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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
SUTTER WEST BAY HOSPITALS

Doing Business As
CALIFORNIA PACIFIC MEDICAL CENTER

Number and street (or P O box if mail is not delivered to street address)
PO BOX 7999

Room/suite

City or town, state or country, and ZIP + 4
SAN FRANCISCO, CA 94120

D Employer identification number
94-0562680

E Telephone number
(916) 286-6665

G Gross receipts $ 1,646,129,191

F Name and address of principal officer
MARTIN BROTMAN MD
PO BOX 7999
SAN FRANCISCO, CA 94120

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW SUTTERHEALTH ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1854

M State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SEE SCHEDULE O

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	35
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	29
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	8,786
6	Total number of volunteers (estimate if necessary)	**6**	1,291
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	2,067,119
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	45,464,974	33,710,172
	9 Program service revenue (Part VIII, line 2g)	1,194,089,890	1,542,831,482
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-2,270,393	9,541,135
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,565,541	6,728,834
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,245,850,012	1,592,811,623
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,658,071	1,836,582
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	606,222,788	736,482,501
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶344,988		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	478,846,674	665,272,592
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,086,727,533	1,403,591,675
	19 Revenue less expenses Subtract line 18 from line 12	159,122,479	189,219,948

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	1,452,243,769	1,510,104,441
	21 Total liabilities (Part X, line 26)	562,074,957	574,175,255
	22 Net assets or fund balances Subtract line 21 from line 20	890,168,812	935,929,186

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2011-10-10

JOHN GATES COO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶☐	PTIN
Firm's name ▶ ERNST & YOUNG US LLP				Firm's EIN ▶
Firm's address ▶ 178 S RIO GRANDE STREET SUITE 400 SALT LAKE CITY, UT 84101				Phone no ▶ (801) 350-3300

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 1,315,021,288 including grants of $ 1,836,582) (Revenue $ 1,542,831,482)

SEE SCHEDULE O

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

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 1,315,021,288

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
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		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		No

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? *If "Yes," complete Schedule I, Parts I and II*	**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? *If "Yes," complete Schedule I, Parts I and III*	**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? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25*	**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	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	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? *If "Yes," complete Schedule L, Part II*	**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? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☑ **Yes** ☐ **No**			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	1,201		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	8,786		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for 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?		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	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds 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			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 35		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 29		
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 governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this 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 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
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	Yes	

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

☐ Own website ☐ Another's website ☑ 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 ▶

HENRY YU
PO BOX 7999
SAN FRANCISCO, CA 94120
(415) 600-7310

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☑

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								2,203,190	9,545,644	5,542,695

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 ▶ 1,705

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
ARAMARK 2500 WARRENVILLE ROAD DOWNERS GROVE, IL 60515	MANAGEMENT SERVICES	17,957,405
PACIFIC INPATIENT MEDICAL GROUP INC PO BOX 1230 SUISUN CITY, CA 94585	UTILIZATION SERVICES	6,536,985
ANESTHESIA AND ANALGESIA MEDICAL GR 837 5TH STREET 2ND FLOOR SANTA ROSA, CA 95404	ANESTHESIA SERVICES	5,327,013
AUXILIO 27401 LOS ALTOS SUITE 100 MISSION VIEJO, CA 92691	PRINTER SVC MGMT	3,402,364
D KELLY CONSTRUCTION INC 55 LAFAYETTE STREET SAN FRANCISCO, CA 94103	CONSTRUCTION	3,389,544

