

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

Open to Public Inspection

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.

A For the 2023 calendar year, or tax year beginning 07-01-2023, and ending 06-30-2024

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

C Name of organization: ENLOE MEDICAL CENTER. Doing business as: ENLOE HEALTH. Number and street: 1531 ESPLANADE. City: CHICO, CA 95926.

D Employer identification number: 94-1603784. E Telephone number: (530) 332-7300. G Gross receipts \$ 1,003,507,460.

F Name and address of principal officer: MIKE WILTERMOOD, 1531 ESPLANADE, CHICO, CA 95926.

H(a) Is this a group return for subordinates? No. H(b) Are all subordinates included? No. H(c) Group exemption number.

I Tax-exempt status: 501(c)(3)

J Website: WWW.ENLOE.ORG

K Form of organization: Corporation

L Year of formation: 1965. M State of legal domicile: CA

Part I Summary

Table with 3 main sections: Activities & Governance, Revenue, and Expenses. Includes rows for mission statement, member counts, revenue breakdown, and expenses.

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.

Sign Here	Signature of officer KEVIN WOODWARD CFO, VP OF FINANCE			Date 2025-05-15	
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date 2025-05-15	Check <input type="checkbox"/> if self-employed	PTIN P01270238
	Firm's name MOSS ADAMS LLP			Firm's EIN 91-0189318	
	Firm's address 3121 W MARCH LANE SUITE 200 STOCKTON, CA 95219			Phone no. (209) 955-6100	

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2023)

Form 990 (2023) Page 2

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:

THE MISSION OF ENLOE MEDICAL CENTER IS TO ELEVATE THE HEALTH OF OUR COMMUNITIES.

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 \$ 741,734,656 including grants of \$ 267,290) (Revenue \$ 980,313,255)



SEE SCHEDULE OENLOE MEDICAL CENTER (EMC), A CALIFORNIA NONPROFIT BENEFIT CORPORATION IS LOCATED IN THE CITY OF CHICO (THE "CITY"), 90 MILES NORTH OF SACRAMENTO IN BUTTE COUNTY, CALIFORNIA. EMC IS EXEMPT FROM FEDERAL INCOME TAXES AS AN ORGANIZATION DESCRIBED IN SECTION 501(C) (3) OF THE INTERNAL REVENUE CODE. EMC PROVIDES A COMPREHENSIVE ARRAY OF INPATIENT AND OUTPATIENT HEALTH CARE SERVICES TO MORE THAN 400,000 RESIDENTS OF A SIX-COUNTY REGION OF CALIFORNIA, INCLUDING GLENN AND BUTTE COUNTIES (GENERALLY REFERRED TO AS THE NORTH VALLEY). EMC PROVIDES TRAUMA AND CARDIAC SURGERY SERVICES TO PATIENTS THROUGHOUT NORTHERN CALIFORNIA. THE REGIONAL SERVICE AREA IN WHICH EMC PROVIDES SERVICE IS PRIMARILY RURAL. INDUSTRY IS DOMINATED BY AGRICULTURE, GOVERNMENT AND SERVICE ORGANIZATIONS. A DISPROPORTIONATE SHARE OF RESIDENTS (75% +/-) ARE MEDICARE/MEDICAL PATIENTS. EMC OWNS AND OPERATES A NUMBER OF FACILITIES, INCLUDING THREE INPATIENT FACILITIES: AN ACUTE CARE HOSPITAL, ENLOE MEDICAL CENTER - ESPLANADE CAMPUS (THE "HOSPITAL"); A BEHAVIORAL HEALTH FACILITY, ENLOE MEDICAL CENTER - COHASSET CAMPUS (THE "BEHAVIORAL HEALTH FACILITY"); AND A FACILITY FOR REHABILITATION SERVICES, ENLOE REHAB CENTER (THE "REHAB CENTER"). EMC IS THE LARGEST PROVIDER OF ACUTE CARE SERVICES AND SOLE PROVIDER OF COMPREHENSIVE CARDIOLOGY SERVICES IN THE REGION. INPATIENT UNITS INCLUDE MEDICAL/SURGICAL ACUTE CARE, INTENSIVE CARE, CORONARY CARE, NEURO-TRAUMA CARE, INTENSIVE CARE NURSERY, OBSTETRICS/GYNECOLOGY, PEDIATRICS, BEHAVIORAL HEALTH AND REHABILITATION. IN ADDITION TO A FULL RANGE OF INPATIENT AND OUTPATIENT ANCILLARY AND SUPPORT SERVICES, EMC PROVIDES SPECIALTY SERVICES IN CARDIAC SURGERY, STROKE, NEUROSURGERY, ORTHOPEDICS, VASCULAR SURGERY, COLORECTAL, CANCER, WOMEN'S HEALTH, AND BARIATRIC SERVICES. EMC OPERATES, AT ITS ESPLANADE CAMPUS, ONE OF ONLY TWO LEVEL II TRAUMA CENTERS IN CALIFORNIA NORTH OF SACRAMENTO, AND HOUSES THE ONLY LEVEL II NEONATAL INTENSIVE CARE UNIT IN THE REGION. EMC PROVIDES A COMPREHENSIVE SCOPE OF MEDICAL SERVICES AND PROGRAMS INCLUDING A BARIATRIC SURGICAL PROGRAM, INPATIENT BEHAVIOR HEALTH, INPATIENT AND OUTPATIENT CANCER CARE, A COMPREHENSIVE HEART PROGRAM, DIGESTIVE HEALTH, EMERGENCY SERVICES, AN AMBULANCE AND FLIGHTCARE PROGRAM, HOME CARE AND HOSPICE SERVICES, A STROKE PROGRAM AND A COMPREHENSIVE WOUND CARE CLINIC, INCLUDING HYPERBARIC OXYGEN THERAPY, ONE OF THE MOST EFFECTIVE TREATMENTS AVAILABLE FOR HARD-TO-HEAL WOUNDS AND OTHER CHRONIC CONDITIONS. THE HEART PROGRAM INCLUDES A COMPREHENSIVE SCOPE OF SERVICES INCLUDING CARDIAC DIAGNOSTICS, CARDIAC CATHETERIZATION LAB PERFORMING A RANGE OF SERVICES INCLUDING CORONARY ANGIOGRAMS, CORONARY STENTING AND ANGIOPLASTY, AND ELECTROPHYSIOLOGY SERVICES; AND CORONARY SURGERY INCLUDING CORONARY BYPASS, ENDOSCOPIC VEIN/ARTERY REMOVAL, TRANSMYOCARDIAL LASER REVASCULARIZATION AND VALVE REPAIR/REPLACEMENT. EMC IS DESIGNATED AS A STEMI RECEIVING CENTER FOR THE TREATMENT OF SEVERE HEART ATTACK KNOWN AS AN ST ELEVATION MYOCARDIAL INFARCTION. OUTPATIENT CANCER SERVICES ARE PROVIDED THROUGH THE ENLOE REGIONAL CANCER CENTER THAT PROVIDES BOARD-CERTIFIED ONCOLOGISTS, HEMATOLOGISTS AND RADIATION ONCOLOGISTS AND OTHER SPECIALTY TRAINED STAFF SUPPORTING MEDICAL ONCOLOGY/INFUSION THERAPY AND RADIATION ONCOLOGY. ENLOE MEDICAL CENTER IS CURRENTLY GOVERNED BY A 14-17 MEMBER BOARD OF TRUSTEES COMPRISED OF PERSONS WHO RESIDE OR MAINTAIN THEIR PRINCIPAL PLACE OF BUSINESS WITHIN THE COMMUNITIES SERVED BY THE HOSPITAL. ENLOE MEDICAL CENTER IS A NON-MEMBER CORPORATION UNDER THE CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION LAW. NEW MEMBERS OF THE BOARD ARE ELECTED BY ITS EXISTING MEMBERS IN ACCORDANCE WITH PROCEDURES SET FORTH IN THE BYLAWS OF THE ORGANIZATION. THE BYLAWS SPECIFY THAT TWO BOARD MEMBERS MUST BE PHYSICIANS AND THAT THE MEDICAL STAFF CHAIRMAN AND THE MEDICAL STAFF CHAIRMAN-ELECT SHALL SERVE AS BOARD MEMBERS EX OFFICIO WITH A VOTE. THE CHIEF EXECUTIVE OFFICER SERVES ON THE BOARD EX OFFICIO WITH A VOTE AND THE CHAIRMAN OF THE ENLOE HEALTH FOUNDATION SERVES ON THE BOARD EX OFFICIO, WITH A VOTE. THE ELECTED MEMBERS OF THE BOARD SERVE STAGGERED TERMS OF THREE YEARS, FOR A MAXIMUM PERIOD OF THREE TERMS (OR NINE YEARS) PER MEMBER.

