



AGENDA

Board of Directors Meeting

5:30 PM - Wednesday, April 24, 2024

[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

Aaron Weisser, President	Jared Baker	Preston Simmons
Melissa Jacobsen, Vice President	Matthew Bullard	Bernadette Wilson
Beth Wythe, Secretary	Matthew Hambrick	
Walter Partridge, Treasurer	Edson Knapp, MD	

[Board Master Reports List](#)

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 team committed to service excellence.

Values: Compassion, Respect, Trust, Teamwork and Commitment

Page

1. CALL TO ORDER

2. ROLL CALL

3. REFLECT ON LIVING OUR VALUES

4. WELCOME GUESTS & PUBLIC / INTRODUCTIONS / ANNOUNCEMENTS

- 4 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

- 5 - 11 7.1. Consideration to Approve the South Peninsula Hospital (SPH) Board of Directors meeting minutes for March 27, 2024
[03 Board of Directors - Mar 27 2024 - Minutes - DRAFT](#)
- 12 - 15 7.2. Consideration to Approve March FY2024 Financials
[Balance Sheet March 2024](#)
[Income Statement March 2024](#)
[Cash Flow Statement March 2024](#)
- 16 - 82 7.3. Consideration to Approve 2024-12, Authorizing the CFO to Sign, File and Submit the IRS Form 990
[SPH Resolution 24-12](#)
[Form 990](#)
[ScheduleB](#)
- 83 7.4. Consideration to Accept Final Committee Assignments for 2024
[Board of Directors Committee Roster 2024](#)

8. PRESENTATIONS

9. UNFINISHED BUSINESS

10. NEW BUSINESS

- 84 - 87 10.1. Consideration to Approve Revised General Surgery Privileges as Recommended by the Medical Staff
[SPH General Surgery Privileges, revised 2024](#)
- 88 - 89 10.2. Consideration to Approve SPH Resolution 2024-10, Requesting \$5,000 from South Kenai Peninsula Hospital Service Area Fund Balance to Provide for Bond Counsel Expenditures on Preliminary Bond Related Services
[SPH Resolution 24-10](#)
- 90 - 92 10.3. Consideration to Approve SPH Resolution 2024-11, Requesting Approval of a Lease Agreement for Medical Office Space Located at 4251 Hohe Street, Requesting Funds for Conditional Acquisition for Three Commercial Properties in Homer, Alaska
[SPH Resolution 24-11](#)

11. REPORTS

- 93 - 97 11.1. Chief Executive Officer

[Balanced Scorecard Q1 2024](#)

98 - 104

- 11.2. BOD Committee: Finance
- 11.3. BOD Committee: Governance
 - [Initial Review Only: F-09 Capital Purchases, revised, redlined copy](#)
 - [Initial Review Only: F-09 Capital Purchases, revised, clean](#)
 - [Initial Review Only: F-10 Financial Performance Indicators, revised, red-lined](#)
 - [Initial Review Only: F-10 Financial Performance Indicators, revised, clean](#)
- 11.4. BOD Committee: Education
- 11.5. Chief of Staff
- 11.6. Service Area Board Representative

12. DISCUSSION

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 (IF NEEDED)

17. ANNOUNCEMENTS AS A RESULT OF EXECUTIVE SESSION

- 17.1. Credentialing
- 17.2. Appointment to Fill Vacant Board Seat

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 27, 2024
Conference Rooms 1&2 and Zoom

The Board of Directors of the South Peninsula Hospital was called to order on Wednesday, March 27, 2024, at 5:30 PM, in the Conference Rooms 1&2 and via Zoom.

1. CALL TO ORDER

President Aaron Weisser called the regular meeting to order at 5:30pm.

2. ROLL CALL

BOARD PRESENT: President Aaron Weisser, Matthew Hambrick, Melissa Jacobsen, Edson Knapp, Walter Partridge, Bernadette Wilson, Preston Simmons, Matthew Bullard, and Jared Baker

BOARD EXCUSED: Beth Wythe

ALSO PRESENT: Anna Hermanson (CFO), Angela Hinnegan (COO), Rachael Kincaid (CNO), Dr. Christina Tuomi (CMO), Derotha Ferraro (Marketing Director), Maura Jones (Executive Asst), Ralph Broshes (Service Area Board), Pamela Carpenter, Jay l'Nama and Cheryl Riley.

**Only meeting participants who comment, give report or give presentations are noted in the minutes. Others may be present in person or on the virtual meeting.*

2.1. A quorum was present.

3. REFLECT ON LIVING OUR VALUES

Derotha Ferraro shared a Living Our Values story. South Peninsula Hospital (SPH) hosted 23 high school students last week to learn about possible careers in healthcare and about what SPH does for the community. It was a very successful day that required a lot of hard work from SPH staff.

4. WELCOME GUESTS & PUBLIC / INTRODUCTIONS / ANNOUNCEMENTS

Mr. Weisser welcomed guests to the meeting.

4.1. Rules for Participating in a Public Meeting

5. COMMENTS FROM THE AUDIENCE ON ITEMS OF ANY MATTER

There were no comments from the public.

6. APPROVAL OF THE AGENDA

Melissa Jacobsen made a motion to approve the minutes. Edson Knapp seconded the motion. Motion Carried.

7. APPROVAL OF THE CONSENT CALENDAR

Ms. Jacobsen read the consent calendar into the record.

- 7.1. Consideration to Approve the South Peninsula Hospital (SPH) Board of Directors meeting minutes for February 28, 2024**
- 7.2. Consideration to Approve February FY2024 Financials**
- 7.3. Consideration to Approve Retirement Proclamation for Cheryl Riley, with 31 Years of Service to South Peninsula Hospital**
- 7.4. Consideration to Approve Retirement Proclamation for Pamela Carpenter, with 23 Years of Service to South Peninsula Hospital**
- 7.5. Consideration to Approve Retirement Proclamation for Jay I'nama, with 24 Years of Service to South Peninsula Hospital**
- 7.6. Consideration to Approve South Peninsula Hospital Strategic Plan for FY2024-FY2025**
- 7.7. Consideration to Approve Policies F-07 Pension Plan Investment and F-08 Board Member and CEO Travel as Reviewed by the Finance and Governance Committees**

Melissa Jacobsen made a motion to approve the consent calendar as read. Matthew Hambrick seconded the motion. Motion Carried.

8. PRESENTATIONS

8.1. Reading of the Retirement Proclamation for Cheryl Riley

Mr. Weisser read a proclamation honoring Ms. Riley for her 31 years of service to South Peninsula Hospital.

8.2. Reading of the Retirement Proclamation for Pamela Carpenter

Mr. Weisser read a proclamation honoring Pamela Carpenter for her 23 years of service to South Peninsula Hospital.

8.3. Reading of the Retirement Proclamation for Jay I'nama

Mr. Weisser read a proclamation honoring Jay I'nama for his 24 years of service at South Peninsula Hospital.

9. UNFINISHED BUSINESS

There was no unfinished business.

10. NEW BUSINESS

- 10.1. Consideration to Approve SPH Resolution 2024-08, A Resolution of the South Peninsula Hospital Board of Directors Approving the Use of \$499,750 of Operating Cash for the Remodel and Relocation of Outpatient Physical Therapy**

Angela Hinnegan, COO, reported. The hospital has signed a lease to rent the space on Lake Street to relocate our outpatient rehabilitation department, so we can utilize the current rehab department space inside the hospital for an OB/Gyn clinic. This resolution authorizes a not-to-exceed amount of \$499,750, though we are endeavoring to bring costs down using several strategies, including bringing the construction in-house.

Mr. Weisser added this was reviewed and approved in Finance Committee. Mr. Hambrick asked if the labor costs for employees, bringing the construction in-house would be drawn against this funding, or if it would be a sunk cost. Ms. Hinnegan clarified it would draw against this money because it can be capitalized.

Melissa Jacobsen made a motion to approve SPH Resolution 2024-08, A Resolution of the South Peninsula Hospital Board of Directors Approving the Use of \$499,750 of Operating Cash for the Remodel and Relocation of Outpatient Physical Therapy. Edson Knapp seconded the motion. A roll call vote was held:

<i>Jared Baker</i>	<i>Yes</i>
<i>Matthew Bullard</i>	<i>Yes</i>
<i>Matthew Hambrick</i>	<i>Yes</i>
<i>Edson Knapp</i>	<i>Yes</i>
<i>Walter Partridge</i>	<i>Yes</i>
<i>Preston Simmons</i>	<i>Yes</i>
<i>Bernadette Wilson</i>	<i>Yes</i>
<i>Beth Wythe</i>	<i>Excused</i>
<i>Aaron Weisser</i>	<i>Yes</i>
<i>Melissa Jacobsen</i>	<i>Yes</i>

Motion Carried.

10.2. Consideration to Approve SPH Resolution 2024-09, A Resolution of the South Peninsula Hospital Board of Directors Approving the Use of \$499,500 of Operating Cash for the Remodel of 203 W Pioneer to Open a Daycare

Ms. Hinnegan reported. This was an unbudgeted project because we were awarded the grant to open the childcare center after the budgeting cycle was complete. This is also a not-to-exceed amount. Much of this project will be paid for with grant funding, but because it is unbudgeted it still needs board approval. Mr. Partridge added that this resolution was reviewed and approved in Finance Committee.

Melissa Jacobsen made a motion to approve SPH Resolution 2024-09, A Resolution of the South Peninsula Hospital Board of Directors Approving the

Use of \$499,500 of Operating Cash for the Remodel of 203 W Pioneer to Open a Daycare Edson Knapp seconded the motion.

<i>Jared Baker</i>	<i>Yes</i>
<i>Matthew Bullard</i>	<i>Yes</i>
<i>Matthew Hambrick</i>	<i>Yes</i>
<i>Edson Knapp</i>	<i>Yes</i>
<i>Walter Partridge</i>	<i>Yes</i>
<i>Preston Simmons</i>	<i>Yes</i>
<i>Bernadette Wilson</i>	<i>Yes</i>
<i>Beth Wythe</i>	<i>Excused</i>
<i>Aaron Weisser</i>	<i>Yes</i>
<i>Melissa Jacobsen</i>	<i>Yes</i>

Motion Carried.

**10.3. Consideration to Approve Transcranial Magnetic Stimulation (TMS) Therapy Privileges as Recommended by the Medical Staff
(agenda item added 3/25/24)**

Dr. Christina Tuomi, CMO, reported. TMS is a new service provided here after our neurologist, Dr. Rankine advocated for it. Dr. Lucy Fisher, psychiatrist, has gone through training and will help to provide this service to patients in addition to Dr. Rankine. The medical staff used credentialing requirements from other facilities to build this new set of privileges. This service is provided by a few clinics in Anchorage, but is not offered on the peninsula.

Matthew Hambrick made a motion to approve Transcranial Magnetic Stimulation (TMS) Therapy Privileges as Recommended by the Medical Staff Treasurer Walter Partridge seconded the motion. Motion Carried.

**10.4. Consideration to Approve Video-assisted Thoracoscopic Surgery (VATS) Privileges as Recommended by the Medical Staff
(agenda item added 3/25/24)**

Dr. Tuomi reported. This item would authorize a new procedure that has not previously been performed at SPH. VATS procedures are performed by general surgeons and Dr. Baluh from JBER, who has been providing intermittent coverage at SPH, does these surgeries. There's a patient he can help by doing this procedure here. We ensured there would be adequate care post-procedure as well. Everyone agreed this one would be a good one to proceed with.

Preston Simmons asked why in the FPPE section, there was a different number of cases required than for other new procedures. Dr. Tuomi agreed to bring the recommendation back to Credentials Committee to make FPPE more consistent across the board. The board did not feel this should hold up approval of privileges.

Matthew Hambrick made a motion to approve Approve Video-assisted Thoracoscopic Surgery (VATS) Privileges as Recommended by the Medical Staff Edson Knapp seconded the motion. Motion Carried.

11. REPORTS

11.1. Chief Executive Officer

The balanced scorecard was included in the packet, but has not changed from last month. Mr. Smith used his CEO report to update the board on the the hospital's discussions with the borough regarding going out for bonds in the 2024 fall election. He shared a brief history of the hospital bonds and how it has affected mill rates for the service area population.

11.2. BOD Committee: Finance

Walter Partridge, committee chair, reported. The Finance Committee met last week and reviewed the two resolutions discussed earlier in the meeting. The committee also reviewed the finances for February 2024. The finances were very close to budget. Inpatient volumes were down, surgeries were up, and the clinics were on target or better. Mr. Weisser reminded the board that everyone is welcome to attend the Finance Committee meetings even if they don't serve on that committee, and that they are very educational.

11.3. BOD Committee: Governance

Ms. Wythe was excused from the meeting, but a written report was included in the packet.