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 ▶ 152

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					
	b Membership dues 1b					
	c Fundraising events 1c	17,709				
	d Related organizations . . . 1d	12,104,776				
	e Government grants (contributions) 1e	19,827,158				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	1,760,529				
	g Noncash contributions included in lines 1a-1f $	13,500				
	h **Total.** Add lines 1a-1f . . . . . ▶		33,710,172			
Program Service Revenue		Business Code				
	2a PATIENT SERVICE REVENUE	622110	1,531,134,571	1,531,134,571		
	b CA PACIFIC ADVANCED IMAGING	621512	1,848,651	1,848,651		
	c SAN FRAN ENDOSCOPY CTR	621498	3,921,699	3,921,699		
	d PRESIDIO SURGERY CENTER LLC	621493	5,926,561	5,926,561		
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . . ▶		1,542,831,482			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		7,737,288			7,737,288
	4 Income from investment of tax-exempt bond proceeds . . ▶		0			
	5 Royalties . . . . . ▶		0			
		(i) Real	(ii) Personal			
	6a Gross Rents	14,688,714				
	b Less rental expenses	13,304,731				
	c Rental income or (loss)	1,383,983				
	d Net rental income or (loss) . . . . . ▶		1,383,983			1,383,983
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	41,511,487	287,333			
	b Less cost or other basis and sales expenses	39,787,244	207,729			
	c Gain or (loss)	1,724,243	79,604			
	d Net gain or (loss) . . . . . ▶		1,803,847			1,803,847
Other Revenue	8a Gross income from fundraising events (not including $ 17,709 of contributions reported on line 1c) See Part IV, line 18 . . . a		33,211			
	b Less direct expenses . . . b		15,364			
	c Net income or (loss) from fundraising events . . ▶		17,847			17,847
	9a Gross income from gaming activities See Part IV, line 19 . a	5,150				
	b Less direct expenses . . . . . b	2,500				
	c Net income or (loss) from gaming activities . . ▶		2,650			2,650
	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 . . ▶		0			
	Miscellaneous Revenue	Business Code				
	11a UBI - LABORATORY	621500	262,955		262,955	
	b UBI - PARKING	812930	1,804,164		1,804,164	
	c CAFETERIA	900099	3,257,235			3,257,235
	d All other revenue					
	e **Total.** Add lines 11a–11d . . . . . ▶		5,324,354			
	12 **Total revenue.** See Instructions . . . ▶		1,592,811,623	1,542,831,482	2,067,119	14,202,850

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	1,836,332	1,836,332		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	250	250		
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	958,897	0	958,897	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	494,080,367	474,082,824	19,827,597	169,946
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	38,828,902	37,282,569	1,531,782	14,551
9 Other employee benefits	162,361,713	150,280,877	12,027,066	53,770
10 Payroll taxes	40,252,622	38,802,782	1,434,264	15,576
a Fees for services (non-employees) Management	6,644,313	5,179,545	1,403,669	61,099
b Legal	2,037,309	242,660	1,794,649	0
c Accounting	84,700	14,657	70,043	0
d Lobbying	0	0	0	0
e Professional fundraising services *See Part IV, line 17*	0			0
f Investment management fees	627,644	0	627,644	0
g Other	16,127,146	15,686,545	440,601	0
12 Advertising and promotion	409,487	409,477	0	10
13 Office expenses	169,492,396	169,077,587	408,628	6,181
14 Information technology	16,353,620	0	16,353,620	0
15 Royalties	0	0	0	0
16 Occupancy	13,707,380	13,490,418	216,962	0
17 Travel	1,403,422	1,086,412	313,697	3,313
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	692,123	600,939	91,184	0
20 Interest	23,691,234	23,691,234	0	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	80,368,655	80,349,571	19,084	0
23 Insurance	9,963,392	9,956,233	7,159	0
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a PURCHASED SERVICES	99,296,049	93,695,803	5,586,853	13,393
b PROFESSIONAL FEES-PHYSICIANS	67,435,409	63,991,559	3,443,850	0
c BAD DEBT	37,350,972	37,350,972	0	0
d REPAIRS & MAINTENANCE	22,166,975	21,697,388	469,587	0
e SYSTEM ALLOCATION FEES	21,104,996	0	21,104,996	0
f All other expenses	76,315,370	76,214,654	93,567	7,149
25 **Total functional expenses.** Add lines 1 through 24f	1,403,591,675	1,315,021,288	88,225,399	344,988
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		56,566,852	2	82,045,309
	3	Pledges and grants receivable, net		200,601	3	399,739
	4	Accounts receivable, net		208,647,222	4	197,248,328
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		13,871,713	8	14,589,638
	9	Prepaid expenses and deferred charges		3,261,305	9	4,035,606
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 1,692,573,826			
	b	Less accumulated depreciation	10b 741,495,660	908,941,346	10c	951,078,166
	11	Investments—publicly traded securities		185,836,527	11	183,970,682
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		5,186,655	13	5,320,918
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		69,731,548	15	71,416,055
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,452,243,769	16	1,510,104,441
Liabilities	17	Accounts payable and accrued expenses		186,550,786	17	189,729,837
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		335,260,418	20	334,770,632
	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			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		40,263,753	25	49,674,786
	26	**Total liabilities.** Add lines 17 through 25		562,074,957	26	574,175,255
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		869,058,127	27	913,463,129
	28	Temporarily restricted net assets		21,110,685	28	22,466,057
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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		890,168,812	33	935,929,186
	34	Total liabilities and net assets/fund balances		1,452,243,769	34	1,510,104,441

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	1,592,811,623
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,403,591,675
3	Revenue less expenses Subtract line 2 from line 1	3	189,219,948
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	890,168,812
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-143,459,574
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	935,929,186

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

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

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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

2010

Open to Public Inspection

Name of the organization
SUTTER WEST BAY HOSPITALS

Employer identification number
94-0562680

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 described in **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 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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?

