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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

<b>A</b> For the <b>2009</b> calendar year, or tax year beginning <b>01-01-2009</b> and ending <b>12-31-2009</b>				
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C</b> Name of organization SUTTER HEALTH SAC SIERRA REGION		<b>D</b> Employer identification number 94-1156621
		Doing Business As		<b>E</b> Telephone number (916) 286-6665
		Number and street (or P O box if mail is not delivered to street address) PO BOX 160727	Room/suite	<b>G</b> Gross receipts \$ 1,461,456,319
		City or town, state or country, and ZIP + 4 SACRAMENTO, CA 95816		
	<b>F</b> Name and address of principal officer SARAH KREVANS PO BOX 160727 SACRAMENTO, CA 95816		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)  <b>H(c)</b> Group exemption number	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) (Insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J</b> Website: WWW.SUTTERHEALTH.ORG				
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation 1935	<b>M</b> State of legal domicile CA	

Part I		Summary		
Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities SEE SCHEDULE O		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b> 2	
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b> 2	
	<b>5</b>	Total number of employees (Part V, line 2a) . . . . .	<b>5</b> 9,94	
	<b>6</b>	Total number of volunteers (estimate if necessary) . . . . .	<b>6</b> 1,95	
	<b>7a</b>	Total gross unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b> 1,013,98	
	<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b> -141,54	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h) . . . . .	<b>Prior Year</b> 15,515,297	<b>Current Year</b> 10,472,677
	<b>9</b>	Program service revenue (Part VIII, line 2g) . . . . .	1,295,727,408	1,436,842,670
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	14,053,068	3,443,954
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,635,837	3,235,094
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	1,328,931,610	1,453,994,395
	Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .	8,412,056
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	599,461,988	691,491,196
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25) <input checked="" type="checkbox"/> 22,856		
<b>17</b>		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .	549,257,384	599,610,479
<b>18</b>		Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,157,131,428	1,299,910,109
<b>19</b>		Revenue less expenses Subtract line 18 from line 12 . . . . .	171,800,182	154,084,286
Net Assets or Fund Balances			<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b>	Total assets (Part X, line 16) . . . . .	1,133,860,760	1,412,787,296
	<b>21</b>	Total liabilities (Part X, line 26) . . . . .	719,171,465	881,285,808
	<b>22</b>	Net assets or fund balances Subtract line 21 from line 20 . . . . .	414,689,295	531,501,488










Part II		Signature Block			
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge				
	<div> <div></div> <div>Signature of officer</div> </div>			<div> <div></div> <div>2010-10-27</div> </div> <div> <div></div> <div>Date</div> </div>	
	<div> <div></div> <div>JEFF SPRAGUE CFO</div> </div> <div>Type or print name and title</div>				
Paid Preparer's Use Only	<div> <div>Preparer's signature</div> <div></div> </div>		<div> <div></div> <div>Date</div> </div>	<div> <div></div> <div>Check if self-employed</div> <div><input type="checkbox"/></div> </div>	<div> <div></div> <div>Preparer's identifying number (see instructions)</div> </div>
	<div> <div>Firm's name (or yours if self-employed), address, and ZIP + 4</div> <div> <div>ERNST &amp; YOUNG US LLP</div> <div>2901 DOUGLAS BLVD SUITE 300</div> <div>ROSEVILLE, CA 95661</div> </div> </div>		<div> <div>EIN</div> <div></div> </div>		
			<div> <div>Phone no</div> <div>(916) 218-1900</div> </div>		

**1** Briefly describe the organization's mission

SEE SCHEDULE O

Form **990** (2009)

Part IV Checklist of Required Schedules

		Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	20	Yes	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b	Yes	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		No
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	Yes	
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> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		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> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	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? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .	1a	1,023	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .			1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .	2a	9,949	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No," 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: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts				
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, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .			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? . . . . .	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, during the year, 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 For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .			7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .			7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966? . . . . .			9a	
b Did the 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	

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.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . .	1a	24	
b	Enter the number of voting members that are independent . . .	1b	22	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5		No
6	Does the organization have members or stockholders? . . . . .	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body? . . . . .	8a	Yes	
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9		No

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed CA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. CHRIS BOUDREAU 2700 GATEWAY OAKS DRIVE SUITE 2200 SACRAMENTO, CA 95833 (916) 614-6345

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

• 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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

Form **990** (2009)



<b>1b Total</b> . . . . .	0	9,675,050	4,928,578
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**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1,376**

		<b>Yes</b>	<b>No</b>
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>	No
<b>4</b>	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> . . . . .	<b>4</b>	Yes
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>	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

(A) Name and business address	(B) Description of services	(C) Compensation
CHILDRENS SPECIALISTS MED GRP OF SA 5301 F STREET SUITE 313 SACRAMENTO, CA 95819	MEDICAL SERVICES	3,925,793
PULMONARY MEDICINE ASSOCIATES 3637 MISSION AVENUE SUITE 7 CARMICHAEL, CA 95608	MEDICAL SERVICES	3,919,752
CENTRAL ANESTHESIA SERVICE PO BOX 660910 SACRAMENTO, CA 95866	MEDICAL SERVICES	3,696,771
REHABCARE CORP PO BOX 502096 ST LOUIS, MO 63150	MEDICAL SERVICES	3,310,842
TOTAL RENAL CARE INC PO BOX 2076 TACOMA, WA 98401	MEDICAL SERVICES	2,756,610

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **140**

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514					
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a	53,759	10,472,677							
	b	Membership dues . . . . .	1b									
	c	Fundraising events . . . . .	1c									
	d	Related organizations . . . .	1d	7,354,354								
	e	Government grants (contributions)	1e	2,988,573								
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	75,991								
	g	Noncash contributions included in lines 1a-1f \$ 3,270,903										
	h	Total. Add lines 1a-1f . . . . .										
Program Service Revenue			Business Code									
	2a	PATIENT SERVICE REVENUE	900,099	1,436,453,961	1,436,453,961							
	b	ROSEVILLE ENDOSCOPY	900,099	388,709	388,709							
	c											
	d											
	e											
	f	All other program service revenue										
	g	Total. Add lines 2a-2f . . . . .			1,436,842,670							
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		6,441,696			6,441,696					
	4	Income from investment of tax-exempt bond proceeds . .										
	5	Royalties . . . . .										
	6a	Gross Rents	(i) Real	(ii) Personal	2,221,107			2,221,107				
			6,132,085									
			3,910,978									
			2,221,107									
	b	Less rental expenses										
	c	Rental income or (loss)										
	d	Net rental income or (loss) . . . . .		2,221,107								
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	-2,997,742			-2,997,742				
			553,204									
			3,550,946									
			-2,997,742									
	b	Less cost or other basis and sales expenses										
	c	Gain or (loss)										
	d	Net gain or (loss) . . . . .		-2,997,742								
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a									
									b	Less direct expenses . . . . .	b	
									c	Net income or (loss) from fundraising events . .		
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .	a									
									b	Less direct expenses . . . . .	b	
									c	Net income or (loss) from gaming activities . .		
10a	Gross sales of inventory, less returns and allowances . . . . .	a										
								b	Less cost of goods sold . . . . .	b		
								c	Net income or (loss) from sales of inventory . .			
Miscellaneous Revenue		Business Code										
11a	UBI - LABORATORY	621,500	395,361		395,361							
b	UBI - SIERRA VISTA PHARMACY	541,900	513,869		513,869							
c	UBI - PARKING	812,930	66,236		66,236							
d	All other revenue . . . . .		38,521		38,521							
e	Total. Add lines 11a-11d . . . . .			1,013,987								
12	Total revenue. See Instructions . . . . .			1,453,994,395	1,436,842,670	1,013,987	5,665,061					

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	8,807,419	8,807,419		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	1,015	1,015		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees . . . . .	5,279,122	0	5,279,122	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0	0	0	0
7	Other salaries and wages	447,519,185	430,086,695	17,418,706	13,784
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	36,829,111	35,082,309	1,746,802	0
9	Other employee benefits . . . . .	28,548,794	27,753,467	787,060	8,267
10	Payroll taxes . . . . .	173,314,984	160,529,415	12,785,569	0
11	Fees for services (non-employees)				
a	Management . . . . .	17,454,857	276,301	17,178,556	0
b	Legal . . . . .	3,129,298	878,794	2,250,504	0
c	Accounting . . . . .	23,099	8,248	14,851	0
d	Lobbying . . . . .	0	0	0	0
e	Professional fundraising See Part IV, line 17 . . . . .	0			0
f	Investment management fees . . . . .	693,451	0	693,451	0
g	Other . . . . .	53,449,002	31,637,000	21,812,002	0
12	Advertising and promotion . . . . .	2,221,062	2,010,277	210,785	0
13	Office expenses . . . . .	219,525,205	217,934,247	1,590,904	54
14	Information technology . . . . .	22,910,071	4,792,599	18,117,472	0
15	Royalties . . . . .	0	0	0	0
16	Occupancy . . . . .	4,611,070	3,261,158	1,349,912	0
17	Travel . . . . .	1,534,452	1,269,568	264,884	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0	0	0	0
19	Conferences, conventions, and meetings . . . . .	370,313	346,639	23,674	0
20	Interest . . . . .	14,228,303	14,228,303	0	0
21	Payments to affiliates . . . . .	0	0	0	0
22	Depreciation, depletion, and amortization . . . . .	57,921,989	57,226,358	695,631	0
23	Insurance . . . . .	10,034,553	9,910,074	124,479	0
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a	PURCHASED SERVICES	105,555,670	101,640,761	3,914,158	751
b	BAD DEBT EXPENSES	52,255,814	52,255,814	0	0
c	UTILITIES	14,870,393	14,656,452	213,941	0
d	EQUIPMENT RENTALS	13,065,286	12,961,557	103,729	0
e	TAXES/LICENSES/DUES/OTHER	2,967,871	2,136,352	831,519	0
f	All other expenses	2,788,720	2,788,720		
25	Total functional expenses. Add lines 1 through 24f	1,299,910,109	1,192,479,542	107,407,711	22,856
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .				1	
	2	Savings and temporary cash investments . . . . .			6,188,510	2	49,960,629
	3	Pledges and grants receivable, net . . . . .			0	3	550,932
	4	Accounts receivable, net . . . . .			180,562,860	4	235,874,716
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .			19,211,178	8	22,187,675
	9	Prepaid expenses and deferred charges . . . . .			3,222,901	9	3,258,465
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	1,522,422,970			
	b	Less accumulated depreciation . . . . .	10b	638,908,670	725,358,731	10c	883,514,300
	11	Investments—publicly traded securities . . . . .			162,161,484	11	187,247,193
	12	Investments—other securities See Part IV, line 11 . . . . .				12	
	13	Investments—program-related See Part IV, line 11 . . . . .			103,072	13	118,534
	14	Intangible assets . . . . .				14	
	15	Other assets See Part IV, line 11 . . . . .			37,052,024	15	30,074,852
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			1,133,860,760	16	1,412,787,296
Liabilities	17	Accounts payable and accrued expenses . . . . .			132,470,963	17	114,578,380
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .				19	
	20	Tax-exempt bond liabilities . . . . .			559,003,404	20	736,140,616
	21	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .			1,362,602	23	1,056,218
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities Complete Part X of Schedule D . . . . .			26,334,496	25	29,510,594
	26	Total liabilities. Add lines 17 through 25 . . . . .			719,171,465	26	881,285,808
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			414,689,295	27	531,501,488
	28	Temporarily restricted net assets . . . . .				28	
	29	Permanently restricted net assets . . . . .				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			414,689,295	33	531,501,488
	34	Total liabilities and net assets/fund balances . . . . .			1,133,860,760	34	1,412,787,296

**Part XI**    **Financial Statements and Reporting**

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?    .    .		No
<b>b</b> Were the organization's financial statements audited by an independent accountant?    .    .    .    .    .    .    .	Yes	
<b>c</b> If "Yes," to 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    .    .    .	Yes	
<b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .    .		
<b>b</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    .    .		

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public  
Inspection

Name of the organization SUTTER HEALTH SAC SIERRA REGION	Employer identification number 94-1156621
---	--

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 11, check only one box )

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )

3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )

10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						

12

Gross receipts from related activities, etc (See instructions )

12

13

First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15	

16a

33 1/3% support test—2009. 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

b

33 1/3% support test—2008. If the organization did not check the 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

17a

10%-facts-and-circumstances test—2009. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

b

10%-facts-and-circumstances test—2008. 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization

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

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6 )						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						

14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for <b>2009</b> (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from <b>2008</b> Schedule A, Part III, line 17	18	

19a**33 1/3% support tests—2009.** 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—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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



**Part IV**

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SUTTER HEALTH SAC SIERRA REGION

Employer identification number  
94-1156621

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	
	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit	
	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1

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

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

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

3

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

4

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

5

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

☐ Yes ☐ No

6

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

7

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

8

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

☐ Yes ☐ No

9

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

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

1a

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

b

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

(i)

Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

(ii)

Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

2

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

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2009

Part III

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

3

Using the organization's 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 XIV

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" to 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 XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

1c

Beginning balance

1d

Additions during the year

1e

Distributions during the year

1f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance . . . . .	12,421,867	15,184,736		
b	Contributions . . . . .	17,176	1,809,404		
c	Investment earnings or losses . . . . .	3,223,622	-4,191,885		
d	Grants or scholarships . . . . .				
e	Other expenditures for facilities and programs . . . . .	8,350	374,000		
f	Administrative expenses . . . . .	90	6,388		
g	End of year balance . . . . .	15,654,225	12,421,867		

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 44 218 % %

b

Permanent endowment ▶ 55 782 % %

c

Term endowment ▶ %

3a

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

(i) unrelated organizations . . . . .

3a(i)

No

(ii) related organizations . . . . .

3a(ii)

No

b

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

3b

Yes

4

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

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		44,241,963		44,241,963
b Buildings . . . . .		721,703,214	341,784,226	379,918,988
c Leasehold improvements . . . . .		6,706,890	5,451,732	1,255,158
d Equipment . . . . .		357,863,822	272,071,354	85,792,468
e Other . . . . .		391,907,081	19,601,358	372,305,723
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				883,514,300

Schedule D (Form 990) 2009



Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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 on investments . . . . .	2a	
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	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 XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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 XIV) . . . . .	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 XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	

Part XIV

Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
FIN48 FOOTNOTE FROM AUDIT	PART XIV	IN JUNE 2006, THE FASB ISSUED INTERPRETATION NO 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES (FIN 48). FIN 48 CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN FINANCIAL STATEMENTS IN ACCORDANCE WITH FASB STATEMENT NO 109, ACCOUNTING FOR INCOME TAXES. FIN 48 PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN AND PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE, AND TRANSITION. FIN 48 WAS ADOPTED BY SUTTER IN 2007 AND ITS ADOPTION DID NOT HAVE A MATERIAL EFFECT ON SUTTER'S COMBINED FINANCIAL POSITION OR RESULTS OF OPERATIONS.
INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS	PART V, LINE 4	ENDOWMENTS HELD BY RELATED FUNDRAISING ORGANIZATIONS FOR THE EXCLUSIVE PURPOSE OF VARIOUS PROGRAMS OF SUTTER HEALTH SACRAMENTO SIERRA REGION.

SCHEDULE H  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**  
▶ **Attach to Form 990.**  
▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

**Name of the organization**  
SUTTER HEALTH SAC SIERRA REGION

**Employer identification number**  
94-1156621

Part I

Charity Care and Certain Other Community Benefits at Cost

		Yes	No	
1a	Does the organization have a charity care policy? If "No," skip to question 6a . . . . .	1a	Yes	
b	If "Yes," is it a written policy? . . . . .	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals <div><input type="checkbox"/> Applied uniformly to all hospitals</div> <div><input type="checkbox"/> Applied uniformly to most hospitals</div> <div><input type="checkbox"/> Generally tailored to individual hospitals</div>			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care <div><input type="checkbox"/> 100%    <input type="checkbox"/> 150%    <input checked="" type="checkbox"/> 200%    <input type="checkbox"/> Other _____</div>	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care . . . . . <div><input type="checkbox"/> 200%    <input type="checkbox"/> 250%    <input type="checkbox"/> 300%    <input type="checkbox"/> 350%    <input checked="" type="checkbox"/> 400%    <input type="checkbox"/> Other _____</div>	3b	Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"? . . . . .	4	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy? . . . .	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount? . . . . .	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .	5c		No
6a	Does the organization prepare an annual community benefit report? . . . . .	6a	Yes	
6b	If "Yes," does the organization make it available to the public? . . . . .	6b	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H				

7 Charity Care and Certain Other Community Benefits at Cost						
Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2) . . . .			30,962,129		30,962,129	2 250 %
b Unreimbursed Medicaid (from Worksheet 3, column a) . . . .			257,362,579	176,830,473	80,532,106	5 840 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b) . . . . .			35,214,361	15,745,757	19,468,604	1 410 %
d <b>Total</b> Charity Care and Means-Tested Government Programs . . . . .			323,539,069	192,576,230	130,962,839	9 500 %
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4) . . . . .			3,387,149		3,387,149	0 250 %
f Health professions education (from Worksheet 5) . . . .			3,058,337		3,058,337	0 220 %
g Subsidized health services (from Worksheet 6) . . . .			1,500,091		1,500,091	0 110 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8) . . . .			3,736,601		3,736,601	0 270 %
j <b>Total</b> Other Benefits . . . .			11,682,178		11,682,178	0 850 %
k <b>Total.</b> Add lines 7d and 7j . . . .			335,221,247	192,576,230	142,645,017	0

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing		1,408		1,408	
2	Economic development		7,729		7,729	
3	Community support		34,402		34,402	
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building		13,965		13,965	
7	Community health improvement advocacy					
8	Workforce development		9,480		9,480	
9	Other		3,120		3,120	
10	Total		70,104		70,104	

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?	1	No
2	Enter the amount of the organization's bad debt expense (at cost)	2	15,756,078
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	305,061,588
6	Enter Medicare allowable costs of care relating to payments on line 5	6	332,355,834
7	Subtract line 6 from line 5. This is the surplus or (shortfall)	7	-27,294,246
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI.	9b	Yes

Part IVManagement Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

**Part V**   **Facility Information**

Name and address	Other (Describe)
	ER-other
	ER-24 hours
	Research facility
	Critical access hospital
	Teaching hospital
	Children's hospital
	General medical & surgical
	Licensed hospital

See Additional Data Table



Part VI

Supplemental Information

Complete this part to provide the following information

**1** Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

TO BE ELIGIBLE FOR FREE CARE THE ORGANIZATION USES THE FEDERAL POVERTY GUIDELINES (FPG) FOR FAMILY INCOMES THAT ARE AT OR BELOW 200% OF FPG PARTIAL WRITE-OFF OF THE HOSPITAL'S UNDISCOUNTED CHARGES APPLIES TO UNINSURED PATIENTS THAT WHOSE FAMILY INCOMES ARE BETWEEN 201% AND 400% IN ADDITION, THE FOLLOWING DISCOUNTS APPLY TO UNINSURED PATIENTS - SPECIAL CIRCUMSTANCES CHARITY CARE FOR UNINSURED PATIENTS WHO DO NOT MEET THE FINANCIAL ASSISTANCE CRITERIA SET FORTH BY THE ORGANIZATION, A COMPLETE OR PARTIAL WRITE-OFF IN CIRCUMSTANCES INCLUDING BUT NOT LIMITED TO BANKRUPTCY, HOMELESSNESS, DECEASED, ELIGIBLE FOR MEDICARE/MEDICAL, OR IF A COLLECTION AGENCY IDENTIFIES A PATIENT MEETING THE ORGANIZATION'S CHARITY CARE ELIGIBILITY CRITERIA - CATASTROPHIC CHARITY CARE PARTIAL WRITE-OFF WHEN THE FINANCIAL RESPONSIBILITY EXCEEDS 30% OF THE PATIENT'S FAMILY INCOME PATIENTS THAT MEET THE CRITERIA WILL RECEIVE A FULL WRITE-OFF OF UNDISCOUNTED CHARGES THAT EXCEED 30% OF THEIR FAMILY INCOME - HIGH MEDICAL COST CHARITY CARE (FOR INSURED PATIENTS) PARTIAL WRITE-OFF OF THE HOSPITAL'S UNDISCOUNTED CHARGES FOR PATIENTS WHOSE FAMILY INCOME IS LESS THAN 350% OF FPG, MEDICAL EXPENSES EXCEED 10% OF THE PATIENT'S FAMILY INCOME, AND THE PATIENT'S INSURE HAS NOT PROVIDED A DISCOUNT - UNINSURED PATIENT DISCOUNT A WRITE-OFF OF A PORTION OF COVERED SERVICES NO GREATER THAN THE CURRENT AVERAGE COMMERCIAL FEE-FOR-SERVICE DISCOUNT WITH MANAGED CARE PAYERS FOR PATIENTS WHOSE BENEFITS UNDER INSURANCE OR A GOVERNMENT PROGRAM HAVE BEEN EXHAUSTED PRIOR TO ADMISSION - PROMPT PAYMENT DISCOUNT PARTIAL WRITE-OFF AVAILABLE TO UNINSURED PATIENTS WHO PAY PROMPTLY, CONSISTING OF AT LEAST A 10% DISCOUNT FOR THOSE WHO PAY WITHIN 30 DAYS OF FINAL BILLING, OR A 20% DISCOUNT IF 50% OF THE ESTIMATED BILL IS PAID PRIOR TO DISCHARGE

THE ORGANIZATION'S TOTAL EXPENSE FROM FORM 990, PART IX, LINE 25, COLUMN (A) WAS \$1,299,910,109 THE BAD DEBT EXPENSE INCLUDED IN THIS AMOUNT WAS \$52,255,814 THIS LEFT A TOTAL EXPENSE OF \$1,247,654,295 FOR PURPOSES OF CALCULATING LINE 7, COLUMN (F)

