non-medically indicated deliveries before 39 weeks gestation / total deliveries.
Provider Quality Score (Group)	17.61	15 pts		Scoring tabulated as a running, annual score.
CMS Merit-Based Incentive Payment System (MIPS) for providers				Target to be adjusted Quarterly as appropriate
Patient Fall Rate AC	9.93	< 5	906	# of patient falls / # patient days x 1000
Measures the number of patient falls per 1,000 patient days				n = IP, observations and swing bed patient days. Note: AC had 9 falls - 4 without injury, 5 with minor injuries, 8 were same patient.
Medication Errors	0	0		
Measures the number of reported medication errors causing patient harm or death.				Reported errors classified as type E-I by the National Coordinating Council for Med Error Reporting and Prevention/CMS
Never Events	0	0		
Unexpected occurrence involving death/serious physiological or psychological injury, or the risk thereof.				

Home Health (HH)	1Q 2023	Target	n	Note
Improvement in Breathing	TBD	> 80%		
Percentage of home health quality episodes patient became less short of breath.				Pts. w/ quality episode indicating reduced shortness of breath/ Total pts. w/ quality episode ending w/ d/c during the reporting period – Exemptions.
Correct Medication Administration	TBD	> 75%		
Percentage of home health quality episodes patients improved taking oral medication correctly.				Pts. w/ quality episode indicating an improved ability to take their meds correctly. Total pts. w/ quality episode ending w/ d/c the reporting period – Exemptions.
Nursing Home	1Q 2023	Target	n	Note
Fall with Major Injury	0	< 3%		
Res. w/ look back assessment(s) that indicate 1 or more falls resulting major w/injury. (fx/dislocation, head injury w/ altered consciousness, subdural hematoma.)				Res. with a lookback scan assessment indicating a Major Fall/ Total pts w/ a lookback scan assessment – Exemptions
Urinary Tract Infections (UTI)	0	< 3%		
Residents w/ look back scan asses(s) that indicates (UTI) within the last 30 days.				Res. with a lookback scan assessment indicating a UTI within the last 30 days/ Total pts with a lookback scan – Exemptions.
Consumer Assessment of Healthcare Providers and Services	1Q 2023	Target	n	Note: Measures as a % ranking across PG clients.
HCAHPS Percentile	88th	75th	25	
Measures the 1-10 ranking received by inpatient client (or family) respondents.				Q4 -2022, n = 63 Q -2023, n = 25
HHAHPS Percentile	99th	75th	33	*Running 12 months due to low quarterly returns
Measures the 1-10 ranking received by Home Health Care client (or family) respondents.				Q3 -2022, 88th n = 38 Q4 -2022, 87 n = 33
Patient Satisfaction Through Press Ganey (PG)	1Q 2023	Target	n	Note: % ranking across PG clients.
Inpatient Percentile	84th	75th	25	
Measures the satisfaction of inpatient pts. respondents.				Q3 -2022: 87th, n = 49 Q4 -2022: 69th, n = 43
Outpatient Percentile	24th	75th	271	
Measures the satisfaction of outpatient pts. respondents.				Q3 -2022: 14th, n = 255 Q4 -2022: 12th, n = 252
Emergency Department Percentile	89th	75th	59	
Measures the satisfaction of emergency pts. respondents.				Q3 -2022: 83rd, n = 94 Q4 -2022: 96th, n = 43
Medical Practice Percentile	63rd	75th	358	
Measures the satisfaction of pts. respondents at SPH Clinics.				Q3 -2022: 49th, n = 466 Q4 -2022: 58th, n = 454
Ambulatory Surgery (AS) Percentile	69th	75th	75	
Measures the satisfaction of AS pts. respondents.				Q3 -2022: 20th, n = 57 Q4 -2022: 69th, n = 74
Home Health Care Percentile (HHC)	96	75th	33	*Running 12 months due to low quarterly returns
Measures the satisfaction of HHC clients (or family) respondents.				Q4 -2022, n = 33 Q1 -2023, n = 33