	Yes	No
(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? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** 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—2009.** 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—2010.** 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—2009.** 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 III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2009 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2010.** 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—2009.** 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 94-0562680
Name: SUTTER WEST BAY HOSPITALS

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			
RT REV MARC ANDRUS DIRECTOR	1 0	X						0	0	0
DAMIAN AUGUSTYN MD DIRECTOR	1 0	X						0	0	0
MARTIN BROTMAN MD REGIONAL PRESIDENT, WEST BAY	40 0	X		X				0	2,535,924	1,751,747
BILL BRUNETTI DIRECTOR	1 0	X						0	0	0
THEODORE DEIKEL DIRECTOR	1 0	X						0	0	0
THOMAS JOHN DIETZ PHD DIRECTOR	1 0	X						0	0	0
ROY EISENHARDT DIRECTOR	1 0	X						0	0	0
PETER FULCHIRON VICE CHAIR/DIRECTOR	1 0	X		X				0	0	0
PAT FRY PRESIDENT & CEO, SUTTER HEALTH	1 0	X						0	2,699,636	2,088,912
FRANK HERRINGER DIRECTOR	1 0	X						0	0	0
JORDAN HOROWITZ MD DIRECTOR	1 0	X						17,063	0	0
PETER JACOBI DIRECTOR	1 0	X						0	0	0
JOAN C KAHR DIRECTOR	1 0	X						0	0	0
RON KAUFMAN DIRECTOR	1 0	X						0	0	0
KURT KUNZEL MD DIRECTOR	1 0	X						27,500	0	0
STEVEN LEVENBERG DO DIRECTOR	1 0	X						0	0	0
TOM LINCOLN DIRECTOR	1 0	X						0	0	0
ALASTAIR MACTAGGART DIRECTOR	1 0	X						0	0	0
ANTHONY MILES DIRECTOR	1 0	X						0	0	0
SCOTT MINICK DIRECTOR	1 0	X						0	0	0
TIM MURPHY MD DIRECTOR	1 0	X						1,500	0	0
CYNTHIA NESTLE DIRECTOR	1 0	X						0	0	0
DENNIS O'CONNELL DIRECTOR	1 0	X						0	0	0
STEVEN OLIVER DIRECTOR	1 0	X						0	0	0
ROBERT OSORIO MD DIRECTOR	1 0	X						0	0	0

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			
JAMES PALLESCHI MD DIRECTOR	1 0	X						0	0	0
DIANE PEGE MD DIRECTOR	1 0	X						0	0	0
ROBERT A ROSENFELD DIRECTOR	1 0	X						0	0	0
TERRI SLAGLE MD DIRECTOR	1 0	X						14,950	0	0
LEO SOONG FINANCE CHAIR/DIRECTOR	1 0	X		X				0	0	0
ROSS E STROMBERG JD DIRECTOR	1 0	X						0	0	0
ROBERT M TOMASELLO CHAIR/DIRECTOR	1 0	X		X				0	0	0
MICHAEL VALAN MD DIRECTOR	1 0	X						0	0	0
ANTHONY G WAGNER DIRECTOR	1 0	X						0	0	0
DEBORAH WYATT MD DIRECTOR	1 0	X						0	0	0
MICHAEL DUNCHEON VP, REGIONAL COUNSEL WBR	40 0			X				0	265,434	86,707
JOHN GATES REGIONAL VP FINANCE, WEST BAY	40 0			X	X			0	728,158	399,937
JACK BAILEY EXECUTIVE VP/ADMINISTRATOR	40 0				X			897,884	0	20,662
TONI BRAYER MD REGIONAL VP & CMO, WEST BAY	40 0				X			0	576,844	174,182
WARREN BROWNER MD CEO, SAN FRANCISCO HOSPITALS	40 0				X			0	770,292	442,862
GRANT DAVIES EXEC VP, CPMC & CAO, WB	40 0				X			0	624,392	185,409
LINDA ISAACS REG VP, HR, WEST BAY	40 0					X		0	402,932	119,116
ALLAN PONT MD VP MEDICAL AFFAIRS	40 0					X		0	518,746	98,866
CHRISTOPHER WILLRICH REG VP, STRATEGY&BUS DEV, WB	40 0					X		0	423,286	130,385
SEAN TOWNSEND VP QUALITY	40 0					X		751,941	0	16,989
STEVEN CUMMINGS DIRECTOR CRCLE	40 0					X		492,352	0	26,921