11.4. BOD Committee: Education

Melissa Jacobsen, committee chair, reported. The Education Committee met a couple weeks ago. We checked on the status of the upcoming board work session and talked about Education topics for future trainings. Preston shared some good ideas for topics. In April the committee will look at the lists and start engaging with some quarterly training.

11.5. Chief of Staff

Dr. Landess had nothing to report. He said things were going well with the medical staff.

11.6. Service Area Board Representative

Ralph Broshes reported on behalf of the Service Area Board (SAB). The March SAB meeting was fairly uneventful, with no major items to vote on. Derotha Ferraro gave a presentation on the history of SPH bonds, similar to the one Mr. Smith gave tonight. Francie Roberts gave a report on the AHA Rural Health Care Leadership conference, which she found to be very educational.

12. DISCUSSION

There was no further discussion.

13. COMMENTS FROM THE AUDIENCE ON ITEMS OF ANY MATTER

There were no comments from the audience.

14. COMMENTS FROM THE BOARD

(Announcements/Congratulations)

14.1. Chief Executive Officer

Mr. Smith congratulated the retirees.

14.2. Board Members

Mr. Partridge congratulated the honored retirees. Mr. Baker thanked Ms. Ferraro for the tour of the hospital campus prior to the meeting, and also congratulated the retirees. Dr. Knapp congratulated the retirees, and mentioned his personal connections with them. Ms. Carpenter was a big help to him when he first started in his position here, and was always patient and kind. Mr. l'Nama helped welcome him to homer and has been a good friend and colleague in the Imaging Department. Mr. Simmons thanked Ms. Ferraro for the tour as well, and commented that longevity of staff is a good sign of a healthy organization. Ms. Jacobsen reminded the board members of the work session on April 12th and 13th. Ms. Wilson congratulated the retirees. Mr. Weisser commented that he enjoyed the board and medical staff dinner, and appreciated connecting with new people.

15. INFORMATIONAL ITEMS

15.1. Board Calendar

The board calendar was included in the packet for informational purposes.

16. ADJOURN TO EXECUTIVE SESSION

The board adjourned to executive session at 7:03pm.

17. ANNOUNCEMENTS AS A RESULT OF EXECUTIVE SESSION

17.1. Credentialing

After review of the applicant's files through the secure online portal, Melissa Jacobsen moved to approve the following positions in the medical staff as requested and recommended by the Medical Executive Committee. Edson Knapp seconded the motion. Motion carried.

Reappointments

John Finley, MD' Internal Medicine; Courtesy Staff
Mohammand Hirzallah, MD; Neurology/Telestroke; Telemedicine Privileges
Kevin Kollins, MD; Pediatric Cardiology; Courtesy Staff
Cory Noel, MD; Pediatric Cardiology; Courtesy Staff
Seth Krauss, MD; Internal Medicine; Courtesy Staff
Kim Madden, DO; Neurology; Telemedicine Privileges
William Mayer, MD; Cardiology; Courtesy Staff
Suneet Purohit, MD: Internal Medicine; Telemedicine Privileges
Helen Zhang, MD; Psychiatry; Telemedicine Privileges

Appointments

Natalie Hoshaw, MD; OB/Gyn; Courtesy Staff

John Stephens, MD; Internal Medicine; Courtesy Staff

Alyssa DeConto, CNM; Midwifery; Courtesy Staff

18. ADJOURNMENT

The meeting adjourned at 8:10pm.

Respectfully Submitted,

Accepted:

Maura Jones, Executive Assistant

Aaron Weisser, President

Minutes Approved:

Mary E. Wythe, Secretary

DRAFT



DRAFT-UNAUDITED

BALANCE SHEET
As of March 31, 2024

	As of March 31, 2024	As of March 31, 2023	As of February 29, 2024	CHANGE FROM March 31, 2023
ASSETS				
CURRENT ASSETS:				
1 CASH AND CASH EQUIVALENTS	26,166,032	23,808,636	29,294,624	2,357,396
2 EQUITY IN CENTRAL TREASURY	7,710,347	8,623,594	8,274,793	(913,247)
3 TOTAL CASH	<u>33,876,379</u>	<u>32,432,230</u>	<u>37,569,417</u>	<u>1,444,149</u>
4 PATIENT ACCOUNTS RECEIVABLE	33,751,929	29,970,631	35,762,434	3,781,298
5 LESS: ALLOWANCES & ADJ	(16,511,999)	(14,960,933)	(17,691,093)	(1,551,066)
6 NET PATIENT ACCT RECEIVABLE	<u>17,239,930</u>	<u>15,009,698</u>	<u>18,071,341</u>	<u>2,230,232</u>
7 PROPERTY TAXES RECV - KPB	154,240	134,853	182,453	19,387
8 LESS: ALLOW PROP TAX - KPB	(4,165)	(4,165)	(4,165)	0
9 NET PROPERTY TAX RECV - KPB	<u>150,075</u>	<u>130,688</u>	<u>178,288</u>	<u>19,387</u>
10 OTHER RECEIVABLES - SPH	229,323	2,182,213	233,750	(1,952,890)
11 INVENTORIES	2,051,188	1,916,511	2,053,760	134,677
12 NET PENSION ASSET- GASB	3,559,619	4,997,209	3,559,619	(1,437,590)
13 PREPAID EXPENSES	<u>1,035,406</u>	<u>911,096</u>	<u>1,071,257</u>	<u>124,310</u>
14 TOTAL CURRENT ASSETS	<u>58,141,920</u>	<u>57,579,645</u>	<u>62,737,432</u>	<u>562,275</u>
ASSETS WHOSE USE IS LIMITED				
15 PEF UNOBLIGATED	6,976,485	7,212,959	6,945,386	(236,474)
16 PEF OBLIGATED	2,123,724	1,781,135	2,123,724	342,589
17 OTHER RESTRICTED FUNDS	1,317,454	27,064	1,322,685	1,290,390
	<u>10,417,663</u>	<u>9,021,158</u>	<u>10,391,795</u>	<u>1,396,505</u>
PROPERTY AND EQUIPMENT:				
18 LAND AND LAND IMPROVEMENTS	4,124,558	4,114,693	4,124,558	9,865
19 BUILDINGS	65,544,986	67,648,703	65,544,986	(2,103,717)
20 EQUIPMENT	30,040,055	30,776,625	30,040,055	(736,570)
21 BUILDINGS INTANGIBLE ASSETS	3,411,295	2,456,899	3,411,295	954,396
22 EQUIPMENT INTANGIBLE ASSETS	851,479	462,427	851,479	389,052
23 SOFTWARE INTANGIBLE ASSETS	2,135,559	1,513,934	2,135,559	621,625
24 IMPROVEMENTS OTHER THAN BUILDINGS	517,414	273,935	517,414	243,479
25 CONSTRUCTION IN PROGRESS	2,701,383	1,405,224	2,012,787	1,296,159
26 LESS: ACCUMULATED DEPRECIATION FOR FIXED ASSETS	(61,470,663)	(65,078,120)	(61,064,889)	3,607,457
27 LESS: ACCUMULATED AMORTIZATION FOR LEASED ASSETS	(1,769,266)	(524,488)	(1,706,980)	(1,244,778)
28 NET CAPITAL ASSETS	<u>46,086,800</u>	<u>43,049,832</u>	<u>45,866,264</u>	<u>3,036,968</u>
29 GOODWILL	0	8,000	0	(8,000)
30 TOTAL ASSETS	<u>114,646,383</u>	<u>109,658,635</u>	<u>118,995,491</u>	<u>4,987,748</u>
DEFERRED OUTFLOWS OF RESOURCES				
31 PENSION RELATED (GASB 68)	5,789,464	4,530,917	5,789,464	1,258,547
32 UNAMORTIZED DEFERRED CHARGE ON REFUNDING	245,984	304,030	253,368	(58,046)
33 TOTAL DEFERRED OUTFLOWS OF RESOURCES	<u>6,035,448</u>	<u>4,834,947</u>	<u>6,042,832</u>	<u>1,200,501</u>
34 TOTAL ASSETS AND DEFERRED OUTFLOWS OF RESOURCES	<u>120,681,831</u>	<u>114,493,582</u>	<u>125,038,323</u>	<u>6,188,249</u>

	As of March 31, 2024	As of March 31, 2023	As of February 29, 2024	CHANGE FROM March 31, 2023	
LIABILITIES & FUND BALANCE					
CURRENT LIABILITIES:					
35	ACCOUNTS AND CONTRACTS PAYABLE	2,292,740	1,646,469	2,274,341	646,271
36	ACCRUED LIABILITIES	7,575,473	7,153,626	10,309,334	421,847
37	DEFERRED CREDITS	1,276,141	5,189	1,313,570	1,270,952
38	CURRENT PORTION OF LEASE PAYABLE	217,290	401,282	217,290	(183,992)
39	CURRENT PORTION SOFTWARE INTANGIBLE PAYABLE	599,373	0	600,206	599,373
40	CURRENT PORTIONS OF NOTES DUE	0	0	0	0
41	CURRENT PORTIONS OF BONDS PAYABLE	1,190,000	1,835,000	1,190,000	(645,000)
42	BOND INTEREST PAYABLE	45,469	75,666	4,497	(30,197)
43	DUE TO/(FROM) THIRD PARTY PAYERS	940,709	1,288,761	940,709	(348,052)
44	TOTAL CURRENT LIABILITIES	14,137,195	12,405,993	16,849,947	1,731,202
LONG-TERM LIABILITIES					
45	NOTES PAYABLE	0	0	0	0
46	BONDS PAYABLE NET OF CURRENT PORTION	5,715,000	6,905,000	5,715,000	(1,190,000)
47	PREMIUM ON BONDS PAYABLE	312,981	425,869	326,692	(112,888)
48	CAPITAL LEASE, NET OF CURRENT PORTION	3,342,753	2,670,907	3,408,665	671,846
49	SOFTWARE INTANGIBLE LEASE, NET OF CURRENT PORTION	307,959	0	330,327	307,959
50	TOTAL NONCURRENT LIABILITIES	9,678,693	10,001,776	9,780,684	(323,083)
51	TOTAL LIABILITIES	23,815,888	22,407,769	26,630,631	1,408,119
52	DEFERRED INFLOW OF RESOURCES	0	0	0	0
53	PROPERTY TAXES RECEIVED IN ADVANCE	5	0	0	5
NET POSITION					
54	INVESTED IN CAPITAL ASSETS	5,731,963	5,731,963	5,731,963	0
55	CONTRIBUTED CAPITAL - KPB	0	0	0	0
56	RESTRICTED	25,286	25,286	25,286	0
57	UNRESTRICTED FUND BALANCE - SPH	91,108,689	86,328,564	92,650,443	4,780,125
58	UNRESTRICTED FUND BALANCE - KPB	0	0	0	0
59	TOTAL LIAB & FUND BALANCE	120,681,831	114,493,582	125,038,323	6,188,249