**1** AUDIT FOOTNOTE THE ORGANIZATION IS AN AFFILIATE OF SUTTER HEALTH WHICH UNDERWENT A SYSTEM-WIDE AUDIT THE AUDIT REPORT DOES NOT INCLUDE A BAD DEBT EXPENSE FOOTNOTE PROVISION FOR BAD DEBTS IS LISTED ON A SEPARATE LINE ITEM IN THE FINANCIAL STATEMENTS THE AUDIT DOES INCLUDE FOOTNOTES FOR PATIENT ACCOUNTS RECEIVABLE AND PATIENT SERVICE REVENUES LISTED BELOW PATIENT ACCOUNTS RECEIVABLE AUDIT FOOTNOTE SUTTER'S PRIMARY CONCENTRATION OF CREDIT RISK IS PATIENT ACCOUNTS RECEIVABLE, WHICH CONSIST OF AMOUNTS OWED BY VARIOUS GOVERNMENTAL AGENCIES, INSURANCE COMPANIES AND PRIVATE PATIENTS SUTTER MANAGES THE RECEIVABLES BY REGULARLY REVIEWING ITS PATIENT ACCOUNTS AND CONTRACTS AND BY PROVIDING APPROPRIATE ALLOWANCES FOR UNCOLLECTIBLE AMOUNTS SIGNIFICANT CONCENTRATIONS OF GROSS PATIENT ACCOUNTS RECEIVABLE ARE AS FOLLOWS MEDICARE 27% AS OF 12/31/09 28% AS OF 12/31/08 MEDI-CAL 20% AS OF 12/31/09 19% AS OF 12/31/08 DURING 2009 AND 2008, CERTAIN AFFILIATES COLLECTED ON ACCOUNTS THAT WERE PREVIOUSLY DEEMED UNCOLLECTIBLE AND RESERVED SUCH RECOVERIES ARE RECOGNIZED IN THE PERIOD THAT CASH IS RECEIVED AND WERE NOT MATERIAL DUE TO THE INHERENT VARIABILITY IN THIS AREA OF PATIENT RECEIVABLE COLLECTIONS, THERE IS AT LEAST A REASONABLE POSSIBILITY THAT RECORDED ESTIMATES WILL CHANGE BY A MATERIAL AMOUNT IN THE NEAR TERM PATIENT SERVICE REVENUES FOOTNOTE PATIENT SERVICE REVENUES ARE REPORTED AT THE ESTIMATED NET REALIZABLE AMOUNTS FROM PATIENTS, THIRD-PARTY PAYORS AND OTHERS FOR SERVICES RENDERED, INCLUDING ESTIMATED RETROACTIVE ADJUSTMENTS UNDER REIMBURSEMENT PROGRAMS WITH THIRD-PARTY PAYORS ESTIMATED SETTLEMENTS UNDER THIRD-PARTY REIMBURSEMENT PROGRAMS ARE ACCRUED IN THE PERIOD THE RELATED SERVICES ARE RENDERED AND ADJUSTED IN FUTURE PERIODS, PRIMARILY AS A RESULT OF FINAL COST REPORT SETTLEMENTS WITH GOVERNMENTAL AGENCIES **2** METHODOLOGY FOR CALCULATING BAD DEBT (AT COST) THE RATIO OF PATIENT CARE COST TO CHARGES IS APPLIED TO THE BAD DEBT ATTRIBUTABLE TO PATIENT ACCOUNTS TO CALCULATE THE ESTIMATED COST OF BAD DEBT ATTRIBUTABLE TO PATIENT ACCOUNTS THAT IS REPORTED ON LINE 2 DISCOUNTS AND PAYMENTS ON PATIENT ACCOUNTS ARE RECORDED AS AN ADJUSTMENT TO REVENUE, NOT BAD DEBT EXPENSE **3** METHODOLOGY FOR DETERMINING THE AMOUNT OF BAD DEBT LIKELY ATTRIBUTABLE TO CHARITY CARE AMOUNTS MAY BE INCLUDED IN BAD DEBT PENDING A CHARITY CARE DETERMINATION UPON ELIGIBILITY THESE AMOUNTS WOULD BE RECLASSIFIED AS CHARITY CARE

COSTING METHODOLOGY MEDICARE ALLOWABLE COSTS WERE CALCULATED USING A COST TO CHARGE RATIO COMMUNITY BENEFIT MEDICARE SHORTFALL THE IRS COMMUNITY BENEFIT STANDARD INCLUDES THE PROVISION OF CARE TO THE ELDERLY AND MEDICARE PATIENTS 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 FUNDS TO COVER THE DEFICIT OF \$27,294,246

COLLECTION PRACTICES ARE CONSISTENT FOR ALL PATIENTS AND COMPLY WITH APPLICABLE PROVISIONS OF CALIFORNIA LAW DURING PREADMISSION OR REGISTRATION, THE HOSPITAL PROVIDES ALL PATIENTS WITH INFORMATION REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE AN UNINSURED PATIENT WHO INDICATES THE FINANCIAL INABILITY TO PAY A BILL IS EVALUATED FOR FINANCIAL ASSISTANCE PATIENTS WILL BE GIVEN AN APPLICATION WHICH WILL DOCUMENT THE PATIENT'S OVERALL FINANCIAL SITUATION IF AN UNINSURED PATIENT DOES NOT COMPLETE THE APPLICATION FORM WITHIN 30 DAYS OF DELIVERY, THE HOSPITAL WILL NOTIFY THE PATIENT THAT THE APPLICATION HAS NOT BEEN RECEIVED AND WILL PROVIDE THE PATIENT AN ADDITIONAL 30 DAYS TO COMPLETE THE APPLICATION IF A PATIENT HAS APPLIED FOR CHARITY CARE, HAS BEEN APPROVED TO RECEIVE CHARITY CARE, OR IS COOPERATING WITH THE HOSPITAL'S EFFORTS TO SETTLE AN OUTSTANDING BILL WITHIN A REASONABLE TIME PERIOD, THE HOSPITAL WILL NOT PURSUE COLLECTIONS

THE ORGANIZATION MAKES EVERY EFFORT TO QUALIFY THOSE ELIGIBLE FOR CHARITY CARE IF A PATIENT HAS APPLIED FOR CHARITY CARE, HAS BEEN APPROVED TO RECEIVE CHARITY CARE, OR IS COOPERATING WITH THE HOSPITAL'S EFFORTS TO SETTLE AN OUTSTANDING BILL WITHIN A REASONABLE TIME PERIOD, THE HOSPITAL WILL NOT PURSUE COLLECTIONS

**2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves

THE SUTTER HEALTH SACRAMENTO SIERRA REGION (SHSSR) PARTICIPATES IN A COLLABORATIVE COMMUNITY NEEDS ASSESSMENT (CNA) - KAISER PERMANENTE, MERCY, UC DAVIS HEALTH SYSTEM - PROCESS EVERY THREE YEARS TO HELP TARGET AREAS OF NEED WITHIN THE COMMUNITIES SERVED RESULTS FROM THE CNA ASSIST SHSSR WITH IDENTIFYING AREAS OF FOCUS AND ARE UTILIZED TO DRAFT A THREE-YEAR PLAN TO ADDRESS IDENTIFIED NEEDS THE INTERACTIVE CNA WEB SITE CAN BE SEEN AT WWW.HEALTHYLIVINGMAP.COM

**3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

SHSSR FOLLOWS A SUTTER HEALTH SYSTEMWIDE CHARITY CARE POLICY, WHICH INCLUDES THE FOLLOWING DETAILS OF HOW PATIENT EDUCATION FOR ELIGIBILITY ASSISTANCE COMMUNICATION OF FINANCIAL ASSISTANCE AVAILABILITY A INFORMATION PROVIDED TO PATIENTS **1** PREADMISSION OR REGISTRATION DURING PREADMISSION OR REGISTRATION (OR AS SOON THEREAFTER AS PRACTICABLE) HOSPITAL AFFILIATES SHALL PROVIDE A ALL PATIENTS WITH INFORMATION REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE AND THEIR RIGHT TO REQUEST AN ESTIMATE OF THEIR FINANCIAL RESPONSIBILITY FOR SERVICES (IMPORTANT BILLING INFORMATION FOR UNINSURED PATIENTS) **B** PATIENTS WHO THE HOSPITAL IDENTIFIES MAY BE UNINSURED WITH A FINANCIAL ASSISTANCE APPLICATION SUBSTANTIALLY SIMILAR TO THE SUTTER HEALTH STANDARDIZED FINANCIAL ASSISTANCE APPLICATION, "STATEMENT OF FINANCIAL CONDITION" **2** EMERGENCY SERVICES IN THE CASE OF EMERGENCY SERVICES, HOSPITAL AFFILIATES SHALL PROVIDE THE ABOVE INFORMATION AS SOON AS PRACTICABLE AFTER STABILIZATION OF THE PATIENT'S EMERGENCY MEDICAL CONDITION OR UPON DISCHARGE **3** ALL OTHER TIMES UPON REQUEST, HOSPITAL AFFILIATES SHALL PROVIDE PATIENTS WITH INFORMATION ABOUT THEIR RIGHT TO REQUEST AN ESTIMATE OF THEIR FINANCIAL RESPONSIBILITY FOR SERVICES, THE SUTTER HEALTH STANDARDIZED FINANCIAL ASSISTANCE APPLICATION FORM, "STATEMENT OF FINANCIAL CONDITION" **B** POSTINGS AND OTHER NOTICES INFORMATION ABOUT FINANCIAL ASSISTANCE SHALL ALSO BE PROVIDED AS FOLLOWS **1** BY POSTING NOTICES IN A VISIBLE MANNER IN LOCATIONS WHERE THERE IS A HIGH VOLUME OF INPATIENT OR OUTPATIENT ADMITTING/REGISTRATION, INCLUDING BUT NOT LIMITED TO THE EMERGENCY DEPARTMENT, BILLING OFFICES, ADMITTING OFFICE, AND OTHER HOSPITAL OUTPATIENT SERVICE SETTINGS **2** BY POSTING INFORMATION ABOUT FINANCIAL ASSISTANCE ON THE SUTTER HEALTH WEBSITE AND EACH HOSPITAL AFFILIATE WEBSITE, IF ANY **3** BY INCLUDING INFORMATION ABOUT FINANCIAL ASSISTANCE IN BILLS THAT ARE SENT TO UNINSURED PATIENTS **4** BY INCLUDING LANGUAGE ON BILLS SENT TO UNINSURED PATIENTS AS SPECIFICALLY SET FORTH IN THE MANAGEMENT OF PATIENT ACCOUNTS RECEIVABLE, COLLECTION PRACTICES, HOSPITAL AFFILIATE THIRD-PARTY LIENS, AND AFFILIATE DISPUTE INITIATION POLICY (FINANCE POLICY 14-227) **C** APPLICATIONS PROVIDED AT DISCHARGE IF NOT PREVIOUSLY PROVIDED, HOSPITAL AFFILIATES SHALL PROVIDE UNINSURED PATIENTS WITH APPLICATIONS FOR MEDI-CAL, HEALTHY FAMILIES, CALIFORNIA CHILDREN'S SERVICES, OR ANY OTHER POTENTIALLY APPLICABLE GOVERNMENT PROGRAM AT THE TIME OF DISCHARGE **D** LANGUAGES ALL NOTICES/COMMUNICATIONS PROVIDED IN THIS SECTION SHALL BE AVAILABLE IN THE PRIMARY LANGUAGE(S) OF THE AFFILIATE'S SERVICE AREA AND IN A MANNER CONSISTENT WITH ALL APPLICABLE FEDERAL AND STATE LAWS AND REGULATIONS **E** NOTIFICATION TO UNINSURED PATIENTS OF ESTIMATED FINANCIAL RESPONSIBILITY BY LAW, UNINSURED PATIENTS ARE ENTITLED TO RECEIVE AN ESTIMATE OF THEIR FINANCIAL RESPONSIBILITY FOR HOSPITAL SERVICES EXCEPT IN THE CASE OF EMERGENCY SERVICES, HOSPITAL AFFILIATES SHALL NOTIFY PATIENTS WHO THE HOSPITAL IDENTIFIES MAY BE UNINSURED PATIENTS THAT THEY MAY OBTAIN AN ESTIMATE OF THEIR FINANCIAL RESPONSIBILITY FOR HOSPITAL SERVICES, AND PROVIDE ESTIMATES TO THOSE PATIENTS UPON REQUEST ESTIMATES SHALL BE WRITTEN, AND BE PROVIDED DURING NORMAL BUSINESS HOURS ESTIMATES SHALL PROVIDE THE PATIENT WITH AN ESTIMATE OF THE AMOUNT THE HOSPITAL AFFILIATE WILL REQUIRE THE PATIENT TO PAY FOR THE HEALTH CARE SERVICES, PROCEDURES, AND SUPPLIES THAT ARE REASONABLY EXPECTED TO BE PROVIDED TO THE PATIENT BY THE HOSPITAL, BASED UPON THE AVERAGE LENGTH OF STAY AND SERVICES PROVIDED FOR THE PATIENT'S DIAGNOSIS

**4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

THE AFFILIATES IN THE SUTTER HEALTH SACRAMENTO SIERRA REGION SERVE PLACER, SACRAMENTO, YOLO, PLACER, SUTTER AND YUBA COUNTIES THE COUNTIES INCLUDE BOTH RURAL AND URBAN COMMUNITIES THAT ARE VERY DIVERSE - FROM COMMUNITIES SERVING A HIGH PERCENTAGE OF MIGRANT FARM WORKERS (YOLO), AN URBAN CITY THAT WAS NAMED THE MOST DIVERSE CITY IN THE UNITED STATES (SACRAMENTO), TO A COUNTY WITH THE HIGHEST PER CAPITA INCOME IN THE STATE (PLACER COUNTY) THE PERCENT ELIGIBLE FOR MEDI-CAL DEMONSTRATES THE VAST DIFFERENCE OF THESE COUNTIES IN 2006, CALIFORNIA HAD 17.8% ELIGIBLE FOR MEDI-CAL DURING THE SAME YEAR, PLACER HAD 8%, YOLO HAD 13% AND SACRAMENTO HAD 19% ELIGIBLE MAJORITY OF THE HEALTH INDICATORS AND DEMOGRAPHIC DATA FOR THESE THREE COUNTIES FOLLOWS THIS TREND

**5 Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

**6** Provide any other information important to describing how the organization's hospitals 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.)

SUTTER HEALTH'S MISSION READS "WE ENHANCE THE WELL-BEING OF THE PEOPLE IN THE COMMUNITIES WE SERVE, THROUGH A NOT-FOR-PROFIT COMMITMENT TO COMPASSION AND EXCELLENCE IN HEALTH CARE SERVICES SUTTER HEALTH'S MISSION REACHES BEYOND THE WALLS OF OUR CARE FACILITIES OUR AFFILIATES FURTHER THEIR TAX EXEMPT PURPOSE BY - BUILDING RELATIONSHIPS OF TRUST THROUGH WORKING COLLABORATIVELY WITH COMMUNITY GROUPS, SCHOOLS AND GOVERNMENT ORGANIZATIONS TO EFFECTIVELY LEVERAGE RESOURCES AND ADDRESS IDENTIFIED COMMUNITY NEEDS - SUPPORTING NONPROFIT ORGANIZATIONS THAT ARE COMMITTED TO COMMUNITY HEALTH IMPROVEMENT THROUGH FINANCIAL INVESTMENTS, IN-KIND SERVICES AND EMPLOYEE VOLUNTEERISM - PROVIDING GENEROUS CHARITY CARE POLICIES FOR OUR MOST VULNERABLE COMMUNITY MEMBERS EXAMPLES OF SHSSR SPECIFIC ACTIVITIES INCLUDE THE SUTTER HEALTH SACRAMENTO SIERRA REGION COMMUNITY BENEFIT EFFORTS ARE LOCALLY GOVERNED BY A BOARD OF DIRECTORS AND INDIVIDUAL COMMUNITY ADVISORY BOARDS FOR EACH COUNTY (PLACER, SACRAMENTO, YOLO, YUBA AND SUTTER COUNTIES) THE COMMUNITY ADVISORY BOARDS ARE COMPRISED OF LOCAL BUSINESS AND COMMUNITY LEADERS, AND HOSPITAL/FOUNDATION CEO AND MEDICAL STAFF THAT HELP THE AFFILIATE CEO'S AND COMMUNITY BENEFIT STAFF IDENTIFY PRIORITY NEEDS (BASED ON THE FINDINGS FROM THE COMMUNITY NEEDS ASSESSMENT) AND ADVISE ON HOW TO BEST TO REINVEST OUR COMMUNITY BENEFIT DOLLARS

**7** 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

SHSSR IS PART OF SUTTER HEALTH, A NOT-FOR-PROFIT SYSTEM OF PHYSICIANS, HOSPITALS AND OTHER HEALTH CARE PROVIDERS SERVING PATIENTS AND THEIR FAMILIES IN MORE THAN 100 NORTHERN CALIFORNIA CITIES AND TOWNS, SUTTER HEALTH AFFILIATES JOIN RESOURCES AND SHARE EXPERTISE TO ADVANCE HEALTH CARE QUALITY AND ACCESS SUTTER-AFFILIATED HOSPITALS AND CARE CLINICS ARE REGIONAL LEADERS IN CARDIAC CARE, WOMEN'S AND CHILDREN'S SERVICES, CANCER CARE, ORTHOPEDICS, AND ADVANCED PATIENT SAFETY TECHNOLOGY SUTTER HEALTH HOSPITALS PLAN AND DELIVER COMMUNITY BENEFIT SERVICES LOCALLY WITH A FOCUS ON COLLABORATING WITHIN THEIR COMMUNITY TO MEET IDENTIFIED NEEDS IN 2008, SUTTER HEALTH AFFILIATES PROVIDED \$599 MILLION IN SERVICES TO THE POOR\* AND BROADER COMMUNITY\*\* SUTTER HEALTH FOLLOWS THE NATIONAL STANDARDS FOR COMMUNITY BENEFIT REPORTING AS OUTLINED IN CHA'S A GUIDE FOR PLANNING AND REPORTING COMMUNITY BENEFIT 2008 \* SERVICES FOR THE POOR AND UNDERSERVED INCLUDE SERVICES PROVIDED TO PERSONS WHO CANNOT AFFORD HEALTH CARE BECAUSE OF INADEQUATE RESOURCES AND/OR ARE UNINSURED OR UNDERINSURED, AS WELL AS THE COSTS OF PUBLIC PROGRAMS TREATING MEDI-CAL AND INDIGENT BENEFICIARIES COSTS ARE COMPUTED BASED ON A RELATIONSHIP OF COSTS TO CHARGES SERVICES FOR THE POOR AND UNDERSERVED ALSO INCLUDE THE COST OF OTHER SERVICES FOR INDIGENT POPULATIONS, AND CASH DONATIONS ON BEHALF OF THE POOR AND NEEDY \*\* BENEFITS FOR THE BROADER COMMUNITY INCLUDES COSTS OF PROVIDING THE FOLLOWING SERVICES HEALTH SCREENINGS AND OTHER HEALTH-RELATED SERVICES, TRAINING HEALTH PROFESSIONALS, EDUCATING THE COMMUNITY WITH VARIOUS SEMINARS AND CLASSES, THE COST OF PERFORMING MEDICAL RESEARCH AND THE COSTS ASSOCIATED WITH PROVIDING FREE CLINICS AND COMMUNITY SERVICES BENEFITS FOR THE BROADER COMMUNITY ALSO INCLUDES CONTRIBUTIONS SUTTER HEALTH MAKES TO COMMUNITY AGENCIES TO FUND CHARITABLE ACTIVITIES

**8** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

### Additional Data

Software ID:

**Software Version:**

**EIN:** 94-1156621

**Name:** SUTTER HEALTH SAC SIERRA REGION

**Form 990 Schedule H, Part V - Facility Information**[illegible]

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SUTTER HEALTH SAC SIERRA REGION

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

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

OMB No 1545-0047

2009

Open to Public  
Inspection

Employer identification number  
94-1156621

Part I

General Information on Grants and Assistance

- 1

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

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

Enter total number of section 501(c)(3) and government organizations . . . . .

42

3

Enter total number of other organizations . . . . .

3



**Software ID:**  
**Software Version:**  
**EIN:** 94-1156621  
**Name:** SUTTER HEALTH SAC SIERRA REGION

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SUTTER MEDICAL FOUNDATION PO BOX 160168 SACRAMENTO, CA 95816	68-0273974	501(c)(3)	4,380,579				PROGRAM SUPPORT
OAKMONT HIGH SCHOOL 1710 CIRBY WY ROSEVILLE, CA 95661	68-0071586	501(c)(3)	8,600				PROGRAM SUPPORT
LA CLINICA DE LA RAZA 1515 FRUITVALE AVE OAKLAND, CA 94601	94-1744108	501(c)(3)	29,667				DONATION
HEALTH ED COUNCIL 3950 INDUSTRIAL BLVD SACRAMENTO, CA 95691	68-0242926		75,000				DONATION
3 FOLD COMMUNICATIONS 1722 J ST SACRAMENTO, CA 95811	20-1119447		258,226				DONATION
AMERICAN CANCER SOCIETY 350 ALHAMBRA BLVD SACRAMENTO, CA 95816	94-1170350	501(c)(3)	26,000				DONATION
AMERICAN HEART ASSOCIATION PO BOX 160126 SACRAMENTO, CA 95816	94-1219116		162,500				DONATION
CENTER FOR AIDS RESEARCH 1500 21ST ST SACRAMENTO, CA 95814	68-0162903	501(c)(3)	50,000				DONATION
CHILD ABUSE PREVENTION 7311 GALILEE RD STE 105 SACRAMENTO, CA 95678	68-0195225	501(c)(3)	37,500				DONATION
COMMUNICARE HEALTH PO BOX 1260 DAVIS, CA 95617	94-2188574	501(c)(3)	1,447,534				DONATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY PRIDE PROJECT5625 STOCKTON BLVD SACRAMENTO,CA 95824	20-0364162	501(c)(3)	40,220				DONATION
COMMUNITY SERVICE EDUCATION5380 ELVAS AVE SACRAMENTO,CA 95819	23-7003581	501(c)(3)	10,000				DONATION
COMMUNITY SERVICE PLANNING909 12TH STE 200 SACRAMENTO,CA 95814	94-1201196	501(c)(3)	17,750				DONATION
DFULL CIRCLE TREATMENT 2351 SUNSET BLVD ROCKLIN,CA 95765	20-8680425	501(c)(3)	12,000				DONATION
DOWNTOWN SACTO PARTNERSHIP980 NINETH ST STE400 SACRAMENTO,CA 95814	68-0270320	501(c)(3)	75,000				DONATION
EFFORT INC1820 J ST SACRAMENTO,CA 95814	94-1713704	501(c)(3)	591,000				DONATION
FRANCIS HOUSE OF SACRAMENTO1422 C ST SACRAMENTO,CA 95814	94-2437147	501(c)(3)	25,750				DONATION
FRESH PRODUCERS INCPO BOX 160071 SACRAMENTO,CA 95816	20-8747234	501(c)(3)	50,000				DONATION
GATHERING INNPO BOX 297 ROSEVILLE,CA 95678	84-1657746	501(c)(3)	132,500				DONATION
GIFTS TO SHARE INC1231 I ST STE400 SACRAMENTO,CA 95814	94-2985546	501(c)(3)	108,000				DONATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 non-cash assistance	(h) Purpose of grant or assistance
HARM REDUCTION SERVICES3647 40TH ST SACRAMENTO,CA 95817	68-0300656	501(c)(3)	42,955				DONATION
LEED SACRAMENTO10680 WHITE ROCK RANCHO CORDOVA,CA 95670	68-0287387	501(c)(3)	7,850				DONATION
LIGHTHOUSE COUNSELING 1530 3RD ST STE111 LINCOLN,CA 95648	35-2252834	501(c)(3)	11,500				DONATION
LILLIPUT CHILDRENS SERVICES1651 RESPONSE ROAD SACRAMENTO,CA 95815	94-2614102	501(c)(3)	50,000				DONATION
MAKE A WISH FOUNDATION1401 HALYARD DR SACRAMENTO,CA 95691	68-0027351	501(c)(3)	20,100				DONATION
MARCH OF DIMES1755 CREEKSIDE OAKS SACRAMENTO,CA 95833	13-1846366	501(c)(3)	14,000				DONATION
MUTUAL ASSISTANCE NETWORK DELPASO HTS 811 GRAND AVE SACRAMENTO,CA 95838	68-0332694	501(c)(3)	25,000				DONATION
PLACER COMMUNITY FOUNDATIONPO BOX 9207 AUBURN,CA 95604	20-1485011	501(c)(3)	6,000				DONATION
PLACER COUNTY OF HEALTH & HUMAN SERVICES11484 B AVE AUBURN,CA 95603	94-1583439	501(c)(3)	50,000				DONATION
PLANNED PARENTHOOD MAR MONTE1746 THE ALAMEDA SAN JOSE,CA 95126		501(c)(3)	50,000				DONATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 non-cash assistance	(h) Purpose of grant or assistance
PROJECT FIT AMERICAPO BOX 308 BOYES HOT SPRINGS,CA 95416	36-3730823	501(c)(3)	20,000				DONATION
RIVER CITY COMMUNITY SERVICES3311 E CURTIS DR SACRAMENTO,CA 95818	91-1851398	501(c)(3)	50,000				DONATION
RIVER OAK CTR FOR CHILDREN4325 AUBURN BLVD SACRAMENTO,CA 95841	94-2519001	501(c)(3)	25,000				DONATION
SACRAMENTO AREA CONGREGATIONS2510 J STR STE200 SACRAMENTO,CA 95816	94-3146791	501(c)(3)	50,000				DONATION
SACRAMENTO COTTAGE HOUSING INC1726 PROFESSIONAL DR SACRAMENTO,CA 95825	68-0322086	501(c)(3)	70,000				DONATION
SACRAMENTO HEALTHCARE3400 DATA DR RANCHO CORDOVA,CA 95670	68-0441958	501(c)(3)	26,500				DONATION
SACRAMENTO NEIGHBORHOOD HOUSING SVC3453 5TH AVE SACRAMENTO,CA 95817	68-0118032	501(c)(3)	32,000				DONATION
SACRAMENTO TREE FOUNDATION201 LATHROP WY STE F SACRAMENTO,CA 95815	94-2825234	501(c)(3)	51,500				DONATION
SALVATION ARMYPO BOX 340699 SACRAMENTO,CA 95834	94-1170408	501(c)(3)	25,000				DONATION
SENIORS FIRST11566 D AVE AUBURN,CA 95603	68-0430154	501(c)(3)	95,000				DONATION



Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SIERRA ADOPTION SERVICES138 NEW MOHAWK RD NEVADA CITY,CA 95959	68-0002878	501(c)(3)	51,000				DONATION
SOCIETY FOR THE BLIND 2750 24TH ST SACRAMENTO,CA 95818	94-1384666	501(c)(3)	25,000				DONATION
VALLEY VISION INC2320 BROADWAY SACRAMENTO,CA 95818	94-3214572	501(c)(3)	20,000				DONATION
WIND YOUTH WORKS IN NEW DIRECTIONSPO BOX 13856 SACRAMENTO,CA 95853	95-4416649	501(c)(3)	50,000				DONATION
YOLO COUNTY OF INDIGENT HEALTH DEPT 625 COURT STREET WOODLAND,CA 95695		501(c)(3)	334,247				DONATION

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization  
SUTTER HEALTH SAC SIERRA REGION

Employer identification number  
94-1156621

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div></div> <div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div> <div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div></div> <div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div> <div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Yes
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
PAT BRADY	(i)	0	0	0	0	0	0	0
	(ii)	438,618	192,443	10,676	302,367	16,664	960,768	158,214
PATRICK FRY	(i)	0	0	0	0	0	0	0
	(ii)	1,388,106	897,243	14,148	1,664,838	28,307	3,992,642	652,984
TOM GAGEN	(i)	0	0	0	0	0	0	0
	(ii)	543,493	211,451	5,562	458,954	15,685	1,235,145	176,776
THERESA GLUBKA	(i)	0	0	0	0	0	0	0
	(ii)	346,236	91,942	6,810	203,886	3,419	652,293	108,494
MITCH HANNA	(i)	0	0	0	0	0	0	0
	(ii)	289,920	104,478	8,950	172,156	17,311	592,815	103,412
SARAH KREVANS	(i)	0	0	0	0	0	0	0
	(ii)	799,001	432,901	11,058	758,776	18,922	2,020,658	307,574
SHELLY MCGRIFF	(i)	0	0	0	0	0	0	0
	(ii)	291,972	47,900	4,125	96,993	11,161	452,151	59,261
JOHN MESIC MD	(i)	0	0	0	0	0	0	0
	(ii)	464,205	103,300	7,488	200,581	11,220	786,794	125,331
BARBARA NELSON	(i)	0	0	0	0	0	0	0
	(ii)	265,039	56,100	890	91,368	11,145	424,542	62,049
ANNE PLATT	(i)	0	0	0	0	0	0	0
	(ii)	270,659	102,581	6,031	177,931	17,480	574,682	64,020
THOMAS REAM II	(i)	0	0	0	0	0	0	0
	(ii)	198,586	29,700	755	75,897	10,684	315,622	29,700
JEFF SPRAGUE	(i)	0	0	0	0	0	0	0
	(ii)	434,700	93,800	614	190,158	15,472	734,744	113,177
JEFFREY SZCZESNY	(i)	0	0	0	0	0	0	0
	(ii)	267,906	50,300	3,687	125,042	15,323	462,258	35,300
JANET WAGNER	(i)	0	0	0	0	0	0	0
	(ii)	280,658	86,878	3,969	156,596	12,873	540,974	72,127
PENNY WESTFALL	(i)	0	0	0	0	0	0	0
	(ii)	276,652	0	0	13,831	8,673	299,156	0
GREGORY GRAVES	(i)	0	0	0	0	0	0	0
	(ii)	533,519	0	0	14,397	10,468	558,384	0

**Part III**   **Supplemental Information**

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

Identifier	Return Reference	Explanation
RELEVANT INFORMATION REGARDING COMPENSATION ITEMS	PART I, QUESTION 1A	TRAVEL FOR COMPANIONS. OFFICERS AND KEY EMPLOYEES PAID BY SUTTER HEALTH ARE ELIGIBLE TO BRING A COMPANION ON ONE BUSINESS TRIP PER CALENDAR YEAR AND HAVE THE COST OF THE AIRFARE AND MEALS PAID FOR BY SUTTER HEALTH. THE COST IS ADDED TO EMPLOYEE'S WAGES. TAX INDEMNIFICATION. STANDARD POLICY FOR ALL SUTTER HEALTH EMPLOYEES IS THAT NON-CASH GIFTS AND AWARDS ARE GROSSED-UP FOR TAX PURPOSES. THE AMOUNT OF THE GROSS-UP IS ADDED TO THE EMPLOYEE'S WAGES.
SUPPLEMENTAL COMPENSATION INFORMATION	PART I, QUESTION 3	THE CEO OF THE ORGANIZATION IS AN EMPLOYEE OF SUTTER HEALTH. THE COMPENSATION COMMITTEE OF THE SUTTER HEALTH BOARD OF DIRECTORS RETAINS ULTIMATE DISCRETIONARY AUTHORITY OVER ALL ELEMENTS OF COMPENSATION TO ASSURE THAT ORGANIZATIONAL PURPOSES ARE APPROPRIATELY BEING SERVED. THE COMPENSATION COMMITTEE USES CREDIBLE DATA SOURCES AND MAINTAINS AN OBJECTIVE "ARMS LENGTH" DECISION-MAKING PROCESS, ENSURING THE INTEGRITY OF SUTTER'S EXECUTIVE PROGRAMS AND CONSISTENCY WITH THE ORGANIZATION'S OVERALL MISSION.
NONQUALIFIED RETIREMENT PLAN	PART I, QUESTION 4B	THE PURPOSE OF THE NONQUALIFIED RETIREMENT PLAN IS TO PROVIDE ADDITIONAL DEFERRED COMPENSATION BENEFITS TO THE PARTICIPANTS, WHO ARE MEMBERS OF A SELECT GROUP OF MANAGEMENT OR HIGHLY COMPENSATED EMPLOYEES, BY PROVIDING FOR THE PAYMENT OF DEFERRED COMPENSATION AFTER THE COMPLETION OF THE SPECIFIED NUMBER OF YEARS OF SERVICE. ANNUALLY, SUTTER HEALTH MAKES A CONTRIBUTION TO EACH PARTICIPANT'S ACCOUNT BASED ON 4% OF BASE PAY. THERE IS AN ADDITIONAL CONTRIBUTION FOR EXECUTIVES WHOSE PENSION ELIGIBLE EARNINGS WERE GREATER THAN THE PENSION PAY CAP IN THE PREVIOUS YEAR. THE CALCULATION IS AS FOLLOWS: * PENSION ELIGIBLE EARNINGS * LESS PENSION PAYCAP AMOUNT * TIMES A SPECIFIC % BASED ON YEARS OF SERVICE. THE PENSION RESTORATION PLAN IS DESIGNED TO HELP MAXIMIZE EACH PARTICIPANT'S RETIREMENT POTENTIAL BY PROVIDING A TARGETED BENEFIT THAT, ALONG WITH EACH PARTICIPANT'S OTHER RETIREMENT INCOME, PROVIDES * 65% OF FINAL 4-YEAR AVERAGE SALARY IF PARTICIPANT RETIRES AT AGE 65 WITH 22.5 YEARS OF SERVICE * 50% OF FINAL 4-YEAR AVERAGE SALARY IF PARTICIPANT RETIRES AT AGE 65 WITH 15 YEARS OF SERVICE. SINCE IT IS A TARGETED BENEFIT, ANNUAL CONTRIBUTION AMOUNTS VARY BASED ON ASSUMPTIONS MADE TAKING INTO ACCOUNT EACH PARTICIPANT'S AGE, YEARS OF SERVICE, AND OTHER RETIREMENT ACCOUNT BALANCES. NAME AND AMOUNT FOR 2009: PAT BRADY \$46,700; PATRICK FRY \$557,120; TOM GAGEN \$137,200; TERESA GLUBKA \$19,500; MITCH HANNA \$15,500; SARAH KREVANS \$125,300; ANNE PLATT \$13,600; THOMAS REAM \$13,300; JEFF SPRAGUE \$34,300; JANET WAGNER \$15,100; JOHN MESIC MD \$33,100; SHELLY MCGRUFF \$16,500; BARBARA NELSON \$13,300; JEFFREY SZCZESNY \$15,700.
NON-FIXED PAYMENTS	PART I, QUESTION 7	SPOT AWARDS ARE INFREQUENTLY USED TO REWARD EMPLOYEES. THERE ARE NO SPECIFIC GUIDELINES FOR THE AMOUNT OF THE SPOT AWARD, BUT THE AMOUNT TENDS TO NEVER EXCEED 5% OF GROSS PAY.

Software ID:  
Software Version:  
EIN: 94-1156621  
Name: SUTTER HEALTH SAC SIERRA REGION

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
PAT BRADY	(i)0	(i)0	(i)0	(i)0	(i)0	(i)0	(i)0
	(ii)438,618	(ii)192,443	(ii)10,676	(ii)302,367	(ii)16,664	(ii)960,768	(ii)158,214
PATRICK FRY	(i)0	(i)0	(i)0	(i)0	(i)0	(i)0	(i)0
	(ii)1,388,106	(ii)897,243	(ii)14,148	(ii)1,664,838	(ii)28,307	(ii)3,992,642	(ii)652,984
TOM GAGEN	(i)0	(i)0	(i)0	(i)0	(i)0	(i)0	(i)0
	(ii)543,493	(ii)211,451	(ii)5,562	(ii)458,954	(ii)15,685	(ii)1,235,145	(ii)176,776
THERESA GLUBKA	(i)0	(i)0	(i)0	(i)0	(i)0	(i)0	(i)0
	(ii)346,236	(ii)91,942	(ii)6,810	(ii)203,886	(ii)3,419	(ii)652,293	(ii)108,494
MITCH HANNA	(i)0	(i)0	(i)0	(i)0	(i)0	(i)0	(i)0
	(ii)289,920	(ii)104,478	(ii)8,950	(ii)172,156	(ii)17,311	(ii)592,815	(ii)103,412
SARAH KREVANS	(i)0	(i)0	(i)0	(i)0	(i)0	(i)0	(i)0
	(ii)799,001	(ii)432,901	(ii)11,058	(ii)758,776	(ii)18,922	(ii)2,020,658	(ii)307,574
SHELLY MCGRIFF	(i)0	(i)0	(i)0	(i)0	(i)0	(i)0	(i)0
	(ii)291,972	(ii)47,900	(ii)4,125	(ii)96,993	(ii)11,161	(ii)452,151	(ii)59,261
JOHN MESIC MD	(i)0	(i)0	(i)0	(i)0	(i)0	(i)0	(i)0
	(ii)464,205	(ii)103,300	(ii)7,488	(ii)200,581	(ii)11,220	(ii)786,794	(ii)125,331
BARBARA NELSON	(i)0	(i)0	(i)0	(i)0	(i)0	(i)0	(i)0
	(ii)265,039	(ii)56,100	(ii)890	(ii)91,368	(ii)11,145	(ii)424,542	(ii)62,049
ANNE PLATT	(i)0	(i)0	(i)0	(i)0	(i)0	(i)0	(i)0
	(ii)270,659	(ii)102,581	(ii)6,031	(ii)177,931	(ii)17,480	(ii)574,682	(ii)64,020
THOMAS REAM II	(i)0	(i)0	(i)0	(i)0	(i)0	(i)0	(i)0
	(ii)198,586	(ii)29,700	(ii)755	(ii)75,897	(ii)10,684	(ii)315,622	(ii)29,700
JEFF SPRAGUE	(i)0	(i)0	(i)0	(i)0	(i)0	(i)0	(i)0
	(ii)434,700	(ii)93,800	(ii)614	(ii)190,158	(ii)15,472	(ii)734,744	(ii)113,177
JEFFREY SZCZESNY	(i)0	(i)0	(i)0	(i)0	(i)0	(i)0	(i)0
	(ii)267,906	(ii)50,300	(ii)3,687	(ii)125,042	(ii)15,323	(ii)462,258	(ii)35,300
JANET WAGNER	(i)0	(i)0	(i)0	(i)0	(i)0	(i)0	(i)0
	(ii)280,658	(ii)86,878	(ii)3,969	(ii)156,596	(ii)12,873	(ii)540,974	(ii)72,127
PENNY WESTFALL	(i)0	(i)0	(i)0	(i)0	(i)0	(i)0	(i)0
	(ii)276,652	(ii)0	(ii)0	(ii)13,831	(ii)8,673	(ii)299,156	(ii)0
GREGORY GRAVES	(i)0	(i)0	(i)0	(i)0	(i)0	(i)0	(i)0
	(ii)533,519	(ii)0	(ii)0	(ii)14,397	(ii)10,468	(ii)558,384	(ii)0

<div>Schedule K (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Name of the organization SUTTER HEALTH SAC SIERRA REGION</div>	<div>Supplemental Information on Tax Exempt Bonds</div> <div>▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ▶ Attach to Form 990. ▶ See separate instructions.</div>	OMB No 1545-0047
		2009
		Open to Public Inspection
Employer identification number		
94-1156621		

Part I

Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	CSCDA 2003AB	52-1598225	130911NE6	01-30-2003	67,348,334	EXPANSION/RENOVATION OF FACILITY		X		X
B	CSCDA 2004CD	68-0164610	130795TE7	05-06-2008	25,893,310	REFUNDING - 2/17/04		X		X
C	CSCDA 2005A	68-0164610	130911U24	10-19-2005	51,464,784	REFUNDING - 7/18/95		X		X
D	CHFFA 2007A	52-1643828	13033FQ 37	05-01-2007	83,482,596	REFUNDING - 7/18/95		X		X
E	CHFFA 2008A	52-1643828	13033F2L3	05-14-2008	143,269,563	REFUNDING - 2/17/04		X		X

Part II

Proceeds

		A		B		C		D		E	
1	Total proceeds of issue	20,969,804		2,351,798		5,361,332		3,471,929			
2	Gross proceeds in reserve funds	6,416,118		2,351,798		5,361,332					
3	Proceeds in refunding or defeasance escrows										
4	Other unspent proceeds										
5	Issuance costs from proceeds										
6	Working capital expenditures from proceeds										
7	Capital expenditures from proceeds	60,086,250						69,099,155			
8	Year of substantial completion	2004		2005		2008		2008			
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?	X		X		X		X		X	
10	Were the bonds issued as part of an advance refunding issue?	X		X		X		X		X	
11	Has the final allocation of proceeds been made?	X		X		X		X		X	
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X		X	

Part III

Private Business Use

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

Part III

Private Business Use (Continued)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?	X		X		X		X		X	
3b	Are there any research agreements with respect to the financed property which may result in private business use?	X		X		X		X		X	
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X		X		X		X		X
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 500 %		0 300 %		4 000 %		0 200 %		0 100 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 100 %								0 100 %
6	Total of lines 4 and 5		0 500 %		0 300 %		4 000 %		0 200 %		0 200 %
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X		X	

Part IV

Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	X		X		X		X		X	
2	Is the bond issue a variable rate issue?		X		X		X		X		X
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X		X		X		X
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X		X		X		X		X
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?	X		X			X		X		X
6	Did the bond issue qualify for an exception to rebate?		X		X		X		X		X

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

Department of the Treasury  
Internal Revenue Service

## Transactions with Interested Persons

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

**▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

# 2009

## Open to Public Inspection

**Name of the organization**  
SUTTER HEALTH SAC SIERRA REGION

Employer identification number

94-1156621

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

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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
<b>2</b>	Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ _____			
<b>3</b>	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, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total . . . . .			▶ \$							

**Part III** Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance
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## Part IV Business Transactions Involving Interested Persons.

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

(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
JOHN BARNSDALE MD	TRUSTEE	3,660,932	SEE SCHEDULE O		No
RICHARD KRAMER	TRUSTEE	787,972	SEE SCHEDULE O		No
MARIE POWERS ANTOINE	TRUSTEE	223,772	SEE SCHEDULE O		No
MICHAEL DOURGARIAN	TRUSTEE	689,609	SEE SCHEDULE O		No
MICHAEL NEWELL	TRUSTEE	77,818	SEE SCHEDULE O		No



SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

NonCash Contributions

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization  
SUTTER HEALTH SAC SIERRA REGION

Employer identification number  
94-1156621

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .	X	2	14,000	FMV
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( VARIOUS MEDICAL ITEMS )	X	1	3,238,138	FMV
26 Other ► ( PT LIFT EQUIPMENT )	X	1	13,965	FMV
27 Other ► ( VARIOUS SMALL ITEMS )	X	1	4,800	FMV
28 Other ► ( )				

29

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .

29

0

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .

30a

Yes

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .

32a

No

b

If "Yes," describe in Part II

33

If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE O  
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization  
SUTTER HEALTH SAC SIERRA REGION

Employer identification number  
94-1156621

Identifier	Return Reference	Explanation
MISSION STATEMENT	PART I, LINE 1 AND PART III, LINE 1	MISSION - WE ENHANCE THE HEALTH AND WELL-BEING OF PEOPLE IN THE COMMUNITIES WE SERVE, THROUGH A NOT-FOR-PROFIT COMMITMENT TO COMPASSION AND EXCELLENCE IN HEALTH CARE SERVICES VISION - SUTTER HEALTH WILL BE A RECOGNIZED LEADER IN TRANSFORMING HEALTH CARE TO MEET THE NEEDS OF THE 21ST CENTURY AT BOTH THE LOCAL AND REGIONAL LEVELS WE WILL BE THE PREFERRED PROVIDER TO OUR PATIENTS AND CUSTOMERS SUTTER HEALTH SACRAMENTO SIERRA REGION IS COMPRISED OF SEVERAL HOSPITALS SUTTER AUBURN FAITH HOSPITAL, SUTTER DAVIS HOSPITAL, SUTTER MEDICAL CENTER SACRAMENTO, SUTTER ROSEVILLE MEDICAL CENTER, SUTTER SOLANO MEDICAL CENTER AND SUTTER AMADOR HOSPITAL