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

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

2010

Open to Public Inspection

Name of the organization
SUTTER WEST BAY HOSPITALS

Employer identification number
94-0562680

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? ☐ Yes ☐ No

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 ☐ Yes ☐ No

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
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	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 ▶ $ _____

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

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					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

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

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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		169,781,890		169,781,890
b Buildings		722,837,820	393,973,431	328,864,389
c Leasehold improvements		44,243,267	24,833,953	19,409,314
d Equipment		426,833,039	319,644,402	107,188,637
e Other		328,877,810	3,043,874	325,833,936
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				951,078,166

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
INSURANCE LIABILITIES	22,154,794
3RD PARTY SETTLEMENTS	7,141,520
OTHER LIABILITIES	20,378,472
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	49,674,786

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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
ASC 740 (FIN48) FOOTNOTE FROM AUDIT	PART X, LINE 2	THIS ORGANIZATION WAS PART OF A CONSOLIDATED FINANCIAL SYSTEM AUDIT THE ASC 740 AUDIT FOOTNOTE DISCLOSURE FOR THE SUTTER SYSTEM IS AS FOLLOWS DEFERRED INCOME TAX ASSETS, WHICH AS OF DECEMBER 31, 2010 AND 2009 WERE FULLY RESERVED, REFLECT THE NET TAX EFFECT OF TEMPORARY DIFFERENCES BETWEEN THE CARRYING AMOUNTS OF ASSETS AND THE LIABILITIES FOR FINANCIAL REPORTING AND THE AMOUNTS USED FOR INCOME TAX PURPOSES AS OF DECEMBER 31, 2010 AND 2009, SUTTER HAD DEFERRED TAX ASSETS OF $13 (MILLION) RELATING PRINCIPALLY TO NET OPERATING LOSS CARRYOVERS AS OF DECEMBER 31, 2010 AND 2009, SUCH DEFERRED TAX ASSETS WERE OFFSET BY A VALUATION ALLOWANCE OF $13 (MILLION) THE VALUATION ALLOWANCE DID NOT CHANGE IN 2010 OR 2009 FEDERAL NET OPERATING LOSS CARRYOVERS TOTALED $32 (MILLION) AT DECEMBER 31, 2010 AND WILL EXPIRE BETWEEN 2015 AND 2030

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
SUTTER WEST BAY HOSPITALS

Employer identification number
94-0562680

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 TREE OF LIGHTS (event type)	(c) Other Events 0 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	43,065	7,855		50,920
	2 Less Charitable contributions	17,709			17,709
	3 Gross income (line 1 minus line 2)	25,356	7,855		33,211
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	6,120			6,120
	7 Food and beverages	5,035			5,035
	8 Entertainment				
	9 Other direct expenses	2,659	1,550		4,209
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				15,364
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				17,847

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	**13a**	
b An outside facility	**13b**	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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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

2010

Open to Public Inspection

Name of the organization
SUTTER WEST BAY HOSPITALS

Employer identification number
94-0562680

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year ☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care ☐ 100% ☐ 150% ☐ 200% ☑ Other **400. %**	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care . . . . . ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other %	3b		
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	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . .	5a	Yes	
b	If "Yes," did the organization's financial assistance 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 eligibile for free or discounted care?	5c		No
6a	Does the organization prepare a community benefit report during the tax year?	6a	Yes	
6b	If "Yes," did 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 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheets 1 and 2)			20,427,264	0	20,427,264	1 460 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			197,425,628	166,032,789	31,392,839	2 240 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			12,096,943	5,617,437	6,479,506	0 460 %
d **Total** Financial Assistance and Means-Tested Government Programs			229,949,835	171,650,226	58,299,609	4 160 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			5,765,954	18,436	5,747,518	0 410 %
f Health professions education (from Worksheet 5)			41,891,519	4,792,612	37,098,907	2 640 %
g Subsidized health services (from Worksheet 6)			11,320,006	7,842,238	3,477,768	0 250 %
h Research (from Worksheet 7)			22,740,306	0	22,740,306	1 620 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			3,187,241	0	3,187,241	0 230 %
j **Total** Other Benefits			84,905,026	12,653,286	72,251,740	5 150 %
k **Total.** Add lines 7d and 7j			314,854,861	184,303,512	130,551,349	9 310 %