	MONTH			YEAR TO DATE				
	03/31/24		03/31/23	03/31/24		03/31/23		
	Actual	Budget	Var B/(W)	Actual	Actual	Budget	Var B/(W)	Actual
Patient Service Revenue								
1 Inpatient	2,598,965	2,571,497	1.07%	2,700,118	26,167,181	24,085,921	8.64%	22,403,734
2 Outpatient	13,757,213	14,987,319	-8.21%	12,925,080	132,473,394	123,328,982	7.41%	112,931,230
3 Long Term Care	1,104,101	1,182,412	-6.62%	1,073,144	9,733,593	10,641,714	-8.53%	9,506,667
4 Total Patient Services	17,460,279	18,741,228	-6.83%	16,698,342	168,374,168	158,056,617	6.53%	144,841,631
Deductions from Revenue								
5 Medicare	2,923,740	3,319,997	11.94%	3,366,296	36,576,936	30,655,755	-19.32%	27,802,481
6 Medicaid	2,512,894	2,089,550	-20.26%	1,996,742	20,692,634	19,294,207	-7.25%	20,169,299
7 Charity Care	64,865	184,662	64.87%	226,870	1,345,911	1,705,110	21.07%	1,438,644
8 Commercial and Admin	1,770,326	1,467,299	-20.65%	1,524,168	15,069,415	13,548,547	-11.23%	13,250,211
9 Bad Debt	342,847	245,673	-39.55%	121,593	3,194,817	2,268,465	-40.84%	2,179,430
10 Total Deductions	7,614,672	7,307,181	-4.21%	7,235,669	76,879,713	67,472,084	-13.94%	64,840,065
11 Net Patient Services	9,845,607	11,434,047	-13.89%	9,462,673	91,494,455	90,584,533	1.00%	80,001,566
12 USAC and Other Revenue	91,411	76,689	19.20%	63,436	784,855	690,204	13.71%	558,324
13 Total Operating Revenues	9,937,018	11,510,736	-13.67%	9,526,109	92,279,310	91,274,737	1.10%	80,559,890
Operating Expenses								
14 Salaries and Wages	5,492,994	5,240,848	-4.81%	4,412,502	44,222,143	43,860,071	-0.83%	37,985,156
15 Employee Benefits	2,954,299	2,405,876	-22.80%	1,857,194	18,659,217	19,691,796	5.24%	16,978,120
16 Supplies, Drugs and Food	1,157,504	1,234,522	6.24%	999,110	10,847,997	10,761,472	-0.80%	9,177,971
17 Contract Staffing	183,272	110,702	-65.55%	276,972	1,908,890	1,008,998	-89.19%	2,140,629
18 Professional Fees	613,007	615,402	0.39%	645,598	5,306,649	5,021,306	-5.68%	4,875,661
19 Utilities and Telephone	193,001	148,170	-30.26%	157,501	1,593,883	1,342,603	-18.72%	1,309,198
20 Insurance (gen'l, prof liab, property)	80,924	67,235	-20.36%	29,528	654,023	665,150	1.67%	534,066
21 Dues, Books, and Subscriptions	32,915	16,534	-99.07%	17,154	167,129	200,944	16.83%	170,422
22 Software Maint/Support	142,516	196,311	27.40%	157,949	1,123,202	1,638,440	31.45%	1,506,168
23 Travel, Meetings, Education	58,078	86,428	32.80%	29,488	561,079	821,998	31.74%	445,841
24 Repairs and Maintenance	146,920	176,960	16.98%	186,954	1,718,319	1,446,439	-18.80%	1,407,307
25 Leases and Rentals	74,742	78,469	4.75%	72,508	645,414	672,205	3.99%	583,012
26 Other (Recruiting, Advertising, etc.)	186,222	155,590	-19.69%	74,977	1,942,303	1,400,263	-38.71%	1,169,467
27 Depreciation & Amortization	412,065	345,138	-19.39%	339,807	3,713,662	3,106,247	-19.55%	3,047,306
28 Total Operating Expenses	11,728,459	10,878,185	-7.82%	9,257,242	93,063,910	91,637,932	-1.56%	81,330,324
29 Gain (Loss) from Operations	(1,791,441)	632,551	383.21%	268,867	(784,600)	(363,195)	-116.03%	(770,434)
Non-Operating Revenues								
30 General Property Taxes	40,414	41,399	-2.38%	33,072	5,080,050	4,457,779	13.96%	4,859,079
31 Investment Income	158,536	34,521	359.25%	104,630	1,175,999	310,687	278.52%	332,009
32 Governmental Subsidies	0	0	0.00%	0	0	0	0.00%	0
33 Other Non Operating Revenue	2,258	419	100.00%	1,892	35,894	3,775	100.00%	5,519
34 Gifts & Contributions	0	0	0.00%	0	0	0	0.00%	0
35 Gain <Loss> on Disposal	0	0	0.00%	0	0	0	0.00%	6,572
36 SPH Auxiliary	389	375	3.73%	0	4,589	3,375	35.97%	2,740
37 Total Non-Operating Revenues	201,597	76,714	162.79%	139,594	6,296,532	4,775,616	31.85%	5,205,919
Non-Operating Expenses								
38 Insurance	0	0	0.00%	0	0	0	0.00%	0
39 Service Area Board	0	5,936	100.00%	23,905	4,062	22,895	0.00%	92,184
40 Other Direct Expense	2,728	6,056	54.95%	3,211	26,754	54,508	50.92%	14,966
41 Administrative Non-Recurring	0	0	0.00%	0	0	0	0.00%	0
42 Interest Expense	56,772	34,394	-65.06%	38,803	375,650	309,547	-21.35%	350,344
43 Total Non-Operating Expenses	59,500	46,386	-28.27%	65,919	406,466	386,950	-5.04%	457,494
Grants								
44 Grant Revenue	109,090	67,216	0.00%	0	1,098,220	604,947	0.00%	242,019
45 Grant Expense	1,500	2,501	40.02%	2,502	6,050	22,509	73.12%	22,514
46 Total Non-Operating Gains, net	107,590	64,715	66.25%	(2,502)	1,092,170	582,438	-87.52%	219,505
47 Income <Loss> Before Transfers	(1,541,754)	727,594	311.90%	340,040	6,197,636	4,607,909	34.50%	4,197,496
48 Operating Transfers	0	0	0.00%	0	0	0	0.00%	0
49 Net Income	(1,541,754)	727,594	-311.90%	340,040	6,197,636	4,607,909	34.50%	4,197,496



South Peninsula Hospital

Statement of Cash Flows As of March 31, 2024

Cash Flow from Operations:

1	YTD Net Income	6,197,636
2	Add: Depreciation Expense	3,713,662
3	Adj: Inventory (increase) / decrease	78,845
4	Patient Receivable (increase) / decrease	(2,206,743)
5	Prepaid Expenses (increase) / decrease	(298,177)
6	Other Current assets (increase) / decrease	77,240
7	Accounts payable increase / (decrease)	520,263
8	Accrued Salaries increase / (decrease)	(759,989)
9	Net Pension Asset (increase) / decrease	-
10	Other current liability increase / (decrease)	1,267,407
11	Net Cash Flow from Operations	8,590,144

Cash Flow from Investing:

12	Cash paid for the purchase of property/equip	(6,861,905)
13	Cash transferred to plant replacement fund	(711,889)
14	Proceeds from disposal of equipment	-
15	Net Cash Flow from Investing	(7,573,794)

Cash Flow from Financing

16	Cash (paid) / received for Lease Payable	(89,113)
17	Cash paid for Debt Service	(1,678,000)
18	Net Cash from Financing	(1,767,113)
19	Net increase in Cash	\$ (750,763)
20	Beginning Cash as of July 1, 2023	\$ 34,627,142
21	Ending Cash as of March 31, 2024	\$ 33,876,379

Introduced by:

Administration

Date:

Action:

Vote:

**SOUTH PENINSULA HOSPITAL
BOARD RESOLUTION
2024-12**

**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 2022 tax year (2023 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, 2024; 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 24th DAY OF APRIL, 2024.**

ATTEST:

Aaron Weisser, President

Mary E. Wythe, Secretary

Return of Organization Exempt From Income Tax

2022

Department of the Treasury
Internal Revenue Service

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

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

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

Open to Public Inspection

A For the **2022** calendar year, or tax year beginning **07/01/2022** and ending **06/30/2023**

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

C Name of organization **SOUTH PENINSULA HOSPITAL INC**
 Doing business as
 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

D Employer identification number
92-0037099

E Telephone number
907-235-8101

F Name and address of principal officer: **Ryan Smith**
4300 Bartlett St, Homer, AK 99603

G Gross receipts \$ **113,484,050**

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

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

J Website: <https://www.sphosp.org/>

K Form of organization: Corporation Trust Association 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 2022 (Part V, line 2a)	5	655
	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 10,760,082	Current Year 5,226,148
	9	Program service revenue (Part VIII, line 2g)	99,822,840	106,939,029
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-155,225	563,017
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	675,414	755,856
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	111,103,111	113,484,050
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	144,829	141,658
	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)	66,839,557	74,173,693
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25)	0	0
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	39,158,033	36,478,003
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	106,142,419	110,793,354	
19	Revenue less expenses. Subtract line 18 from line 12	4,960,692	2,690,696	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 113,248,442	End of Year 114,392,821
	21	Total liabilities (Part X, line 26)	25,393,162	23,724,518
	22	Net assets or fund balances. Subtract line 21 from line 20	87,855,280	90,668,303

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: Anna Hermanson, Chief Financial Officer Date: _____
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____ Check 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

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 \$ 56,360,856 including grants of \$) (Revenue \$ 83,513,387)
Our 22 bed acute care hospital provided inpatient services to 665 patients for total patient days of 3,373 during FY23. Total outpatient visits for the year were 91,793 which includes 5,502 emergency room visits, 1,464 ambulatory surgery visits, and other outpatient services such as imaging, laboratory, physical therapy, infusion, chemotherapy, and sleep lab.

4b (Code:) (Expenses \$ 21,186,426 including grants of \$) (Revenue \$ 12,890,575)
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 37,001 patient visits during FY23.

4c (Code:) (Expenses \$ 6,568,828 including grants of \$) (Revenue \$ 9,267,807)
The hospital operates a long term care facility that provides skilled nursing care to an average of 23 patients daily for a total of 8,398 resident days during FY23.

4d Other program services (Describe on Schedule O.) See Schedule O, Statement 2
(Expenses \$ 1,756,566 including grants of \$ 0) (Revenue \$ 1,267,260)

4e Total program service expenses 85,872,676

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	655		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	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? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	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? <i>If "No," provide an explanation on Schedule O</i>	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, or any disqualified or other person 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.	11	
b	Enter the number of voting members included on line 1a, above, who are independent	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?		
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"/>	
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?		

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, box 6 of 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					✓	1,601,347	0	6,100	
Edson Knapp Director and Radiologist	40.00	✓					1,031,963	0	6,100	
Ryan Smith CEO	40.00			✓			545,876	0	6,100	
Nathan Kincaid Physician	40.00					✓	542,055	0	6,100	
Michael Boiling Director and General Surgeon	40.00	✓					545,278	0	0	
Christy Martinez Physician	40.00					✓	471,207	0	6,100	
Sarah Roberts Physician	40.00					✓	467,410	0	6,100	
Christopher Landess ER Physician	40.00					✓	437,077	0	6,100	
Christina Tuomi CMO	40.00			✓			394,056	0	6,100	
Angela Hinnegan COO	40.00			✓			261,118	0	6,100	
Rachael Kincaid CNO	40.00			✓			204,864	0	6,100	
Anna Hermanson CFO	40.00			✓			163,071	0	1,450	
Angela Johnson CNO	40.00			✓			77,394	0	147	
Kelly Cooper President	2.00	✓					9,000	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			
Julie Woodworth Secretary	2.00	<input checked="" type="checkbox"/>						7,500	0	0
Melissa Jacobsen Director	2.00	<input checked="" type="checkbox"/>						7,500	0	0
Bernadette Wilson Director	2.00	<input checked="" type="checkbox"/>						7,500	0	0
Walter Partridge Treasurer	2.00	<input checked="" type="checkbox"/>						7,500	0	0
Mary Wythe Director	2.00	<input checked="" type="checkbox"/>						6,000	0	0
Aaron Weisser Vice President	2.00	<input checked="" type="checkbox"/>						6,000	0	0
Kari-Ann Calderwood Baker Director	2.00	<input checked="" type="checkbox"/>						6,000	0	0
Matt Hambrick Director	2.00	<input checked="" type="checkbox"/>						6,000	0	0
1b Subtotal								6,805,716	0	62,597
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								6,805,716	0	62,597

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 **128**

	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>		<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>

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
Medical Solutions LLC, PO BOX 310737, Des Moines, IA 50331-0737	Temporary Contract Staffing	3,216,159
Robert Lee Gear III, 6817 NORTH 57th PLACE, Paradise Valley, AZ 85253	Emergency Room Physician	493,650
Alaska Urology LLC, 3841 PIPER ST, ANCHORAGE, AK 99508	Contract Staffing	400,422
Kurt Mentzer, 12000 LILAC DR, ANCHORAGE, AK 99516	Physician Services	378,629
Jerry Tanner, 35555 KENAI SPUR HWY PMB345, SOLDOTNA, AK 99669	Physician Services	375,298