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

	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions.</i>	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	No
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>	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	Yes
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	Yes
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes

Form 990 (2023)

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>	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	Yes
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II </i>	Yes
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>	No
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>	No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	Yes
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>	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	No
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>	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	No
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>	No

33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V **Statements Regarding Other IRS Filings and Tax 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		
1b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	

Form **990** (2023)

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

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	4,416		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes		
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		No	
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		No	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No	
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		No	
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		No	
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		No	
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		No	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No	
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		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		15		No
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		No
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		

Form 990 (2023)

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	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?	Yes	
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? <i>If "No," go to line 13</i>	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i>	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	Yes	
b	Other officers or key employees of the organization	Yes	
	<i>If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.</i>		
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?	Yes	
b	<i>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?</i>		No

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed CA
- 18** Section 6104 requires an organization to make its Form 1023 (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 in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records:
 KEVIN WOODWARD 1531 ESPLANADE CHICO, CA 95926 (530) 332-7300

Form **990** (2023)

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

See 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			
(1) MIKE WILTERMOOD	50.00									

.....	X		X					893,088	0	46,271
CEO, TRUSTEE, EX-OFFICIO	5.00										
(2) WALT SCHAFFER PHD	5.00	X		X					0	0	0
CHAIR (AS OF 01/24)	2.00										
(3) DENISE ADAMS-CHAIR THRU 12/23	5.00	X		X					0	0	0
TRUSTEE (AS OF 01/24)	2.00										
(4) RICK KREPELKA	5.00	X		X					0	0	0
VICE CHAIR (AS OF 01/24)	0.00										
(5) WILLIAM CARRIERE	5.00	X		X					0	0	0
VICE CHAIR (THRU 12/23)	2.00										
(6) GLORIA GODINEZ	5.00	X		X					0	0	0
SECRETARY	0.00										
(7) FARSHAD AZAD	5.00	X							0	0	0
TRUSTEE	0.00										
(8) BARBARA CLIFFORD	5.00	X							0	0	0
TRUSTEE	0.00										
(9) MICHAEL DUNBAUGH	5.00	X							0	0	0
TRUSTEE	0.00										
(10) CRAIG DUNCAN	5.00	X							0	0	0
TRUSTEE (THRU 12/23)	0.00										
(11) ANASTACIA LANDO	5.00	X							0	0	0
TRUSTEE	0.00										
(12) SEAN LISTON MD	5.00	X							0	0	0
CHIEF OF STAFF ELECT	0.00										
(13) JAMES MOORE MD	5.00	X							0	0	0
CHIEF OF STAFF	0.00										
(14) KEN PETTY MD	5.00	X							0	0	0
TRUSTEE	0.00										
(15) MONICA SODERSTROM	5.00	X							0	0	0
TRUSTEE	0.00										
(16) JIM STEVENS	5.00	X							0	0	0
TRUSTEE	2.00										
(17) JUDY SITTON	5.00	X							0	0	0
TRUSTEE (EX-OFFICIO)	5.00										

Form 990 (2023)

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			
(18) KEVIN WOODWARD	50.00									

CFO, VP OF FINANCE	5.00						44,450	0	42,711
(19) BRADY HAYNES	50.00		X				437,948	0	42,792
COO (THRU 09/23)	5.00								
(20) MARCIA N GALL	50.00			X			530,196	0	45,571
VP - MEDICAL AFFAIRS (THRU 03/24)	5.00								
(21) SHANNON SMITH	50.00			X			336,476	0	47,689
VP - HUMAN RESOURCES	5.00								
(22) JULIE MARTIN	50.00			X			320,729	0	54,096
VP - AMBULATORY OPERATIONS	5.00								
(23) DONNA LARSON	50.00			X			331,530	0	22,401
VP OF PATIENT CARE SERVICES	5.00								
(24) JOLENE FRANCIS-VP PHILANTHROPY	50.00			X			311,480	0	36,142
& COMMUNICATIONS	5.00								
(25) SEAN MAIORANO MD	50.00			X			161,713	0	9,228
CHIEF MEDICAL OFFICER	5.00								
(26) JOSHUA CALDERON	40.00				X		331,076	0	59,236
APP LIAISON	0.00								
(27) CORY DAVENPORT	40.00				X		292,712	0	46,960
PA - CARDIAC SURGERY	0.00								
(28) CHRISTOPHER MARKING	40.00				X		249,349	0	49,687
SENIOR DIRECTOR, PHARMACY	0.00								
(29) JEFFREY MARTINEK	40.00				X		248,710	0	51,990
PA - CARDIAC SURGERY	0.00								
(30) ALBERTO ROLON	40.00				X		241,575	0	42,639
CHIEF PERFUSIONIST	0.00								
1b Sub-Total									
1c Total from continuation sheets to Part VII, Section A									
1d Total (add lines 1b and 1c)							5,231,072	0	584,613

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 1,303

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ENLOE SPECIALTY PHYSICIANS INC 1531 ESPLANADE CHICO, CA 95926	PROFESSIONAL MEDICAL SERVICES	36,581,707
NORTHSTATE ANESTHESIOLOGY PART 69 SYCAMORE VALLEY ROAD CHICO, CA 95973	ANESTHESIA SERVICES	19,768,395
ENLOE PRIMARY PHYSICIAN GROUP INC 1531 ESPLANADE CHICO, CA 95926	PROFESSIONAL MEDICAL SERVICES	19,400,599
CHICO EMERGENCY PHYSICIANS MEDICAL GROUP 1531 ESPLANADE CHICO, CA 95926	PROFESSIONAL MEDICAL SERVICES	14,546,017
MEDEFIS 2121 NORTH 117TH AVE SUITE 200 OMAHA, NE 68164	CONTRACT LABOR	11,888,162

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 188

Form 990 (2023)

Page 9

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
1a Federated campaigns				
1b Contributions, Gifts, Grants, and Membership dues				
1c Other Amounts Similar Fundraising events				
1d Related organizations	3,571,492			
1e Government grants (contributions)				
1f All other contributions, gifts, grants, and similar amounts not included above				
1g Noncash contributions included in lines 1a - 1f:\$				
h Total. Add lines 1a-1f	3,571,492			

Program Service Revenue		Business Code			
2a PATIENT SERVICE REVENUE		621300	978,368,216	978,368,216	
2b CONTRACT PHARMACY REVENUE, NET		621300	1,936,870	1,936,870	
2c JOINT VENTURE INCOME		900099	8,169	8,169	
2d					
2e					
2f All other program service revenue.					
g Total. Add lines 2a-2f.			980,313,255		

3 Investment income (including dividends, interest, and other similar amounts)			7,546,519		7,546,519
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6a Gross rents	(i) Real	(ii) Personal			
	6a		683,007		
	6b Less: rental expenses		338,779		
	6c Rental income or (loss)		344,228		
d Net rental income or (loss)			344,228		344,228
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	7a		9,100,000		
	7b Less: cost or other basis and sales expenses		4,738,712	226,534	
	7c Gain or (loss)		4,361,288	-226,534	
d Net gain or (loss)			4,134,754		4,134,754

8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18				
8b	Less: direct expenses				
c	Net income or (loss) from fundraising events				
9a	Gross income from gaming activities. See Part IV, line 19				
9b	Less: direct expenses				
c	Net income or (loss) from gaming activities				
10a	Gross sales of inventory, less returns and allowances		325,651		
10b	Less: cost of goods sold		231,338		
c	Net income or (loss) from sales of inventory		94,313		94,313
11a	OTHER OPERATING REVENUE	Business Code 900099	953,340		953,340
b	PATIENT RECORDS REVENUE	900099	88,141		88,141
c	Other Revenue Misc Amt				
d	All other revenue		926,055		926,055
e	Total. Add lines 11a-11d		1,967,536		
12	Total revenue. See instructions		997,972,097	980,313,255	0
					14,087,350

Form 990 (2023)

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	267,290	267,290		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,277,001		4,277,001	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	895,836		895,836	
7 Other salaries and wages	287,515,914	236,875,384	50,640,530	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	17,241,716	13,936,361	3,305,355	
9 Other employee benefits	102,341,239	78,791,010	23,550,229	
10 Payroll taxes	24,433,406	19,669,190	4,764,216	
11 Fees for services (non-employees):				
a Management	733,376		733,376	
b Legal	817,865		817,865	
c Accounting	300,860		300,860	
d Lobbying	97,912		97,912	
e Professional fundraising services. See Part IV, line 17				

f Investment management fees	9,318		9,318	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	230,088,743	175,228,924	54,859,819	
12 Advertising and promotion	261,267		261,267	
13 Office expenses	7,727,848	3,886,337	3,841,511	
14 Information technology				
15 Royalties				
16 Occupancy	10,997,375	1,129,903	9,867,472	
17 Travel	330,193	310,601	19,592	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	11,988,368	11,988,368		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	33,282,657	9,433,329	23,849,328	
23 Insurance	8,357,685	1,653,204	6,704,481	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	145,647,755	145,123,009	524,746	
b HQAF FEES	40,805,432	40,805,432		
c RECRUITMENT	2,949,171		2,949,171	
d BAD DEBT EXPENSE	1,917,117		1,917,117	
e All other expenses	4,863,638	2,636,314	2,227,324	
25 Total functional expenses. Add lines 1 through 24e	938,148,982	741,734,656	196,414,326	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).				