Part II **Community Building Activities** during the tax year, and describe in Part VI how its community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support			17,730	0	17,730	0 %
4	Environmental improvements						
5	Leadership development and training for community members			3,600	0	3,600	0 %
6	Coalition building			61,206	0	61,206	0 %
7	Community health improvement advocacy			19,075	0	19,075	0 %
8	Workforce development			46,503	0	46,503	0 %
9	Other						
10	**Total**			148,114	0	148,114	0 010 %

Part III **Bad Debt, Medicare, & Collection Practices**

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1			No
2	Enter the amount of the organization's bad debt expense (at cost)	2	9,673,901		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's financial assistance 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 a portion of bad debt amounts as community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	314,411,867
6	Enter Medicare allowable costs of care relating to payments on line 5	6	377,034,527
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-62,622,660
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes	
b	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 IV **Management 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					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? **8**

	Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
1	CPMC-PACIFIC CAMPUS HOSPITAL 2333 BUCHANAN STREET SAN FRANCISCO, CA 94115	X	X					X		
2	CPMC-CALIFORNIA WEST CAMPUS HOSPITAL 3700 CALIFORNIA STREET SAN FRANCISCO, CA 94118	X	X							
3	CPMC-CALIFORNIA EAST CAMPUS HOSPITAL 3698 CALIFORNIA STREET SAN FRANCISCO, CA 94118	X	X							
4	CPMC-DAVIES CAMPUS HOSPITAL 45 CASTRO STREET SAN FRANCISCO, CA 94114	X	X					X		
5	CPMC-ST LUKE'S CAMPUS HOSPITAL 3555 CESAR CHAVEZ STREET SAN FRANCISCO, CA 94110	X	X					X		
6	SUTTER MEDICAL CENTER SANTA ROSA 3325 CHANATE ROAD SANTA ROSA, CA 95404	X	X					X		
7	SUTTER LAKESIDE HOSPITAL 5176 HILL ROAD EAST LAKEPORT, CA 95463	X	X			X		X		
8	NOVATO COMMUNITY HOSPITAL 180 ROWLAND WAY NOVATO, CA 94945	X	X					X		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: CPMC-PACIFIC CAMPUS HOSPITAL

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	**1**		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**3**		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**		
5 Did the hospital facility make its Needs Assessment widely available to the public?	**5**		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Participation in the development of a community-wide community benefit plan			
d ☐ Participation in the execution of a community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	**7**		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**8**		
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	**9**		
If "Yes," indicate the FPG family income limit for eligibility for free care __%			

Part V Facility Information *(continued)*

		Yes	No
10 Used FPG to determine eligibility for providing *discounted* care to low income individuals?	10		
If "Yes," indicate the FPG family income limit for eligibility for discounted care __%			
11 Explained the basis for calculating amounts charged to patients?	11		
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☐ Income level			
b ☐ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Other (describe in Part VI)			
12 Explained the method for applying for financial assistance?	12		
13 Included measures to publicize the policy within the community served by the hospital facility?	13		
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted at all times on the hospital facility's web site			
b ☐ The policy was attached to all billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
f ☐ The policy was available upon request			
g ☐ Other (describe in Part VI)			
Billing and Collections			
14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15 Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
16 Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year?	16		
If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply)			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
17 Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
a ☐ Notified patients of the financial assistance policy upon admission			
b ☐ Notified patients of the financial assistance policy prior to discharge			
c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d ☐ Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance			
e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**		
If "No," indicate the reasons why (check all that apply)			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility did not have a policy relating to emergency medical care			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)			
a ☐ The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility			
b ☐ The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility			
c ☐ The hospital facility used the Medicare rate for those services			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient?	**21**		
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: CPMC-CALIFORNIA WEST CAMPUS HOSPITAL

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 2

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Participation in the development of a community-wide community benefit plan			
d ☐ Participation in the execution of a community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
If "Yes," indicate the FPG family income limit for eligibility for free care __%			