Identifier	Return Reference	Explanation
EXEMPT PURPOSE ACHIEVEMENTS	990 PART III, LINE 4A	SUTTER AUBURN FAITH HOSPITAL SUTTER AUBURN FAITH HOSPITAL IS CURRENTLY LICENSED FOR 97 ACUTE BEDS SUTTER AUBURN FAITH HOSPITAL PROVIDES THE FOLLOWING SERVICES CARDIAC CARE UNIT, CARDIAC CATHETERIZATION/VASCULAR LAB, CARDIOPULMONARY SERVICES, DIAGNOSTIC IMAGING, EMERGENCY DEPARTMENT, ENDOSCOPY SERVICES, FAMILY BIRTH CENTER, FULL LABORATORY, HOME HEALTH/HOSPICE, INFUSION CENTER, INTENSIVE CARE UNIT, NUCLEAR MEDICINE, OUTPATIENT/INPATIENT SURGERY, PHYSICAL THERAPY, PHYSICIAN REFERRAL RADIOLOGY, SENIOR SERVICES, TELEMETRY AND WOUND CARE SUTTER AUBURN FAITH HOSPITAL SERVES THE COMMUNITY THROUGH A VARIETY OF MEDICAL AND SURGICAL SPECIALTIES, INCLUDING ANESTHESIOLOGY BARIATRIC SERVICES CARDIOLOGY DENTISTRY DERMATOLOGY DIAGNOSTIC IMAGING ENDOSCOPY EMERGENCY MEDICINE GASTROENTEROLOGY INFUSION THERAPY INTERNAL MEDICINE NEPHROLOGY NEUROLOGY OB/GYN OCCUPATIONAL MEDICINE ONCOLOGY OPHTHALMOLOGY ORAL SURGERY OTOLARYNGOLOGY PATHOLOGY PEDIATRICS PERINATAL PLASTIC SURGERY PODIATRY PRIMARY CARE/FAMILY PRACTICE RADIATION ONCOLOGY RADIOLOGY SURGERY TRANSFUSION MEDICINE UROLOGY WOMEN'S IMAGING CENTER WOUND CARE CENTER SUTTER AUBURN FAITH HOSPITAL'S MISSION IS TO SERVE THE HEALTH CARE NEEDS OF AUBURN AND SURROUNDING FOOTHILL COMMUNITIES THROUGH PARTNERSHIPS WITH PHYSICIANS, PAYORS, OTHER HEALTH AND HUMAN SERVICES AGENCIES AND WITH OUR EMPLOYEES AND VOLUNTEER LEADERSHIP, SUTTER AUBURN FAITH HOSPITAL SEEKS TO PROVIDE A CONTINUUM OF HEALTH AND WELLNESS SERVICES TO ASSURE A HIGH QUALITY OF LIFE FOR THE PEOPLE LIVING IN OUR SERVICE AREA COMMUNITY BENEFIT PROGRAMS AS THE ONLY HOSPITAL IN ITS SERVICE AREA, SUTTER AUBURN FAITH HOSPITAL HAS BOTH A SIGNIFICANT RESPONSIBILITY TO AND IMPACT ON, THE SIERRA FOOTHILL COMMUNITIES IN ADDITION TO PROVIDING A BROAD RANGE OF MEDICAL AND PREVENTIVE CARE TO A DIVERSE REGION-RANGING FROM SMALL CITIES TO RUGGED, SPARSELY POPULATED WILDERNESS AREAS- THE HOSPITAL IS THE SECOND LARGEST EMPLOYER IN THE AUBURN AREA THE HOSPITAL, IN COLLABORATION WITH SUTTER ROSEVILLE MEDICAL CENTER, CREATED A COMMUNITY ADVISORY BOARD AND COMMUNITY PARTNERSHIPS COUNCIL (A SUB-COMMITTEE OF THE ADVISORY GROUP) IN ORDER TO IDENTIFY AND ADDRESS THE NEEDS IN PLACER COUNTY NOTABLE SERVICE ELEMENTS INCLUDE * SUTTER AUBURN FAITH HOSPITAL IS FOUNDING PARTNER OF THE NOW COLLABORATIVELY OPERATED HEALTH EXPRESS HEALTH EXPRESS EXPANDED IN 2007 TO PROVIDE LAST RESORT MEDICALLY-RELATED TRANSPORTATION TO ALL UNDERSERVED POPULATIONS IN SOUTH PLACER COUNTY * THE INTERIM CARE PROGRAM (ICP) PROVIDES A TEMPORARY RESPITE PROGRAM FOR HOMELESS PATIENTS WHO ARE DISCHARGED FROM SUTTER AUBURN FAITH HOSPITAL THE PROGRAM IS DESIGNED TO GIVE PATIENTS WITHOUT HOUSING ALTERNATIVES, A CLEAN AND SAFE PLACE TO HEAL FOR UP TO SIX WEEKS AND COMPREHENSIVE WRAP-AROUND SERVICES LIKE SUBSTANCE ABUSE TREATMENT, PERMANENT HOUSING AND MEDICAL CARE * THE FAMILY SUPPORT PROGRAM LINKS PLACER COUNTY RESIDENTS WITH COMMUNITY SUPPORT GROUPS AND SERVICES SUTTER AUBURN FAITH HOSPITAL AND SUTTER ROSEVILLE MEDICAL CENTER CONTRACT WITH THE PLACER COUNTY DEPARTMENT OF HEALTH TO PROVIDE A PUBLIC HEALTH NURSE IN THE HOSPITAL TO CONNECT WITH PATIENTS AND PROVIDE EDUCATION AND REFERRALS * PROJECT FIT AMERICA IS A PROGRAM DESIGNED TO PROMOTE HEALTHY LIVING AND FITNESS IN THE NATION'S YOUTH PROJECT FIT HAS IMPLEMENTED CREATIVE, FUN HEALTH AND FITNESS PROGRAMS IN AUBURN-AREA SCHOOLS SUTTER AUBURN FAITH HOSPITAL PROVIDES THE FUNDS TO PURCHASE THE NECESSARY PLAYGROUND EQUIPMENT AND PLAY GEAR FOR THE KIDS TO USE AS THEY PERFORM THE PROJECT FIT EXERCISES AND DRILLS * THE SENIOR RECREATION AND RESPITE PROGRAM (R & R) IS DESIGNED TO MEET THE NEEDS OF OLDER ADULTS WITH MEMORY OR PHYSICAL IMPAIRMENT THE PROGRAM PROVIDES RECREATIONAL, SOCIAL AND EDUCATIONAL ACTIVITIES FOR THE PARTICIPANTS, AND RESPITE FOR CAREGIVERS TO ENJOY SOME FREE TIME TO THEMSELVES THE STAFF IS SUPPORTED BY ITS VALUABLE TEAM OF VOLUNTEERS AND COMPLETED BY PERSONAL CARE AIDS R & R MEETS TWO TIMES A WEEK AT THE MAIDU COMMUNITY CENTER IN ROSEVILLE, ONCE A WEEK IN AUBURN, AND TWICE A WEEK IN LINCOLN * THE SENIOR RESOURCE GUIDE IS A BOOKLET, FREE TO THE PUBLIC, WITH INFORMATION ON A MULTITUDE OF SENIOR SERVICES AVAILABLE IN PLACER COUNTY THE GUIDE IS UPDATED AND DISTRIBUTED SEMI-ANNUALLY VIA PHYSICIAN OFFICES, SENIOR APARTMENT COMPLEXES, SENIOR CENTERS, SKILLED NURSING FACILITIES, LIBRARIES, MOBILE HOME COMMUNITIES, SENIOR SERVICE PROVIDERS, HOME HEALTH AND HOSPICE AGENCIES AND MANY OTHER SERVICE ORGANIZATIONS AND PUBLIC PLACES WE ARE ABLE TO PRODUCE THIS GUIDE IN PARTNERSHIP WITH SENIORS FIRST, THE SUTTER AUBURN FAITH HOSPITAL FOUNDATION, SUTTER ROSEVILLE MEDICAL CENTER AND THE SUTTER ROSEVILLE MEDICAL CENTER FOUNDATION * THE SURVIVOR PLANNING PROGRAM WAS INITIALLY LAUNCHED IN 2006 AND IS DESIGNED TO HELP PEOPLE PREPARE FOR THE LOSS OF A LOVED ONE IT IS BELIEVED TO BE THE FIRST COMPREHENSIVE PROGRAM IN THE COUNTRY DEALING WITH PLANNING FOR LIFE AS A SURVIVOR THE PROGRAM IS DESIGNED TO ASSIST IN PREPARING FOR THE LOSS AND, WHEN THE TIME COMES, DEALING WITH THE ACTUAL PASSING OF A LOVED ONE AND ADJUSTING TO A NEW FUTURE IT IS NOW AVAILABLE IN CD FORM AND IS A PARTNERSHIP BETWEEN SUTTER AUBURN FAITH HOSPITAL, SUTTER AUBURN FAITH HOSPITAL FOUNDATION, SUTTER ROSEVILLE MEDICAL CENTER, SUTTER ROSEVILLE MEDICAL CENTER FOUNDATION AND THE SUN CITY ROSEVILLE FOUNDATION ADDITIONAL COMMUNITY SERVICES * SUTTER AUBURN FAITH HOSPITAL RESPONDS TO MORE THAN 56,000 INPATIENT AND OUTPATIENT VISITS PER YEAR IT'S EMERGENCY DEPARTMENT, WHICH IS STAFFED 24 HOURS A DAY AND IS LINKED TO THE TRAUMA CENTER AT SUTTER ROSEVILLE MEDICAL CENTER * SUTTER AUBURN FAITH HOSPITAL PROVIDES A FULL RANGE OF HOME HEALTH CARE THROUGH ITS AFFILIATED VISITING NURSES ASSOCIATION (VNA), WHICH CONTINUES TO EXPAND ITS PREVENTIVE HEALTH PROGRAMMING THROUGH SUCH OUTREACH EFFORTS AS FLU AND PNEUMONIA CLINICS FOR SENIORS AND PEOPLE WITH CHRONIC HEALTH PROBLEMS * SUTTER AUBURN FAITH HOSPITAL DELIVERS AROUND 400 BABIES EACH YEAR AND SUPPORTS NEW FAMILIES THROUGH ITS HOME-STYLE BIRTHING FACILITIES, FAMILY-CENTERED CARE PROGRAMS, AND A VARIETY OF PRE-NATAL CLASSES * SUTTER AUBURN FAITH HOSPITAL HAS A 24-HOUR PER DAY OUTPATIENT HOSPICE PROGRAM (MEDICARE CERTIFIED) WHICH USES A TEAM OF MEDICAL PROFESSIONALS AND VOLUNTEERS TO PROVIDE IN-HOME AND CAREGIVER SUPPORT, PAIN MITIGATION, BEREAVEMENT SUPPORT GROUPS (INCLUDING A CHILDREN'S BEREAVEMENT ART PROGRAM) AND CHAPLAINCY ASSISTANCE INSPIRED BY A GROUP OF LOCAL CITIZENS IN 1981, AND ASSISTED TODAY BY AN ACTIVE COMMUNITY ADVISORY BOARD, HOSPICE SERVICES ARE PROVIDED FREE OF CHARGE REGARDLESS OF INSURANCE COVERAGE OR ABILITY TO PAY * THE SUTTER AUBURN FAITH HOSPITAL GUILD IS COMPRISED OF 120 VOLUNTEERS WHO PROVIDE HIGHLY SPECIALIZED SKILLS AND EXPERIENCE- BOTH WITHIN THE HOSPITAL AND VIA OUTREACH EFFORTS TO THE COMMUNITY -WHICH WOULD NOT OTHERWISE BE AFFORDABLE * SUTTER AUBURN FAITH HOSPITAL PARTNERED FIRST WITH ROCK CREEK ELEMENTARY SCHOOL IN 1998, THEN WITH ALTA VISTA ELEMENTARY, TO PROVIDE THE SCHOOL HOSPITAL OUTREACH PROGRAM (SHOP) WHICH PROVIDES WEEKLY HEALTH AND SAFETY EDUCATION LESSONS TO SECOND GRADE CLASSROOMS HOSPITAL PARTNERS FROM SUTTER AUBURN TEACH THE HEALTH AND SAFETY EDUCATION CLASSES TO THE STUDENTS * THE COMMUNITY BENEFIT GRANTS PROGRAM INVESTS IN COMMUNITY PROGRAMS THAT COLLABORATIVELY WORK TOGETHER TO IMPROVE THE OVERALL HEALTH OF PLACER RESIDENTS * THE SENIOR RECREATION AND RESPITE PROGRAM OFFER A DAY PROGRAM FOR SENIORS WHO ARE MENTALLY AND/OR PHYSICALLY IMPAIRED THE PROGRAM PROVIDES STIMULATING ACTIVITIES FOR THE PARTICIPANTS AND AN OPPORTUNITY FOR CAREGIVERS TO HAVE A BREAK FROM THE 24/7 CARE THEY PROVIDE THEIR LOVED ONES SUTTER AUBURN FAITH HOSPITAL HAS A STRONG TRADITION OF PROVIDING CHARITY AND UNCOMPENSATED CARE TO ITS COMMUNITIES ADDITIONALLY, OVER THE YEARS, THE HOSPITAL HAS INITIATED AND PROVIDED SUPPORT TO A WIDE RANGE OF HEALTH EDUCATION CLASSES, HEALTH MAINTENANCE PROGRAMS, SPECIALIZED SUPPORT GROUPS, HEALTH FAIRS, AND COOPERATIVE PROGRAMS FOR VULNERABLE POPULATIONS AND COMMUNITY EFFORTS TO IMPROVE THE OVERALL QUALITY OF LIFE FOR LOCAL RESIDENTS

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EXEMPT PURPOSE ACHIEVEMENTS	990 PART III, LINE 4A	<p>SUTTER DAVIS HOSPITAL SUTTER DAVIS HOSPITAL IS A TWO-STORY 90,000 SQUARE FOOT ACUTE CARE HOSPITAL LICENSED FOR 48 BEDS THAT SERVES THE HEALTH CARE NEEDS OF RESIDENTS LIVING IN DAVIS, DIXON, WOODLAND AND WINTERS THE FACILITY IS LOCATED IN THE WESTERN-MOST SECTION OF THE CITY OF DAVIS AT THE CORNER OF HIGHWAY 113 AND COVELL BOULEVARD AS DAVIS' THIRD LARGEST EMPLOYER, SUTTER DAVIS EMPLOYS APPROXIMATELY 400 INDIVIDUALS WHO PROVIDE ROUND-THE-CLOCK CARE TO THE SICK, THE INJURED AND THOSE RECUPERATING FROM SURGERY PERFORMED IN THE HOSPITAL'S THREE FULLY EQUIPPED OPERATING SUITES THE PATIENTS ARE SERVED BY A MEDICAL STAFF OF MORE THAN 160, AN ACTIVE AUXILIARY OF MORE THAN 150 PEOPLE AND A GROUP OF APPROXIMATELY 15 STUDENTS SERVE THE HOSPITAL AS VOLUNTEERS SUTTER DAVIS IS ACCREDITED BY THE JOINT COMMISSION ON THE ACCREDITATION OF HEALTHCARE ORGANIZATIONS IT IS MEDICARE CERTIFIED AND ACCEPTS MOST PRIVATE INSURANCE PLANS AS A NOT-FOR-PROFIT HOSPITAL, SUTTER DAVIS ALSO DONATES MANY COMMUNITY SERVICES SUTTER DAVIS HOSPITAL SEEKS TO PROVIDE A CONTINUUM OF HEALTH AND WELLNESS SERVICES TO ASSURE A HIGH QUALITY OF LIFE FOR THE PEOPLE LIVING IN OUR SERVICE AREA SUTTER DAVIS HOSPITAL SERVES THE COMMUNITY THROUGH A VARIETY OF MEDICAL AND SURGICAL SERVICES, INCLUDING CANCER CENTER CARDIAC REHABILITATION DIGITAL MAMMOGRAPHY DIAGNOSTIC IMAGING EMERGENCY SERVICES HEART AND VASCULAR INSTITUTE INFUSION THERAPY INTENSIVE CARE MEDICAL LIBRARY NUCLEAR MEDICINE FAMILY BIRTH CENTER COMMUNITY BENEFIT PROGRAMS SUTTER DAVIS HOSPITAL IS INVOLVED IN TWO MAJOR COMMUNITY BENEFIT PROGRAMS SERVING THE MEDICALLY INDIGENT AND UNDERSERVED POPULATION IN YOLO COUNTY THE YOLO HEALTH ALLIANCE (YHA) IS A COLLABORATIVE EFFORT AMONG SUTTER DAVIS HOSPITAL, COUNTY OF YOLO, COMMUNICARE HEALTH CENTERS, AND SUTTER WEST MEDICAL GROUP ESTABLISHED IN 1993 IN RESPONSE TO A REQUEST FOR PROPOSAL FROM THE COUNTY, THE YHA PROVIDES HEALTH CARE TO THE MEDICALLY INDIGENT POPULATION THROUGH INTENSIVE CASE MANAGEMENT AND OUTREACH PROVIDED BY COMMUNICARE THE YOLO PERINATAL PROGRAM IS A MIDWIFERY PROGRAM THAT PROVIDES PRENATAL CARE AND EDUCATION TO MEDICAL ELIGIBLE WOMEN SUTTER DAVIS HOSPITAL CONTRIBUTES ANNUALLY TO SUPPORT BOTH PROGRAMS IN ADDITION TO COLLABORATIVE PARTNERSHIPS WITH YOLO COUNTY, SUTTER DAVIS HOSPITAL PARTNERS WITH LOCAL COMMUNITY GROUPS AND SENIOR CENTERS TO PROVIDE FREE ONGOING HEALTH EDUCATION AND HEALTH SCREENINGS ADDITIONAL COMMUNITY SERVICES * 24-HOUR EMERGENCY SERVICES - OUR EMERGENCY DEPARTMENT IS STAFFED AND EQUIPPED TO CARE FOR MOST EMERGENCY NEEDS AROUND THE CLOCK * BIRTHING CENTER- THE SELF-CONTAINED BIRTHING CENTER HAS SIX LABOR AND DELIVERY ROOMS AND 12 POSTPARTUM ROOMS, AS WELL AS ITS OWN DIAGNOSTIC CAPABILITIES AND OPERATING SUITE ALTERNATIVE BIRTHING METHODS ARE ALSO AVAILABLE SUCH AS WATER BIRTHS, MIDWIVES AS WELL AS A VOLUNTEER DOULA PROGRAM * INTENSIVE CARE UNIT - AN INTENSIVE CARE UNIT IS STAFFED BY SPECIALLY TRAINED NURSES AND DIRECTED BY A BOARD-CERTIFIED CRITICAL CARE INTERNIST FOR AROUND-THE-CLOCK MONITORING OF THE EXTREMELY ILL * THE HEART AND VASCULAR INSTITUTE AT SUTTER DAVIS HOSPITAL PROVIDES OUR PATIENTS WITH COMPREHENSIVE CARDIAC DIAGNOSTIC, REHABILITATION AND PREVENTION SERVICES OUR RECENTLY RENOVATED CARDIAC REHABILITATION DEPARTMENT BOOSTS A 12 CHANNEL TELEMETRY SYSTEM AND A GYM WITH CARDIORESPIRATORY EMPHASIS - INCLUDING TREADMILLS, ELLIPTICAL WALKERS, NEUTEPS, BIKES, STRENGTH AND STRETCH TRAINING, AND BALANCE SYSTEM USING THE LATEST TECHNOLOGY AND RESEARCH AVAILABLE, OUR CARING STAFF PROVIDES PATIENTS WITH AN INDIVIDUALIZED PROGRAM TO ENHANCE THEIR HEALTH AND WELL-BEING THROUGH EXERCISE AND PREVENTION * SUTTER CANCER CENTER AT DAVIS - AS A SATELLITE CENTER OF SUTTER CANCER CENTER IN SACRAMENTO, SUTTER DAVIS GIVES LOCAL PATIENTS THE ABILITY TO RECEIVE QUALITY CARE, CLOSE TO HOME OUR RECENTLY EXPANDED INFUSION CENTER PROVIDES INFUSION THERAPY, INCLUDING CHEMOTHERAPY, BLOOD TRANSFUSIONS, INTRAVENOUS INFUSIONS, INJECTIONS AND PATIENT EDUCATION WE COORDINATE SERVICES WITH OUR LOCAL ONCOLOGISTS AND CANCER SURGEONS TO MAKE SURE PATIENTS WITH CANCER DON'T HAVE TO TRAVEL TO RECEIVE GOOD CARE * VAUGHN RESOURCE CENTER/CRONAN MEDICAL LIBRARY - PROVIDER AND COMMUNITY-BASED VIDEOTAPES, BROCHURES AND HANDOUTS ARE AVAILABLE IN THIS INFORMATION CENTER COMPUTER WORKSTATIONS PROVIDE LOCAL RESOURCES FOR SUPPORT GROUPS AND SERVICES, A DATABASE UPDATED MONTHLY WITH FOUR YEARS OF HARD-TO-FIND MEDICAL INFORMATION FROM PERIODICALS, PAMPHLETS AND REFERENCE BOOKS, AND ACCESS TO PROVIDER AND PATIENT EDUCATION INCLUDING BIBLIOMED REFERENCE LIBRARY, MEDICAL HOUSE CALLS AND CLINICAL REFERENCE SYSTEM - ADULT HEALTH ADVISOR THE RESOURCE CENTER IS STAFFED WEEKDAYS BY VOLUNTEERS PHONE AND MAILING SERVICE IS AVAILABLE * SUTTER DAVIS HOSPITAL AUXILIARY - VOLUNTEERS CONTRIBUTE MANY HOURS OF SERVICE TO THE HOSPITAL EACH YEAR THROUGH DIRECT PATIENT CONTACT SERVICES TO THE MORE TRADITIONAL VOLUNTEER ROLES SUCH AS WORKING AT THE INFORMATION DESK AND GIFT SHOP</p>