Form 990 (2023)

Form 990 (2023)

Part X **Balance Sheet**

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	17,740,774	1	28,437,255
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	119,932,561	4	148,161,639
	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	9,702,522	5	9,814,154
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	278,672	7	278,672
	8 Inventories for sale or use	11,628,122	8	13,354,098
	9 Prepaid expenses and deferred charges	99,195,156	9	121,681,457
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	730,061,678		
	b Less: accumulated depreciation	483,898,388	237,587,725	10c 246,163,290
	11 Investments—publicly traded securities	168,600,110	11	190,496,801
	12 Investments—other securities. See Part IV, line 11	348,426	12	147,670
	13 Investments—program-related. See Part IV, line 11		13	
14 Intangible assets	1,460,782	14	1,460,782	

Liabilities	15 Other assets. See Part IV, line 11	210,110,001	15	224,934,240
	16 Total assets. Add lines 1 through 15 (must equal line 33)	885,250,857	16	984,930,058
	17 Accounts payable and accrued expenses	101,599,056	17	116,001,651
	18 Grants payable		18	
	19 Deferred revenue	41,453,638	19	47,130,104
	20 Tax-exempt bond liabilities	204,427,107	20	205,332,061
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	158,432,604	23	158,572,807
	24 Unsecured notes and loans payable to unrelated third parties		24	
Net Assets or Fund Balances	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	14,396,918	25	16,403,755
	26 Total liabilities. Add lines 17 through 25	520,309,323	26	543,440,378
	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	351,510,601	27	428,059,131
	28 Net assets with donor restrictions	13,430,933	28	13,430,549
	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	364,941,534	32	441,489,680	
33 Total liabilities and net assets/fund balances	885,250,857	33	984,930,058	

Form 990 (2023)

Form 990 (2023)

Page 12

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	997,972,097
2 Total expenses (must equal Part IX, column (A), line 25)	2	938,148,982
3 Revenue less expenses. Subtract line 2 from line 1	3	59,823,115
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	364,941,534
5 Net unrealized gains (losses) on investments	5	10,491,600
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain in Schedule O)	9	6,233,431
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	441,489,680

Part XII Financial Statements and Reporting

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

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain 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:
 Separate basis Consolidated basis Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis

	Yes	No
2a		No
2b	Yes	

- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 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 in Schedule O and describe any steps taken to undergo such audits.

2c	Yes	
3a		No
3b		

Form **990** (2023)

Form 990 (2023)

Additional Data

[Return to Form](#)

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

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 2023 Open to Public Inspection

Table with 2 columns: Name of the organization (ENLOE MEDICAL CENTER) and Employer identification number (94-1603784)

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.)

- 1-12. Reason for public charity status options including: church, school, hospital, medical research, governmental unit, etc. Option 3 is checked.

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 11285F Schedule A (Form 990) 2023

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 2023 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2022 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2023. 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—2022. 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—2023. 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—2022. 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"/>		

Schedule A (Form 990) 2023

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests-2023.** 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-2022.** 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 ▶

Schedule A (Form 990) 2023

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		

4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer 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).		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990) .		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

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?		
b	A family member of a person described on 11a above?		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

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

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 in 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 The organization satisfied the Activities Test. Complete **line 2** below.
- b The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b 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.

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**.
- 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.

	Yes	No
2a		
2b		
3a		
3b		

Schedule A (Form 990) 2023

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors		

<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 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)		

Schedule A (Form 990) 2023

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 2023 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-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023:			
a From 2018.			
b From 2019.			
c From 2020.			
d From 2021.			
e From 2022.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			

c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019.			
b Excess from 2020.			
c Excess from 2021.			
d Excess from 2022.			
e Excess from 2023.			

Schedule A (Form 990) (2023)

Schedule A (Form 990) 2023

Page 8

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

Facts And Circumstances Test

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

Schedule A (Form 990) 2023

Additional Data

[Return to Form](#)

Software ID:
Software Version:

efile Public Visual Render	Objectid: 202541359349317289 - Submission: 2025-05-15	TIN: 94-1603784
Schedule B (Form 990) Department of the Treasury Internal Revenue Service	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047 2023

Name of the organization ENLOE MEDICAL CENTER	Employer identification number 94-1603784
--	--

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, 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, 990-EZ, or 990-PF), 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization ENLOE MEDICAL CENTER	Employer identification number 94-1603784
--	--

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)	(d) Date received
------------------------	--	--------------------------	----------------------

Part I		(See instructions)	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Page 4

Name of organization ENLOE MEDICAL CENTER	Employer identification number 94-1603784
--	--

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
-	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
<hr/> <hr/>		<hr/> <hr/>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
<hr/> <hr/>		<hr/> <hr/>	

Schedule B (Form 990) (2023)

Additional Data

[Return to Form](#)

Software ID:
Software Version:

efile Public Visual Render	ObjectID: 202541359349317289 - Submission: 2025-05-15	TIN: 94-1603784
SCHEDULE C (Form 990) Department of the Treasury Internal Revenue Service	Political Campaign and Lobbying Activities For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.	OMB No. 1545-0047 <div style="font-size: 2em; font-weight: bold; color: green;">2022</div> Open to Public Inspection

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

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

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

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

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

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

Name of the organization ENLOE MEDICAL CENTER	Employer identification number 94-1603784
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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.)

- 1a Total lobbying expenditures to influence public opinion (grass roots lobbying)
1b Total lobbying expenditures to influence a legislative body (direct lobbying)
1c Total lobbying expenditures (add lines 1a and 1b)
1d Other exempt purpose expenditures
1e Total exempt purpose expenditures (add lines 1c and 1d)
1f Lobbying nontaxable amount. Enter the amount from the following table in both columns.

(a) Filing organization's totals (b) Affiliated group totals

Table with 2 columns: 'If the amount on line 1e, column (a) or (b) is:' and 'The lobbying nontaxable amount is:'. Rows include categories like 'Not over \$500,000' and 'Over \$500,000 but not over \$1,000,000'.

- 1g Grassroots nontaxable amount (enter 25% of line 1f)
1h Subtract line 1g from line 1a. If zero or less, enter -0-.
1i Subtract line 1f from line 1c. If zero or less, enter -0-.
1j 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?

Yes 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

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) Total. Rows include 2a Lobbying nontaxable amount, 2b Lobbying ceiling amount, 2c Total lobbying expenditures, 2d Grassroots nontaxable amount, 2e Grassroots ceiling amount, 2f Grassroots lobbying expenditures.

Schedule C (Form 990) 2022

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.

Table with 3 columns: (a) Yes | No, (b) Amount. Rows correspond to questions 1a through 1i.

- 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?

e	Publications, or published or broadcast statements?		NO	
f	Grants to other organizations for lobbying purposes?	Yes		97,912
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			97,912
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1:	THE ORGANIZATION IS A MEMBER OF THE CALIFORNIA HOSPITAL ASSOCIATION (CHA) - CHA DIRECTS A PORTION OF THE DUES FOR DIRECT LOBBYING EXPENSES; AND THE ORGANIZATION IS A MEMBER OF THE AMERICAN HOSPITAL ASSOCIATION (AHA) - AHA EXPENDS A PORTION OF THE DUES SPECIFIC FOR LOBBYING PURPOSES.

Schedule C (Form 990) 2022

Additional Data

[Return to Form](#)

Software ID:
Software Version:

SCHEDULE D (Form 990)

Supplemental Financial Statements

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 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.

Table with 2 columns: Name of the organization (ENLOE MEDICAL CENTER) and Employer identification number (94-1603784)

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

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

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

Table with 3 columns: Question number, description, and Yes/No checkboxes. Includes questions 1-9 regarding conservation easements.

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

Table with 3 columns: Question number, description, and Yes/No checkboxes. Includes questions 1a-2b regarding art and historical treasures.

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

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

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

- c Beginning balance, d Additions during the year, e Distributions during the year, f Ending balance

Table with 2 columns: Label (1c-1f), Amount

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

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

Part V Endowment Funds.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include 1a-1g: Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, 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

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

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

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

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total.

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) BENEFIT PLAN NET ASSETS	176,858
(2) EXPECTED RECOVERIES PROFESSIONAL GENERAL LIABILITY	7,585,000
(3) ASSETS LIMITED TO USE	213,621,247
(4) OPERATING LEASE ROU ASSETS	3,532,924
(5) DUE FROM AFFILIATE	18,211
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	224,934,240

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	
ANNUITY PAYMENT LIABILITY	7,209
MALPRACTICE LIABILITY	12,075,000

LONG-TERM LIABILITY	2,583,694
PENSION LIABILITY	1,737,852
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	16,403,755

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

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

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

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

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

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

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

Part XIII Supplemental Information

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

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

Schedule D (Form 990) 2022

Additional Data

Return to Form

Software ID:
Software Version:

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

Hospitals

OMB No. 1545-0047

2023

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/Form990EZ for instructions and the latest information.