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 **20**

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 4,933,781				
	e	Government grants (contributions)	1e 292,367				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 0				
	g	Noncash contributions included in lines 1a-1f	1g \$ 212,160				
	h	Total. Add lines 1a-1f		5,226,148			
	Program Service Revenue			Business Code			
2a		Hospital	622000	83,513,387	83,513,387	0	
b		Physician Offices	621110	12,890,575	12,890,575	0	
c		Long Term Care	623110	9,267,807	9,267,807	0	
d		Home Health Care	621610	1,267,260	1,267,260	0	
e							
f		All other program service revenue		0	0	0	
g	Total. Add lines 2a-2f		106,939,029				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		556,445	556,445	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	6,572			
			7a	0	6,572		
	b	Less: cost or other basis and sales expenses	7b 0	0			
	c	Gain or (loss)	7c 0	6,572			
	d	Net gain or (loss)		6,572	6,572	0	
8a	Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	8a 0	0				
b	Less: direct expenses	8b 0	0				
c	Net income or (loss) from fundraising events		0		0		
9a	Gross income from gaming activities. See Part IV, line 19		0				
			0				
		9a	0				
b	Less: direct expenses	9b 0	0				
c	Net income or (loss) from gaming activities		0	0	0		
10a	Gross sales of inventory, less returns and allowances		0				
			0				
		10a	0				
b	Less: cost of goods sold	10b 0	0				
c	Net income or (loss) from sales of inventory		0	0	0		
Miscellaneous Revenue			Business Code				
	11a	Cafeteria and Other Revenues	900099	531,225	531,225	0	
	b	USAC Internet Subsidies	900099	203,136	203,136	0	
	c	Other Operating Income	900099	21,495	21,495	0	
	d	All other revenue		0	0	0	
e	Total. Add lines 11a-11d		755,856				
12	Total revenue. See instructions		113,484,050	108,257,902	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	141,658	141,658		
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	3,286,620	1,839,598	1,447,022	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	48,404,147	39,106,837	9,297,310	0
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,957,206	2,129,188	828,018	0
9 Other employee benefits	16,062,006	11,618,899	4,443,107	0
10 Payroll taxes	3,463,714	2,728,858	734,856	0
11 Fees for services (nonemployees):				
a Management	0	0	0	0
b Legal	100,356	0	100,356	0
c Accounting	97,975	0	97,975	0
d Lobbying	7,271	0	7,271	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.)	9,383,030	8,483,009	900,021	0
12 Advertising and promotion	71,650	4,744	66,906	0
13 Office expenses	12,547,236	11,609,904	937,332	0
14 Information technology	1,554,092	605,959	948,133	0
15 Royalties	0	0	0	0
16 Occupancy	2,063,957	287,330	1,776,627	0
17 Travel	225,487	141,409	84,078	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	392,658	253,104	139,554	0
20 Interest	502,349	0	502,349	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	4,747,177	4,272,459	474,718	0
23 Insurance	1,287,578	566,652	720,926	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 <u>Repairs and Maintenance</u>	1,905,204	982,727	922,477	0
b <u>Due and Subscriptions</u>	215,318	59,327	155,991	0
c <u>Recruitment</u>	1,185,502	922,995	262,507	0
d <u>Miscellaneous</u>	191,163	118,019	73,144	0
e All other expenses	0	0	0	0
25 Total functional expenses. Add lines 1 through 24e	110,793,354	85,872,676	24,920,678	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) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	2,686	1	2,686
	2 Savings and temporary cash investments	40,998,938	2	42,940,215
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	16,295,100	4	15,489,824
	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	2,062,504	8	2,130,034
	9 Prepaid expenses and deferred charges	760,219	9	737,230
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 102,464,824		
	b Less: accumulated depreciation	10b 59,087,989	43,456,289	10c 43,376,835
	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	18,000	14	5,000
	15 Other assets. See Part IV, line 11	9,654,706	15	9,710,997
16 Total assets. Add lines 1 through 15 (must equal line 33)	113,248,442	16	114,392,821	
Liabilities	17 Accounts payable and accrued expenses	15,745,077	17	14,240,037
	18 Grants payable	0	18	0
	19 Deferred revenue	647,712	19	630,113
	20 Tax-exempt bond liabilities	9,000,373	20	8,854,368
	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	
	23 Secured mortgages and notes payable to unrelated third parties	0	23	
	24 Unsecured notes and loans payable to unrelated third parties	0	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	25,393,162	26	23,724,518
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	87,795,935	27	90,612,815
	28 Net assets with donor restrictions	59,345	28	55,488
	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	87,855,280	32	90,668,303	
33 Total liabilities and net assets/fund balances	113,248,442	33	114,392,821	

Part XI Reconciliation of Net Assets

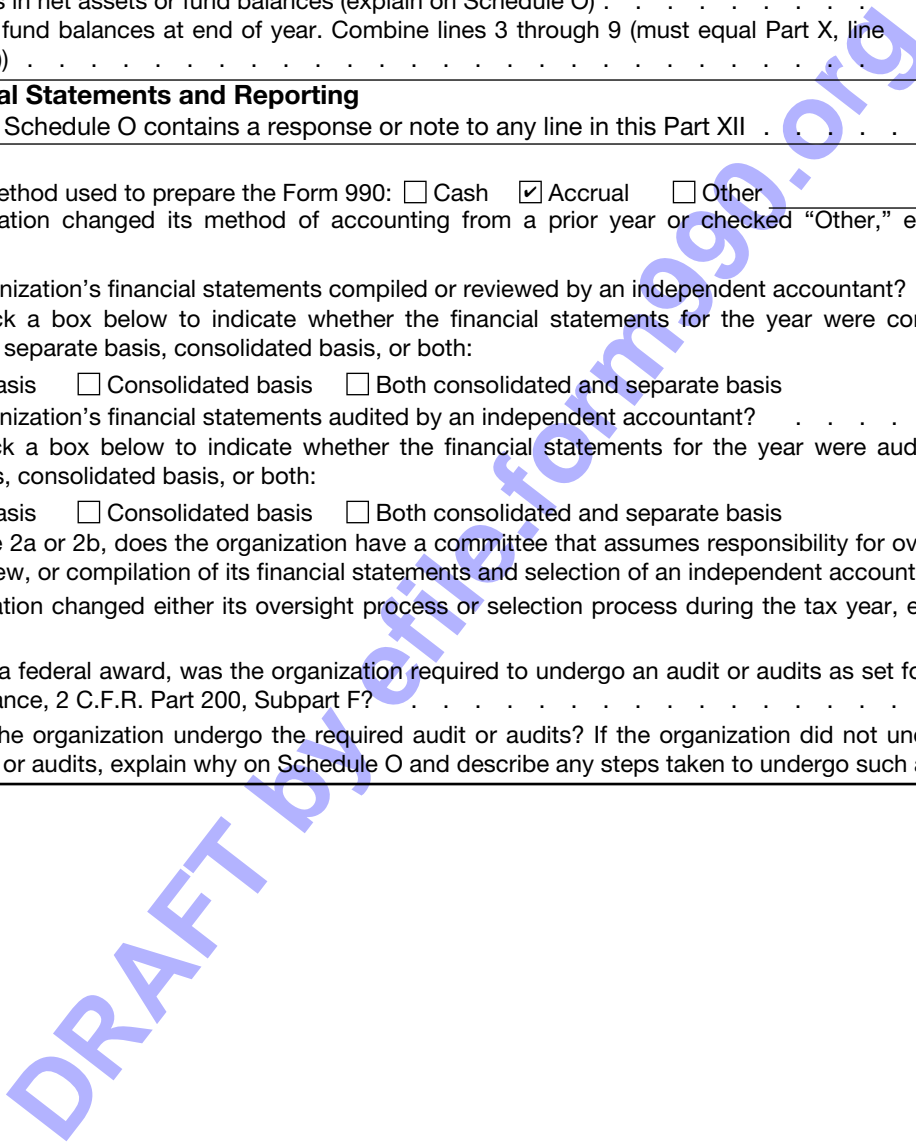
Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	113,484,050
2	Total expenses (must equal Part IX, column (A), line 25)	2	110,793,354
3	Revenue less expenses. Subtract line 2 from line 1	3	2,690,696
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	87,855,280
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain on Schedule O)	9	122,327
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	90,668,303

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 checked="" 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	✓	
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)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 2022 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2022. 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—2021. 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—2022. 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—2021. 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2022. 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—2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 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 2022 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-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018 . . .			
b Excess from 2019 . . .			
c Excess from 2020 . . .			
d Excess from 2021 . . .			
e Excess from 2022 . . .			

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.)

Area with horizontal dashed lines for supplemental information.

DRAFT by efileform990.org

**SCHEDULE C
(Form 990)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

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

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

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%; border-collapse: collapse;"> <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) 2019	(b) 2020	(c) 2021	(d) 2022	(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?	✓		7,271
j Total. Add lines 1c through 1i			7,271
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 expenditures 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

2022

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor advisement.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, total number and acreage, and monitoring expenses. Includes a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, and 2d.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures, and a table for revenue and assets.

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	63,523,803	30,111,661	33,412,142
c Leasehold improvements	0	311,331	117,677	193,654
d Equipment	0	34,993,250	27,959,568	7,033,682
e Other	0	3,240,955	899,083	2,341,872
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				43,376,835

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	3,559,619
(2) Pension Related Deferred Outflow	5,864,259
(3) Deferred Loss on Refinancing	287,119
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	9,710,997

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). Columns include line numbers, descriptions, sub-row numbers, and amounts. Total revenue is 113,484,050.

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). Columns include line numbers, descriptions, sub-row numbers, and amounts. Total expenses are 110,793,354.

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.

Series of horizontal dashed lines provided for supplemental information input.

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2022

Open to Public Inspection

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

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
-----------------------------------------------------------------	-----------------------------------------------------

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	✓	
b If "Yes," was it a written policy?	✓	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year: <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	1,288	1,122,945	0	1,122,945	1%
b Medicaid (from Worksheet 3, column a)	1	1,235	27,173,982	23,512,914	3,661,068	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	2,523	28,296,927	23,512,914	4,784,013	4.3%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	35	1,578	348,862	109,468	239,394	0.22%
f Health professions education (from Worksheet 5)	5	53	7,276	2,413	4,863	0%
g Subsidized health services (from Worksheet 6)	16	70,975	42,356,193	25,675,200	16,826,163	15.2%
h Research (from Worksheet 7)	0	0	0	0	0	0%
i Cash and in-kind contributions for community benefit (from Worksheet 8)	4	350	31,227	0	31,227	0.03%
j Total. Other Benefits	60	72,956	42,743,558	25,787,081	17,101,647	15.45%
k Total. Add lines 7d and 7j	62	75,479	71,040,485	49,299,995	21,885,660	19.75%

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	41	1,025	56,000	0	56,000	0.1%
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	100	18,730		18,730	0.02%
7 Community health improvement advocacy	8	200	781		781	0%
8 Workforce development						
9 Other						
10 Total	53	1,325	75,511	0	75,511	0.12%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

- 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? **1** Yes No
- 2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount **2** 3,204,750
- 3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit **3** 695,053
- 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

- 5 Enter total revenue received from Medicare (including DSH and IME) **5** 35,651,930
- 6 Enter Medicare allowable costs of care relating to payments on line 5 **6** 41,836,332
- 7 Subtract line 6 from line 5. This is the surplus (or shortfall) **7** -6,184,402
- 8 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

- 9a Did the organization have a written debt collection policy during the tax year? **9a** Yes No
- 9b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI **9b** Yes No

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):

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 <u>South Peninsula Hospital</u> <u>4300 Bartlett St</u> <u>Homer, AK 99603</u> <u>www.sphosp.org, GACH-010</u>	✓	✓			✓		✓			
2										
3										
4										
5										
6										
7										
8										
9										
10										

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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>23</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 type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input 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.org		
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
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?	✓	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
f	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged:		✓
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d	<input type="checkbox"/> Actions that require a legal or judicial process		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d	<input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e	<input type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

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

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? If "Yes," explain in Section C.	23	✓
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.	24	✓

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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 - From Fall 2022 through April, 2023, South Peninsula Hospital conducted a community health needs assessment (CHNA) in the southern Kenai Peninsula. This CHNA was conducted in compliance with IRS Section 501(r), and identified health needs of the 14,000+ residents of the South Kenai Peninsula Hospital Service Area of the Kenai Peninsula Borough. The final assessment was adopted by the SPH Board of Directors on June 28 and made available to the public on the organization's website at www.sphosp.org free of charge. The complete CHNA report can be found in the separate document link titled CHNA on the South Peninsula Hospital website. Numerous presentations were made of the report during Fall of 2023, including at meetings of the hospital's Board of Directors, publicly elected Service Area Board, Rotary Club of Homer Kachemak Bay, hospital General Medical Staff and MAPP of the Southern Kenai Peninsula, the local community health coalition made up of twelve partnering local agencies representing the eight dimensions of wellness. An implementation strategy was developed, adopted by the board of directors in December 2023 and posted on the hospital website. However, the implementation strategy of the 2020 Health Needs Assessment was still in effect during the 2023 fiscal year, and is reported on below.

Schedule H, Part V, Section B, Line 11-South Peninsula Hospital - To provide services for a rapidly growing senior population: SPH offers monthly audiology clinics and weekly neurology clinics; 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. In the current year SPH added an orthopedic surgeon specializing in upper extremities, allowing existing surgeon to focus on hips and knees. To strengthen Primary and Preventative Care, SPH employees 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 including implementation of our Wellness Wednesday programming: a free weekly program that includes a meal, a rotating health topic, and yoga. 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. 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 operates 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. 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 communication among community partners was

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

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. SPH also offers free consults through the Financial Navigators for seniors accessing and signing up for Medicare. SPH's financial aid counselor office moved to the front, main entrance of the hospital for easy access and financial aid counselors are represented at community fairs.

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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? 11

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 (Continued on Schedule H, Part VI, Statement 1)	

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Part VI Supplemental Information

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8, and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (for example, 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 2022. 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, obstetrician and gynecologist, and various other departments.

Schedule H, Part II - 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 3 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.