Part V Facility Information *(continued)*

		Yes	No
10 Used FPG to determine eligibility for providing *discounted* care to low income individuals?	10		
If "Yes," indicate the FPG family income limit for eligibility for discounted care __%			
11 Explained the basis for calculating amounts charged to patients?	11		
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☐ Income level			
b ☐ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Other (describe in Part VI)			
12 Explained the method for applying for financial assistance?	12		
13 Included measures to publicize the policy within the community served by the hospital facility?	13		
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted at all times on the hospital facility's web site			
b ☐ The policy was attached to all billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
f ☐ The policy was available upon request			
g ☐ Other (describe in Part VI)			
Billing and Collections			
14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15 Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
16 Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year?	16		
If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply)			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
17 Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
a ☐ Notified patients of the financial assistance policy upon admission			
b ☐ Notified patients of the financial assistance policy prior to discharge			
c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d ☐ Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance			
e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**		
If "No," indicate the reasons why (check all that apply)			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility did not have a policy relating to emergency medical care			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)			
a ☐ The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility			
b ☐ The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility			
c ☐ The hospital facility used the Medicare rate for those services			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient?	**21**		
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: CPMC-CALIFORNIA EAST CAMPUS HOSPITAL

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 3

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	**1**		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**3**		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**		
5 Did the hospital facility make its Needs Assessment widely available to the public?	**5**		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Participation in the development of a community-wide community benefit plan			
d ☐ Participation in the execution of a community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	**7**		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**8**		
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	**9**		
If "Yes," indicate the FPG family income limit for eligibility for free care __%			

Part V Facility Information *(continued)*

		Yes	No
10 Used FPG to determine eligibility for providing *discounted* care to low income individuals?	10		
If "Yes," indicate the FPG family income limit for eligibility for discounted care __%			
11 Explained the basis for calculating amounts charged to patients?	11		
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☐ Income level			
b ☐ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Other (describe in Part VI)			
12 Explained the method for applying for financial assistance?	12		
13 Included measures to publicize the policy within the community served by the hospital facility?	13		
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted at all times on the hospital facility's web site			
b ☐ The policy was attached to all billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
f ☐ The policy was available upon request			
g ☐ Other (describe in Part VI)			
Billing and Collections			
14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15 Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
16 Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year?	16		
If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply)			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
17 Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
a ☐ Notified patients of the financial assistance policy upon admission			
b ☐ Notified patients of the financial assistance policy prior to discharge			
c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d ☐ Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance			
e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**		
If "No," indicate the reasons why (check all that apply)			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility did not have a policy relating to emergency medical care			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)			
a ☐ The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility			
b ☐ The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility			
c ☐ The hospital facility used the Medicare rate for those services			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient?	**21**		
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: CPMC-DAVIES CAMPUS HOSPITAL

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 4

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Participation in the development of a community-wide community benefit plan			
d ☐ Participation in the execution of a community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
If "Yes," indicate the FPG family income limit for eligibility for free care __%			

Part V Facility Information *(continued)*

		Yes	No
10 Used FPG to determine eligibility for providing *discounted* care to low income individuals?	10		
If "Yes," indicate the FPG family income limit for eligibility for discounted care __%			
11 Explained the basis for calculating amounts charged to patients?	11		
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☐ Income level			
b ☐ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Other (describe in Part VI)			
12 Explained the method for applying for financial assistance?	12		
13 Included measures to publicize the policy within the community served by the hospital facility?	13		
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted at all times on the hospital facility's web site			
b ☐ The policy was attached to all billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
f ☐ The policy was available upon request			
g ☐ Other (describe in Part VI)			
Billing and Collections			
14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15 Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
16 Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year?	16		
If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply)			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
17 Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
a ☐ Notified patients of the financial assistance policy upon admission			
b ☐ Notified patients of the financial assistance policy prior to discharge			
c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d ☐ Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance			
e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**		
If "No," indicate the reasons why (check all that apply)			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility did not have a policy relating to emergency medical care			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)			
a ☐ The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility			
b ☐ The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility			
c ☐ The hospital facility used the Medicare rate for those services			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient?	**21**		
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: CPMC-ST LUKE'S CAMPUS HOSPITAL

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 5

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	**1**		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**3**		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**		
5 Did the hospital facility make its Needs Assessment widely available to the public?	**5**		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Participation in the development of a community-wide community benefit plan			
d ☐ Participation in the execution of a community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	**7**		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**8**		
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	**9**		
If "Yes," indicate the FPG family income limit for eligibility for free care __%			