Name of the organization ENLOE MEDICAL CENTER

Employer identification number 94-1603784

Part I Financial Assistance and Certain Other Community Benefits at Cost

1a Did the organization have a financial assistance policy during the tax year? 1b If "Yes," was it a written policy? 2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy... 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. 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? 6a Did the organization prepare a community benefit report during the tax year? 6b If "Yes," did the organization make it available to the public?

7 Financial Assistance and Certain Other Community Benefits at Cost

Table with 6 columns: (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. Rows include Financial Assistance and Means-Tested Government Programs (a-d) and Other Benefits (e-k).

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.

Table with 7 columns: (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. Rows include Physical improvements and housing, Economic development, Community support, Environmental improvements, Leadership development and training for community members, Coalition building, Community health improvement advocacy, Workforce development, Other, and Total.

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

Table for Section A with columns Yes/No. Line 1: Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? (Yes/No). Line 2: Enter the amount of the organization's bad debt expense. (Amount: 35,023,516). Line 3: Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. (Amount: 28,018,813). Line 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

Table for Section B. Line 5: Enter total revenue received from Medicare (including DSH and IME). (Amount: 242,723,412). Line 6: Enter Medicare allowable costs of care relating to payments on line 5. (Amount: 271,546,008). Line 7: Subtract line 6 from line 5. This is the surplus (or shortfall). (Amount: -28,822,596). Line 8: Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: [] Cost accounting system, [x] Cost to charge ratio, [] Other.

Section C. Collection Practices

Table for Section C. Line 9a: Did the organization have a written debt collection policy during the tax year? (Yes). Line 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. (Yes).

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

Table with 5 columns: (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 %. Rows 1-8 are empty.

10				
11				
12				
13				

Schedule H (Form 990) 2023

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	ENLOE MEDICAL CENTER 1531 ESPLANADE CHICO, CA 95926 WWW.ENLOE.ORG 23000027	X	X					X			

Schedule H (Form 990) 2023

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)

ENLOE MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

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

Community Health Needs Assessment

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 12b regarding hospital facility licensing, CHNA requirements, and reporting.

Schedule H (Form 990) 2023

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

ENLOE MEDICAL CENTER

Name of hospital facility or letter of facility reporting group _____

Table with 3 columns: Question, Yes, No. Row 13: Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?

a Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 150.000000000000 % and FPG family income limit for eligibility for discounted care of 450.000000000000 %

b Income level other than FPG (describe in Section C)

c Asset level

d Medical indigency

e Insurance status

f Underinsurance discount

g Residency

h Other (describe in Section C)

14 Explained the basis for calculating amounts charged to patients? **14** Yes

15 Explained the method for applying for financial assistance? **15** Yes

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 Described the information the hospital facility may require an individual to provide as part of his or her application

b Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application

c Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process

d Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications

e Other (describe in Section C)

16 Was widely publicized within the community served by the hospital facility? **16** Yes

If "Yes," indicate how the hospital facility publicized the policy (check all that apply):

a The FAP was widely available on a website (list url):
ENLOE.ORG/PATIENT-FAMILY/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE

b The FAP application form was widely available on a website (list url):
ENLOE.ORG/PATIENT-FAMILY/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE

c A plain language summary of the FAP was widely available on a website (list url):
ENLOE.ORG/PATIENT-FAMILY/BILLING-AND-INSURANCE/FINANCIAL-ASSISTANCE

d The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)

e The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)

f 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 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 Notified members of the community who are most likely to require financial assistance about availability of the FAP

i The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations

j Other (describe in Section C)

Schedule H (Form 990) 2023

Part V Facility Information (continued)

Billing and Collections

ENLOE MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input checked="" 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 checked="" type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input 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?		No
If "Yes " check all actions in which the hospital facility or a third party engaged:		

- a Reporting to credit agency(ies)
 - b Selling an individual's debt to another party
 - c 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 Actions that require a legal or judicial process
 - e 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 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 Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)
 - c Processed incomplete and complete FAP applications (if not, describe in Section C)
 - d Made presumptive eligibility determinations (if not, describe in Section C)
 - e Other (describe in Section C)
 - f None of these efforts were made

Policy Relating to Emergency Medical Care

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

Schedule H (Form 990) 2023

Part V Facility Information (continued)

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

ENLOE MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

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

Schedule H (Form 990) 2023

Part V Facility Information (continued)

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

Form and Line Reference	Explanation
ENLOE MEDICAL CENTER	PART V, SECTION B, LINE 5: THE 2022 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WAS CONDUCTED BY ENLOE MEDICAL

CENTER THROUGH INPUT FROM COMMUNITY REPRESENTATIVES. ENLOE CONDUCTED INTERVIEWS WITH COMMUNITY STAKEHOLDERS TO OBTAIN INPUT ON HEALTH NEEDS, BARRIERS TO CARE AND RESOURCES AVAILABLE TO ADDRESS THE IDENTIFIED HEALTH NEEDS. INTERVIEW PARTICIPANTS INCLUDED A BROAD RANGE OF STAKEHOLDERS CONCERNED WITH HEALTH AND WELL-BEING IN BUTTE COUNTY WHO SPOKE TO ISSUES AND NEEDS IN THE COMMUNITIES SERVED BY THE HOSPITAL. DURING THE INTERVIEWS, PARTICIPANTS WERE ASKED TO DESCRIBE, FROM THEIR PROFESSIONAL PERSPECTIVE, THE MAJOR HEALTH ISSUES IMPACTING THE COMMUNITY AS WELL AS THE CONTRIBUTING SOCIAL DETERMINANTS OF HEALTH. PARTICIPANTS WERE ALSO ASKED TO SHARE THEIR PERSPECTIVES ON THE ISSUES, CHALLENGES, AND BARRIERS RELATIVE TO THE IDENTIFIED HEALTH NEEDS ALONG WITH IDENTIFYING KNOWN RESOURCES TO ADDRESS THESE HEALTH NEEDS, SUCH AS SERVICES, PROGRAMS AND/OR COMMUNITY EFFORTS.

ENLOE MEDICAL CENTER

PART V, SECTION B, LINE 11: SECONDARY DATA WERE COLLECTED FROM COUNTY AND STATE SOURCES TO PRESENT COMMUNITY DEMOGRAPHICS, SOCIAL DETERMINANTS OF HEALTH, ACCESS TO HEALTH CARE, MATERNAL AND INFANT HEALTH, LEADING CAUSES OF DEATH, DISABILITY AND DISEASE, COVID-19, HEALTH BEHAVIORS, MENTAL HEALTH, SUBSTANCE USE AND PREVENTIVE PRACTICES. SECONDARY DATA FOR THE SERVICE AREA WERE COLLECTED AND DOCUMENTED IN DATA TABLES WITH NARRATIVE EXPLANATION. THE DATA TABLES PRESENT THE DATA INDICATOR, THE GEOGRAPHIC AREA REPRESENTED, THE DATA MEASUREMENT (E.G., RATE, NUMBER, OR PERCENT), COUNTY AND STATE COMPARISONS (WHEN AVAILABLE), THE DATA SOURCE, DATA YEAR AND AN ELECTRONIC LINK TO THE DATA SOURCE. ANALYSIS OF SECONDARY DATA INCLUDES AN EXAMINATION AND REPORTING OF HEALTH DISPARITIES FOR SOME HEALTH INDICATORS. THE REPORT INCLUDES BENCHMARK COMPARISON DATA THAT MEASURE THE DATA FINDINGS AS COMPARED TO HEALTHY PEOPLE 2030 OBJECTIVES, WHERE APPROPRIATE. HEALTHY PEOPLE OBJECTIVES ARE A NATIONAL INITIATIVE TO IMPROVE THE PUBLIC'S HEALTH BY PROVIDING MEASURABLE OBJECTIVES THAT ARE APPLICABLE AT NATIONAL, STATE, AND LOCAL LEVELS. SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED THROUGH A REVIEW OF THE SECONDARY HEALTH DATA COLLECTED. THE IDENTIFIED SIGNIFICANT NEEDS INCLUDED:- ACCESS TO HEALTH CARE (PRIMARY CARE, SPECIALTY CARE, DENTAL CARE) - CHRONIC DISEASES (ALZHEIMER'S DISEASE, ASTHMA, CANCER, DIABETES, HEART DISEASE, LIVER DISEASE, LUNG DISEASE, STROKE) - COVID-19 - ECONOMIC INSECURITY - ENVIRONMENTAL CONDITIONS (AIR AND WATER QUALITY, POLLUTION) - FOOD INSECURITY - HOUSING AND HOMELESSNESS - MENTAL HEALTH - OVERWEIGHT AND OBESITY (HEALTHY EATING AND PHYSICAL ACTIVITY) - PREVENTIVE PRACTICES (VACCINES AND SCREENINGS) - SUBSTANCE USE - UNINTENTIONAL INJURIES (ACCIDENTS, FALLS, POISONING) THE IDENTIFIED SIGNIFICANT COMMUNITY NEEDS WERE PRIORITIZED WITH INPUT FROM THE COMMUNITY. INTERVIEWS WITH COMMUNITY STAKEHOLDERS WERE USED TO GATHER INPUT ON THE SIGNIFICANT NEEDS. THE FOLLOWING CRITERIA WERE USED TO PRIORITIZE THE SIGNIFICANT NEEDS:- THE PERCEIVED SEVERITY OF A HEALTH OR COMMUNITY ISSUE AS IT AFFECTS THE HEALTH AND LIVES OF THOSE IN THE COMMUNITY. - IMPROVING OR WORSENING OF AN ISSUE IN THE COMMUNITY. - AVAILABILITY OF RESOURCES TO ADDRESS THE NEED. - THE LEVEL OF IMPORTANCE THE HOSPITAL SHOULD PLACE ON ADDRESSING THE ISSUE. COMMUNITY STAKEHOLDERS IDENTIFIED