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EXEMPT PURPOSE ACHIEVEMENTS	990 PART III, LINE 4A	<p>SUTTER MEDICAL CENTER OF SACRAMENTO (HOSPITAL ORGANIZATION) GENERAL DESCRIPTION SUTTER MEDICAL CENTER, SACRAMENTO (SMCS) HAS TWO ACUTE CARE HOSPITAL CAMPUSES, SUTTER GENERAL AND SUTTER MEMORIAL, AND HAS PROVIDED HEALTH CARE TO RESIDENTS OF SACRAMENTO SINCE 1923 SUTTER MEDICAL CENTER, SACRAMENTO ALSO INCLUDES SUTTER CENTER FOR PSYCHIATRY, PROVIDING PSYCHIATRIC, MENTAL HEALTH AND CHEMICAL DEPENDENCY SERVICES SINCE 1958, AND SUTTER OAKS MIDTOWN, A 100-BED SKILLED NURSING FACILITY WITH 821 LICENSED BEDS, SMCS IS NOT-FOR-PROFIT AND FULLY ACCREDITED BY THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS SUTTER MEDICAL CENTER SACRAMENTO RECEIVED A SUPERIOR RATING FOR OVERALL PATIENT SATISFACTION ON CALHOSPITALCOMPARE.ORG, A CONSUMER ONLINE REPORT CARD PATIENT SERVICES SERVICES AT BOTH SUTTER GENERAL AND SUTTER MEMORIAL CAMPUSES INCLUDE 24-HOUR EMERGENCY SERVICES, SURGERY, RESPIRATORY THERAPY, INTENSIVE CARE, DIAGNOSTIC IMAGING, REHABILITATION, CARDIOPULMONARY, OCCUPATIONAL HEALTH, LABORATORY, PHYSICAL THERAPY, HOME HEALTH AND HOSPICE SERVICES IMPROVING FACILITIES AND ACCESS SUTTER MEDICAL CENTER SACRAMENTO'S MISSION STATEMENT IS TO EXIST TO PROVIDE PRIMARY, TERTIARY AND A CONTINUUM OF SERVICES TO MEET THE HEALTH CARE NEEDS OF PEOPLE LIVING IN THE GREATER SACRAMENTO AREA AND THROUGHOUT NORTHERN CALIFORNIA, AND TO BE THE PROVIDER OF CHOICE TO OUR PATIENTS, PARTNER OF CHOICE TO PHYSICIANS AND PAYORS, AND THE EMPLOYER OF CHOICE TO OUR STAFF THE SUTTER HEALTH NETWORK OF PHYSICIANS AND NOT-FOR-PROFIT HOSPITALS WILL INVEST BILLIONS OF DOLLARS OVER TEN YEARS TO REBUILD, REPLACE AND EXPAND MUCH OF NORTHERN CALIFORNIA'S HEALTH CARE INFRASTRUCTURE LOCALLY, PLANS (OR COMPLETED PROJECTS) INCLUDE * CONSTRUCT AN 8-STORY WOMEN'S AND CHILDREN'S HOSPITAL CAMPUS IN MIDTOWN SACRAMENTO, FEATURING NEONATAL AND PEDIATRIC INTENSIVE CARE UNITS, THE LATEST LABOR AND DELIVERY SERVICES AND A HELISTOP * REMODEL SUTTER GENERAL HOSPITAL CAMPUS TO FEATURE ONE ENTIRE FLOOR DEDICATED TO CARDIOVASCULAR AND TRANSPLANT SERVICES MEDICAL OFFICE BUILDING TO HOUSE AMBULATORY SURGERY, IMAGING SERVICES AND PHYSICIAN OFFICES AND MULTI-LEVEL PARKING GARAGE TO PROVIDE 1,100 PARKING SPACES FACILITIES WITHIN SUTTER MEDICAL CENTER, SACRAMENTO SUTTER GENERAL HOSPITAL IS AN ACUTE CARE FACILITY LICENSED AS A COMMUNITY HOSPITAL A MAJOR TERTIARY REFERRAL CENTER, IT HOUSES 306 BEDS SUTTER GENERAL HOSPITAL PROVIDES GENERAL ACUTE MEDICAL CARE AND SURGICAL SERVICES, SUB ACUTE CARE, AND SPECIALTY SERVICES IN NEUROLOGY, NEUROSURGERY, ORTHOPEDIC, SPINE, DIABETES AND ONCOLOGY CARE OTHER AREAS OF CARE INCLUDE LAPAROSCOPIC SURGERY, DIAGNOSTIC IMAGING, UROLOGY, TELEMETRY, RESPIRATORY, DIALYSIS AND 24-HOUR EMERGENCY SERVICES IN ADDITION, SUTTER CANCER CENTER, ADJACENT TO SUTTER GENERAL HOSPITAL, IS ONE OF THE LARGEST AND MOST COMPREHENSIVE CENTERS IN CALIFORNIA SUTTER GENERAL'S SUB ACUTE UNIT PROVIDES SHORT TERM, STEP-DOWN ACUTE CARE WITH PHYSICAL, OCCUPATIONAL, SPEECH AND RESPIRATORY REHABILITATION, IV THERAPY AND WOUND CARE SUTTER GENERAL HOSPITAL OFFERS SEVERAL EDUCATIONAL AND SUPPORT GROUPS AS PART OF ITS HEALTH CARE SERVICES HIGHLIGHTS OF NEW PROGRAMS AND SERVICES AT SUTTER GENERAL INCLUDE COMPUTER-ASSISTED TOTAL JOINT REPLACEMENT * DA VINCI ROBOTIC SURGICAL PROCEDURE * EICU * EXPANDED EPILEPSY PROGRAM * GLIASITE PROCEDURE TO TREAT BRAIN CANCER * TELEMETRY UNIT * NEW LANGUAGE INTERPRETATION AND TRANSLATION SERVICE * BARIATRIC SURGERY * DEEP BRAIN STIMULATION * ENHANCED NUCLEAR MEDICINE CAPABILITIES * EXPANDED EMERGENCY DEPARTMENT * GAMMA KNIFE RADIOSURGERY * 3-DIMENSIONAL ANGIOGRAPHY SUTTER MEMORIAL HOSPITAL IS A 346-BED ACUTE CARE FACILITY LICENSED AS A COMMUNITY HOSPITAL ANOTHER MAJOR TERTIARY REFERRAL CENTER, IT PROVIDES GENERAL ACUTE MEDICAL CARE AND SURGICAL SERVICES, WITH SPECIALTY SERVICES IN CARDIAC CARE, MATERNITY, NEONATAL PEDIATRICS, AND ORGAN TRANSPLANTATION HIGHLIGHTS OF NEW PROGRAMS AND SERVICES AT SUTTER MEMORIAL INCLUDE HEALING GARDEN * OUTPATIENT CONGESTIVE HEART FAILURE CLINIC * ELECTROPHYSIOLOGY LAB * PEDIATRIC LIFESTYLES PROGRAM * INTERVENTIONAL OBSERVATIONAL UNIT * BRACHYTHERAPY TREATMENT FOR CARDIAC PATIENTS SUTTER CENTER FOR PSYCHIATRY IS A 69-BED ACUTE BEHAVIORAL MEDICINE SPECIALTY HOSPITAL THAT TREATS ADULTS, ADOLESCENTS AND CHILDREN IT ALSO OFFERS A CRITICAL INCIDENT DEBRIEFING TEAM TO HELP EMPLOYEES OF BUSINESSES COPE AFTER A TRAUMATIC OR VIOLENT EPISODE SUTTER HEALTH EAP RESOURCES OFFERS CONFIDENTIAL ASSESSMENT, COUNSELING AND REFERRAL SERVICES TO EMPLOYEES OF LARGE AND SMALL BUSINESSES SUTTER CENTER FOR PSYCHIATRY OFFERS THE ONLY INPATIENT EATING DISORDER PROGRAM IN NORTHERN CALIFORNIA THIS NEW PROGRAM IS A SIX-BED SPECIALIZED TREATMENT PROGRAM FOR EATING DISORDER PATIENTS SUTTER INSTITUTE FOR MEDICAL RESEARCH (SIMR) CLINICAL INVESTIGATION IS AN INCREASINGLY IMPORTANT LINK IN COORDINATING THE LATEST ADVANCES IN SCIENCE AND TECHNOLOGY WITH DIAGNOSIS AND TREATMENT IN ORDER TO BENEFIT FROM THESE ADVANCES AND REMAIN AT THE FOREFRONT OF INNOVATION AND QUALITY IN HEALTHCARE SERVICES, IT IS ESSENTIAL THAT WE PROVIDE A CLINICAL SETTING FOR OUR PHYSICIANS AND HEALTHCARE PROFESSIONALS WHICH ARE COMPLEMENTED BY A COMPREHENSIVE RESEARCH AND DEVELOPMENT PROGRAM SUTTER HEALTH SACRAMENTO SIERRA REGION SERVICE AREA IS COMMITTED TO PROVIDING THE BEST POSSIBLE HEALTHCARE TO ITS PATIENTS, AND THE SUTTER INSTITUTE FOR MEDICAL RESEARCH SUPPORTS THIS COMMITMENT BY PROVIDING RESEARCH SUPPORT AND EDUCATION PROGRAMS SIMR HAS A HISTORY OF FOUR DECADES OF COMMITMENT TO MEDICAL RESEARCH SIMR HAS GAINED RECOGNITION FOR ITS INVESTIGATIVE STUDIES IN THE AREAS OF HEART, CANCER, ORTHOPEDICS, RESPIRATORY AND NEUROLOGICAL DISEASE SIMR'S PRIMARY OBJECTIVE IS TO HELP HEALTH PROFESSIONALS CONDUCT RESEARCH IN A CLINICAL SETTING BY PROVIDING MANAGEMENT AND ADMINISTRATIVE RESOURCES OTHERWISE UNAVAILABLE TO THE PRIVATE PRACTITIONER AT SIMR, SUTTER INVESTIGATORS RECEIVE SUPPORT IN FIVE AREAS RESEARCH ADMINISTRATIVE SERVICES IN 1996, SUTTER HEALTH SACRAMENTO SIERRA REGION CONSOLIDATED THE ADMINISTRATION OF MEDICAL RESEARCH IN THE SACRAMENTO REGION UNDER THE AUSPICES OF SIMR FOR THIS PURPOSE, SIMR ESTABLISHED THE OFFICE OF RESEARCH ADMINISTRATION (ORA) THE ORA SERVES AS A CLEARINGHOUSE FOR THE REVIEW, ADMINISTRATION, REPORTING AND MONITORING OF ALL RESEARCH ACTIVITY CONDUCTED AT SUTTER AFFILIATES WITHIN THE REGION, INCLUDING SUTTER MEDICAL CENTER (SUTTER GENERAL AND MEMORIAL HOSPITALS, AND SUTTER CENTER FOR PSYCHIATRY), SUTTER DAVIS HOSPITAL, SUTTER AUBURN FAITH HOSPITAL, SUTTER ROSEVILLE MEDICAL CENTER, SUTTER SOLANO MEDICAL CENTER AND SUTTER MEDICAL FOUNDATION SUTTER HEALTH CENTRAL AREA INSTITUTIONAL REVIEW COMMITTEE IN 1996, A SINGLE REGIONAL SUTTER HEALTH CENTRAL AREA INSTITUTIONAL REVIEW COMMITTEE (IRC) WAS ESTABLISHED FOR THE REVIEW OF ALL RESEARCH INVOLVING HUMAN SUBJECTS BY SUTTER-ALIGNED PHYSICIANS IN THE SACRAMENTO SIERRA REGION THE IRC IS ALSO THE REVIEW BOARD FOR EDEN MEDICAL CENTER, SUTTER AMADOR HOSPITAL AND SUTTER TRACY COMMUNITY HOSPITAL HUMAN SUBJECT REVIEW IS MANDATED BY LAW TO PROTECT THE RIGHTS AND WELFARE OF HUMAN SUBJECTS INVOLVED IN RESEARCH THE SUTTER HEALTH CENTRAL AREA IRC OPERATES UNDER POLICIES AND PROCEDURES THAT CONFORM TO FEDERAL AND STATE LAWS AND REGULATIONS IN 2006, THE IRC REVIEWED AND APPROVED 96 NEW RESEARCH PROTOCOLS AND CONTINUED TO MONITOR 325 ONGOING STUDIES CANCER CONTINUES TO BE A MAJOR AREA OF RESEARCH WITH MORE THAN 130 ADULT AND PEDIATRIC STUDIES, MOST FUNDED BY THE NATIONAL CANCER INSTITUTE THROUGH ITS COOPERATIVE PROJECTS RESEARCH PROGRAM RESEARCH SUPPORT SERVICES SIMR PROVIDES A VARIETY OF SUPPORT SERVICES TO SUTTER CLINICAL INVESTIGATORS, INCLUDING A GRANTS PROGRAM FOR FUNDING MERITORIOUS RESEARCH PROJECTS INITIATED BY SUTTER INVESTIGATORS FUNDS TO FINANCE THESE GRANTS COME FROM DONATIONS AND OTHER PHILANTHROPIC GIFTS MADE TO SUTTER MEDICAL CENTER FOUNDATION SINCE 1989, SUTTER MEDICAL CENTER FOUNDATION AND SIMR HAVE FUNDED 40 RESEARCH PROJECTS TOTALING APPROXIMATELY \$1 MILLION OTHER SERVICES INCLUDE ASSISTANCE TO INVESTIGATORS WHO ARE SEEKING EXTRAMURAL FUNDING THROUGH PROPOSAL DEVELOPMENT AND PRE-AWARD EXTRAMURALLY-FUNDED RESEARCH PROJECTS, AND STATISTICAL ANALYSIS AND CONSULTATION FOR CLINICAL RESEARCH PROJECTS, QUALITY INDICATOR STUDIES, CLINICAL EFFECTIVENESS AND CLINICAL OUTCOMES STUDIES</p>

Identifier	Return Reference	Explanation
EXEMPT PURPOSE ACHIEVEMENTS	990 PART III, LINE 4A	<p>CLINICAL TRIALS PROGRAM THE SIMR CLINICAL TRIALS PROGRAM PROVIDES AN ENVIRONMENT FOR BRINGING HEALTH PROFESSIONALS AT SUTTER HEALTH AND CLINICAL TRIAL SPONSORS TOGETHER TO PARTICIPATE IN INNOVATIVE CLINICAL RESEARCH PROGRAMS OUR PROGRAM OFFERS A STRONG INFRASTRUCTURE FOR CLINICAL INVESTIGATORS WHO WISH TO OFFER THEIR PATIENTS THE LATEST INVESTIGATIVE TREATMENT MODALITIES WE OFFER A COMPREHENSIVE MANAGEMENT AND CLINICAL SUPPORT SERVICES FOR THE CONDUCT OF CLINICAL RESEARCH AT SUTTER SITES INCLUDING SERVICES SUCH AS EXPERIENCED CLINICAL RESEARCH COORDINATORS, REGULATORY PREPARATION, CONTRACT PREPARATION, STUDY FINANCIAL MANAGEMENT, BILLING COMPLIANCE OVERSIGHT AND QUALITY ASSURANCE AUDITING THROUGH PARTICIPATION IN CLINICAL TRIALS OF NEW TREATMENT MODALITIES, THE COMMUNITY IS PROVIDED ACCESS TO THE LATEST INNOVATIONS AND DISCOVERIES IN PATIENT CARE AND TREATMENT SINCE ITS INCEPTION IN 1991, THOUSANDS OF SUTTER PATIENTS HAVE HAD ACCESS TO INVESTIGATIONAL TREATMENT MODALITIES OTHERWISE UNAVAILABLE TO THE PUBLIC LABORATORY RESEARCH AND TRAINING THE SIMR RESEARCH AND TRAINING LABORATORY PROVIDE FULLY EQUIPPED AND STAFFED SURGICAL RESEARCH AND TRAINING FACILITIES THE LABORATORY PROGRAM SUPPORTS RESEARCH AND TRAINING IN AREAS THAT INCLUDE CARDIOLOGY, CARDIOVASCULAR SURGERY, GENERAL SURGERY, NEONATOLOGY, PULMONARY MEDICINE, THORACIC SURGERY AND UROLOGY EVERY YEAR, DOZENS OF MEDICAL DEVICE COMPANIES UTILIZE THE LABORATORY TO DO RESEARCH AND DEVELOPMENT, AND HUNDREDS OF HEALTHCARE PROFESSIONALS RECEIVE TRAINING IN THE LATEST TECHNOLOGY THE LABORATORY IS HIGHLY ACCREDITED AND HAS A NATIONAL REPUTATION FOR EXCELLENCE COMMUNITY PARTNERSHIPS IN 2009, SUTTER MEDICAL CENTER, SACRAMENTO PROVIDED \$3 MILLION IN SUPPORT OF CHARITY CARE AND VARIOUS COMMUNITY PROGRAMS A COMMUNITY BENEFIT COMMITTEE COMPRISED OF LOCAL COMMUNITY LEADERS, HOSPITAL ADMINISTRATORS AND STAFF, AND MEMBERS OF THE SUTTER MEDICAL CENTER FOUNDATION BOARD WORK TO IDENTIFY COMMUNITY NEEDS AND ALLOCATE SMCS COMMUNITY BENEFIT DOLLARS VIA A COMMUNITY GRANTS PROGRAM LAST YEAR, THE PROGRAMS FUNDED BY SUTTER MEDICAL CENTER CONNECTED MORE THAN 150 CHILDREN WHO HAVE BEEN EXPOSED TO DOMESTIC VIOLENCE TO GROUP COUNSELING SERVICES, LINKED MORE THAN 100 HOMELESS WOMEN TO MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT, AND PROVIDED MORE THAN 600 HOMELESS CHILDREN WITH HEALTH ASSESSMENTS AND SUBSEQUENT CONNECTION TO HEALTH CARE SERVICES SINCE 2001, THE PROGRAM HAS DISTRIBUTED MUCH-NEEDED DOLLARS TO MORE THAN 50 AGENCIES THAT HAVE IMPROVED ACCESS TO NEEDED MEDICAL, MENTAL HEALTH AND SOCIAL SERVICES FOR SACRAMENTANS, AND ENRICHED THE LIVES OF MORE THAN 30,000 LOCAL YOUTH BELOW ARE A FEW ORGANIZATIONS THAT SUTTER MEDICAL CENTER, SACRAMENTO HAS PARTNERED WITH OVER THE YEARS * CARES (CENTER FOR AIDS RESEARCH, EDUCATION AND SERVICES) * THE SALVATION ARMY * SACRAMENTO AREA CONGREGATIONS TOGETHER * SACRAMENTO TREE FOUNDATION * HANDS ON SACRAMENTO * WIND YOUTH SERVICES * FRANCIS HOUSE OF SACRAMENTO * CITY OF SACRAMENTO OLDER ADULT SERVICES * COMMUNITY CENTER OF SACRAMENTO VALLEY * SACRAMENTO SELF HELP HOUSING * SACRAMENTO HEALTH CARE DECISIONS * T3 (TRIAGE, TRANSPORT AND TREATMENT ONE EXAMPLE OF A COLLABORATIVE PROGRAM EXPANDING ACCESS TO HEALTH CARE, MENTAL HEALTH, AND OTHER COMMUNITY SERVICES AND PROGRAMS IS THE INTERIM CARE PROGRAM (ICP) THE ICP IS A COLLABORATIVE OF THE HOSPITAL SYSTEMS, COMMUNITY BASED ORGANIZATIONS AND THE COUNTY GOVERNMENT AND IS A RESPITE CARE SHELTER FOR HOMELESS PATIENTS DISCHARGED FROM HOSPITALS THE FOUR LOCAL HOSPITALS AND THE COUNTY OF SACRAMENTO PROVIDE ON-GOING FUNDING FOR THE PROGRAM THE SALVATION ARMY PROVIDES 18 BEDS IN A DESIGNATED WING OF THE SHELTER WHERE CLIENTS HAVE THREE MEALS A DAY AND A SAFE, CLEAN PLACE TO RECOVER FROM THEIR HOSPITALIZATIONS THE WING IS WHEELCHAIR ACCESSIBLE, HAS SIX ROOMS - EACH WITH THREE HOSPITAL BEDS, AND A PLACE FOR RESIDENTS TO STORE THEIR MEDICATIONS AND WOUND CARE SUPPLIES ANOTHER COMMUNITY-BASED ORGANIZATION, THE EFFORT, PROVIDES ON-SITE NURSING AND SOCIAL SERVICES TO SUPPORT CLIENTS IN THEIR RECUPERATION AND HELP THEM MOVE OUT OF HOMELESSNESS THE EFFORT CASE MANAGER LINKS CLIENTS WITH MENTAL HEALTH SERVICES, SUBSTANCE ABUSE RECOVERY, HOUSING WORKSHOPS AND PROVIDES DISABILITY APPLICATION ASSISTANCE PATIENTS ARE REFERRED FROM THE HOSPITALS TO THE INTERIM CARE PROGRAM WHEN THEY ARE WELL ENOUGH TO GO HOME, BUT NEED ON-GOING REST AND FOLLOW-UP TREATMENT PATIENTS COME FOR VARIOUS REASONS INCLUDING A WOUND THAT NEEDS TO HEAL, RECOVERY AFTER SURGERY, OR INJURY FROM AN ACCIDENT CLIENTS CAN STAY IN THE PROGRAM UP TO SIX WEEKS, DEPENDING ON THEIR MEDICAL CONDITION SUTTER MEDICAL CENTER, SACRAMENTO IS ALSO A PROUD, FOUNDING PARTNER OF T3 (TRIAGE, TRANSPORT AND TREATMENT) A PIONEERING PROGRAM THAT PROVIDES SERVICES TO PATIENTS WHO SEEK EMERGENCY ROOM CARE FOR NEEDS THAT ARE BEST ADDRESSED THROUGH PREVENTIVE MEASURES THIS PROGRAM COULD BE A MODEL FOR THE KIND OF CHANGE BEING CALLED FOR IN VARIOUS HEALTH CARE REFORM PLANS THE PROGRAM SEEKS TO PROVIDE THOSE WHO CHRONICALLY USE THE EMERGENCY ROOM FOR NON-EMERGENCY CARE WITH A WAY TO GET THE SERVICES THEY NEED FROM A PRIMARY CARE PROVIDER MOVING THESE PATIENTS FROM THE EMERGENCY ROOM IMPROVES THE PATIENTS' HEALTH BY GETTING THEM THE APPROPRIATE CARE IN THE RIGHT SETTING, REDUCES THE WAIT FOR THOSE SEEKING CARE FOR REAL MEDICAL EMERGENCIES, AND DRAMATICALLY REDUCES COSTS TO OUR HEALTH CARE SYSTEM SUTTER MEDICAL CENTER, SACRAMENTO IS VERY CONCERNED WITH THE GROWING CHILDHOOD OBESITY EPIDEMIC AND PARTNERS WITH PROJECT FIT AMERICA TO HELP KEEP LOCAL SCHOOL CHILDREN HEALTHY, WHILE THE CHILDREN'S CENTER PROVIDES A MEDICALLY SOUND, NUTRITIONALLY BALANCED APPROACH TO WEIGHT MANAGEMENT CUSTOMIZED FOR EACH CHILD PATIENTS REFERRED TO THE PEDIATRIC HEALTHY LIFESTYLES PROGRAM RECEIVE A MEDICAL ASSESSMENT BEFORE BEING PUT ON ANY WEIGHT CONTROL OR EXERCISE PROGRAM ONCE FITNESS LEVEL AND PHYSICAL CONDITIONS HAVE BEEN ESTABLISHED, A PEDIATRIC DIETITIAN WORKS INDIVIDUALLY WITH EACH CHILD TO PROVIDE A PROGRAM THAT BALANCES A CHILD'S NUTRITIONAL NEEDS WITH A SENSIBLE WEIGHT MANAGEMENT PLAN CHILDREN ARE THEIR FAMILIES ARE THEN INVITED TO PARTICIPATE IN A SIX WEEK GROUP BEHAVIORAL MANAGEMENT PROGRAM WHICH INCLUDES FOOD AND NUTRITION ACTIVITIES WITH A PEDIATRIC DIETITIAN, EXERCISE/PLAY ACTIVITIES WITH AN EXERCISE PHYSIOLOGIST AND EMOTIONAL/SOCIAL SUPPORT WITH A PEDIATRIC CLINICAL SOCIAL WORKER ONGOING FOLLOW UP SUPPORT AND ENCOURAGEMENT WITHIN THE COMMUNITY IS AVAILABLE THROUGH A MENTORING PROGRAM CO-SPONSORED BY COMMUNITY PARTNERS ADDITIONAL COMMUNITY SERVICES * FREE COMMUNITY FORUMS COVERING ISSUES ABOUT PARENTS, WOMEN, CHILDREN AND MENTAL HEALTH * FREE OR BELOW COST COMMUNITY CLASSES ON TOPICS LIKE HEALTH AND WELLNESS PROMOTION, PRENATAL CARE, SENIOR HEALTH, ARTHRITIS, BACK CARE, HEART HEALTH, AND MENTAL HEALTH * FREE SUPPORT GROUPS ON A FULL ARRAY OF HEALTH TOPICS, SUCH AS ALZHEIMER'S, ARTHRITIS, BACK PAIN, BEREAVEMENT - ADULT AND CHILD, DIABETES, CANCER, EPILEPSY, MENTAL HEALTH AFTERCARE, NEW MOTHERHOOD, SLEEP DISORDERS AND STROKE * PASTORAL CARE AND SOCIAL SERVICES TO PATIENTS AND THEIR FAMILIES * INFORMATION AND REFERRAL CALL-IN LINE FOR MENTAL HEALTH NEEDS * THE CREATING HEALTHY ENVIRONMENTS FOR CHILDREN (CHEC) PROGRAM IS AN INTENSIVE HOME VISITING PROGRAM DESIGNED TO REDUCE CHILD ABUSE AND NEGLECT, INCREASE ACCESS TO PRIMARY PREVENTIVE SERVICES, AND INCREASE ACCESS TO IMMUNIZATIONS FAMILIES ARE ASSESSED FOR RISK OF POTENTIAL CHILD ABUSE AND NEGLECT AND ENROLLED DURING PREGNANCY OR WITHIN TWO WEEKS FOR THE INFANT'S BIRTH TO DATE, 900 FAMILIES ARE SERVED THROUGHOUT FIVE COUNTIES SMCS PROVIDES STAFF OVERSIGHT OF THE GRANT FUNDED PROGRAM AND COORDINATION OF THE PROGRAM IN SACRAMENTO COUNTY * THROUGH CHEC AND OTHER PROGRAMS SERVING WOMEN AND CHILDREN, SMCS HAS GAINED CALIFORNIA CHILDREN'S SERVICES (CCS) DESIGNATION * SPACE FOR COMMUNITY-BASED ORGANIZATIONS TO HOLD HEALTH-RELATED MEETINGS * TRANSPORTATION FOR PATIENTS WHO CAN NOT AFFORD OR DO NOT HAVE ACCESS TO TRANSPORTATION TO AND FROM THE HOSPITAL</p>