Provider and Staff Alignment	1Q 2023	Target	n	Note
Provider Satisfaction Percentile	74th	75th		
Measures the satisfaction of physician respondents as indicated by Press Ganey physician survey results. Measured as a percentile.				Result of provider survey 2021
Employee Satisfaction Percentile	70th	75th		
Measures the satisfaction of staff respondents as indicated in Press Ganey staff survey results Measured as a percentile.				Result of employee survey 2021
Workforce	1Q 2023	Target	n	Note
Turnover: All Employees	3.67%	< 5%	572	
Percentage of all employees separated from the hospital for any reason				21 Terminations/ 572 Total Employees
Turnover: Voluntary All Employees	2.62%	< 4.75%	572	
Measures the percentage of voluntary staff separations from the hospital				15 Voluntary Terminations/ 572 Total Employees
First Year Total Turnover	10.19%	< 7%	108	
Measures the percentage of staff hired in the last 12 months and who separated from the hospital for any reason during the quarter.				11 New Staff Terminated in Q3/ 108 Total New Hires from - 4/1/2022-3/31/2023
Travel Nursing Utilization	26	< 20		
Measure total travel staff utilized in a previous quarter (Internal & External)				01-2023 - External: 15 / Internal: 11, Total: 26
Information System Solutions	1Q 2023	Target	n	Note
Eligible Hospital (EH) Promoting Interoperability: hospital-based measures for inpatient and observation stays.	76	> 60	377	CMS score 60 and above = pass
e-Prescribing: Electronic Prescribing (<i>Rx</i>)	8	10	377	311 of 377
Health Information Exchange: Support Electronic Referral Loops by receiving and incorporating health information	15	15	1	1 of 1
HIE: Suppt. Electronic Referral Loops by sending health info. (<i>Sum.of Care sent</i>)	5	15	179	53 of 179
Provider to patient exchange: Provide patients electronic access to their health information (<i>timely access via the patient portal</i>)	23	25	204	188 of 204
Public Health & Clinical Data Exchange	25	25	4	4 of 4
Eligible Provider (EP) - Promoting Interoperability (Group)	N/A	10 pts		Target quarterly for annual score
Merit Based Incentive Payment System Promoting Interoperability score (<i>MIPS tracking is in Athena</i>)				Promoting Interoperability for Providers: N/A * Athena hasn't calculated our score yet
Electronic Medical Record (EMR) Adoption Stage	5	5		
Health Information Management & Systems Society (<i>HIMSS</i>) Electronic Medical Record Adoption Model (<i>EMRAM</i>) stage.				The current US average is 2.4 out of a possible 7.0 stages. Stage 6 and 7 require site visit validation.
IT Security Awareness Training Complete Rate	88%	97%		
% of employees who have completed assigned security training				1669 videos training sent, 1469 completed.
Phishing Test Pass Rate	99.6%	97%		
% of Phishing test emails that were not failed.				3924 test phishing emails sent out to staff. 15 of the email links were clicked, causing 15 potential security risks.