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? 4

Name and address	Type of Facility (describe)
1 - ENLOE BEHAVIORAL HEALTH 560 COHASSET ROAD CHICO, CA 95926	BEHAVIORAL HEALTH FACILITY
2 - ENLOE OUTPATIENT CENTER 888 LAKESIDE VILLAGE COMMONS CHICO, CA 95926	PROMPT CARE, OUTPATIENT SURGERY
3 - ENLOE REGIONAL CANCER CENTER 265 COHASSET ROAD CHICO, CA 95926	CANCER CENTER
4 - ENLOE REHABILITATION CENTER 340 W EAST AVENUE CHICO, CA 95926	REHABILITATION CENTER
5	
6	
7	
8	
9	
10	

Schedule H (Form 990) 2023

Part VI Supplemental Information

Provide the following information.

- 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.
- 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.
- 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.
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 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.
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Form and Line Reference	Explanation
PART I, LINE 7:	COSTING METHODOLOGY UTILIZED FOR FINANCIAL ASSISTANCE WAS A MODIFIED COST TO CHARGE RATIO. THE COSTING METHODOLOGY FOR ALL OTHER BENEFIT PROGRAMS WAS BASED ON ACTUAL COST FOR ALL PATIENT SEGMENTS.
PART I, LINE 7, COLUMN (F):	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$ 1,917,117.
PART III, LINE 2:	EMC USES A COST TO CHARGE METHODOLOGY TO REPORT THE ORGANIZATION'S BAD DEBT EXPENSE AT THE COST OF CARE. AMOUNTS CHARGED OFF AS BAD DEBT IS RECORDED AT GROSS CHARGES. A COST TO CHARGE RATIO IS APPLIED TO THE GROSS CHARGE AMOUNT WRITTEN OFF TO REPORT BAD DEBT EXPENSE AT THE COST OF PROVIDING CARE.
PART III, LINE 3:	BAD DEBT EXPENSE IS DETERMINED USING THE DIFFERENCE BETWEEN THE STANDARD RATES (AFTER NEGOTIATED DISCOUNTED RATES HAVE BEEN APPLIED) AND THE AMOUNTS ACTUALLY COLLECTED. THE ORGANIZATION DOES NOT HAVE A MEANS TO DETERMINE THE AMOUNT OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS THAT WOULD OTHERWISE BE ELIGIBLE UNDER THE ORGANIZATIONS' COMMUNITY SERVICE AND DISCOUNT POLICY (THE "POLICY"/"COMMUNITY BENEFIT"). THE POLICY REQUIRES THE PATIENT GUARANTOR TO APPLY FOR COMMUNITY BENEFIT CARE. THE DETERMINANTS FOR COMMUNITY BENEFIT CARE ARE A FUNCTION OF HOUSEHOLD INCOME AND DEPENDENTS - THE APPLICANT PROCESS REQUIRES AN INCOME DECLARATION. ABSENT THE APPLICANT PROCESS FOR COMMUNITY BENEFIT CARE IT IS DIFFICULT TO DETERMINE THE AMOUNT OF BAD DEBT THAT REASONABLY COULD BE ATTRIBUTABLE TO PATIENTS WHO WOULD LIKELY QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE ORGANIZATION'S CHARITY CARE POLICY. BY DEFINITION, UNCOLLECTIBLE ACCOUNTS, ARE TYPICALLY REFLECTIVE OF AN INDIVIDUAL'S INABILITY TO MEET THEIR FINANCIAL OBLIGATIONS - THE ORGANIZATION ASSUMES THAT APPROXIMATELY 80% OF THE AMOUNT REPORTED AS BAD DEBT COULD BE ATTRIBUTABLE TO PATIENTS WHO WOULD LIKELY QUALIFY FOR CHARITY CARE UNDER