Identifier	Return Reference	Explanation
EXEMPT PURPOSE ACHIEVEMENTS	990 PART III, LINE 4A	<p>SUTTER ROSEVILLE MEDICAL CENTER (HOSPITAL) SUTTER ROSEVILLE MEDICAL CENTER (SRMC) WAS ESTABLISHED IN 1952 AND AFFILIATED WITH SUTTER HEALTH IN MAY 1993 IN THE MID-90S, SUTTER HEALTH CONSTRUCTED A 315,000-SQUARE-FOOT, 172-BED FACILITY IN THE NORTHEAST AREA OF ROSEVILLE, APPROXIMATELY 20 MILES FROM DOWNTOWN SACRAMENTO THE HOSPITAL, WHICH HAS EXPANDED TO 325 BEDS, PROVIDES RESIDENTS OF SOUTHERN PLACER AND NORTHEASTERN SACRAMENTO COUNTIES WITH COMPREHENSIVE COMMUNITY HEALTH CARE THE FACILITY HAS AN EXPANDED HELIPAD ONSITE FOR QUICK ACCESS TO THE HOSPITAL'S LEVEL II TRAUMA CENTER OTHER SERVICES AVAILABLE AT SUTTER ROSEVILLE MEDICAL CENTER INCLUDE INPATIENT AND OUTPATIENT SURGERY RESPIRATORY THERAPY OBSTETRICS AND PERINATAL CARE SUTTER REHABILITATION INSTITUTE NEO NATAL INTENSIVE CARE LABORATORY PEDIATRICS CARDIOPULMONARY SERVICES ONCOLOGY ACUTE REHABILITATION FAMILY BIRTH CENTER MEDICAL LIBRARY ACCESS SUTTER CANCER CENTER HOME HEALTH AND HOSPICE CARE CARDIAC CATHETERIZATION LABORATORY NUTRITIONAL SUPPORT SERVICES TELEMETRY PASTORAL CARE LEVEL II TRAUMA CENTER PATIENT AND COMMUNITY EDUCATION CARDIAC REHABILITATION SENIOR SERVICES DIAGNOSTIC IMAGING HOME INFUSION THERAPY IV THERAPY CRITICAL CARE SUB-ACUTE UNIT SOCIAL SERVICES BREAST HEALTH CENTER 24-HOUR EMERGENCY TREATMENT NUCLEAR MEDICINE (NATIONALLY RECOGNIZED) BARIATRIC SERVICES WOUND CARE CENTER SUTTER ROSEVILLE MEDICAL CENTER'S MISSION IS TO IMPROVE THE HEALTH AND WELL-BEING OF THE PEOPLE LIVING IN THE COMMUNITIES IT SERVES SUTTER ROSEVILLE MEDICAL CENTER STRIVES CONTINUOUSLY TO IDENTIFY THE HEALTH CARE NEEDS OF THESE COMMUNITIES AND RESPOND BY PROVIDING WELLNESS, PREVENTIVE, CURATIVE AND RESTORATIVE PROGRAMS AND SERVICES CONSISTENT WITH THE STATED VALUES AND VISION OF THE HOSPITAL COMMUNITY BENEFIT PROGRAMS SUTTER ROSEVILLE MEDICAL CENTER HAS A HISTORY OF SUPPORTING PROGRAMS AND SERVICES ADDRESSING THE NEEDS OF THE RESIDENTS IN SOUTH PLACER COUNTY THE HOSPITAL IN COLLABORATION WITH SUTTER AUBURN FAITH HOSPITAL, HAS CREATED A COMMUNITY ADVISORY BOARD AND COMMUNITY PARTNERSHIPS COMMITTEE (A SUB-COMMITTEE OF THE ADVISORY GROUP) IN ORDER TO IDENTIFY AND ADDRESS THE NEEDS IN PLACER COUNTY SOME OF THE PROGRAMS SUPPORTED BY SRMC INCLUDE</p> <ul style="list-style-type: none"><li>* SUTTER ROSEVILLE MEDICAL CENTER IS PARTNER OF THE NOW COLLABORATIVELY OPERATED HEALTH EXPRESS HEALTH EXPRESS EXPANDED IN 2007 TO PROVIDE LAST RESORT MEDICALLY -RELATED TRANSPORTATION TO ALL UNDERSERVED POPULATIONS IN SOUTH PLACER COUNTY</li><li>* THE FAMILY SUPPORT PROGRAM LINKS PLACER COUNTY RESIDENTS WITH COMMUNITY SUPPORT GROUPS AND SERVICES SUTTER ROSEVILLE MEDICAL CENTER AND SUTTER AUBURN FAITH HOSPITAL CONTRACT WITH THE PLACER COUNTY DEPARTMENT OF HEALTH TO PROVIDE A PUBLIC HEALTH NURSE IN THE HOSPITAL TO CONNECT WITH PATIENTS AND PROVIDE EDUCATION AND REFERRALS</li><li>* PROJECT FIT AMERICA IS A PROGRAM DESIGNED TO PROMOTE HEALTHY LIVING AND FITNESS IN THE NATION'S YOUTH PROJECT FIT HAS IMPLEMENTED CREATIVE, FUN HEALTH AND FITNESS PROGRAMS IN SEVERAL ROSEVILLE-AREA SCHOOLS SUTTER ROSEVILLE MEDICAL CENTER PROVIDES THE FUNDS TO PURCHASE THE NECESSARY PLAYGROUND EQUIPMENT AND PLAY GEAR FOR THE KIDS TO USE AS THEY PERFORM THE PROJECT FIT EXERCISES AND DRILLS</li><li>* THE SENIOR RECREATION AND RESPIRE PROGRAM (R &amp; R) IS DESIGNED TO MEET THE NEEDS OF OLDER ADULTS WITH MEMORY OR PHYSICAL IMPAIRMENT THE PROGRAM PROVIDES RECREATIONAL, SOCIAL AND EDUCATIONAL ACTIVITIES FOR THE PARTICIPANTS, AND RESPIRE FOR CAREGIVERS TO ENJOY SOME FREE TIME TO THEMSELVES THE STAFF IS SUPPORTED BY ITS VALUABLE TEAM OF VOLUNTEERS AND COMPLETED BY PERSONAL CARE AIDS R &amp; R MEETS TWO TIMES A WEEK AT THE MAIDU COMMUNITY CENTER IN ROSEVILLE, ONCE A WEEK IN AUBURN, AND ONCE A WEEK IN LINCOLN</li><li>* THE SENIOR RESOURCE GUIDE IS A BOOKLET, FREE TO THE PUBLIC, WITH INFORMATION ON A MULTITUDE OF SENIOR SERVICES AVAILABLE IN PLACER COUNTY THE GUIDE IS UPDATED AND DISTRIBUTED SEMI-ANNUALLY VIA PHYSICIAN OFFICES, SENIOR APARTMENT COMPLEXES, SENIOR CENTERS, SKILLED NURSING FACILITIES, LIBRARIES, MOBILE HOME COMMUNITIES, SENIOR SERVICE PROVIDERS, HOME HEALTH AND HOSPICE AGENCIES AND MANY OTHER SERVICE ORGANIZATIONS AND PUBLIC PLACES WE ARE ABLE TO PRODUCE THIS GUIDE IN PARTNERSHIP WITH SENIORS FIRST, SUTTER ROSEVILLE MEDICAL CENTER, THE SUTTER ROSEVILLE MEDICAL CENTER FOUNDATION SUTTER AUBURN FAITH HOSPITAL AND THE SUTTER AUBURN FAITH HOSPITAL FOUNDATION</li><li>* THE SURVIVOR PLANNING PROGRAM WAS INITIALLY LAUNCHED IN 2006 AND IS DESIGNED TO HELP PEOPLE PREPARE FOR THE LOSS OF A LOVED ONE IT IS BELIEVED TO BE THE FIRST COMPREHENSIVE PROGRAM IN THE COUNTRY DEALING WITH PLANNING FOR LIFE AS A SURVIVOR THE PROGRAM IS DESIGNED TO ASSIST IN PREPARING FOR THE LOSS AND, WHEN THE TIME COMES, DEALING WITH THE ACTUAL PASSING OF A LOVED ONE AND ADJUSTING TO A NEW FUTURE IT IS NOW AVAILABLE IN CD FORM AND IS A PARTNERSHIP BETWEEN SUTTER ROSEVILLE MEDICAL CENTER, SUTTER ROSEVILLE MEDICAL CENTER FOUNDATION, SUTTER AUBURN FAITH HOSPITAL, SUTTER AUBURN FAITH HOSPITAL FOUNDATION AND THE SUN CITY ROSEVILLE FOUNDATION</li><li>* SUTTER ROSEVILLE MEDICAL CENTER PARTNERS WITH OAKMONT HIGH SCHOOL ON THE OAKMONT HEALTH CAREERS ACADEMY, A THREE-YEAR HIGH SCHOOL PROGRAM, FOR STUDENTS INTERESTED IN EXPLORING AND PREPARING FOR CAREERS IN HEALTH CARE STUDENTS IN THEIR JUNIOR YEAR EXPERIENCE CAREER OPTIONS THROUGH JOB-SHADOWING PROFESSIONALS AT SUTTER ROSEVILLE MEDICAL CENTER IN MANY AREAS OF HEALTH CARE, FOLLOWED BY A MONTH OF A HANDS-ON CLINICAL EXPERIENCE ROTATION STUDENTS IN THEIR SENIOR YEAR PARTICIPATE IN A 100-HOUR INTERNSHIP IN THE HOSPITAL SETTING SUTTER ROSEVILLE MEDICAL CENTER THEN PRESENTS \$7000 IN SCHOLARSHIPS EVERY YEAR TO 10 STUDENTS WHO EXCELS IN THE COURSEWORK AND GO ON TO PURSUE HEALTH-RELATED DEGREES OTHER COMMUNITY SERVICES</li></ul> <p>THE HOSPICE PROGRAM WAS ESTABLISHED IN 1984 TO PROVIDE MEDICAL, SOCIAL, EMOTIONAL AND SPIRITUAL SUPPORT TO TERMINALLY ILL PATIENTS AND THEIR FAMILIES AT NO COST BEYOND WHAT INSURANCE, MEDICARE OR OTHER PROVIDERS PAY THE CHILDREN'S BEREAVEMENT ART GROUP GREW OUT OF HOSPICE IN 1993 TO EXTEND EXISTING BEREAVEMENT SERVICES FOR ADULTS TO MEET THE SPECIAL NEEDS OF CHILDREN IN 1987, THE HOSPITAL OPENED ITS PASTORAL CARE DEPARTMENT WITH A FULL-TIME CHAPLAIN TO WORK IN COORDINATION WITH THE HOSPITAL'S SOCIAL SERVICE PROGRAM SUTTER ROSEVILLE MEDICAL CENTER IS AN ACTIVE PARTNER WITH THE SAFE KIDS COALITION OF PLACER COUNTY, WHICH IS COMPRISED OF REPRESENTATIVES FROM LOCAL HEALTH CARE AGENCIES, GOVERNMENT AND PRIVATE AGENCIES IN PLACER COUNTY ITS GOAL IS TO REDUCE THE INCIDENCE OF INJURY RELATED TO MORBIDITY AND MORTALITY AND ADDRESSES THESE ISSUE THROUGH EDUCATION, TRAINING, ORGANIZATIONAL POLICY, NETWORKING, LEGISLATIVE ADVOCACY AND EVALUATION THE PNEUMONIA INFLUENZA PROGRAM (PIPP) PROVIDES FREE INFLUENZA AND PNEUMOCOCCAL VACCINES FOR OLDER ADULTS THE PROGRAM PROVIDES MORE THAN 1,000 VACCINES AT 12 CLINICS AROUND THE ROSEVILLE AREA AND OPERATES DURING THE MONTHS OF OCTOBER THROUGH DECEMBER</p>



Identifier	Return Reference	Explanation
EXEMPT PURPOSE ACHIEVEMENTS	990 PART III, LINE 4A	<p>MERGER OF SUTTER AFFILIATES - SUTTER SOLANO MEDICAL CENTER AND SUTTER AMADOR HOSPITAL IN OCTOBER 2009 SUTTER HEALTH SACRAMENTO SIERRA REGION MERGED TWO SUTTER HEALTH HOSPITAL AFFILIATES INTO ITS OPERATIONS AND REGIONAL STRUCTURE TO BE ABLE TO PROVIDE REGIONAL SUPPORT, ENHANCED SERVICES AND TO BE ABLE TO OFFER MORE PROGRAMS TO THE COMMUNITIES WHICH THESE ORGANIZATIONS SERVE ADDITIONALLY, THE BOARD OF DIRECTORS, BYLAWS AND ARTICLES OF INCORPORATION WERE CHANGED TO INCORPORATE THIS MERGER SUTTER SOLANO MEDICAL CENTER SUTTER SOLANO MEDICAL CENTER IS A 102 LICENSED BED ACUTE CARE, NOT-FOR-PROFIT COMMUNITY-BASED HOSPITAL IN VALLEJO, CALIFORNIA, WHICH SERVES THE NEEDS OF THE COMMUNITIES OF VALLEJO, BENICIA AND AMERICAN CANYON, CALIFORNIA SUTTER SOLANO MEDICAL CENTER PROVIDES A FULL RANGE OF GENERAL, MEDICAL/SURGICAL, OBSTETRICS, OUTPATIENT AND INTENSIVE CARE SERVICES THE MEDICAL STAFF IS COMPRISED OF 273 PHYSICIANS IN 30 CLINICAL SUBSPECIALTIES, AND 27 ALLIED HEALTH PROFESSIONALS SUTTER SOLANO MEDICAL CENTER AFFILIATED WITH SUTTER HEALTH IN 1984 AND ENSURING ITS ABILITY TO CONTINUE PROVIDING AND IMPROVING HEALTHCARE AND WELLNESS SERVICES TO THE COMMUNITY MISSION STATEMENT WHEN PEOPLE AND FAMILIES FACE HEALTH-RELATED CRISES AND LIFE'S TRANSITIONS, THEY WANT TO BE IN A PLACE THAT IS COMFORTABLE AND SAFE WHERE THEY CAN FEEL REASSURED AND AT HOME WITH PROFESSIONALS WHO HELP RELIEVE THEIR FEARS WITH EXCELLENT CARE AND COMPASSION WITH A HISTORY OF OVER 100 YEARS OF SERVICE, SUTTER SOLANO MEDICAL CENTER VALUES THE TRUST OF OUR COMMUNITY AND IS FOCUSED ON THE WELL-BEING OF EACH PERSON WE WORK WITH PATIENTS AND THEIR FAMILIES TO BLEND EXCELLENCE IN CLINICAL PRACTICE AND TECHNOLOGY WITH THE ART OF HEALING ENVIRONMENTS AND COMPASSIONATE CARE PEOPLE ARE AT THE CENTER OF ALL THAT WE DO HOSPITAL SERVICES SUTTER SOLANO MEDICAL CENTER'S EMERGENCY SERVICES IS STAFFED 24-HOURS A DAY, 7 DAYS A WEEK BY BOARD-CERTIFIED EMERGENCY MEDICAL PHYSICIANS AND NURSES WHO SPECIALIZE IN EMERGENCY MEDICINE - ADULT AND PEDIATRIC SUTTER SOLANO MEDICAL CENTER IS ONE OF THE ONLY FACILITIES IN THE AREA WITH A HELICOPTER LANDING ZONE FOR ACCESS TO TRANSFER PATIENTS TO A HIGHER LEVEL OF CARE WHEN REQUIRED ON AVERAGE, SUTTER SOLANO MEDICAL CENTER DELIVERS NEARLY 1,000 BABIES EACH YEAR AND SUPPORTS NEW FAMILIES THROUGH ITS FAMILY BIRTHING CENTER, PRIVATE LABOR/DELIVER/RECOVERY (LDR) SUITES AND A VARIETY OF PRENATAL CLASSES SUTTER SOLANO CANCER CENTER OPENED IN DECEMBER OF 2005 AND OFFERS A WIDE RANGE OF CANCER TREATMENT AND SUPPORT SERVICES, INCLUDING CHEMOTHERAPY, RADIATION THERAPY, COMMUNITY EDUCATION, A RESOURCE LIBRARY AND SUPPORT SERVICES PROGRAM SERVICES SUTTER SOLANO MEDICAL CENTER'S SOCIAL WORK SERVICE AND DISCHARGE PLANNERS PLAY KEY ROLES IN HELPING PATIENTS LOCATE THE NECESSARY SERVICES AND EQUIPMENT FOR CARE AFTER HOSPITALIZATION SUTTER SOLANO MEDICAL CENTER'S SURGICAL SERVICES ARE PERFORMED ON BOTH AN INPATIENT AND OUTPATIENT BASIS AND INCLUDE THE LATEST TECHNIQUES IN SUCH AREAS AS CARDIAC, ORTHOPEDIC, GENERAL VASCULAR, ENDOSCOPIC AND OPHTHALMIC SURGERY OTHER HOSPITAL SERVICES INCLUDE PHYSICAL THERAPY, IMAGING SERVICES, RADIATION ONCOLOGY, INFUSION THERAPY, A FULL SERVICE LABORATORY, DIETARY AND PHARMACY CANCER SERVICES AVAILABLE INCLUDE PREVENTION, SCREENING, EDUCATION, LECTURES, THE CANCER RESOURCE LIBRARY, AND TREATMENT INCLUDING SOPHISTICATED PROGRAMS SUCH AS PROSTATE SEED BRACHYTHERAPY COMMUNITY BENEFIT PROGRAMS SUTTER SOLANO MEDICAL CENTER PARTNERS WITH LA CLINICA DE LA RAZA'S NORTH VALLEJO CLINIC TO IMPROVE ACCESS TO PRIMARY CARE IN VALLEJO FOR OUR MOST VULNERABLE POPULATION-THE LOW-INCOME, UNDERINSURED AND UNINSURED THIS IN TURN LOWERS THE COST OF HEALTH CARE FOR ALL AS NON-URGENT CONDITIONS CAN NOW BE TREATED EARLY, BEFORE THEY ESCALATE INTO MORE SERIOUS ILLNESSES SSMC AGREED TO FINANCIALLY SUPPORT THE CLINIC OVER A THREE YEAR PERIOD PROVIDING AROUND \$375,000 TO HELP THE CLINIC COVER OPERATIONS COSTS SUTTER SOLANO MEDICAL CENTER IS AN ACTIVE PARTICIPANT AND FOUNDING MEMBER OF THE SOLANO COALITION FOR BETTER HEALTH THE COALITION IS COMPRISED OF MAJOR HEALTH ORGANIZATIONS ALONG WITH REPRESENTATIVES FROM BUSINESS, GOVERNMENT, SERVICE PROVIDERS, ETC FOR THE PURPOSES OF CREATING HEALTHIER COMMUNITIES IN SOLANO COUNTY SUTTER SOLANO MEDICAL CENTER WAS ALSO A FOUNDER, AS WELL AS A LEADER, IN DEVELOPING THE SOLANO PARTNERSHIP HEALTHPLAN (NOW PARTNERSHIP HEALTHPLAN OF CALIFORNIA), A MEDICAL MANAGED CARE ORGANIZATION THAT HAS PROVIDED IMPROVED ACCESS TO MEDICAL ENROLLEES SUTTER SOLANO MEDICAL CENTER HAS A TRADITION OF PROVIDING CHARITY CARE AND UNCOMPENSATED CARE TO THOSE IN ITS COMMUNITY WHO LACK THE FINANCIAL MEANS TO PAY FOR SERVICES RENDERED EACH YEAR, CARE IS PROVIDED WITHOUT COMPENSATION TO MANY OF THESE RESIDENTS IN OUR SERVICE AREA SUTTER SOLANO MEDICAL CENTER SUPPORTS COALITION EFFORTS TO PROVIDE A COMMUNITY HEALTH OUTREACH SYSTEM THAT PROVIDES OUTREACH WORKERS AND PUBLIC HEALTH NURSES TO HELP THE COMMUNITY ACCESS HEALTH SERVICES AND ASSIST RESIDENTS IN LEADING HEALTHIER LIVES SUTTER SOLANO MEDICAL CENTER'S COMMUNITY BENEFIT GOALS ARE * COLLABORATING WITH OTHER COMMUNITY PARTNERS IN RESPONDING TO IDENTIFIED NEEDS TO IMPROVE ACCESS TO HEALTH CARE SERVICES, ESPECIALLY FOR VULNERABLE POPULATIONS, INCLUDING THE UNINSURED, UNDERINSURED AND AT-RISK MOTHERS * CONTINUE TO PROVIDE SERVICES AND WORK COLLABORATIVELY WITH OTHER SOLANO COUNTY AGENCIES TO ADDRESS PREVENTION, DETECTION AND TREATMENT OF CANCER, A MAJOR RECURRING HEALTH ISSUE IDENTIFIED IN THE COMMUNITY * COLLABORATE WITH OTHER SOLANO COUNTY AGENCIES TO EXPAND SERVICES TO INCLUDE PRIMARY CARE SUTTER SOLANO MEDICAL CENTER PROMOTES HEALTH AND PREVENTION BY DISTRIBUTING A FREE COMMUNITY NEWSLETTER THAT CONTAINS HEALTH INFORMATION TO THE RESIDENTS OF VALLEJO, BENICIA, AMERICAN CANYON, FAIRFIELD, SUISUN, DIXON, AND VACAVILLE OTHER COMMUNITY OFFERINGS INCLUDE NUMEROUS INFORMATIONAL LECTURES, SCREENING AND HEALTH EVENTS, SUPPORT GROUPS, WALK-A-THONS AND FOOD AND CLOTHING DRIVES</p> <p>SUTTER AMADOR HOSPITAL SUTTER AMADOR HOSPITAL IS AN ACUTE CARE FACILITY LOCATED IN JACKSON, CALIFORNIA, APPROXIMATELY 55 MILES SOUTHEAST OF SACRAMENTO IN AMADOR COUNTY THE HOSPITAL WAS ESTABLISHED IN 1876 AND CURRENTLY HAS 42 ACUTE CARE LICENSED BEDS SUTTER AMADOR HOSPITAL AFFILIATED WITH SUTTER HEALTH IN 1993 MAJOR SERVICES INCLUDE 24-HOUR EMERGENCY CARE, CRITICAL CARE, DIAGNOSTIC IMAGING, LABORATORY, PHARMACY, INPATIENT AND OUTPATIENT SURGERY, AND INPATIENT AND OUTPATIENT MEDICAL/SURGICAL CARE CLINICAL SPECIALTIES INCLUDE OBSTETRICS AND ORTHOPEDICS SUTTER AMADOR HOSPITAL'S OUTPATIENT SERVICES CENTER OPENED IN FEBRUARY 2007 AND OFFERS STATE-OF-THE-ART IMAGING SERVICES, RADIOLOGY SERVICES, DIABETES SERVICES, WOMEN'S SERVICES, PEDIATRICS, ENDOSCOPIES AND INFUSIONS, AND RESPIRATORY SERVICES SUTTER AMADOR HOSPITAL ALSO OFFERS PRIMARY CARE AT SATELLITE HEALTH CENTERS IN PLYMOUTH, PIONEER AND JACKSON COMMUNITY BENEFIT PROGRAMS SUTTER AMADOR HOSPITAL OFFERS A TOLL-FREE NUMBER PROVIDING PATIENTS WITH PHYSICIAN REFERRAL AND THE OPPORTUNITY TO SPEAK WITH A REGISTERED NURSE REGARDING WHATEVER HEALTH QUESTIONS THEY MAY HAVE THROUGH A COMMUNITY PARTNERSHIP, SUTTER AMADOR HOSPITAL OFFERS A WELLNESS RESOURCE GUIDE TO HOUSEHOLDS IN AMADOR COUNTY THE GUIDE ANSWERS QUESTIONS ON MANY ASPECTS OF WELLNESS INCLUDING PREGNANCY, PARENTING, STRESS, VIOLENCE, HOUSING, AND EXERCISE IN ADDITION, THE GUIDE HELPS LEAD COMMUNITY MEMBERS TO LOCAL AND STATEWIDE RESOURCES FOR MORE INFORMATION THE COMMUNITY PARTNERSHIP HAS ALSO PRODUCED AN ANNUAL HEALTH &amp; FITNESS FESTIVAL, HELD IN THE FALL OF EACH YEAR THE FESTIVAL OFFERS ATTENDEES A LARGE VARIETY OF INFORMATION AND EDUCATION ABOUT HEALTH, WELLNESS, AND THE AVAILABILITY OF LOCAL SERVICES AND IS CONDUCTED IN PARTNERSHIP WITH THE COUNTY PUBLIC HEATH DEPARTMENT AN IMMUNIZATIONS CLINIC</p>