Part V Section D - Description of Other Facilities

Name and address	Facility Type
Serene Waters Mental Health Services 4135 Hohe St Homer, AK 99603	Mental Health Outpatient Services
SPH OBGYN Medical Clinic 263 W Fairview Ave Homer, AK 99603	OBGYN Medical Clinic

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**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

SOUTH PENINSULA HOSPITAL INC

Employer identification number

92-0037099

Part I General Information on Grants and Assistance

- 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**
- 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) 2022

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 - Schedule I, Part I, Line 2 - Assistance was provided to healthcare non-profits which support the community health needs. 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	78,458	
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 supports All Things Recovery.			
Name and address	Hospice of Homer PO Box 4174 Homer, AK 99603	92-0115943	43,200	
IRC code section				
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				
Method of valuation				
Desc. of Non-Cash Asst.				
Purpose of grant	Support for private community STD testing.			

**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

2022

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
1a		
1b		✓
2	✓	
3		
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)	1,565,755	35,321	271	6,100	52,546	1,659,993	0
	(ii)	0	0	0	0	0	0	0
2 Edson Knapp, Director and Radiologist	(i)	1,018,753	3,763	9,447	6,100	53,030	1,091,093	0
	(ii)	0	0	0	0	0	0	0
3 Ryan Smith, CEO	(i)	428,927	106,435	10,514	6,100	39,913	591,889	0
	(ii)	0	0	0	0	0	0	0
4 Michael Boiling, Director and General Surgeon	(i)	535,604	3,760	5,914	0	52,730	598,008	0
	(ii)	0	0	0	0	0	0	0
5 Nathan Kincaid, Physician	(i)	260,595	54,467	226,993	6,100	44,995	593,150	0
	(ii)	0	0	0	0	0	0	0
6 Christy Martinez, Physician	(i)	390,551	79,983	673	6,100	50,255	527,562	0
	(ii)	0	0	0	0	0	0	0
7 Sarah Roberts, Physician	(i)	394,531	72,499	380	6,100	52,411	525,921	0
	(ii)	0	0	0	0	0	0	0
8 Christopher Landess, ER Physician	(i)	356,421	79,983	673	6,100	50,255	493,432	0
	(ii)	0	0	0	0	0	0	0
9 Christina Tuomi, CMO	(i)	389,624	3,764	668	6,100	50,102	450,258	0
	(ii)	0	0	0	0	0	0	0
10 Angela Hinnegan, COO	(i)	249,127	5,355	6,636	6,100	30,285	297,503	0
	(ii)	0	0	0	0	0	0	0
11 Rachael Kincaid, CNO	(i)	200,440	3,763	661	6,100	52,384	263,348	0
	(ii)	0	0	0	0	0	0	0
12 Anna Hermanson, CFO	(i)	155,428	7,014	629	1,450	30,107	194,628	0
	(ii)	0	0	0	0	0	0	0
13 Angela Johnson, CNO	(i)	67,304	10,069	21	147	2,933	80,474	0
	(ii)	0	0	0	0	0	0	0
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 memberships through the wellness program not to exceed \$400 per year for union employees and not to exceed \$500 per year for managers and confidential employees.

Schedule J, Part I, Line 1b - Although the hospital does not have a written policy governing all fringe benefits, it does closely follow IRS guidelines for the treatment of those benefits and includes all applicable fringe benefits as taxable earnings and reports them on form W-2.

Schedule J, Part I, Line 3 - The Board 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 - 4a Angela Johnson severance payment of 49,543. 4b Employees contribute to and participate 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

2022

**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	3,935,000		1,955,000		1,460,000			
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?	✓		✓		✓			

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

Cat. No. 50193E

Schedule K (Form 990) 2022

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		0 %		0 %		0 %		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %		0 %		0 %		%
6 Total of lines 4 and 5		0 %		0 %		0 %		%
7 Does the bond issue meet the private security or payment test?		✓		✓		✓		
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.

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**SCHEDULE L
(Form 990)**

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

2022

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)				

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

Cat. No. 50056A

Schedule L (Form 990) 2022

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

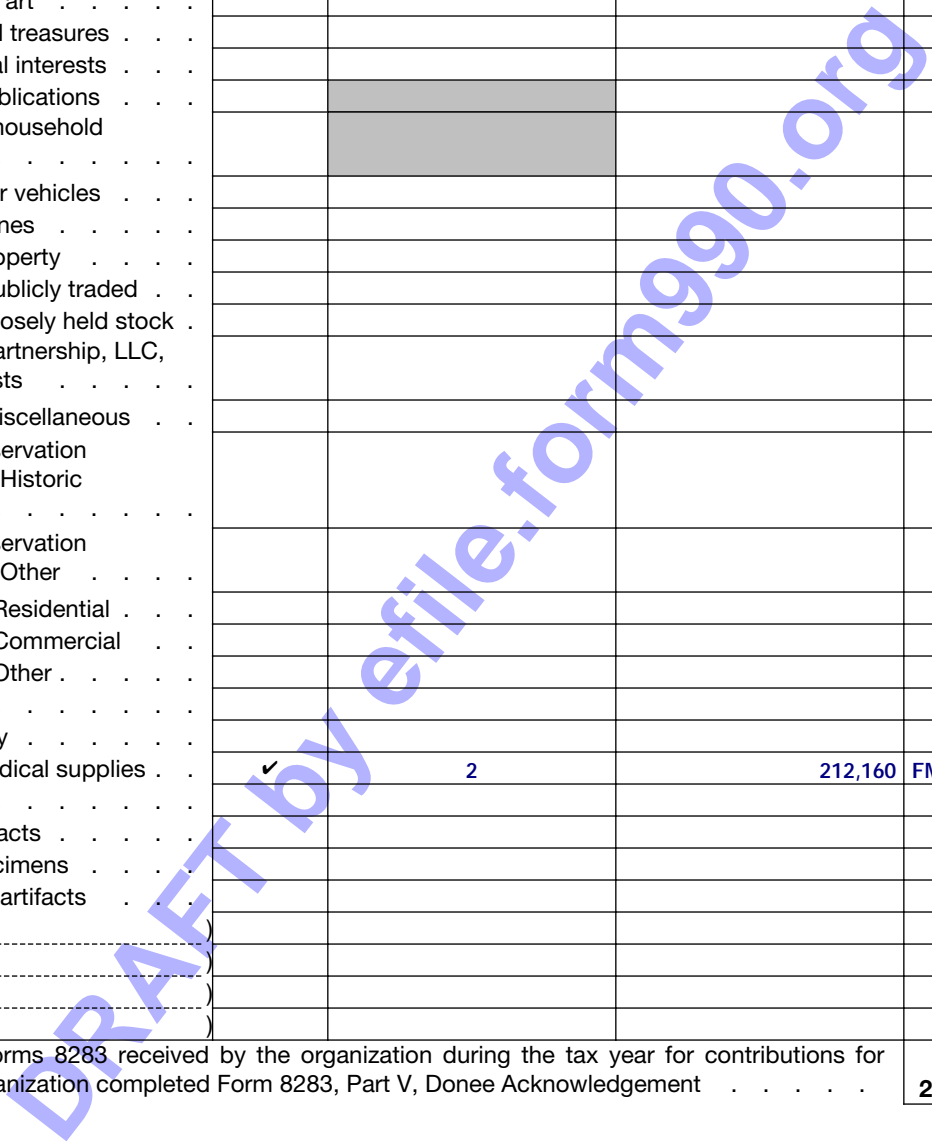
SOUTH PENINSULA HOSPITAL INC

Employer identification number

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	212,160	FMV
21				
22				
23				
24				
25				
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 3 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)**

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

2022

**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 XI, Line 9 - GASB 96 Restatement

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Reasonable Cause Explanations

Explanation

An extension was needed to file the 990 as the financial audit was not complete and 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 4,168 home visits during the tax year.	1,756,566		1,267,260
Total:		1,756,566	0	1,267,260

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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

2022

**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)

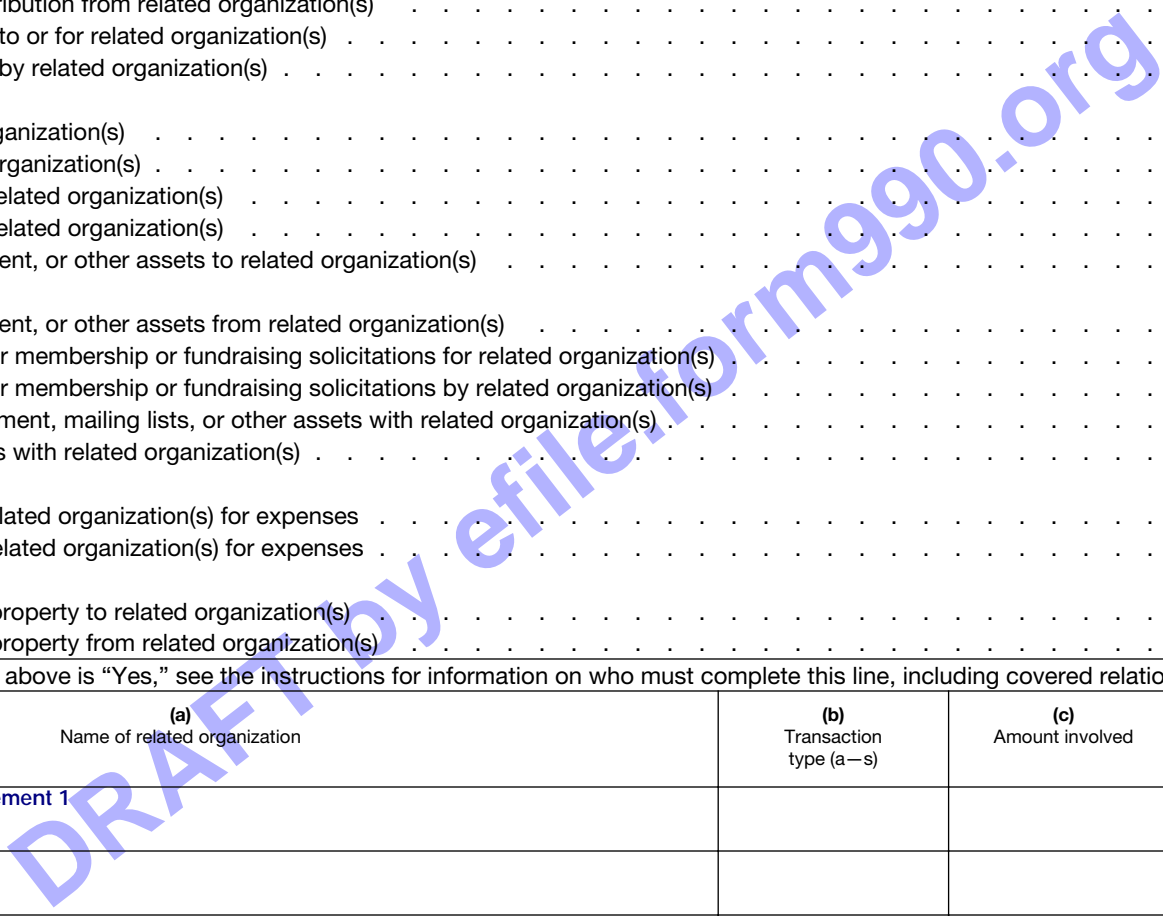
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- 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.

Lined area for supplemental information.

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Description of Covered Relationships and Transaction Thresholds

		Amt. involved
Name	Kenai Peninsula Borough	8,465,000
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	4,933,781
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	4,933,781
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 operates the hospital on behalf of the Kenai Peninsula Borough through a sublease and operating agreement for a cost of \$1 per annum.	
Name	South Peninsula Hospital Foundation	1,276,373
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.	