	REASONABLY BE ATTRIBUTABLE TO PATIENTS WHO WOULD LIKELY QUALIFY FOR CHARITY CARE UNDER THE ORGANIZATION'S CHARITY CARE POLICY.
PART III, LINE 4:	PLEASE REFER TO AUDIT FINANCIAL STATEMENT NOTE 1- PATIENT ACCOUNTS RECEIVABLE ON PAGE 12/45.
PART III, LINE 8:	COSTING METHODOLOGY UTILIZED WAS A MODIFIED COST TO CHARGE RATIO AS APPLIED TO MEDICARE PATIENT POPULATION. CARING FOR MEDICARE PATIENTS FULFILLS A COMMUNITY NEED AND RELIEVES A GOVERNMENT BURDEN AS THESE PATIENTS TYPICALLY HAVE LOW AND/OR FIXED INCOMES. MEDICARE DOES NOT PROVIDE SUFFICIENT REIMBURSEMENT TO COVER THE COST OF PROVIDING CARE FOR THESE PATIENTS FORCING THE HOSPITAL TO USE OTHER SOURCES TO COVER THE DEFICIT.
PART III, LINE 9B:	COLLECTION PRACTICES ARE CONSISTENT FOR ALL PATIENTS AND COMPLY WITH APPLICABLE PROVISIONS OF CALIFORNIA LAW. ENLOE MEDICAL CENTER'S COLLECTION POLICIES OUTLINE THE TYPES OF COLLECTION EFFORTS CONTRACTED COLLECTIONS AGENCIES MAY/MAY NOT TAKE TO COLLECT ON PAST-DUE ACCOUNTS. (A) IT IS RECOGNIZED THAT AS PART OF THE CHARITY CARE AND DISCOUNT PROCESS, PATIENTS MAY BREAK THEIR PROMISE TO PAY FROM TIME TO TIME. (B) IN THESE INSTANCES, PATIENTS WITH PAST DUE CHARITY CARE OBLIGATIONS MAY BE REFERRED TO COLLECTION IN THE SAME MANNER AS ANY OTHER PATIENT WITH AN UNPAID PAST - DUE ACCOUNT. (C) HOWEVER, IN NO INSTANCE WILL ANY PATIENT RECEIVING COMMUNITY SERVICE UNDER THIS POLICY BE SUBJECT TO ABUSIVE TELEPHONE COLLECTIONS PRACTICES, LIENS BEING PLACED ON THEIR PRIMARY RESIDENCE, WAGE GARNISHMENTS, OR INVOLUNTARY COURT HOLD ORDERS. (D) NON-PAYMENT WILL NOT BE REPORTED TO A CREDIT REPORTING AGENCY AT ANY TIME PRIOR TO 150 DAYS FROM INITIAL BILLING.
PART VI, LINE 2:	COMMUNITY NEEDS: EMC PERFORMS A COMMUNITY NEEDS ASSESSMENT EVERY THREE YEARS. THE PRIMARY PURPOSE OF CONDUCTING THE CHNA IS TO OBJECTIVELY LOOK AT THE CURRENT HEALTH NEEDS OF A COMMUNITY, AS WELL AS THE EXISTING RESOURCES AVAILABLE TO ADDRESS THOSE NEEDS, THEN PRIORITIZE THE UNMET HEALTH NEEDS AND CREATE AN ACTION PLAN TO ADDRESS THEM IN THE COMING YEARS.
PART VI, LINE 3:	PATIENT EDUCATION: EMC PROVIDES UNINSURED PATIENTS AND FAMILIES WITH ASSISTANCE IN ACCESSING FINANCIAL ASSISTANCE THROUGH EMC'S PATIENT FINANCIAL SERVICES DEPARTMENT. THE DEPARTMENT EMPLOYS SPECIALTY TRAINED FINANCIAL COUNSELORS THAT ASSIST PATIENTS WITH THE APPLICANT PROCESS FOR FEDERAL AND STATE PROGRAMS, INCLUDING THE STATE'S MEDICAID PROGRAM - MEDI-CAL; THE COUNTY MEDICAL SERVICES PROGRAM - A PROGRAM THAT PROVIDES HEALTH COVERAGE FOR LOW-INCOME, INDIGENT ADULTS; AND THE STATE'S HEALTHY FAMILIES PROGRAM - A LOW COST INSURANCE PROGRAM FOR CHILDREN AND TEENS, PROVIDING HEALTH, DENTAL AND VISION COVERAGE TO CHILDREN WHO DO NOT HAVE INSURANCE AND DO NOT QUALIFY FOR MEDI-CAL. THE FINANCIAL COUNSELORS ALSO ASSIST PATIENT FAMILIES WITH THE BENEFITS OR FINANCIAL ASSISTANCE AVAILABLE THROUGH EMC'S COMMUNITY SERVICE AND DISCOUNT POLICY. THE INFORMATION ON THE ELIGIBILITY FOR ASSISTANCE IS PROVIDED AT THE TIME OF REGISTRATION AND NO LATER THAN AT THE TIME OF DISCHARGE. BILLING NOTICES TO UNINSURED PATIENTS INCLUDE CONTACT INFORMATION FOR MEDI-CAL AND THE FINANCIAL COUNSELORS SUPPORTING THE COMMUNITY SERVICE AND DISCOUNT POLICY AND APPLICANT PROCESS. EMC ALSO POSTS NOTICES REGARDING THE AVAILABILITY OF THE COMMUNITY SERVICE AND DISCOUNT POLICY IN ALL PATIENT REGISTRATION AREAS, IN PATIENT HANDBOOKS AND PUBLICATIONS, AT THE FINANCIAL COUNSELOR OFFICE AND ON EMC'S WEBSITE. THE NOTICES ARE AVAILABLE IN THE LANGUAGES REPRESENTED BY ITS PATIENT POPULATION. A TOLL-FREE TELEPHONE NUMBER IS AVAILABLE TO ASSIST PERSONS WITH THE PROCESS.
PART VI, LINE 4:	COMMUNITY INFORMATION: EMC IS A COMMUNITY-OWNED, NOT-FOR-PROFIT, 298-BED SYSTEM, LOCATED IN CHICO, CALIFORNIA - NORTHERN CALIFORNIA; AND LOCATED APPROXIMATELY 90 MILES NORTH OF SACRAMENTO. EMC PROVIDES A COMPREHENSIVE ARRAY OF INPATIENT AND OUTPATIENT HEALTH CARE SERVICES TO NEARLY 400,000 RESIDENTS OF A SIX-COUNTY REGION OF NORTHERN CALIFORNIA. CHICO IS HOME TO APPROXIMATELY 112,000 PEOPLE; INCLUDING ROUGHLY 17,000 STUDENTS ATTENDING CALIFORNIA STATE UNIVERSITY, CHICO. EMC IS THE LARGEST MEDICAL CENTER IN THE REGION AND IS ONLY ONE OF TWO LEVEL II TRAUMA CENTERS BETWEEN SACRAMENTO AND THE OREGON BORDER. THE SIZE AS WELL AS THE EXTREME DIVERSITY OF THE SOCIO-ECONOMICS, DEMOGRAPHICS AND GEOGRAPHY WITHIN OUR SERVICE AREA REQUIRES THAT WE OFFER FULL CONTINUUM OF HEALTH SERVICES RANGING FROM PREVENTATIVE EDUCATION AND OUTPATIENT SERVICES TO ACUTE CARE, BEHAVIORAL HEALTH, INPATIENT REHABILITATION AND HOME HEALTH AND HOSPICE SERVICES. SERVING A SIX-COUNTY REGION IN NORTHERN CALIFORNIA, WE PROVIDE QUALITY, COMPASSIONATE, COST-EFFECTIVE CARE TO THE PATIENT POPULATION IT SERVES.
PART VI, LINE 5:	PROMOTION OF COMMUNITY HEALTH: EMC'S GOVERNING BOARD OF TRUSTEES IS COMPRISED OF PERSONS WHO RESIDE IN THE SERVICE AREA OF EMC. EMC EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS. THE STRATEGIC PRIORITIES OF EMC INCLUDE EMPLOYEE ENGAGEMENT, QUALITY AND PATIENT EXPERIENCE, PHYSICIAN-HOSPITAL ALIGNMENT AND FINANCIAL STEWARDSHIP. EMC'S STRATEGIC PLAN INCLUDES THE CONTINUING EFFORT TO IMPROVE THE QUALITY OF PATIENT CARE BY STRIVING TO MEET THE FUTURE HEALTH CARE NEEDS OF THE COMMUNITY AND MEETING THE STATE'S SEISMIC REQUIREMENTS. EMC COMPLETED AN EXPANSION PROJECT IN 2013 WHICH INCLUDED THE CONSTRUCTION OF A FIVE-STORY, 191,000 SQUARE FOOT PATIENT TOWER AS WELL AS NEW A SURGERY CENTER, TRAUMA CENTER, EXPANDED EMERGENCY CENTER AND PARKING STRUCTURE. EMC CONTINUES TO INVEST IN NEEDED MEDICAL TECHNOLOGY, MEDICAL EQUIPMENT AND INFORMATION SYSTEMS, ITS PEOPLE AND PHYSICIANS. PROGRAM PRIORITIES OF EMC ARE BALANCED WITH AVAILABLE RESOURCES PROVIDED FOR CURRENT OPERATIONS WHILE INSURING THE LONG-TERM FINANCIAL HEALTH OF EMC.
PART VI, LINE 6:	N/A
PART VI, LINE 7, REPORTS FILED WITH STATES	CA

Schedule H (Form 990) 2023

Additional Data

[Return to Form](#)

Software ID:
Software Version:

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

Schedule I (Form 990)

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

OMB No. 1545-0047

2023

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 ENLOE MEDICAL CENTER

Employer identification number

94-1603784

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Includes rows for BUTTE-GLENN COMMUNITY COLLEGE DISTRICT, CHICO STATE ENTERPRISES, BOYS AND GIRLS CLUBS OF THE NORTH VALLEY, CATALYST DOMESTIC VIOLENCE SERVICES, and ENLOE HEALTH FOUNDATION.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 5
3 Enter total number of other organizations listed in the line 1 table. 0

Schedule I (Form 990) 2023

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.

Table with 6 columns: (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. Rows 1-7 are currently empty.

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

Table with 2 columns: Return Reference, Explanation. Row 1: PART I, LINE 2: THE FUNDS ARE: (1) GIVEN DIRECTLY TO OTHER NONPROFIT ORGANIZATIONS AS UNRESTRICTED DONATIONS, OR (2) TO COVER EXPENSES THAT MEET THE FUND'S RESTRICTED PURPOSE.

Additional Data

Return to Form

Software ID:
Software Version:

Schedule J (Form 990)

Compensation Information

OMB No. 1545-0047

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.

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Table with 2 columns: Name of the organization (ENLOE MEDICAL CENTER) and Employer identification number (94-1603784)

Part I Questions Regarding Compensation

Form with multiple sections (1a-9) containing checkboxes and text boxes for reporting compensation details. Includes questions about travel, housing, substantiation, and compensation committees.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) 2023

Schedule J (Form 990) 2023

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

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

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

Table with 7 main columns: (A) Name and Title, (B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC, (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. Rows include Mike Wiltermoord, Marcia N Gall, Kevin Woodward, and Brady Haynes.

5 JOSHUA CALDERON APP LIAISON	(i)	330,840	0	236	19,272	39,964	390,312	0
	(ii)	0	0	0	0	0	0	0
6 SHANNON SMITH VP - HUMAN RESOURCES	(i)	312,989	0	23,487	16,374	31,315	384,165	0
	(ii)	0	0	0	0	0	0	0
7 JULIE MARTIN VP - AMBULATORY OPERATIONS	(i)	296,802	0	23,927	17,182	36,914	374,825	0
	(ii)	0	0	0	0	0	0	0
8 DONNA LARSON VP OF PATIENT CARE SERVICES	(i)	304,702	0	26,828	16,510	5,891	353,931	0
	(ii)	0	0	0	0	0	0	0
9 JOLENE FRANCIS-VP PHILANTHROPY & COMMUNICATIONS	(i)	284,972	0	26,508	14,545	21,597	347,622	0
	(ii)	0	0	0	0	0	0	0
10 CORY DAVENPORT PA - CARDIAC SURGERY	(i)	292,513	0	199	15,645	31,315	339,672	0
	(ii)	0	0	0	0	0	0	0
11 JEFFREY MARTINEK PA - CARDIAC SURGERY	(i)	248,252	0	458	15,076	36,914	300,700	0
	(ii)	0	0	0	0	0	0	0
12 CHRISTOPHER MARKING SENIOR DIRECTOR, PHARMACY	(i)	248,789	0	560	12,773	36,914	299,036	0
	(ii)	0	0	0	0	0	0	0
13 ALBERTO ROLON CHIEF PERFUSIONIST	(i)	241,384	0	191	14,205	28,434	284,214	0
	(ii)	0	0	0	0	0	0	0
14 SEAN MAIORANO MD CHIEF MEDICAL OFFICER	(i)	155,511	0	6,202	0	9,228	170,941	0
	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINES 4A-B	PART I, LINE 4A: A SEPARATION AGREEMENT WAS ENTERED INTO BY ENLOE MEDICAL CENTER ("EMC") AND CERTAIN EMPLOYEE(S). DURING A DEFINED PERIOD WITHIN THE TERMINATION AGREEMENT, EMPLOYEE(S) AGREED TO PROVIDE CONSULTING SERVICES TO EMC IN EXCHANGE FOR SEVERANCE PAYMENT, PAYABLE IN EQUAL QUARTERLY INSTALLMENTS. THE TERMS ARE SUBJECT TO CONFIDENTIALITY CLAUSES. DETAILS WILL BE PROVIDED TO THE IRS UPON REQUEST. THE FOLLOWING INDIVIDUAL RECEIVED PAYMENTS IN 2023: BRADY HAYNES - \$106,330 PART I, LINE 4B: MIKE WILTERMOOD PARTICIPATED IN A 457(F) RETIREMENT PLAN. NO CONTRIBUTIONS OR DISTRIBUTIONS WERE MADE DURING THE CALENDAR YEAR ENDED DECEMBER 31, 2023. SELECT EXECUTIVES AGREED TO PARTICIPATE IN CAP-EX IN PLACE OF A TRADITIONAL SERP. SEE SCHEDULE L, PART V, FOR A BROADER DESCRIPTION. SPLIT-DOLLAR LIFE INSURANCE PARTICIPANTS ARE MARCIA N. GALL, MIKE WILTERMOOD AND BRADY HAYNES.