EXEMPT PURPOSE ACHIEVEMENTS 990 PART III, LINE 4A SUTTER SENIORCARE (SSC) BACKGROUND SUTTER SENIORCARE (SSC) IS A NON-PROFIT HEALTH PLAN EXCLUSIVELY FOR FRAIL OLDER ADULTS SSC'S MODEL OF CARE IS KNOWN AS THE "PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY" OR PACE SSC IS AN AFFILIATE OF SUTTER HEALTH, A NON-PROFIT CORPORATION, WHICH ALSO INCLUDES SUTTER MEDICAL CENTER, SACRAMENTO SSC CURRENTLY SERVES A 34-ZIP CODE AREA AND HAS TWO SITES IN 2009 SENIORCARE SERVED OVER 242 FRAIL OLDER ADULTS (AVERAGE AGE 80) SSC WAS ESTABLISHED IN 1992 AS A PACE DEMONSTRATION AND IN 2003 WAS DESIGNATED BY THE STATE AND FEDERAL GOVERNMENT AS A PERMANENT PACE "PROVIDER " THE PACE MODEL WAS PIONEERED BY ON LOK SENIOR HEALTH SERVICES IN SAN FRANCISCO ON LOK DEVELOPED THE FIRST PACE PROGRAM IN 1983 TODAY THERE ARE OVER 65 PACE PROGRAMS NATIONALLY AND FIVE IN CALIFORNIA THE PACE MODEL HAS BEEN RECOGNIZED AS A HIGHLY EFFECTIVE MODEL OF COMPREHENSIVE CARE FOR THE FRAIL ELDERLY PACE PROVIDERS HAVE BEEN ACKNOWLEDGED FOR THEIR SUCCESS IN ENHANCING THE HEALTH AND WELL BEING AND THE QUALITY OF LIFE OF THE FRAIL ELDERS THEY SERVE SSC/PACE IS TRULY A UNIQUE HEALTH CARE MODEL FOR SEVERAL REASONS DESCRIBED BELOW MISSION AND PHILOSOPHY OF SUTTER SENIORCARE/PACE THE PACE MODEL SUPPORTS THE WISHES OF FRAIL OLDER ADULTS TO STAY IN THEIR FAMILIAR HOME SURROUNDINGS THROUGHOUT THEIR LIVES IF AT ALL POSSIBLE AS WELL AS TO MAINTAIN THEIR AUTONOMY AS MUCH AS POSSIBLE, MAXIMIZE THEIR LEVEL OF PHYSICAL, SOCIAL AND MENTAL FUNCTIONING AND ENHANCE THEIR QUALITY OF LIFE SSC DOES THIS BY \* PROVIDING HIGH QUALITY, COMPREHENSIVE, WELL COORDINATED CARE \* PROVIDING SUPPORT TO HELP PRESERVE THE COMMUNITY RESIDENCE, FAMILY RELATIONSHIPS AND LIFESTYLE OF FRAIL ELDERS ENROLLED IN THE PROGRAM (PARTICIPANTS) \* MAXIMIZING COMMUNICATION AND COORDINATION BETWEEN CARE PROVIDERS TO PROACTIVELY ANTICIPATE PROBLEMS AND TAKE STEPS TO KEEP PARTICIPANTS AS HEALTHY AS POSSIBLE \* PREVENTING AND REDUCING INSTITUTIONALIZATION -- HOSPITALIZATION AND SHORT AS WELL AS LONG-TERM NURSING HOME PLACEMENT -- TO THE MAXIMUM EXTENT POSSIBLE WHAT MAKES SUTTER SENIORCARE/PACE SO UNIQUE? THE FOLLOWING IS A SUMMARY OF SOME OF THE KEY ELEMENTS THAT MAKE SUTTER SENIORCARE/PACE SUCH A UNIQUE AND SUCCESSFUL MODEL OF CARE FOR FRAIL ELDERS 1 WHO WE CARE FOR SUTTER SENIORCARE/PACE IS UNIQUE IN THAT WE CANNOT SERVE HEALTHY, ACTIVE SENIORS UNDER LAW, WE CAN ONLY SERVE THE "FRAIL ELDERLY " IN CALIFORNIA THIS IS DEFINED AS INDIVIDUALS AGE 55 OR OLDER WHO ARE ASSESSED TO BE AS FRAIL AS INDIVIDUALS RESIDING IN NURSING HOMES -- THAT IS, OLDER ADULTS WHO NEED AN INTERMEDIATE OR SKILLED LEVEL OF CARE, BUT CAN SAFELY LIVE AT HOME WITH THE ASSISTANCE OF SUTTER SENIORCARE/PACE STAFF SENIORS CAN ENROLL IN OUR PROGRAM ONLY AFTER A COMPREHENSIVE ASSESSMENT, CONDUCTED BY OUR INTERDISCIPLINARY TEAM, IS REVIEWED AND APPROVED BY THE STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES OUR INTERDISCIPLINARY TEAM INCLUDES THE PRIMARY CARE PHYSICIAN (PCP), CLINIC AND HOME HEALTH REGISTERED AND LICENSED VOCATIONAL NURSES, PHYSICAL AND OCCUPATIONAL THERAPISTS, SOCIAL WORKER (MSW), RECREATION THERAPIST, PHARMACIST AND DIETITIAN ALSO, CONSISTENT WITH MOST PACE PROGRAMS, SSC SERVES PRIMARILY A LOW-INCOME, FRAIL ELDERLY POPULATION ALL SSC PARTICIPANTS HAVE MULTIPLE, CHRONIC MEDICAL CONDITIONS AND FUNCTIONAL DISABILITIES THAT LIMIT THEIR ABILITY TO FUNCTION INDEPENDENTLY 2 HOW WE ARE PAID SSC/PACE IS PAID BY A SET "PER MEMBER PER MONTH" (PMPM) PAYMENT FROM BOTH MEDICARE AND MEDI-CAL THE PMPM PAYMENT IS SOMETIMES REFERRED TO A "CAPITATED" PAYMENT THIS MEANS THAT WE CANNOT BILL MEDICARE, MEDI-CAL OR ANY INSURANCE CARRIER FOR THE SERVICES WE PROVIDE OR PAY FOR, INCLUDING ALL HOSPITAL OR NURSING HOME COSTS THAT ARE NEEDED BY PARTICIPANTS MOST OF OUR PARTICIPANTS ARE DUALLY ELIGIBLE WHICH MEANS THAT WE GET TWO CAPITATED PAYMENTS FOR MOST OF OUR PARTICIPANTS ENROLLEES NOT ELIGIBLE FOR MEDI-CAL PAY A MONTHLY PAYMENT BASED ON THE PMPM PAYMENT WE RECEIVE FROM MEDI-CAL

Identifier	Return Reference	Explanation
EXEMPT PURPOSE ACHIEVEMENTS	990 PART III, LINE 4A	SUTTER SENIORCARE (SSC) (CONTINUED) 3 OUR COMPREHENSIVE BENEFIT PACKAGE SSC IS RESPONSIBLE FOR PROVIDING AND/OR PAYING FOR ALL THE CARE THAT OLDER ADULTS PARTICIPATING IN OUR PROGRAM ("PARTICIPANTS") MAY NEED THIS INCLUDES * ALL HOSPITAL CARE NEEDED BY PARTICIPANTS * ALL EMERGENCY CARE NEEDED * ALL NURSING HOME CARE - SHORT-TERM/TRANSITIONAL CARE AS WELL AS LONG-TERM, CUSTODIAL CARE * ALL MEDICAL CARE, INCLUDING CARE PROVIDED IN OUR CLINIC BY OUR PRIMARY CARE (EMPLOYED NOT CONTRACTED) PHYSICIANS AND SPECIALTY MEDICAL CARE PROVIDED BY CONTRACTED SPECIALISTS AS WELL AS ALL - INPATIENT AND OUTPATIENT -- MEDICAL PROCEDURES * ALL NECESSARY MEDICATIONS * X-RAYS AND LABORATORY TESTS/PROCEDURES * REHABILITATIVE THERAPIES - PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY - WHICH ARE PROVIDED ON SITE AT OUR ADULT DAY HEALTH CENTERS (ADHCS) * LICENSED NURSING CARE AT OUR CLINICS AND IN THE HOME * DENTAL, PODIATRY AND VISION CARE * PERSONAL CARE PROVIDED AT OUR ADHCS AND IN THE HOME * SOCIAL SERVICES AND PSYCHOLOGICAL COUNSELING * THERAPEUTIC RECREATIONAL ACTIVITIES AND MEALS PROVIDED AT OUR ADHCS * TRANSPORTATION TO OUR ADHCS/CLINICS AND MEDICAL APPOINTMENTS * ALL DURABLE MEDICAL EQUIPMENT (WHEELCHAIRS, WALKERS, ETC ) * IN-HOME HOUSEKEEPING AND CHORE SERVICES (FOR EXAMPLE, LAUNDRY, MEALS PREPARATION) MOST CARE IS PROVIDED AT OUR TWO CO-LOCATED ADULT DAY HEALTH CENTERS AND CLINICS - SITE I AT 7000 FRANKLIN BOULEVARD, SUITE 1020 AND SITE II AT 1234 U STREET - OR IN THE PARTICIPANT'S HOME 4 A PHILOSOPHY OF CARE THAT EMPHASIZES CONTINUITY OF CARE AND IS BASED ON A "TEAM" MODEL CONTINUITY OF CARE IS BEST ACCOMPLISHED THROUGH THE PACE MODEL OF CARE FOR SEVERAL REASONS IN THE PACE MODEL MOST OF THE KEY CARE PROVIDERS ARE LOCATED AT OUR ADHC/CLINIC - INCLUDING THE PRIMARY CARE PHYSICIAN (PCP) -- WHO IS AN EMPLOYEE, NOT A CONTRACTED PHYSICIAN THIS FACILITATES COMMUNICATION BETWEEN PROVIDERS EQUALLY IMPORTANT IS THE FACT THAT SUTTER SENIORCARE/PACE TEAM MEMBERS (PHYSICIANS, NURSES, THERAPISTS AND OTHERS) ARE VERY CLOSELY INVOLVED WITH OUR PARTICIPANTS WE KNOW THEM AND THEIR FAMILY CAREGIVERS VERY WELL WE ARE IN DAILY CONTACT WITH MOST OF OUR PARTICIPANTS THIS CONTRIBUTES TO ENABLING OUR STAFF, PARTICULARLY THE PCP, TO MAKE BETTER JUDGMENTS ABOUT CARE DECISIONS ALSO, THE PACE MODEL IS UNIQUE IN THAT IT RECOGNIZES THAT EVERYONE INVOLVED IN PROVIDING CARE AND SERVICES TO OUR PARTICIPANTS HAS SOMETHING IMPORTANT TO CONTRIBUTE TO CARE DECISIONS AT SSC WE MAXIMIZE OPPORTUNITIES FOR COMMUNICATION BETWEEN ALL KEY MEMBERS OF OUR INTERDISCIPLINARY TEAM TEAM MEMBERS MEET EVERY MORNING AT BOTH OF OUR SITES THIS INCLUDES THE PRIMARY CARE PHYSICIAN (PCP) AND REPRESENTATIVES OF HOME CARE STAFF, CLINIC NURSING STAFF, RECREATION STAFF, REHABILITATION THERAPY STAFF, SOCIAL WORKERS, A REPRESENTATIVE OF THE PERSONAL CARE ATTENDANTS WORKING IN THE ADHC, REPRESENTATIVE OF OUR DRIVERS, MEDICAL RECORDS STAFF, AND ADMINISTRATIVE STAFF THE TEAM MODEL ENSURES THAT IMPORTANT INFORMATION IS COMMUNICATED AS SOON AS POSSIBLE TO KEY MEMBERS OF THE CARE DELIVERY TEAM - ESPECIALLY THE PCP THIS IS HOW SSC IS ABLE TO REDUCE FRAGMENTATION, PROVIDE CONTINUITY OF CARE TO OUR PARTICIPANTS AND IDENTIFY PROBLEMS EARLIER OUR DAILY TEAM MEETINGS ENABLE US TO PROACTIVELY KEEP OUR PARTICIPANTS HEALTHIER LONGER! 5 AN APPROACH TO CARE THAT RECOGNIZES THE WHOLE INDIVIDUAL AND COMPLIMENTS THE TEAM MODEL ANOTHER PART OF THE TEAM MODEL IS A VIEW THAT RECOGNIZES THAT PHYSICAL AND MENTAL HEALTH AS WELL AS SOCIAL FACTORS PLAY AN IMPORTANT PART IN PROMOTING HEALTH AND WELL BEING OF OUR PARTICIPANTS THIS IS WHY THE RECREATIONAL ACTIVITIES THAT ARE PROVIDED AT OUR ADHCS ARE SUCH AN IMPORTANT PART OF THE PACE MODEL THROUGH OUR ACTIVITIES PROGRAMS, WE TRY TO ENHANCE THE QUALITY OF LIFE OF OUR PARTICIPANTS BY PROVIDING THEM WITH OPPORTUNITIES FOR CREATIVE ACTIVITIES AS WELL AS SOCIALIZATION WITH PEERS AND STAFF WE ALSO HAVE SOCIAL WORKERS ON SITE AT ALL TIMES AS WELL AS CONSULTATION WITH A PSYCHOLOGIST OR PSYCHIATRIST AVAILABLE IF NEEDED TO ASSIST PARTICIPANTS IN COPING WITH THEIR PERSONAL CONCERNS, PSYCHIATRIC AND BEHAVIOR PROBLEMS 6 A PARTNERSHIP WITH THE PARTICIPANT AND THEIR FAMILY/CAREGIVER THE SUTTER SENIORCARE/PACE MODEL CANNOT WORK UNLESS THERE IS A PARTNERSHIP BETWEEN THE PARTICIPANT, HIS/HER CAREGIVER/FAMILY AND THE PROGRAM AS PART OF THIS, PARTICIPANTS AND/OR THEIR FAMILIES ARE ENCOURAGED TO REVIEW AND CONTRIBUTE TO THEIR CARE PLANS WHEN THE PLAN IS DEVELOPED ON ENROLLMENT AND ON A QUARTERLY BASIS WHEN IT IS REVIEWED AND, IF APPROPRIATE, REVISED ALSO, THE TERM "PARTICIPANT" (RATHER THAN PATIENT OR CLIENT) IS USED TO IDENTIFY SSC ENROLLEES THIS TERM - "PARTICIPANT" -- HELPS TO EMPHASIZE A MODEL OF MUTUAL RESPONSIBILITY FOR CARE AND WELL BEING IT IS MEANT TO EMPOWER PARTICIPANTS AND HELP THEM RECOGNIZE THE IMPORTANT ROLE THAT THEY PLAY IN THEIR CARE PLAN THIS INCLUDES CONTRIBUTING TO MAKING DECISIONS ABOUT CARE AS WELL AS THE PARTICIPANT'S OWN PERSONAL RESPONSIBILITY FOR COMPLYING WITH THEIR PLAN OF CARE

SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS FORM 990, PART VI, QUESTION 4 ON OCTOBER 1, 2009, SUTTER AMADOR HOSPITAL AND SUTTER SOLANO MEDICAL CENTER ("MERGING CORPORATIONS") MERGED WITH SUTTER HEALTH SACRAMENTO SIERRA REGION ("SURVIVING CORPORATION") THE MERGING CORPORATIONS MERGED COMPLETELY WITH SURVIVING CORPORATION, AND CEASE TO EXIST AS SEPARATE ENTITIES DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS FORM 990, PART VI, QUESTION 7A THIS CORPORATION IS AN AFFILIATE OF SUTTER HEALTH, A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION SUTTER HEALTH IS THE SOLE MEMBER WITH THE RIGHT TO ELECT AT LEAST A MAJORITY OF THE MEMBERS OF THE BOARD OF DIRECTORS DESCR CLASSES OF PERSONS, DECISIONS REQUIRING APPR & TYPE OF VOTING RIGHTS FORM 990, PART VI, QUESTION 7B SUTTER HEALTH AS THE SOLE MEMBER OF THE ORGANIZATION IS ENTITLED TO EXERCISE FULLY ALL RIGHTS AND PRIVILEGES OF MEMBERS OF NONPROFIT CORPORATIONS UNDER THE CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION LAW, AND ALL OTHER APPLICABLE LAWS THE MEMBER HAS THE RIGHTS AND POWERS TO APPOINT (AND REMOVE) MEMBERS OF THE CORPORATION'S BOARD OF DIRECTORS, SUBJECT TO THE PROVISIONS OF THE BYLAWS, IN ADDITION, THE MEMBER HAS THE RIGHT TO APPROVE THE FOLLOWING ACTIONS OF THE CORPORATION'S BOARD OR DIRECTORS A MERGER, CONSOLIDATION, REORGANIZATION, OR DISSOLUTION OF THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE ENTITY, B AMENDMENT OR RESTATEMENT OF THE ARTICLES OF INCORPORATION OR THE BYLAWS OF THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE ENTITY, C ADOPTION OF OPERATING BUDGETS OF THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE ENTITY, INCLUDING CONSOLIDATED OR COMBINED BUDGETS OF THE CORPORATION AND ALL SUBSIDIARY ORGANIZATIONS OF THE CORPORATION, D ADOPTION OF CAPITAL BUDGETS OF THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE ENTITY, E AGGREGATE OPERATING OR CAPITAL EXPENDITURES ON AN ANNUAL BASIS THAT EXCEED APPROVED OPERATING OR CAPITAL BUDGETS BY A SPECIFIED DOLLAR AMOUNT TO BE DETERMINED FROM TIME TO TIME BY THE GENERAL MEMBER, F LONG-TERM OR MATERIAL AGREEMENTS INCLUDING, BUT NOT LIMITED TO, BORROWINGS, EQUITY FINANCINGS, CAPITALIZED LEASES AND INSTALLMENT CONTRACTS, AND PURCHASE, SALE, LEASE, DISPOSITION, HYPOTHECATION, EXCHANGE, GIFT, PLEDGE, OR ENCUMBRANCE OF ANY ASSET, REAL OR PERSONAL, WITH A FAIR MARKET VALUE IN EXCESS OF A DOLLAR AMOUNT TO BE DETERMINED FROM TIME TO TIME BY THE DIRECTORS OF THE GENERAL MEMBER, WHICH SHALL NOT BE LESS THAN 10% OF THE TOTAL ANNUAL CAPITAL BUDGET OF THE CORPORATION, G APPOINTMENT OF AN INDEPENDENT AUDITOR AND HIRING OF INDEPENDENT COUNSEL EXCEPT IN CONFLICT SITUATIONS BETWEEN THE GENERAL MEMBER AND THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE ENTITY, H THE CREATION OR ACQUISITION OF ANY SUBSIDIARY OR AFFILIATE ENTITY, I CONTRACTING WITH AN UNRELATED THIRD PARTY FOR ALL OR SUBSTANTIALLY ALL OF THE MANAGEMENT OF THE ASSETS OR OPERATIONS OF THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE ENTITY, J APPROVAL OF MAJOR NEW PROGRAMS AND CLINICAL SERVICES OF THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE ENTITY THE GENERAL MEMBER SHALL FROM TIME TO TIME DEFINE THE TERM "MAJOR" IN THIS CONTEXT, K APPROVAL OF STRATEGIC PLANS OF THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE ENTITY, L ADOPTION OF QUALITY ASSURANCE POLICIES NOT IN CONFORMITY WITH POLICIES ESTABLISHED BY THE GENERAL MEMBER, M ANY TRANSACTION BETWEEN THE CORPORATION, A SUBSIDIARY OR AFFILIATE AND A DIRECTOR OF THE CORPORATION OR AN AFFILIATE OF SUCH DIRECTOR IN ADDITION, THE GENERAL MEMBER SHALL HAVE THE AUTHORITY (BY A VOTE OF NOT LESS THAN TWO -THIRDS (2/3) OF ITS BOARD), TO DECLARE A MAJOR ACTIVITY REQUIRING APPROVAL DESCRIBE THE PROCESS USED BY MGMT &/OR GOVERNING BODY TO REVIEW FORM 990 FORM 990, PART VI, QUESTION 11 SUTTER HEALTH HAS A CENTRALIZED TAX DEPARTMENT RESPONSIBLE FOR THE PREPARATION OF THE FORM 990 ANNUALLY THE TAX DEPARTMENT PROVIDES TRAINING AND EDUCATION TO AFFILIATE PERSONNEL WHO ASSIST THE TAX DEPARTMENT IN COLLECTING AND REVIEWING DATA TO BE REPORTED ON THE FORM 990 THE PREPARATION MATERIAL IS REVIEWED BY VARIOUS DEPARTMENTS INCLUDING TAX, FINANCE, OFFICE OF THE GENERAL COUNSEL, AND HUMAN RESOURCES ADDITIONALLY, THE CHIEF FINANCIAL OFFICER SIGNS OFF ON THIS DATA BEFORE THE RETURN GOES TO THE PREPARATION STAGE A NATIONAL ACCOUNTING FIRM PREPARES AND/OR REVIEWS THE RETURN A COMPLETED RETURN IS THEN REVIEWED BY THE TAX DEPARTMENT AND THE AFFILIATE WITH THE CHIEF FINANCIAL OFFICER GIVING HIS/HER APPROVAL BEFORE THE RETURN IS FILED DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST FORM 990, PART VI, QUESTION 12 EACH INDIVIDUAL BOARD MEMBER AND OFFICER HAS TO SIGN AN ACKNOWLEDGEMENT FORM THAT THEY HAVE READ THE POLICY ANNUALLY A DISCLOSURE STATEMENT IS COMPLETED BY ALL OFFICERS AND BOARD MEMBERS ON THIS STATEMENT THE INDIVIDUAL WILL LIST A WIDE RANGE OF INFORMATION WHICH INCLUDES BUSINESS RELATIONSHIPS, EMPLOYMENT RELATIONSHIPS, PROPERTY INTERESTS, AND THOSE OF RELATED PARTIES THE CEO AND BOARD CHAIR WILL REVIEW THE STATEMENTS AND MONITOR SITUATIONS THAT MAY POSE A POTENTIAL CONFLICT OF INTEREST THE CEO AND BOARD CHAIR MAY CONSULT WITH THE OFFICE OF THE GENERAL COUNSEL AS NECESSARY IF THERE IS A POTENTIAL CONFLICT OF INTEREST RELATED TO A PARTICULAR TRANSACTION, THE INTERESTED TRUSTEE MUST DISCLOSE THE EXISTENCE AND NATURE OF THE RELATIONSHIP THE BOARD CHAIR MAY APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE THE CONFLICT UNTIL THE POTENTIAL CONFLICT IS RESOLVED, THE BOARD CHAIR MAY REQUEST THE TRUSTEE TO LEAVE THE ROOM OR NOT PARTICIPATE DURING RELATED PRESENTATIONS AND DISCUSSIONS IN ALL CIRCUMSTANCES INVOLVING AN ACTUAL CONFLICT, THE INTERESTED TRUSTEE SHALL REFRAIN FROM VOTING ON ANY MATTER RELATED TO THE TRANSACTION PROCESS FOR DETERMINING COMPENSATION FORM 990, PART VI, QUESTION 15 THE COMPENSATION COMMITTEE OF THE SUTTER HEALTH BOARD OF DIRECTORS RETAINS ULTIMATE DISCRETIONARY AUTHORITY OVER ALL ELEMENTS OF COMPENSATION TO ASSURE THAT ORGANIZATIONAL PURPOSES ARE APPROPRIATELY BEING SERVED THE COMPENSATION COMMITTEE USES CREDIBLE DATA SOURCES AND MAINTAINS AN OBJECTIVE "ARMS LENGTH" DECISION-MAKING PROCESS, ENSURING THE INTEGRITY OF SUTTER'S EXECUTIVE PROGRAMS AND CONSISTENCY WITH THE ORGANIZATION'S OVERALL MISSION IN ORDER TO ENSURE EXTERNAL COMPETITIVENESS, NATIONAL, CALIFORNIA AND LOCAL MARKET AREA COMPENSATION DATA COMPARISONS ARE REVIEWED COMPETITIVE ANALYSIS INCLUDES (A) BASE SALARY, (B) TOTAL CASH (BASE SALARY + ANNUAL INCENTIVE) AND (C) TOTAL REMUNERATION (BASE SALARY + ANNUAL INCENTIVE + BENEFITS AND LONG TERM INCENTIVE) THIS ANALYSIS INCLUDES COMPARABLE ORGANIZATIONS AND GEOGRAPHIC CONSIDERATIONS FOR THE MOST SENIOR EXECUTIVE POSITIONS, NATIONAL COMPARISONS FOR ORGANIZATIONS SIMILAR IN SIZE, SCOPE AND COMPLEXITY AS SUTTER HEALTH ARE MOST APPROPRIATE SINCE IT IS A NATIONAL MARKETPLACE IN WHICH SUTTER COMPETES FOR EXECUTIVE TALENT ON THE OTHER HAND, BECAUSE CALIFORNIA'S UNDERLYING COMPENSATION STRUCTURE IS HIGHER THAN NATIONAL DATA (ESPECIALLY IN THE BAY AREA), REGIONAL PAY COMPARISONS AND ADJUSTMENTS ARE MADE ALL OFFICERS OF THE ORGANIZATION (I E , CEO, CFO, COO) UNDERGO A REVIEW AND BOARD APPROVAL ANNUALLY KEY EMPLOYEES AND OTHER EXECUTIVES OF SUTTER HEALTH WHO ARE CONSIDERED DISQUALIFIED PERSONS FOR FORM 990 REPORTING PURPOSES ARE HANDLED IN THE SAME MANNER AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC FORM 990, PART VI, QUESTION 19 THE SUTTER HEALTH SYSTEM POSTS ITS CURRENT AND PAST AUDITED FINANCIAL STATEMENTS AT SUTTERHEALTH.ORG OTHER DOCUMENTS ARE ALSO LOCATED AT THIS WEBSITE INCLUDING THE ANNUAL REPORT, MISSION STATEMENT, HISTORY, AND LINKS TO AFFILIATE WEBSITES