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

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

[x] 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

- [x] 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 33 1/3% 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
-------------------------------------------------------------	-----------------------------------------------------

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	\$ 4,933,781	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	\$ 212,160	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	City of Homer 491 E Pioneer Ave Homer, AK 99603	\$ 32,396	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	State of Alaska Department of Military and Veterans Affairs PO Box 5750 JBER, AK 99505	\$ 27,811	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Alaska Hospital and Healthcare Association 1049 W 5h Ave Nbr 200 Anchorage, AK 99501	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	Small Rural Hospital Improvement Grant Program PO Box 110650 Juneau, AK 99811	\$ 11,550	Person <input checked="" 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
-------------------------------------------------------------	-----------------------------------------------------

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	Universal Services Amin Co ----- 700 12th St NW Suite 900 Washington DC, DC 20005	\$ 203,136	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
-------------------------------------------------------------	-----------------------------------------------------

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) <small>(See instructions.)</small>	(d) Date received
2	COVID Testing Supplies	\$ 212,160	12/2/2022
-----	-----	\$ -----	-----
-----	-----	\$ -----	-----
-----	-----	\$ -----	-----
-----	-----	\$ -----	-----
-----	-----	\$ -----	-----
-----	-----	\$ -----	-----
-----	-----	\$ -----	-----
-----	-----	\$ -----	-----

Name of organization
SOUTH PENINSULA HOSPITAL INC

Employer identification number
92-0037099

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



Board of Directors Committees
& Board Liaisons
2024

Board Committees

Committee	Chair	Members
Education Committee	Melissa Jacobsen	Preston Simmons, Bernie Wilson, Matt Bullard, Beth Wythe
Finance Committee	Walter Partridge	Jared Baker, Matt Hambrick, Aaron Weisser, Edson Knapp
Pension Plan Committee	Walter Partridge	Jared Baker, Matt Hambrick, Aaron Weisser, Edson Knapp
Governance Committee	Beth Wythe	Matt Bullard, Bernie Wilson, Aaron Weisser, Preston Simmons

Board Representatives / Liaisons

Committee / Group	Primary Board Representative
Credentials Committee	Melissa Jacobsen
SPH Foundation	Matt Hambrick
Medical Executive Committee	Edson Knapp, MD
Patient Centered Care Quality Committee	Beth Wythe & Bernie Wilson



South Peninsula Hospital – Delineation of Privileges

General Surgery

Privileges

Please review and request any privileges that you will be requesting by clicking on the "Request" button that is next to the appropriate privilege. To request all privileges, click on the "Request" button at the top left of the section and select "Request All Privileges".

If you have cases to provide, please upload them in the **Files** section. You may also include more details in the **Comments** section.

General Surgery	South Peninsula Hospital	Request ▾
<p>In order to be eligible to request core privileges in general surgery, the applicant must meet the following minimum threshold criteria:</p> <p>Education: <i>MD or DO</i></p> <p>Minimum formal training: <i>Current certification or active participation in the examination process leading to certification in general surgery by the American Board of Surgery, or the American Osteopathic Board of Surgery; Or Successful completion of an ACGME/AOA-accredited residency program in general surgery.</i></p> <p>Required previous experience: <i>Applicants must demonstrate performance of at least 100 general surgical procedures during the past two years or demonstrated successful completion of a hospital-affiliated formalized residency or clinical fellowship in the past two years;</i></p>		
<input type="checkbox"/> Request	<p>Privileges included in the Core: Privileges to admit; evaluate; diagnose; consult; provide pre-,intro-, and postoperative surgical care; and perform surgical procedures for patients of all ages- except where specifically excluded from practice and except for those special procedure privileges listed below- to correct or treat various conditions, illnesses, and injuries, of the alimentary tract, abdomen and its contents, breast, skin, soft tissue, head and neck, endocrine system, and minor extremity surgery, insertion and management of arterial catheter, chest tubes and central venous catheters, lumbar puncture, tracheostomy, upper and lower gastro-intestinal endoscopy, bronchoscopy, amputations-above and below the knee, toe, trans metatarsal digits, management of trauma, complete care of critically ill patients with underlying surgical conditions in the emergency department and intensive care unit, pericardiocentesis, as well as laparoscopic procedures: diagnostic laparoscopy, laparoscopic cholecystectomy, laparoscopic hernia repair, laparoscopic Meckel's diverticulectomy, laparoscopic appendectomy, laparoscopic oophorectomy, laparoscopic salpingoophorectomy, laparoscopic tubal ligation, laparoscopic liver biopsy, laparoscopic lysis of adhesions, & laparoscopic splenectomy.</p>	



Applicant: *Please deselect any privileges that you do not wish to request.*

Request

Insertion and management of arterial catheter, chest tubes and central venous catheters

Request

Lumbar puncture

Request

Pericardiocentesis

Request

Paracentesis

Request

Tracheostomy

Request

Upper and lower gastro-intestinal endoscopy

Request

Bronchoscopy

Request

Amputations, above and below the knee, toe, transmetatarsal, digits

Request

Management of trauma

Request

Complete care of critically ill patients with underlying surgical conditions in the emergency department and intensive care unit.



Special Procedures Privileges

To be eligible to apply for a special procedure privilege listed below, the applicant must demonstrate successful completion of an approved and recognized course or acceptable supervised training in residency, fellowship, or other acceptable experience; and provide documentation of competence in performing that procedure consistent with the criteria set forth in the Medical Staff Bylaws, Rules and Regulations and policies governing the exercise of specific privileges.

Clearly identify the procedures in your activity log that support the special procedure requested. Multiple activity logs are welcome.

Request

Advanced Laparoscopy:

- Foregut Surgery ; Hiatal hernia, fundoplication, partial gastrectomy

Provide documentation of 10 successful cases in last 3 years

Request

Nissen Fundoplication

Provide documentation of 10 successful cases in last 3 years

Request

Other :

Request

C-Section

Provide documentation of 5 cases in the last 2 years

Request

VATS

Provide documentation of 5 cases in the last 5 years

Request

Other :

Request

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



Medical Staff Office
4300 Bartlett Street
Homer, AK 99603
(907) 235-0849
medstaffoffice@sphosp.org

The South Peninsula Hospital General Surgery Privileges are approved and will go into effect April 24th, 2024.

Approved:

DocuSigned by:
Christy Martinez
9D5E23FE3314473...
Christy Martinez, MD
South Peninsula Hospital
Credentials Committee Chair

April 2th, 2024
Date

DocuSigned by:
Christopher D. Landess
8D80F6E2CA9B422...
Chris Landess, MD
South Peninsula Hospital, Chief of Staff
Medical Executive Committee Chair

April 9th, 2024
Date

Aaron Weisser
South Peninsula Hospital Board President

April 24th, 2024
Date

**SOUTH PENINSULA HOSPITAL
BOARD RESOLUTION
2024-10**

**A RESOLUTION OF THE SOUTH PENINSULA HOSPITAL BOARD OF DIRECTORS
REQUESTING \$5,000 FROM SOUTH KENAI PENINSULA HOSPITAL SERVICE
AREA FUND BALANCE TO PROVIDE FOR BOND COUNSEL EXPENDITURES ON
PRELIMINARY BOND RELATED SERVICES**

WHEREAS, the Kenai Peninsula Borough ("KPB") owns and provides for the operation of South Peninsula Hospital and other medical facilities ("SPH") through the South Kenai Peninsula Hospital Service Area, ("Service Area"); and

WHEREAS, the KPB has entered into an operating agreement with South Peninsula Hospital, Inc. ("SPHI") for the lease and operation of the Hospital and other medical facilities, to operate these medical facilities on a nonprofit basis in order to ensure the continued availability of the medical services to the service area residents and visitors; and

WHEREAS, South Peninsula Hospital, Inc. has interest in pursuing voter approval for a bond proposition on behalf of the service area; and

WHEREAS, therefore it is being requested that \$5,000 be appropriated from the Service Area Fund Balance for the purpose of funding preliminary bond counsel services associated with the issuance of debt and related legislation; and

WHEREAS, the South Peninsula Hospital Board Finance Committee reviewed and approved this resolution at their meeting April 18, 2024; and

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

SECTION 1. That the South Peninsula Hospital Board of Directors approves the use of \$5,000 from the South Kenai Peninsula Hospital Service Area fund balance to account 400.75020.24CON.49999, for preliminary bond counsel services and related expenditures.

SECTION 2. That the appropriations made in this resolution are of project length nature and as such do not lapse at the end of any particular fiscal year.

SECTION 3. That this resolution shall be effective retroactively to April 1, 2024.

**PASSED AND ADOPTED BY THE BOARD OF DIRECTORS OF SOUTH PENINSULA
AT ITS MEETING HELD ON THIS 24th DAY OF APRIL, 2024.**

ATTEST:

Aaron Weisser, Board President

Mary E. Wythe, Board Secretary

**SOUTH PENINSULA HOSPITAL
BOARD RESOLUTION
2024-11**

**A RESOLUTION OF THE SOUTH PENINSULA HOSPITAL BOARD OF DIRECTORS
REQUESTING APPROVAL OF A LEASE AGREEMENT FOR MEDICAL OFFICE
SPACE LOCATED AT 4251 HOHE STREET, REQUESTING FUNDS FOR
ACQUISITION DUE DILIGENCE AND EARNEST MONEY, AND AUTHORIZING
CONDITIONAL ACQUISITION FOR THREE COMMERCIAL PROPERTIES IN
HOMER, ALASKA**

WHEREAS, the Kenai Peninsula Borough ("KPB") owns and provides for the operation of South Peninsula Hospital and other medical facilities ("SPH") through the South Kenai Peninsula Hospital Service Area, ("Service Area"); and

WHEREAS, the Borough has entered into an operating agreement with South Peninsula Hospital, Inc. ("SPHI") for the lease and operation of the Hospital and other medical facilities, to operate these medical facilities on a nonprofit basis in order to ensure the continued availability of the medical services to the service area residents and visitors; and

WHEREAS, SPHI requires office space located at 4251 Hohe Street in Homer, Alaska in order to make space for new medical providers; and

WHEREAS, it is in the long term interests of the Service Area to acquire three commercial properties located at 4251 Hohe Street, 4251 Bartlett Street, 4201 Bartlett Street for hospital and medical service needs; and

WHEREAS, the cost to the Service Area to lease the properties will result in a higher cost over the long term as well as lost opportunity cost that will occur by not owning the properties in fee simple as public assets for SPH campus expansion and revitalization purposes; and

WHEREAS, the current principal owner of the properties has invested in the Homer area and has been working in good faith with KPB and SPHI administrations to reach mutually agreeable terms for a sale; and

WHEREAS, KPB must now perform site and title due diligence; and

WHEREAS, the subject property at 4251 Hohe Street, Homer, Alaska consists of a 0.22 acre lot and 3,238 sq. ft. medical office building; and

WHEREAS, the subject property at 4251 Bartlett Street, Homer, Alaska consists of a 0.39 acre lot and 960 sq. ft. medical office building; and

WHEREAS, the subject property at 4201 Bartlett Street, Homer, Alaska consists of a 1.20 acre lot and 11,000 sq ft medical office building; and

WHEREAS, subject to Assembly approval, and, if approved by Assembly, then Service Area voter approval, the intent will be to purchase these three properties using bond funds and to include a contingent option in the event voters do not approve the anticipated bond proposition; and

WHEREAS, upon purchase it will be appropriate to amend the Operating Agreement between SPHI and the Kenai Peninsula Borough to include these properties; and

WHEREAS, the South Peninsula Hospital Board Finance Committee reviewed and approved this resolution at their meeting April 18, 2024; and

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

SECTION 1. That South Peninsula Hospital requests the Mayor execute a lease for medical office space with Prodigy Development, LLC for the property located at 4251 Hohe Street, Homer, Alaska 99603

LOT SEVEN (7), BLOCK SEVEN (7), FAIRVIEW SUBDIVISION,
ACCORDING TO PLAT NO. 56-2936, HOMER RECORDING DISTRICT,
THIRD JUDICIAL DISTRICT, STATE OF ALASKA (KPB PIN 175-05-307)

SECTION 2. That South Peninsula Hospital finds that purchasing the following described real property pursuant to KPB 17.10.040 is in the best interests of South Peninsula Hospital as it furthers the purposes of the South Kenai Peninsula Hospital Service Area to provide health care services:

4251 HOHE STREET PROPERTY

LOT SEVEN (7), BLOCK SEVEN (7), FAIRVIEW SUBDIVISION,
ACCORDING TO PLAT NO. 56-2936, HOMER RECORDING DISTRICT,
THIRD JUDICIAL DISTRICT, STATE OF ALASKA (KPB PIN 175-05-307)

4251 BARTLETT STREET PROPERTY

LOT 2A, BLOCK 8, FAIRVIEW SUBDIVISION, HALPIN ADDITION,
ACCORDING TO PLAT NO. 2009-43, HOMER RECORDING DISTRICT,
THIRD JUDICIAL DISTRICT, STATE OF ALASKA (KPB PIN 175-05-205)

4201 BARTLETT STREET PROPERTY

LOT 1-A, BLOCK 9, FAIRVIEW SUBDIVISION 2003 ADDITION, T 6S R
13W SEC. 18 SEWARD MERIDIAN HM 2004101, LOCATED IN THE
HOMER RECORDING DISTRICT, THIRD JUDICIAL DISTRICT, STATE OF
ALASKA (KPB PIN-175-05-509)

SECTION 3. That the terms and conditions substantially in the form of the Purchase Agreement accompanying this resolution are hereby approved. The purchase price shall be \$13,000,000, which is the negotiated fair market value of the properties based upon the expected long-term leasehold cost, and contingent on completion of acquisition due diligence to the satisfaction of KPB. South Peninsula Hospital finds the purchase price is the fair market value for the properties.

SECTION 4. That this acquisition is for the purposes of hospital campus expansion.

SECTION 5. That the above described land is zoned “Medical” pursuant to City of Homer zoning code and therefore is not proposed to be further classified under KPB 17.10.080.