Part V Facility Information *(continued)*

		Yes	No
10 Used FPG to determine eligibility for providing *discounted* care to low income individuals?	10		
If "Yes," indicate the FPG family income limit for eligibility for discounted care __%			
11 Explained the basis for calculating amounts charged to patients?	11		
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☐ Income level			
b ☐ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Other (describe in Part VI)			
12 Explained the method for applying for financial assistance?	12		
13 Included measures to publicize the policy within the community served by the hospital facility?	13		
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted at all times on the hospital facility's web site			
b ☐ The policy was attached to all billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
f ☐ The policy was available upon request			
g ☐ Other (describe in Part VI)			
Billing and Collections			
14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15 Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
16 Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year?	16		
If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply)			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
17 Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
a ☐ Notified patients of the financial assistance policy upon admission			
b ☐ Notified patients of the financial assistance policy prior to discharge			
c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d ☐ Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance			
e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**		
If "No," indicate the reasons why (check all that apply)			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility did not have a policy relating to emergency medical care			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)			
a ☐ The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility			
b ☐ The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility			
c ☐ The hospital facility used the Medicare rate for those services			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient?	**21**		
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: SUTTER MEDICAL CENTER SANTA ROSA

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 6

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Participation in the development of a community-wide community benefit plan			
d ☐ Participation in the execution of a community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
If "Yes," indicate the FPG family income limit for eligibility for free care __%			

Part V Facility Information *(continued)*

		Yes	No
10 Used FPG to determine eligibility for providing *discounted* care to low income individuals?	10		
If "Yes," indicate the FPG family income limit for eligibility for discounted care __%			
11 Explained the basis for calculating amounts charged to patients?	11		
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☐ Income level			
b ☐ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Other (describe in Part VI)			
12 Explained the method for applying for financial assistance?	12		
13 Included measures to publicize the policy within the community served by the hospital facility?	13		
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted at all times on the hospital facility's web site			
b ☐ The policy was attached to all billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
f ☐ The policy was available upon request			
g ☐ Other (describe in Part VI)			
Billing and Collections			
14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15 Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
16 Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year?	16		
If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply)			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
17 Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
a ☐ Notified patients of the financial assistance policy upon admission			
b ☐ Notified patients of the financial assistance policy prior to discharge			
c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d ☐ Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance			
e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**		
If "No," indicate the reasons why (check all that apply)			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility did not have a policy relating to emergency medical care			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)			
a ☐ The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility			
b ☐ The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility			
c ☐ The hospital facility used the Medicare rate for those services			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient?	**21**		
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: SUTTER LAKESIDE HOSPITAL

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 7

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	**1**		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**3**		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**		
5 Did the hospital facility make its Needs Assessment widely available to the public?	**5**		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Participation in the development of a community-wide community benefit plan			
d ☐ Participation in the execution of a community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	**7**		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**8**		
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	**9**		
If "Yes," indicate the FPG family income limit for eligibility for free care __%			

Part V Facility Information *(continued)*

		Yes	No
10 Used FPG to determine eligibility for providing *discounted* care to low income individuals?	10		
If "Yes," indicate the FPG family income limit for eligibility for discounted care __%			
11 Explained the basis for calculating amounts charged to patients?	11		
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☐ Income level			
b ☐ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Other (describe in Part VI)			
12 Explained the method for applying for financial assistance?	12		
13 Included measures to publicize the policy within the community served by the hospital facility?	13		
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted at all times on the hospital facility's web site			
b ☐ The policy was attached to all billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
f ☐ The policy was available upon request			
g ☐ Other (describe in Part VI)			
Billing and Collections			
14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15 Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
16 Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year?	16		
If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply)			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
17 Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
a ☐ Notified patients of the financial assistance policy upon admission			
b ☐ Notified patients of the financial assistance policy prior to discharge			
c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d ☐ Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance			
e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**		
If "No," indicate the reasons why (check all that apply)			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility did not have a policy relating to emergency medical care			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)			
a ☐ The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility			
b ☐ The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility			
c ☐ The hospital facility used the Medicare rate for those services			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient?	**21**		
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: NOVATO COMMUNITY HOSPITAL

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 8

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Participation in the development of a community-wide community benefit plan			
d ☐ Participation in the execution of a community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the Needs Assessment			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8		
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9		
If "Yes," indicate the FPG family income limit for eligibility for free care __%			

Part V Facility Information *(continued)*

		Yes	No
10 Used FPG to determine eligibility for providing *discounted* care to low income individuals?	10		
If "Yes," indicate the FPG family income limit for eligibility for discounted care __%			
11 Explained the basis for calculating amounts charged to patients?	11		
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☐ Income level			
b ☐ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Other (describe in Part VI)			
12 Explained the method for applying for financial assistance?	12		
13 Included measures to publicize the policy within the community served by the hospital facility?	13		
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted at all times on the hospital facility's web site			
b ☐ The policy was attached to all billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
f ☐ The policy was available upon request			
g ☐ Other (describe in Part VI)			
Billing and Collections			
14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14		
15 Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
16 Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year?	16		
If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply)			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other (describe in Part VI)			
17 Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)			
a ☐ Notified patients of the financial assistance policy upon admission			
b ☐ Notified patients of the financial assistance policy prior to discharge			
c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d ☐ Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance			
e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**		
If "No," indicate the reasons why (check all that apply)			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility did not have a policy relating to emergency medical care			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Charges for Medical Care