Identifier	Return Reference	Explanation
COMPILATION, REVIEW AND AUDIT OF INDEPENDENT ACCOUNTANT	FORM 990, PART XI, QUESTION 2	ANNUALLY THE SUTTER HEALTH SYSTEM HAS AN AUDIT OF COMBINED BALANCE SHEETS AND STATEMENTS OF OPERATIONS PERFORMED BY INDEPENDENT AUDITORS AN AUDIT COMMITTEE SELECTS THE AUDITORS AND REVIEWS RESULTS

SCHEDULE K DESCRIPTIONS, EXPLANATIONS AND ADDITIONAL INFORMATION SCHEDULE K PART I, COLUMN (E) THE ORGANIZATION'S SOLE CORPORATE MEMBER IS A CONDUIT BORROWER OF TAX-EXEMPT BOND ISSUES THAT ALLOCATES PORTIONS OF EACH ISSUE TO SUBSIDIARY ORGANIZATIONS THE ORGANIZATION IS ONLY REPORTING THE AMOUNT IT HAS BEEN ALLOCATED PART II, LINE 5 ISSUANCE COSTS WERE FUNDED THROUGH AN EQUITY CONTRIBUTION PART III, 3(C) WHILE THE ORGANIZATION DOES NOT ROUTINELY ENGAGE BOND COUNSEL OR OUTSIDE COUNSEL TO REVIEW MANAGEMENT OR SERVICE CONTRACTS OR RESEARCH AGREEMENTS RELATING TO THE FINANCED PROPERTY, THE ORGANIZATION'S SOLE CORPORATE MEMBER REGULARLY PARTICIPATES IN BOND FINANCINGS IN WHICH BOND COUNSEL, UNDERWRITER'S COUNSEL, AND BORROWER'S COUNSEL PERFORMS DUE DILIGENCE THE MOST RECENT BOND FINANCING OCCURRED IN MAY 2008 ADDITIONALLY, WITHIN THE SOLE CORPORATE MEMBER'S OFFICE OF THE GENERAL COUNSEL ("OGC"), THERE IS A CONTRACT SERVICE TEAM EDUCATED IN SAFE HARBORS THAT DRAFTS AND REVIEWS THESE AGREEMENTS AND CONTRACTS FINALLY, ALSO WITHIN THE OGC, THERE IS A MEMBER OF THE BUSINESS, TAX AND GOVERNANCE TEAM WITH APPROXIMATELY 8 YEARS OF PUBLIC FINANCE EXPERIENCE THAT (I) PERIODICALLY REVIEWS THESE AGREEMENTS AND CONTRACTS TO ASSIST TREASURY IN IDENTIFYING AND TRACKING NON-COMPLIANT AGREEMENTS AND CONTRACTS, (II) EDUCATES AND ANSWERS QUESTIONS OF THE CONTRACT SERVICE TEAM AND SUBSIDIARY ORGANIZATIONS RELATED TO SAFE HARBORS AND (III), AS NECESSARY, CONSULTS WITH BOND COUNSEL REGARDING MANAGEMENT OR SERVICE CONTRACTS OR RESEARCH AGREEMENTS RELATING TO THE FINANCED PROPERTY PART I, 2003AB, COLUMN (F) THE INITIAL BONDS ISSUED IN 2003 WERE NEW MONEY BONDS THAT WERE RETIRED AND REISSUED ON MAY 1, 2007 ACCORDINGLY, SCHEDULE K REFLECTS THE CURRENT REFUNDING BONDS THAT WERE TREATED AS REISSUED RATHER THAN REFLECTING THE "NEW MONEY" BONDS PART I, 2004CD, COLUMN (F) THE INITIAL BONDS ISSUED IN 2004 WERE NEW MONEY BONDS THAT WERE RETIRED AND REISSUED ON MAY 6, 2008 ACCORDINGLY, SCHEDULE K REFLECTS THE CURRENT REFUNDING BONDS THAT WERE TREATED AS REISSUED RATHER THAN REFLECTING THE "NEW MONEY" BONDS PART I, 2008A, COLUMN (F) THE REFUNDING OCCURRED VIA THE REPAYMENT OF A DRAW ON A TAXABLE LINE OF CREDIT, DRAWN IN SEVERAL INSTALLMENTS BETWEEN APRIL 6 AND APRIL 11, 2008 THE REFUNDED BONDS ISSUED IN 2007 WERE USED TO REFUND BONDS ISSUED IN 1991 AND 1995 THE REFUNDED BONDS ISSUED IN 2002 WERE USED TO REFUND BONDS ISSUED IN 1992, WHICH WERE USED TO REFUND BOND ISSUED IN 1985, 1986 AND 1987 PART IV, #5, 2003AB INVESTMENTS OF UNEXPENDED PROCEEDS CONTINUE TO BE MONITORED BY THE CORPORATE MEMBER OF THE ORGANIZATION AND ITS ARBITRAGE CONSULTANTS (THE BANK OF NEW YORK MELLON TRUST COMPANY, N A AND BLX GROUP) FOR COMPLIANCE WITH YIELD RESTRICTIONS AND YIELD REDUCTION PAYMENTS WERE MADE AT APPROPRIATE TIMES PART IV, #5, 2004CD INVESTMENTS OF UNEXPENDED PROCEEDS CONTINUE TO BE MONITORED BY THE CORPORATE MEMBER OF THE ORGANIZATION AND ITS ARBITRAGE CONSULTANTS (THE BANK OF NEW YORK MELLON TRUST COMPANY, N A AND BLX GROUP) FOR COMPLIANCE WITH YIELD RESTRICTIONS DESCRIPTION OF BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS SCHEDULE L, PART IV JOHN BARNSDALE, MD TRUSTEE OF SUTTER HEALTH SACRAMENTO SIERRA REGION (SHSSR), IS ALSO A SHAREHOLDER OF CENTRAL ANESTHESIA SERVICE EXCHANGE (CASE) DURING THE YEAR, CASE PROVIDED MEDICAL SERVICES TO SHSSR VIA AN ARMS-LENGTH AGREEMENT RICHARD KRAMER TRUSTEE OF SUTTER HEALTH SACRAMENTO SIERRA REGION (SHSSR) IS ALSO A DIRECTOR OF INTUITIVE SURGICAL, INC DURING THE YEAR, SHSSR PAID INTUITIVE SURGICAL FOR MEDICAL SERVICES VIA AN ARMS-LENGTH AGREEMENT MARIE POWERS ANTOINE TRUSTEE OF SUTTER HEALTH SACRAMENTO SIERRA REGION (SHSSR) IS ALSO A PARTNER IN THE LAW FIRM OF NOSSAMAN, LLP DURING THE YEAR, SHSSR PAID HER LAW FIRM FOR LEGAL SERVICES VIA AN ARMS-LENGTH AGREEMENT MICHAEL DOURGARIAN TRUSTEE OF SUTTER HEALTH SACRAMENTO SIERRA REGION (SHSSR) IS ALSO THE OWNER OF MANPOWER TEMPORARY SERVICES DURING THE YEAR SHSSR PAID MANPOWER TEMPORARY SERVICES VIA AN ARMS-LENGTH AGREEMENT MICHAEL NEWELL TRUSTEE OF SUTTER HEALTH SACRAMENTO SIERRA REGION (SHSSR) HIS SPOUSE WORKS AS AN RN FOR SUTTER DAVIS HOSPITAL WHICH IS PART OF SHSSR

## Related Organizations and Unrelated Partnerships

# 2009

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Employer identification number

94-1156621

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

(a)  
Name, address, and EIN of disregarded entity

**(b)**  
Primary activity

(c)  
Legal domicile (state  
or foreign country)

(d)  
Total income

(e)  
End-of-year assets

(f)  
Direct controlling  
entity

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

(a)  
Name, address, and EIN of related organization

**(b)**  
Primary activity

(c)  
Legal domicile (state  
or foreign country)

(d)  
Exempt Code section

(e)  
Public charity status  
(if section 501(c)(3))

(f)  
Direct controlling  
entity

See Additional Data Table

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
SUTTER CONNECT 10470 OLD PLACERVILLE ROAD SACRAMENTO, CA95827 68-0209157	HEALTH CARE ADMIN	CA	SUTTER HEALTH	NONPROFIT CORP			

Part V

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

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

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 (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

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

j

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

k

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

l

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

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

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

Yes

No

1a

Yes

1b

Yes

1c

Yes

1d

Yes

1e

Yes

1f

Yes

1g

Yes

1h

Yes

1i

Yes

1j

Yes

1k

Yes

1l

Yes

1m

Yes

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

Yes

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 other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	See Additional Data Table		
(2)			
(3)			
(4)			
(5)			
(6)			

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) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
ADOLESCENT TREATMENT CENTERS INC  390 40TH STREET OAKLAND, CA94609 68-0088443	HEALTH CARE	CA	501(C)(3)	3	SUTTER EBH
ALTA BATES SUMMIT FOUNDATION  2855 TELEGRAPH AVE 601 BERKELEY, CA94705 51-0160184	FUNDRAISING	CA	501(C)(3)	11a	SUTTER EBH
SUTTER EAST BAY HOSPITALS  2450 ASHBY AVE BERKELEY, CA94705 94-1196176	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH
SUTTER WEST BAY HOSPITALS  2333 BUCHANAN STREET SAN FRANCISCO, CA94115 94-0562680	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH
CALIFORNIA PACIFIC MEDICAL CTR FOUND  2015 STEINER STREET 2ND FLOOR SAN FRANCISCO, CA94115 94-2728423	FUNDRAISING	CA	501(C)(3)	11a	SUTTER WBH
DELTA MEMORIAL HOSPITAL FOUNDATION  3901 LONE TREE WAY ANTIOCH, CA94509 94-2417022	FUNDRAISING	CA	501(C)(3)	11a	SUTTER DELTA
EAST BAY PERINATAL CENTER  350 HAWTHORNE AVE OAKLAND, CA94609 51-0172285	HEALTH CARE	CA	501(C)(3)	3	SUTTER EBH
EDEN MEDICAL CENTER  20103 LAKE CHABOT ROAD CASTRO VALLEY, CA94546 94-2948100	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH
MARIN COMMUNITY HEALTH  250 BON AIRE ROAD GREENBRAE, CA94904 94-2994751	SUPPORTING OR	CA	501(C)(3)	11b	SUTTER HLTH
MARIN GENERAL HOSPITAL  250 BON AIRE ROAD GREENBRAE, CA94904 94-2823538	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH
MEMORIAL HOSPITAL LOS BANOS  520 W I STREET LOS BANOS, CA93635 94-1551464	HOSPITAL	CA	501(C)(3)	3	SUTTER CVH
SUTTER CENTRAL VALLEY HOSPITALS  1700 COFFEE ROAD MODESTO, CA95355 94-1080917	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH
MILLS-PENINSULA HEALTH SERVICES  1501 TROUSDALE DRIVE BURLINGAME, CA94010 94-1156265	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH
MILLS-PENINSULA HOSPITAL FOUNDATION  1501 TROUSDALE DRIVE BURLINGAME, CA94010 23-7288765	FUNDRAISING	CA	501(C)(3)	11a	MPHS
MILLS-PENINSULA SENIOR FOCUS  1720 EL CAMINO REAL BURLINGAME, CA94010 94-2663918	HEALTH CARE	CA	501(C)(3)	9	MPHS
PALO ALTO MEDICAL FOUNDATION  2350 EL CAMINO REAL MOUNTAIN VIEW, CA94040 94-1156581	HEALTH CARE	CA	501(C)(3)	3	SUTTER HLTH
PALO ALTO MEDICAL FOUNDATION HOSPITAL CO  570 WILLOW ROAD MENLO PARK, CA94025 94-2206441	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH
SUTTER WEST BAY MEDICAL FOUNDATION  2015 STEINER STREET 1ST FLOOR SAN FRANCISCO, CA94115 94-2948131	HEALTH CARE	CA	501(C)(3)	3	SUTTER HLTH
SAMUEL MERRITT UNIVERSITY  450 30TH STREET 2840 OAKLAND, CA94609 94-2992642	UNIVERSITY	CA	501(C)(3)	2	SUTTER EBH
ST LUKE'S HEALTH CARE CENTER  3555 CAESAR CHAVEZ STREET SAN FRANCISCO, CA94110 51-0201241	HEALTH CARE	CA	501(C)(3)	3	SUTTER WBH
SUTTER AMADOR HOSPITAL  200 MISSION BLVD JACKSON, CA95642 68-0291072	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH
SUTTER AUBURN FAITH HOSPITAL FOUNDATION  11815 EDUCATION ST AUBURN, CA95602 94-2594966	FUNDRAISING	CA	501(C)(3)	7	SUTTER SSR
SUTTER COAST HOSPITAL  800 E WASHINGTON BLVD CRESCENT CITY, CA95531 94-2988520	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH
SUTTER DAVIS HOSPITAL FOUNDATION  2000 SUTTER PLACE DAVIS, CA95616 68-0217870	FUNDRAISING	CA	501(C)(3)	11a	SUTTER SSR
SUTTER DELTA MEDICAL CENTER  3901 LONE TREE WAY ANTIOCH, CA94509 94-1552887	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH
SUTTER EAST BAY MEDICAL FOUNDATION  3687 MT DIABLO BLVD 200 LAFAYETTE, CA94549 94-2690415	HEALTH CARE	CA	501(C)(3)	11a	SUTTER HLTH
SUTTER GOULD MEDICAL FOUNDATION  600 COFFEE ROAD MODESTO, CA95355 94-1682256	HEALTH CARE	CA	501(C)(3)	3	SUTTER HLTH
SUTTER HEALTH  2200 RIVER PLAZA DRIVE SACRAMENTO, CA95833 94-2788907	SUPPORTING OR	CA	501(C)(3)	11c	NA
SUTTER HEALTH PACIFIC  91-2301 FT WEAVER RD EWA BEACH HI, HI96706 99-0298651	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH
SUTTER HEALTH SACRAMENTO SIERRA REGION  2800 L STREET 7TH FLOOR SACRAMENTO, CA95816 94-1156621	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH



Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
SUTTER INSURANCE SERVICES CORPORATION  745 FORT STREET SUITE 800 HONOLULU HI, CA96813 99-0289310	INSURANCE SER	HI	501(C)(3)	11b	SUTTER HLTH
SUTTER LAKESIDE HOSPITAL  5176 HILL ROAD EAST LAKEPORT, CA95453 94-1628356	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH
SUTTER MARIN  180 ROWLAND WAY NOVATO, CA94945 51-0206463	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH
SUTTER MATERNITY SURGERY CTR SANTA CRUZ  2900 CHANTICLEER AVE SANTA CRUZ, CA95065 68-0279954	HOSPITAL	CA	501(C)(3)	3	PAMF
SUTTER MEDICAL CENTER FOUNDATION  20130 LAKE CHABOT RD 103 CASTRO VALLEY, CA94546 94-2788906	FUNDRAISING	CA	501(C)(3)	7	SUTTER HLTH
SUTTER MEDICAL CENTER OF CASTRO VALLY  2800 L STREET 620 SACRAMENTO, CA95816 77-0146047	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH
SUTTER MEDICAL CENTER OF SANTA ROSA  3325 CHANATE RD SANTA ROSA, CA95404 68-0374805	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH
SUTTER MEDICAL FOUNDATION  2800 L STREET 7TH FLOOR SACRAMENTO, CA95816 68-0273974	HEALTH CARE	CA	501(C)(3)	11b	SUTTER HLTH
SUTTER NORTH MEDICAL FOUNDATION  969 PLUMAS STREET 205 YUBA CITY, CA95991 94-1080019	HEALTH CARE	CA	501(C)(3)	11b	SUTTER HLTH
SUTTER REGIONAL MEDICAL FOUNDATION  2720 LOW COURT FAIRFIELD, CA94534 20-0078199	HEALTH CARE	CA	501(C)(3)	3	SUTTER HLTH
SUTTER ROSEVILLE MEDICAL CTR FOUNDATION  ONE MEDICAL PLAZA ROSEVILLE, CA95661 68-0040113	FUNDRAISING	CA	501(C)(3)	11a	SUTTER SSR
SUTTER SOLANO CHARITABLE FOUNDATION  300 HOSPITAL DRIVE VALLEJO, CA94589 94-2668262	FUNDRAISING	CA	501(C)(3)	11a	SUTTER SOLAN
SUTTER SOLANO MEDICAL CENTER  300 HOSPITAL DRIVE VALLEJO, CA94589 94-1241942	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH
SUTTER TRACY COMMUNITY HOSPITAL  1420 N TRACY BLVD TRACY, CA95376 94-1196220	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH
SUTTER VISITING NURSE ASSOC AND HOSPICE  1900 POWELL ST 300 EMERYVILLE, CA94608 94-6068843	HEALTH CARE	CA	501(C)(3)	9	SUTTER HLTH
SUTTER VNA AND HOSPICE FOUNDATION  1900 POWELL ST 300 EMERYVILLE, CA94608 94-2607708	FUNDRAISING	CA	501(C)(3)	9	SUTTER VNA
TRACY HOSPITAL FOUNDATION  1420 N TRACY BLVD TRACY, CA95376 68-0318845	FUNDRAISING	CA	501(C)(3)	11a	SUTTER TRACY

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1)	SUTTER MEDICAL CENTER FOUNDATION	B	1,535,631
(2)	SUTTER DAVIS HOSPITAL FOUNDATION	B	225,102
(3)	SUTTER AUBURN FAITH FOUNDATION	B	237,238
(4)	SUTTER ROSEVILLE MEDICAL FOUNDATION	B	500,803
(5)	SUTTER SOLANO MEDICAL CENTER FOUNDATION	B	86,614
(6)	SUTTER MEDICAL CENTER FOUNDATION	C	5,411,971
(7)	SUTTER DAVIS HOSPITAL FOUNDATION	C	343,198
(8)	SUTTER AUBURN FAITH FOUNDATION	C	501,468
(9)	SUTTER ROSEVILLE MEDICAL CENTER FOUNDATION	C	1,564,065
(10)	SUTTER SOLANO MEDICAL CENTER FOUNDATION	C	30,993

Additional Data

Software ID:

Software Version:

EIN: 94-1156621

Name: SUTTER HEALTH SAC SIERRA REGION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARY POWERS ANTOINE TRUSTEE	2 0	X						0	0	0
WILLIAM AU MD CHAIR/TRUSTEE	4 0	X		X				0	0	0
JOHN BARNSDALE MD TRUSTEE	2 0	X						0	0	0
ED BONNER TRUSTEE	2 0	X						0	0	0
GARY COOPER TRUSTEE	2 0	X						0	0	0
ANN COUSINEAU TRUSTEE	2 0	X						0	0	0
JOHN DIMICHELE TRUSTEE	2 0	X						0	0	0
MIKE DOURGARIAN CHAIR/TRUSTEE	4 0	X		X				0	0	0
DAN FLORES VICE CHAIR/TRUSTEE	2 0	X		X				0	0	0
PATRICK FRY PRESIDENT & CEO-SUTTER HEALTH	40 0	X						0	2,299,497	1,693,145
DENNIS HINZ TRUSTEE	2 0	X						0	0	0
SCOTT HOWELL TRUSTEE	2 0	X						0	0	0
DANIEL KENNEDY MD CHIEF OF STAFF/TRUSTEE	2 0	X						0	0	0
RICHARD KRAMER SECRETARY/TRUSTEE	2 0	X		X				0	0	0
SARAH KREVANS REGIONAL PRES, SAC SIERRA REG	40 0	X		X				0	1,242,960	777,698
PAT FONG KUSHIDA TRUSTEE	2 0	X						0	0	0
MARION LEFF MD TRUSTEE	2 0	X						0	0	0
DAVID LUCCHETTI TRUSTEE	2 0	X						0	0	0
MIKE NEWELL TRUSTEE	2 0	X						0	0	0
WILLIAM PENDERGAST TRUSTEE	2 0	X						0	0	0
FELICENNE RAMEY TRUSTEE	2 0	X						0	0	0
MIKE SLATER TRUSTEE	2 0	X						0	0	0
JOAN SMITH-MACLEAN MD TRUSTEE	2 0	X						0	0	0
SCOTT SYPHAX TRUSTEE	2 0	X						0	0	0
JEFF SPRAGUE CFO-SAC SIERRA REGION	40 0			X				0	529,114	205,630

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PENNY WESTFALL VP & REG COUNSEL SAC SIERRA	40 0			X				0	276,652	22,504
PAT BRADY CEO -SUTTER ROSEVILLE MED CTR	40 0				X			0	641,737	319,031
TOM GAGEN CEO-SUTTER MED CTR SACRAMENTO	40 0				X			0	760,506	474,639
THERESA GLUBKA CEO, SUTTER SOLANO MED CTR	40 0				X			0	444,988	207,305
MITCH HANNA CAO-SAFH	40 0				X			0	403,348	189,467
ANNE PLATT CEO, SUTTER AMADOR HOSPITAL	40 0				X			0	379,271	195,411
THOMAS REAM II REG CIO, SAC SIERRA REGION	40 0				X			0	229,041	86,581
JANET WAGNER CAO-SUTTER DAVIS HOSPITAL	40 0				X			0	371,505	169,469
SHELLY MCGRIFF CHIEF NURSING EXECUTIVE, SMCS	40 0					X		0	343,997	108,154
JOHN MESIC MD CMO, SAC SIERRA REGION	40 0					X		0	574,993	211,801
BARBARA NELSON CHIEF NURSING EXEC, SRMC	40 0					X		0	322,029	102,513
JEFFREY SZCZESNY REG VP HR, SAC SIERRA	40 0					X		0	321,893	140,365
GREGORY GRAVES MEDICAL DIRECTOR CANCER CENTER	40 0					X		0	533,519	24,865

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
PURCHASED SERVICES	105,555,670	101,640,761	3,914,158	751
BAD DEBT EXPENSES	52,255,814	52,255,814	0	0
UTILITIES	14,870,393	14,656,452	213,941	0
EQUIPMENT RENTALS	13,065,286	12,961,557	103,729	0
TAXES/LICENSES/DUES/OTHER	2,967,871	2,136,352	831,519	0