SECTION 6. That Hospital Administration is authorized to work with the mayor to execute any and all documents necessary to purchase the real property described in Section 1 in accordance with the terms and conditions contained in this ordinance and the accompanying Purchase Agreement, consistent with applicable provisions of KPB Chapter 17.10. Notwithstanding, prior to closing, acquisition funds must be appropriated by the Assembly.

SECTION 7. That \$145,000.00 may be appropriated from the SPH Plant Replacement and Expansion Fund Account No. 491.20602 to an account for acquisition due diligence and earnest money for the purchase of the real property described in Section 1 of this ordinance.

SECTION 8. That the appropriations made in this ordinance are of a project length nature and as such do not lapse at the end of any particular fiscal year.

PASSED AND ADOPTED BY THE BOARD OF DIRECTORS OF SOUTH PENINSULA HOSPITAL AT ITS MEETING HELD ON THIS 24th DAY OF APRIL, 2024.

ATTEST:

Aaron Weisser, Board President

Mary E. Wythe, Board Secretary

South Peninsula Hospital
Hospital Board of Trustees Balanced Scorecard Report
Quarter Calendar 2024 (Jan, Feb, Mar)

Overall Indicators	1Q 2024	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 Patient Survey Star Rating	5	5	106	4/1/2022-3/31/2023 (19% Survey Response Rate)
Medicare Care Compare Overall Nursing Home Star Rating	5	5		

Clinical & Service Excellence

Using evidence-based practices, South Peninsula Hospital is dedicated to achieving consistent and demonstrated excellence in clinical quality and safety.

Quality of Care / Patient Safety	1Q 2024	Target	n	Note
Severe Sepsis & Septic Shock Care	67%	> 75%	43	* (Care Compare: 52 cases - 85%, 4/1/2022-3/31/2023)
Percentage of patients who received appropriate care for sepsis and/or septic shock.				# of cases passing / total # of cases-exceptions (Q1-2024: 43 cases reviewed: 4 pass, 2 fail, 37 exclusions)
Stroke Care	71%	> 95%	7	* (Care Compare: N/A , 4/1/2022-3/31/2023)
Percentage of patients who receive CT/MRI within 45 minutes of arrival to ED w/stroke symptoms.				Numerator = CT/MRI within 45 min & documented last known well. Denominator = Patients with Stroke presenting within 2 hours of symptoms. (Q1-2024: 7 cases, 5- pass, 2- failed, 0- exclusions)
Median Emergency Room Time	174	< 180min	1183	* Target (minutes) (Care Compare: 146 min, 4/1/2022-3/31/2023)
Average minutes spent in department before leaving the Emergency Department.				Average throughput time of all ED visits. (Q1-2024: 1183 cases: 174min. Median Time)
Readmission	12%	<15%	139	* (Care Compare 15.3%, 214 patients 7/1/2021-6/30/2022)
Percentage of unplanned readmission to an acute care hospital in 30 days after discharged from a hospitalization.				12% of patients with unplanned readmission to (IP/Obs) within 30 days of discharge - exclusions / Eligible admissions- 16 readmits / 139 total admits.
OB – C-Section Rate	18%	< 30%	17	# NTSV C-Sections / Total # NTSV births
Percentage of patients in the NTSV (nulliparous, term, singleton, vertex) category delivering by cesarean section.				3 NTSV C-Sec. (1st Pregnancy), term (>37 weeks), / 17 total #NTSV births (Measured by chart abstractions.)
Provider Quality Score (Group)	* N/A	75%		Scoring tabulated as a running, annual score.
CMS Merit-Based Incentive Payment System (MIPS) for providers				*Additional program data needed to calculate score. Target to be adjusted Quarterly as appropriate
Patient Fall Rate AC	5.81	< 5	8	# 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 8 falls total; 5 falls without injury and 3 falls with injury. (Tracking through occurrence reporting system.)

Quality of Care / Patient Safety <i>(continued)</i>	1Q 2024	Target	n	Note
Medication Errors	3	0	N/A	
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. <i>(Tracking through occurrence reporting system.)</i>
Never Events	0	0	N/A	
Unexpected occurrence involving death/serious physiological or psychological injury, or the risk thereof.				<i>(Tracking through occurrence reporting system.)</i>
Home Health (HH)	1Q 2024	Target	n	Note
Independent Bathing	100%	> 75%	35	
Percentage of home health patients demonstrating improvement with ability to bathe more independently.				100% of the patients stayed the same or improved. 35 Patients improved, 0 stayed the same. <i>(Tracked through OASIS Reporting.)</i>
Nursing Home (LTC)	1Q 2024	Target	n	Note
Depressive Symptoms	0	≤ 2	N/A	
Number of residents who develop symptoms of depression after admission.				<i>(Tracked through MDS Reporting.)</i>
<u>Patient & Resident Experience</u>				
As the patient and resident experience is a prime indicator of the organization's overall health, South Peninsula Hospital strives to tenaciously pursue patient and resident experience improvements.				
Consumer Assessment of Healthcare Providers and Services	1Q 2024	Target	n	Note: Measures as a % ranking across PG clients.
HCAHPS Percentile	43rd	75th	25	
Measures the 1-10 ranking received by inpatient client <i>(or family)</i> respondents.				Q3 -2023: 86th, n = 36, Q4 -2023: 43rd, n = 25
HHCAHPS Percentile	36th	75th	39	*Running 12 months due to low quarterly returns
Measures the 1-10 ranking received by Home Health Care client (or family) respondents.				Q2 -2023: 94th, n = 29; Q3 -2023: 62nd, n = 31; Q4-2023: 59th, n = 39

Patient Satisfaction Through Press Ganey (PG)	1Q 2024	Target	n	Note: % ranking across PG clients.
Inpatient Percentile	88th	75th	25	
Measures the satisfaction of inpatient pts. respondents.				Q3 -2023: 38th, n = 77th, Q4 -2023: 78th, n =28
Outpatient Percentile	41st	75th	224	
Measures the satisfaction of outpatient pts. respondents.				Q3 -2023: 9th, n = 272, Q4 -2023: 22nd, n = 271
Emergency Department Percentile	84th	75th	76	
Measures the satisfaction of emergency pts. respondents.				Q3 -2023: 94th, n = 119, Q4 -2023: 95th, n =64
Medical Practice Percentile	48th	75th	533	
Measures the satisfaction of pts. respondents at SPH Clinics.				Q3 -2023: 59th, n = 357, Q4 -2023: 51st, n = 366
Ambulatory Surgery (AS) Percentile	39th	75th	52	
Measures the satisfaction of AS pts. respondents.				Q3 -2023: 77th, n =57 , Q4 -2023: 67th, n = 88
Home Health Care Percentile (HHC)	15th	75th	37	*Running 12 months due to low quarterly returns
Measures the overall satisfaction of HHC clients (<i>or family</i>) respondents.				Q3 -2023: 97th, n =32, Q4 -2023: 82nd, n = 40
Information System Solutions	1Q 2024	Target	n	Note
Eligible Hospital (EH) Promoting Interoperability: hospital-based measures for inpatient and observation stays.	86	> 60	N/A	CMS score 60 and above = pass
e-Prescribing: Electronic Prescribing (<i>Rx</i>)	8	10	320	FY24 to date = 320 of 413
Query PDMP	10	10	N/A	Yes, providers are using PDMP Query via EHR interface
Health Information Exchange: Support Electronic Referral Loops by receiving and incorporating health information	15	15	1	FY24 to date = 1 of 1
HIE: Support. Electronic Referral Loops by sending health info. (<i>Sum of Care sent</i>)	5	15	68	FY24 to date = 68 of 200
Provider to patient exchange: Provide patients electronic access to their health information. (<i>timely access via the patient portal</i>)	23	25	205	FY24 to date = 205 of 225
Public Health & Clinical Data Exchange	25	25	N/A	Public Health and Clinical Data Exchange interfaces in place.
Eligible Provider (EP) - Promoting Interoperability (Group)	100%	95%	N/A	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	N/A	
Health Information Management & Systems Society (<i>HIMSS</i>) Electronic Medical Record Adoption Model (<i>EMRAM</i>) stage.				SPH has maximized EHR functionality to reach and maintain Stage 5. We re-evaluate EMRAM Staging with Epic implementation. Stages 6 and 7 site visit validation.

Information System Solutions (Continued)	1Q 2024	Target	n	Note
IT Security Awareness Training Complete Rate	87%	97%	1857	
% of employees who have completed assigned security training				1857 Training videos sent, 1615 were completed.
Phishing Test Pass Rate	N/A	97%	0	There were no phishing tests in Q1-2024
% of Phishing test emails that were not failed.				Test phishing emails sent out to staff. # of the email links were clicked, causing # potential security risks.

Medical Staff Alignment

South Peninsula Hospital desires to be an employer and/or provider of choice for medical staff practitioners by fostering an atmosphere of continuous collaboration.

Provider Alignment	2021	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 Engagement


South Peninsula Hospital desires to be an employer of choice that offers our staff an opportunity to make positive impact in our community.

Staff Alignment	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	2.7%	< 5%	623	
Percentage of all employees separated from the hospital for any reason				17 Terminations / 623 Total Employees
Turnover: Voluntary All Employees	2.4%	< 4.75%	623	
Measures the percentage of voluntary staff separations from the hospital				15 Voluntary Terminations / 623 Total Employees
First Year Total Turnover	4.5%	< 7%	110	
Measures the percentage of staff hired in the last 12 months and who separated from the hospital for any reason during the quarter.				5 New Staff Terminated in Q1 2024 110 Total New Hires from - 4/1/2023-3/31/2024
Travel Nursing Utilization	11	< 15		
Measure average number of travel nurses utilized in the previous quarter.				

Financial Health

SPH is financially positioned to support our dedication to the Mission, Vision and Values, and our continued investment in our employees, medical staff, physical plant and equipment.

Financial Health	1Q 2024	Target	n	Note
Operating Margin	-8.48%	-0.2%		
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	954.83	899.84		Total Discharges: # 160 (Acute, OB, Swing, ICU)
Measures the number of patients discharged, adjusted by inpatient revenues for the quarter divided by (inpatient + outpatient revenues).				(LTC Revenue & discharges not included, Target is same Q Prior Year. Target Discharges: 142)
Net Revenue Growth	12.5%	19.5%		
Measures the percentage increase (decrease) 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	10.00	7.35		
Measures the average number of staff FTEs per adjusted occupied bed for the quarter.				Target is based on budgeted paid hours (FTE) divided by (budget gross patient revenue/budget gross inpatient rev) X budgeted average daily census for the quarter.
Net Days in Accounts Receivable	51.0	55		
Measures the rate of speed with which the hospital is paid for health care services.				
Cash on Hand	82	90		104 Total Days Cash on Hand, Operating +Unobligated PREF
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	2.4%	2.5-3.5%		
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	14.05	8 yrs.		
Average age of assets used to provide services				Target is based on hospital optimal age of plant.
Intense Market Focus to Expand Market Share	1Q 2024	Target	n	Note
Outpatient Revenue Growth	-1.0%	13%		
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 prior year.
Surgical Case Growth	-2.4%	2.2%		
Measures the increase (decrease) 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.

	SUBJECT: Capital Purchases	POLICY #: F-09
		Page 1 of 3
Scope: Finance Approved by: Board of Directors		Original Date: 10/22/03 Effective: 6/28/23
Revised: 4/07; 12/07; 6/08; 8/08; 9/14; 9/15; 6/17; 2/20; 6/28/23 Reviewed: 1/25/23		Revision Responsibility: Board of Directors

PURPOSE:

Guidelines for the management of capital purchase requests.

DEFINITION(S):

N/A

POLICY:

- A. South Peninsula Hospital (SPH) purchases will be made with the commitment to being a good steward of resources.
- B. Purchases will comply in all respects with the Kenai Peninsula Borough (KPB) Purchasing Code as specified in the Operating Agreement, including, but not limited to, applicable requirements for competitive bidding and nondiscrimination.
- C. Capital equipment purchases or construction projects in excess of the financial threshold requiring a Certificate of Need (CON) will not be approved by the Board until a CON is obtained.

PROCEDURE:

A. Approval Levels

1. Board or Borough approval of purchases is required as follows:

Position	Expenditure
CFO approval	Budgeted capital < \$25,000
CEO approval	Budgeted capital < \$200,000
BOD approval/ SAB/ Assembly notice	Budgeted capital purchases > \$250,000 < \$500,000
BOD / SAB / Assembly approval	Budgeted capital purchase > \$500,000
BOD notice	Unbudgeted capital purchases > \$5,000 < \$100,000
BOD approval	Unbudgeted capital purchase > \$100,000 < \$250,000
BOD / SAB / KPB approval	Unbudgeted capital purchases > \$250,000

Approver	SPH Operating Cash Funds	Plant Replacement/Service Area Funds
CEO	<\$200,000	
BOD	>\$200,000 <\$499,999	>\$5,000
BOD & SAB & KPB	>\$500,000	>\$5,000

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Commented [AH1]: I removed this because I don't think there is a mechanism for the BOD to go directly to the Borough for PRF or SA monies without the SAB/Assembly? See next line.