Schedule J (Form 990) 2023

Additional Data

[Return to Form](#)

Software ID:
Software Version:

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

Schedule K (Form 990)

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

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ENLOE MEDICAL CENTER

Employer identification number 94-1603784

Part I Bond Issues

Table with columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased, (h) On behalf of issuer, (i) Pool financing. Row A: CA STATEWIDE COMMUNITIES DEVELOPMENT AUTHORITY, 68-0164610, 13080SM84, 11-09-2022, 218,570,506, CONSTRUCTION AND EQUIPPING OF FACILITIES.

Part II Proceeds

Table with columns: 1-13 (Amount of bonds retired, Total proceeds of issue, etc.), 14-17 (Were the bonds issued as part of a current refunding issue, etc.).

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

Cat. No. 50193E

Schedule K (Form 990) 2023

Schedule K (Form 990) 2023

Part III Private Business Use

Table with columns: 1-9 (Was the organization a partner in a partnership, Are there any lease arrangements, etc.).

Part IV Arbitrage

Table with columns: 1-3 (Has the issuer filed Form 8038-T, Rebate not due yet?, Exception to rebate?).

computation was performed								
3 Is the bond issue a variable rate issue?		X						

Schedule K (Form 990) 2023

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?		X						
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)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
SCHEDULE K SUPPLEMENTAL INFORMATION	PART II, LINE 3: THERE WAS A DISCOUNT COST OF \$12,826,388.35 TO GET US FROM THE BOND PAR VALUE OF \$218,570,000 TO THE NET PROCEEDS OF \$205,826,388.35.

Additional Data

[Return to Form](#)

Software ID:
Software Version:

Schedule L (Form 990)

Transactions with Interested Persons

OMB No. 1545-0047

2023

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service

Table with 2 columns: Name of the organization (ENLOE MEDICAL CENTER) and Employer identification number (94-1603784)

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958.
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 main columns: (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?

Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 50056A Schedule L (Form 990) 2023

Part IV Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of transaction, (d) Description of transaction, (e) Sharing of organization's revenues? (Yes/No)

(3) J MCKAY	FAMILY MEMBER OF FORMER TRUSTEE	88,278	EMPLOYMENT		No
(4) K MCKAY	FAMILY MEMBER OF FORMER TRUSTEE	208,799	EMPLOYMENT		No
(5) K FRANCIS	FAMILY MEMBER OF KEY EMPLOYEE	51,441	EMPLOYMENT		No
(6) C FOLAN	FAMILY MEMBER OF OFFICER	72,059	EMPLOYMENT		No
(7) T HARRIS	FAMILY MEMBER OF KEY EMPLOYEE	112,983	EMPLOYMENT		No
(8) B MARTIN	FAMILY MEMBER OF KEY EMPLOYEE	71,626	EMPLOYMENT		No
(9) T ROGERS	FAMILY MEMBER OF KEY EMPLOYEE	136,919	EMPLOYMENT		No

Part V Supplemental Information

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

Return Reference	Explanation
PART II, (C) PURPOSE OF LOAN:	THE ORGANIZATION HAS ENTERED INTO COLLATERAL ASSIGNMENT SPLIT DOLLAR AGREEMENTS WITH THE PERSONS LISTED ON SCHEDULE L, PART II UNDER TREAS. REG. SECTION 1.7872-15(E)(5)(II). THE ORGANIZATION HAS INVESTED AMOUNTS LISTED IN COLUMN (E) INTO THE PLANS AND IS ENTITLED TO RECEIVE A RETURN OF THESE FUNDS, PLUS AN INTEREST RATE UPON THE DEATH OF THE NAMED PERSON.

Schedule L (Form 990) 2023

Additional Data

[Return to Form](#)

Software ID:
Software Version:

efile Public Visual Render | **ObjectID: 202541359349317289 - Submission: 2025-05-15** | **TIN: 94-1603784**

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 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
ENLOE MEDICAL CENTER