Financial Health	1Q 2023	Target	n	Note
Operating Margin	1.78%	-0.7%		
Measures the surplus (deficit) of operating income over operating expenses as a percentage of net patient service revenue for the quarter.				Target is based on budgeted operating margin for the period.
Adjusted Patient Discharges	907.12	987.09		
Measures the number of patients discharged, adjusted by inpatient revenues for the quarter divided by (<i>inpatient + outpatient revenues</i>).				Total Discharges: # (<i>Acute, OB, Swing, ICU</i>) LTC Revenue & discharges not included
Net Revenue Growth	7.0%	14.2%		
Measures the percentage increase (<i>decrease</i>) in net patient revenue for the quarter compared to the same period in the prior year.				Target is based on budgeted net patient service revenue for the period compared to net patient service revenue for the same period in prior year.
Full Time Equivalents (FTEs) per Adjusted Occupied Bed	7.63	9.02		
Measures the average number of staff FTEs per adjusted occupied bed for the quarter.				Target is based on budgeted paid hours (<i>FTE</i>) divided by (<i>budget gross patient revenue/budget gross inpatient rev</i>) X budgeted average daily census for the quarter.
Net Days in Accounts Receivable	50.0	55		
Measures the rate of speed with which the hospital is paid for health care services.				
Cash on Hand	83	90		# Represents days
Measure the actual unrestricted cash on hand (excluding PREF and Service Area) that the hospital has to meet daily operating expenses.				Cash available for operations based average daily operating expenses during the quarter less depreciation for the quarter.
Uncompensated Care as a Percentage of Gross Revenue	2.40%	2.5-5.3%		
Measures bad debt & charity write offs as a percentage of gross patient service revenue				Target is based on industry standards & SPH Payer Mix Budgeted total is 2.9% Expected range of 2.5-3.5%
Average Age of Plant	15.9 yrs	8 yrs		
Average age of assets used to provide services				The average age of plant is calculated based on accumulated depreciation, divided by depreciation expense.
Intense Market Focus to Expand Market Share	1Q 2023	Target	n	Note
Outpatient Revenue Growth	13.9%	16%		
Measures percentage increase (decrease) in outpatient revenue for the quarter, compared to the same period in the prior year.				Target is based on budgeted outpatient revenue for the period compared to outpatient revenue for the same period in the prior year.
Surgical Case Growth	9.0%	12.2%		
Measures the increase (<i>decrease</i>) in surgical cases for the quarter compared to the same period in the prior year.				Target is based on budgeted surgeries above actual from same quarter prior year.

To: SPH Board of Directors
From: Finance Committee
Date: April 20, 2023
Re: Days Cash On Hand Measurement on the Balanced Scorecard

The Finance Committee has requested that I document a discussion that occurred during today's Committee meeting and discuss in my report to the Board.

This discussion was generated by SPH not meeting the 90 Days Cash on Hand objective again this quarter. One of the reasons for not meeting the goal was a decision by the Board to provide a bonus to all employees back in October, 2022. The concern was expressed because this is one of the measures the Board uses in evaluating the CEO performance. The committee wanted to know whether the 90 Days was still achievable and in what time frame. Concern was also expressed that where industry standards were used to establish goals, if current performance was such that the objective will not be met for many quarters that perhaps interim, incremental objectives should be identified which are achievable with hard work and progress can be celebrated quarterly.

The CFO had been asked the question prior to the committee meeting as to whether the 90 days goal was still achievable. She discussed this with the CEO and COO prior to the meeting and confirmed to the committee that this objective was achievable, but realistically, not until the end of the calendar year 2023.

After much discussion, the committee decided that the 90 Day goal should not be abandoned. However, they suggested two actions, one for which they requested board concurrence.

ACTION 1. To request that the CFO provide interim objectives over the next two quarters for movement from 83 days to 90 days.

ACTION 2. With Board concurrence, to add a new objective to the Balanced Scorecard which combines the unobligated funds in the Plant Replacement and Expansion Fund and the current hospital cash on hand to provide a more realistic view of the total available funds generated under the CEO's leadership and available to the hospital.

Walter Partridge

Chair, SPH Finance Committee

To: SPH Board of Directors
From: Melissa Jacobsen, Education Chair
Date: April 21, 2023
Re: Education Committee Report

The Education Committee met Friday, April 21st, with Beth, Julie, Maura, and I in attendance.

A. iProtean

- Discuss the platform and how to best to guide discussion on videos at the Board Meeting

We had a short discussion of the iProtean platform and engagement at the Board Meetings. We recognized that the videos we've viewed so far have helped reinforce what we already feel that we know, and because the videos are short and concise, board discussion will like be the same.

B. Board Retreat

- Scheduling late summer or early fall.
- Topics and facilitators.

We discussed dates for this year's retreat and are looking at Friday/Saturday options in August/September. Keep an eye out for an email from Maura with some dates. Please take time to respond and if September doesn't pan out, we'll move to late October dates.

Regarding content, we discussed having one day focused on team building and one day focused on board visioning, each day with a facilitator. A few topics were suggested including campus planning, board self-evaluation, and new board member development.

The committee welcomes any input from the Board on topics they're interested in, and we'll continue to meet and develop content and venue.