2. Purchases will be made through the hospital's approved Group Purchasing Organizations (GPO) to the maximum extent possible. When used, GPO contact numbers will be noted on purchasing requisitions. When the GPO is not used, documentation of compliance with the KPB Purchasing Code will be provided.

B. Capital Purchase Items

- 1. Capital purchases are defined as individual items which are greater than or equal to \$5,000 and with a useful life greater than 1 year.
- 2. Requisitions for capital items which require KPB funding and are not on the KPB approved list must be accompanied by written authorization citing KPB approval.
- 3. Additionally, the CFO or CEO must approve the requisition before it is submitted to the SPH Purchasing Department.
- 4. All items on the KPB-approved capital list will be acquired by the SPH Purchasing Department except for specific construction projects or construction-related expenses. Purchases related to construction projects will be coordinated by the Support Services Division working with the KPB Public Works

Department.

- 5. Approval Guidelines for items not available through GPO:
 - a) Purchases below \$5,000 do not require bids; however, bids may be obtained whenever it is advantageous to SPH.
 - b) Purchases between \$5,000 and \$40,000 require informal bids.
 - c) Purchases projected to be in excess of \$40,000 require formal bids and should have specifications drawn and appropriate advertising done.
- 6. SPH will budget for operational and capital expenses through the annual budget process except for those items that may become necessary to purchase during the year to facilitate patient safety, ~~or cost~~ ~~or~~ cost savings, or to meet a need that would be unnecessarily delayed by the budget process. Unbudgeted capital expenditures may be made from operating funds in accordance with the provisions of the Operating Agreement and the Borough Purchasing Code for budgeted capital.
- 7. All unbudgeted capital expenditures from KPB funds will require KPB approval. Substitutions for items on the approved budget may not be made without KPB approval. Substitutions for line-item appropriations on the approved capital budget require Borough Assembly action for reappropriation.

C. Capital Leases and Property Leases

~~Operating leases in excess of one year or \$10,000, capital leases~~

~~1. Capital Equipment leases in excess of one year and \$2050,000 will require Board of Directors approval.~~

~~2. Approval, and a All Real property leases intended for use as Medical facilities, and which are greater than one year and exceeding \$100,000 annually, will require approval by the SPH Board and the KPB.~~

~~a. Medical Facilities leases (in total) may not exceed the annual cap (currently \$650,000) without first approving an amendment to the SPH Operating Agreement~~

~~c. 3. Employee housing and Administrative office spaces leases will require CEO approval up to \$200,000 (when unbudgeted), and SPH Board of Directors approval in excess of \$200,000 (when unbudgeted). are exempt from this requirement.~~

D. Disposal of Capital

Disposal of Capital items acquired with KPB funding will be made in accordance with the Borough Code requirements for disposal of surplus property.

E. Major Repairs

~~All major repairs to Borough-owned Medical Facilities consisting of more than \$100,000 must be authorized by the Borough, subject to the appropriation and availability of funds. Such repairs may be made by the facility upon approval by the Borough. Th Borough agrees to provide major repairs necessary to keep the leased property in good condition, subject to the availability and appropriation of funds. Prior written notice is not required for preliminary conceptual designs, diagrams, or schematics, costing less than \$25,000.~~

F. Proprietary Procurement (Sole Source)

~~Contracts for supplies, services, professional services or construction may be awarded by the Director of Material Management without competition under the following conditions:~~

~~1a) Where it is determined by the Director of Material Management that SPH's requirements reasonably limit the procurement to a sole source. The determination will be based on a written justification provided by the requesting Manager or Director and;~~

~~2b) Where it is determined by the CEO that it is in the best interest of the SPH to standardize the procurement in order to maintain compatibility with existing SPH requirements.~~

~~E. 3e) Purchases without competition costing more than \$100,000 must first be approved by the BOD by resolution.~~

ADDITIONAL CONSIDERATIONS:

N/A

REFERENCE(S):

- 1. South Peninsula Hospital Board Resolution 2023-20 – 6/28/23
- 2. South Peninsula Hospital Values & Behaviors as adopted by the Board of Directors
- 3. Operating Agreement Kenai Peninsula Borough and South Peninsula Hospital, 2020
- 4. Alaska Statutes 18.07.021 and 18.07.111
- 5. Alaska Regulation 7 AAC 07
- 6. Hospital policy HW-092 Purchasing Authority

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Commented [AH2]: Where are capitalizable repair rules addressed?

Commented [AH3]:

Commented [AGH4]: Major repair purchases are covered in other sections, reportable items to KPB and non-financial approvals are covered in the operating agreement, most of which have nothing to do with purchasing requirements. For more information see section 11-13 Maintenance and Repair in the Operating agreement.

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Commented [AGH5]: This section is in the SPH HW-092 Purchasing Authority Policy, because it entails BOD resolutions, I thought we may want to include it here as well

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South Peninsula Hospital

~~POLICY #: F-09POLICY #: F-09POLICY #: HW-270~~

~~SUBJECT: Capital SUBJECT: Capital SUBJECT: Leave Requests for Non-Union Employees~~

Page 3 of 3


CONTRIBUTORS:

Chief Financial Officer; Controller

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	SUBJECT: Capital Purchases	POLICY #: F-09
		Page 1 of 2
Scope: Finance Approved by: Board of Directors		Original Date: 10/22/03 Effective: 6/28/23
Revised: 4/07; 12/07; 6/08; 8/08; 9/14; 9/15; 6/17; 2/20; 6/28/23 Reviewed: 1/25/23		Revision Responsibility: Board of Directors

PURPOSE:

Guidelines for the management of capital purchase requests.

DEFINITION(S):

N/A

POLICY:

- A. South Peninsula Hospital (SPH) purchases will be made with the commitment to being a good steward of resources.
- B. Purchases will comply in all respects with the Kenai Peninsula Borough (KPB) Purchasing Code as specified in the Operating Agreement, including, but not limited to, applicable requirements for competitive bidding and nondiscrimination.
- C. Capital equipment purchases or construction projects in excess of the financial threshold requiring a Certificate of Need (CON) will not be approved by the Board until a CON is obtained.

PROCEDURE:

A. Approval Levels

- 1. Board or Borough approval of purchases is required as follows:

Approver	SPH Operating Cash Funds	Plant Replacement/Service Area Funds
CEO	<\$200,000	
BOD	>\$200,000 <\$499,999	
BOD & SAB & KPB	>\$500,000	>\$5,000

- 2. Purchases will be made through the hospital's approved Group Purchasing Organizations (GPO) to the maximum extent possible. When used, GPO contact numbers will be noted on purchasing requisitions. When the GPO is not used, documentation of compliance with the KPB Purchasing Code will be provided.

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- 1. Capital purchases are defined as individual items which are greater than or equal to \$5,000 and with a useful life greater than 1 year.
- 2. Requisitions for capital items which require KPB funding and are not on the KPB approved list must be accompanied by written authorization citing KPB approval.
- 3. Additionally, the CFO or CEO must approve the requisition before it is submitted to the SPH Purchasing Department.
- 4. All items on the KPB-approved capital list will be acquired by the SPH Purchasing Department except for specific construction projects or construction-related expenses. Purchases related to construction projects will be coordinated by the Support Services Division working with the KPB Public Works Department.
- 5. Approval Guidelines for items not available through GPO:
 - a) Purchases below \$5,000 do not require bids; however, bids may be obtained whenever it is advantageous to SPH.
 - b) Purchases between \$5,000 and \$40,000 require informal bids.
 - c) Purchases projected to be in excess of \$40,000 require formal bids and should have specifications drawn and appropriate advertising done.

6. SPH will budget for operational and capital expenses through the annual budget process except for those items that may become necessary to purchase during the year to facilitate patient safety, cost savings, or to meet a need that would be unnecessarily delayed by the budget process. Unbudgeted capital expenditures may be made from operating funds in accordance with the provisions of the Operating Agreement and the Borough Purchasing Code for budgeted capital.
7. All unbudgeted capital expenditures from KPB funds will require KPB approval. Substitutions for items on the approved budget may not be made without KPB approval. Substitutions for line-item appropriations on the approved capital budget require Borough Assembly action for reappropriation.

C. Capital Leases and Property Leases

1. Capital equipment leases in excess of one year and \$200,000 will require Board of Directors approval.
2. Real property leases intended for use as Medical facilities, and which are greater than \$100,000 annually, will require approval by the SPH Board and the KPB.
3. Medical Facilities leases (in total) may not exceed the annual cap (currently \$650,000) without first approving an amendment to the SPH Operating Agreement
4. Employee housing and Administrative office space leases will require CEO approval up to \$200,000 (when unbudgeted), and SPH Board of Directors approval in excess of \$200,000 (when unbudgeted).

D. Disposal of Capital

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 - b. Where it is determined by the CEO that it is in the best interest of the SPH to standardize the procurement in order to maintain compatibility with existing SPH requirements.
2. Purchases without competition costing more than \$100,000 must first be approved by the BOD by resolution.

ADDITIONAL CONSIDERATIONS:


N/A

REFERENCE(S):

1. South Peninsula Hospital Board Resolution 2023-20 – 6/28/23
2. South Peninsula Hospital Values & Behaviors as adopted by the Board of Directors
3. Operating Agreement between Kenai Peninsula Borough and South Peninsula Hospital, 2020
4. Alaska Statutes 18.07.021 and 18.07.111
5. Alaska Regulation 7 AAC 07
6. Hospital policy HW-092 Purchasing Authority

CONTRIBUTORS:

Chief Financial Officer; Controller

	SUBJECT: Financial Performance Indicators	POLICY #: F-10
		Page 1 of 1
Scope: Hospital-Wide Finance Approved by: Human Resources Board of Directors		Original Date: 10/22/03 Effective: 8/25/21
Revised: 6/25/08; 8/25/21 Reviewed: N/A		Revision Responsibility: Board of Directors

PURPOSE:

Guidelines for the monitoring and assessing of financial performance indicators.

DEFINITION(S):

N/A

POLICY:

- A. The Board will ensure the financial health of the Hospital by reviewing a variety of reports and records determined to be appropriate indicators of financial performance.
- B. Each month the Board will monitor and assess performance in the following areas with the established budget:
 - 1. Patient Services Revenue
 - 2. Deductions from Revenue
 - 3. Other Revenue
 - 4. Total Operating Revenue
 - 5. Total Operating Expense
 - 6. Operating Gain or Loss
 - 7. Non-Operating Revenue
 - 8. Net Revenue (Including Borough Funds)
 - 9. Operating Margin
 - 10. Total Margin
- C. In addition, the Board will establish performance objectives for:
 - ~~1. Amount of Cash on Hand~~
 - ~~2.1.~~ Days of Cash on Hand
 - ~~3.2.~~ Total Gross & Net Accounts Receivable
 - ~~4.3.~~ Bad Debt & Charity Care (% of Gross Charges)
 - ~~5. Charity Care (% of Gross Charges)~~
 - ~~6.4.~~ FTE's Per (adjusted) Occupied Bed
- D. In addition, the Board will monitor:
 - Acute Care occupancy
 - Long Term Care occupancy
 - Contractual Revenue % by payer

PROCEDURE:

N/A

ADDITIONAL CONSIDERATION(S):


N/A

REFERENCE(S):

N/A

CONTRIBUTOR(S):

Board of Directors

	SUBJECT: Financial Performance Indicators	POLICY #: F-10
		Page 1 of 1
Scope: Finance Approved by: Board of Directors		Original Date: 10/22/03 Effective: 8/25/21
Revised: 6/25/08; 8/25/21 Reviewed: 1/24/24		Revision Responsibility: Board of Directors

PURPOSE:

Guidelines for the monitoring and assessing of financial performance indicators.

DEFINITION(S):

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POLICY:

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 - 5. Total Operating Expense
 - 6. Operating Gain or Loss
 - 7. Non-Operating Revenue
 - 8. Net Revenue (Including Borough Funds)
 - 9. Operating Margin
 - 10. Total Margin
- C. In addition, the Board will establish performance objectives for:
 - 1. Days of Cash on Hand
 - 2. Accounts Receivable
 - 3. Bad Debt & Charity Care (% of Gross Charges)
 - 4. FTE's Per (adjusted) Occupied Bed
- D. In addition, the Board will monitor:
 - 1. Acute Care occupancy
 - 2. Long Term Care occupancy
 - 3. Revenue % by payer

PROCEDURE:

N/A

ADDITIONAL CONSIDERATION(S):

N/A

REFERENCE(S):

N/A

CONTRIBUTOR(S):

Board of Directors