Employer identification number

94-1603784

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1A	THE BOARD MAY, BY RESOLUTION, AUTHORIZE ONE (1) OR MORE OF THIS CORPORATION'S OFFICERS TO EXERCISE THE CORPORATION'S VOTE ON ANY MATTER TO COME BEFORE THE MEMBERSHIP OR SHAREHOLDERS OF ANY SUBSIDIARY ORGANIZATION, AND IN THE ABSENCE OF ANY SUCH RESOLUTION, THE PRESIDENT/CEO, OR ANOTHER OFFICER AS DESIGNATED BY THE PRESIDENT/CEO, SHALL BE SUCH AUTHORIZED OFFICER.
FORM 990, PART VI, SECTION A, LINE 4	THE ORGANIZATION'S BYLAWS WERE AMENDED DURING THE CURRENT YEAR, SIGNIFICANT CHANGES MADE INCLUDE THE FOLLOWING: ARTICLE III, SECTION 3: - ADDED LANGUAGE THAT ALLOWS THE BOARD TO SET THE EXACT NUMBER OF TRUSTEES BY RESOLUTION. - REMOVED THE CATEGORY OF ELECTED PHYSICIAN TRUSTEE AS VOTING POSITIONS OF THE BOARD. - CHANGED THE POSITION OF CHAIR OF THE BOARD OF THE ENLOE HEALTH FOUNDATION FROM A NON-VOTING POSITION TO A VOTING POSITION. - EXPANDED THE TERM FOR A TRUSTEE THAT SERVED AS CHAIR IN THE LAST YEAR OF THEIR THIRD CONSECUTIVE TERM MAY BE ELECTED TO ONE OR MORE SUCCESSIVE ONE-YEAR TERMS. - ADDED A PROVISION THAT IF AN ELECTED TRUSTEE HAS SERVED THREE CONSECUTIVE TERMS AND THERE IS NO CANDIDATE WITH THE DESIRED QUALIFICATIONS AVAILABLE FOR ELECTION TO REPLACE SAID TRUSTEE, THE BOARD MAY ELECT THE TRUSTEE TO ONE OR MORE SUCCESSIVE ONE-YEAR TERMS. ARTICLE IV, SECTION 4: - CREATED THE OFFICER POSITION OF PAST CHAIR.
FORM 990, PART VI, SECTION B, LINE 11B	THE FINAL FORM 990 IS PROVIDED TO EMC'S GOVERNING BODY WHERE IT IS REVIEWED AND MADE AVAILABLE FOR COMMENT PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE. THE REVIEW PROCESS INCLUDES MULTIPLE LEVELS OF REVIEW INCLUDING KEY CORPORATE FINANCE DEPARTMENT PERSONNEL AND SENIOR EXECUTIVES, INCLUDING THE DIRECTOR OF FINANCE AND VICE PRESIDENT/CHIEF FINANCIAL OFFICER AND CHIEF EXECUTIVE OFFICER. ADDITIONALLY, THE ORGANIZATION CONTRACTS WITH MOSS ADAMS, LLP, A CPA FIRM, FOR PREPARATION AND REVIEW OF THE FORM 990.
FORM 990, PART VI, SECTION B, LINE 12C	ENLOE MEDICAL CENTER (EMC) IS COMMITTED TO PREVENTING ANY PARTICIPANT OF EMC FROM GAINING ANY PERSONAL BENEFIT FROM INFORMATION RECEIVED OR FROM ANY TRANSACTION OF EMC. EMC MAINTAINS A WRITTEN CONFLICT OF INTEREST POLICY THAT REQUIRES ANY INTERESTED PERSON TO SUBMIT A CONFLICT OF INTEREST STATEMENT ANNUALLY TO THE COMPLIANCE OFFICER. EMC DEFINES AN INTERESTED PERSON AS ANY DIRECTOR, TRUSTEE, PRINCIPAL OFFICER, CONTRACTED PHYSICIAN OR MEMBER OF A COMMITTEE WITH BOARD-DELEGATED POWERS THAT HAS A DIRECT OR INDIRECT FINANCIAL INTEREST, OR OUTSIDE INTEREST OR ACTIVE INTEREST. A FINANCIAL INTEREST IS BASED ON IF THE PERSON, DIRECTLY OR INDIRECTLY, THROUGH BUSINESS, INVESTMENT OR IMMEDIATE FAMILY HAS AN OWNERSHIP OR INVESTMENT INTEREST IN ANY ENTITY WITH WHICH EMC HAS A TRANSACTION OR ARRANGEMENT, OR A COMPENSATION ARRANGEMENT WITH ANY ENTITY OR INDIVIDUAL WITH WHICH THE ORGANIZATION HAS A TRANSACTION OR ARRANGEMENT, OR A POTENTIAL OWNERSHIP OR INVESTMENT INTEREST IN, OR COMPENSATION ARRANGEMENT WITH ANY ENTITY OR INDIVIDUAL WITH WHICH EMC IS NEGOTIATING A TRANSACTION OR ARRANGEMENT. EACH BOARD MEMBER, OFFICER, MEMBER OF A BOARD COMMITTEE (COMMITTEE) AND CONTRACT PHYSICIAN IS REQUIRED TO ANNUALLY SIGN A CONFLICT OF INTEREST ANNUAL STATEMENT WHICH AFFIRMS THAT SUCH PERSON HAS (I) RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY, (II) HAS READ AND UNDERSTANDS THE POLICY, (III) AGREES TO COMPLY WITH THE POLICY, AND (IV) HAS DISCLOSED ALL REAL AND POTENTIAL CONFLICTS. THESE STATEMENTS ARE SUBMITTED BY THE CHIEF COMPLIANCE OFFICER TO THE BOARD ON AN ANNUAL BASIS. THE MINUTES OF THE BOARD CONTAIN ALL APPROPRIATE DOCUMENTATION OF PERSONS WITH ACTUAL OR PERCEIVED CONFLICT OF INTEREST. ANY PERSON DEEMED TO BE AN INTERESTED PERSON IS RECUSED FROM DISCUSSION OR PARTICIPATION IN THE DECISION PROCESS FOR ANY CONTEMPLATED TRANSACTION OR ARRANGEMENT. IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, AN INTERESTED PERSON IS REQUIRED TO DISCLOSE THE EXISTENCE AND NATURE OF ANY FINANCIAL OR OTHER INTEREST TO THE CHAIRMAN OF THE BOARD OF COMMITTEE. AFTER DISCLOSURE OF THE INTEREST AND ALL MATERIAL FACTS, INVESTIGATION AND ANY DISCUSSION WITH THE INTERESTED PERSON, THE CHAIRMAN OR RESPECTIVE COMMITTEE WILL UNDERTAKE SUCH STEPS AS NECESSARY TO DECIDE IF A CONFLICT OF INTEREST EXISTS. VIOLATIONS OF THE CONFLICTS OF INTEREST POLICY ARE SUBJECT TO THE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION, INCLUDING DISMISSAL, AT THE BOARD'S DISCRETION.
FORM 990, PART VI, SECTION B, LINE 15	ENLOE MEDICAL CENTER (EMC) IS COMMITTED TO ENSURING THAT ALL EXECUTIVE COMPENSATION DECISIONS ARE COMPETITIVE, FAIR AND EQUITABLE, SUPPORTING THE MISSION AND VALUES OF EMC, AS WELL AS IN COMPLIANCE WITH APPROPRIATE REGULATORY GUIDELINES. RESPONSIBILITY FOR DUE DILIGENCE AND THE DEVELOPMENT OF RECOMMENDATIONS REGARDING EXECUTIVE COMPENSATION RESIDES WITH THE EXECUTIVE COMPENSATION COMMITTEE OF THE BOARD. THE COMMITTEE IS COMPRISED OF INDIVIDUALS INDEPENDENT OF THE MANAGEMENT OF EMC. THE KEY PRINCIPLES TO OUR COMPENSATION PHILOSOPHY ARE TO PROVIDE A REASONABLE MARKET WAGE, MAINTAIN COMPETITIVE AND INTERNALLY EQUITABLE PAY AND PROVIDE MARKET COMPETITIVE BENEFITS. EXECUTIVE COMPENSATION IS BASED ON NATIONAL AND REGIONALLY RECOGNIZED ORGANIZATIONS. THE EXECUTIVE COMPENSATION COMMITTEE COMPLETES A PERIODIC MARKET-BASED ANALYSIS. THE COMPENSATION COMMITTEE ESTABLISHES AND REVIEWS COMPENSATION PACKAGE FOR ONLY THE CEO POSITION. ALL OTHER COMPENSATION FOR OFFICERS AND KEY EMPLOYEES IS HANDLED THROUGH THE CEO AND HR WORKFLOW.
FORM 990, PART VI	EMC MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

PART VI, SECTION C, LINE 19	TO THE PUBLIC UPON REQUEST.
FORM 990, PART IX, LINE 11G	OTHER FEES FOR SERVICE: PROGRAM SERVICE EXPENSES 174,825,233. MANAGEMENT AND GENERAL EXPENSES 54,332,386. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 229,157,619. PURCHASED SERVICES: PROGRAM SERVICE EXPENSES 227,394. MANAGEMENT AND GENERAL EXPENSES 527,433. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 754,827. MEDICAL FEES: PROGRAM SERVICE EXPENSES 176,297. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 176,297.
FORM 990, PART XI, LINE 9:	CHANGE IN DEFINED BENEFIT PENSION PLANS 255,341. CHANGE IN VALUE OF GIFT ANNUITY FUNDS -383. EMPLOYEE RETENTION TAX CREDIT 5,978,473.

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

Cat. No. 51056K

Schedule O (Form 990) 2023

Additional Data

[Return to Form](#)

Software ID:
Software Version:

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047 2023 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ENLOE MEDICAL CENTER

Employer identification number 94-1603784

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

Table with 6 columns: (a) Name, address, and EIN of disregarded entity; (b) Primary activity; (c) Legal domicile; (d) Total income; (e) End-of-year assets; (f) Direct controlling entity. Row 1: BUTTE COUNTY EMERGENCY MEDICAL SERVICES, AMBULANCE SERVICES, CA, -13,313, -27, ENLOE MEDICAL CENTER.

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.

Table with 7 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Exempt Code section; (e) Public charity status; (f) Direct controlling entity; (g) Section 512(b)(13) controlled entity? (Yes/No). Row 1: ENLOE HEALTH FOUNDATION, SUPPORT EMC, CA, 501(C)(3), LINE 7, ENLOE MEDICAL CENTER, Yes.

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

Cat. No. 50135Y

Schedule R (Form 990) 2023

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.

Table with 10 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Predominant income; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations? (Yes/No); (i) Code V-UBI amount; (j) General or managing partner? (Yes/No); (k) Percentage ownership. Row 1: BUTTE COUNTY EMERGENCY MEDICAL SERVICES, AMBULANCE SERVICES, CA, N/A, RELATED, -13,313, -27, No, ENLOE MEDICAL CENTER, Yes, 100.000 %.

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.

Table with 9 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Type of entity; (f) Share of total income; (g) Share of end-of-year assets; (h) Percentage ownership; (i) Section 512(b)(13) controlled entity? (Yes/No).

Related organization	Jurisdiction (state or foreign country)	Entity (C corp, S corp, or trust)	Ownership	Controlled entity?	
				Yes	No
(1) CHICO PHYSICIAN PRACTICE SUPPORT SERVICE 1531 ESPLANADE CHICO, CA 95926 68-0352993	CA	ENLOE MEDICAL CENTER	100.000 %	Yes	No
(2) GIFT ANNUITY TRUSTS (1) 1531 ESPLANADE CHICO, CA 95926	CA	ENLOE HEALTH FOUNDATION			No

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

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

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

- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
- d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- f Dividends from related organization(s)
- g Sale of assets to related organization(s)
- h Purchase of assets from related organization(s)
- i Exchange of assets with related organization(s)
- j Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- l Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o Sharing of paid employees with related organization(s)
- p Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b	Yes	
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m	Yes	
1n		No
1o	Yes	
1p		No
1q		No
1r		No
1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ENLOE HEALTH FOUNDATION	C	3,571,452	BOOK VALUE/ACTUAL
(2) ENLOE HEALTH FOUNDATION	B	120,000	BOOK VALUE/ACTUAL
(3) ENLOE HEALTH FOUNDATION	M	733,376	BOOK VALUE/ACTUAL

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	