19 Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply)			
a ☐ The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility			
b ☐ The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility			
c ☐ The hospital facility used the Medicare rate for those services			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient?	**21**		
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, measured by total revenue per facility, from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? **23**

	Name and address	Type of Facility (Describe)
1	See Additional Data Table	
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the description required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B

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

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

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
PART I, QUESTION 3C		TO BE ELIGIBLE FOR FREE CARE THE ORGANIZATION USES THE FEDERAL POVERTY GUIDELINES (FPG) FOR FAMILY INCOMES THAT ARE AT OR BELOW 400% OF FPG 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/MEDI-CAL, 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 INSURER 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
PART I, QUESTION 7		COSTING METHODOLOGY USED COST TO CHARGE RATIO UTILIZING WORKSHEET 2 METHODOLOGY
PART II		COMMUNITY BUILDING ACTIVITIES - COMMUNITY SUPPORT (F3) - DONATION OF MEETING SPACE FOR LOCAL NON-PROFITS @ SUTTER LAKESIDE HOSPITAL - ENABLING PATIENTS TO VOTE PROGRAM - COALITION BUILDING (F6) - PROJECT HOMELESS CONNECT - UNIVERSITY OF SAN FRANCISCO, BOARD OF TRUSTEES PARTICIPATION - COMMUNITY HEALTH IMPROVEMENT ADVOCACY (F7) - AUTISM STATE SENATE TASK FORCE PARTICIPATION - FIRST FIVE COMMISSION PARTICIPATION - SONOMA HEALTH ALLIANCE PARTICIPATION - WORKFORCE DEVELOPMENT (F8) - GALILEO HEALTH ACADEMY - CITY WITHIN SPEAKER SERIES - HIRING PARTNER WITH WORKLINK - IMMACULATE CONCEPTION ACADEMY WORK STUDY PROGRAM - JVS FOSTER YOUTH HEALTHCARE CAREER EXPLORATION PROGRAM - LIFE LEARNING ACADEMY - PACIFIC EPILEPSY PROGRAM - ST LUKE'S SUMMER YOUTH INTERNSHIPS PROGRAM - HEALTH OCCUPATIONS CLASS - CLEAR LAKE HIGH SCHOOL - HEALTHCARE WORKFORCE DEVELOPMENT ROUNDTABLE - SANTA ROSA JUNIOR COLLEGE PHARMACY TECH PROGRAM ADVISORY COMMITTEE PARTICIPATION
PART III, QUESTION 4		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 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 28% AS OF 12/31/10 27% AS OF 12/31/09 MEDI-CAL 20% AS OF 12/31/10 20% AS OF 12/31/09 DURING 2010 AND 2009, 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
PART III, QUESTION 7		MEDICARE COST REPORTS THAT THE ORGANIZATION FILES DO NOT INCLUDE ALL OF THE COSTS REQUIRED TO TREAT MEDICARE PATIENTS THEREFORE THE AMOUNT REFLECTED ON THE COST REPORT WILL LIKELY DIFFER FROM ACTUAL COSTS WHICH MAY BE REFLECTED IN THE COMMUNITY BENEFIT REPORT AND ON THIS FORM
PART III, QUESTION 8		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 $62,622,660
PART III, QUESTION 9B		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
NEEDS ASSESSMENT		SUTTER WEST BAY HOSPITALS PARTICIPATE IN COLLABORATIVE NEEDS ASSESSMENT PROCESSES EVERY THREE YEARS, WHICH INCLUDES QUANTITATIVE AND QUALITATIVE DATA AVAILABLE DATA FROM STATE AND COUNTY HEALTH OFFICES IS UTILIZED AS WELL AS COMMUNITY MEMBER INPUT THROUGH VARIOUS ADVISORY BOARDS THE NEEDS ASSESSMENTS HELP TO FOCUS COMMUNITY BENEFIT EFFORTS TOWARD THE GREATEST HEALTH RELATED NEEDS
PATIENT EDUCATION FOR ELIGIBILITY FOR ASSISTANCE		SUTTER WEST BAY HOSPITALS 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
COMMUNITY INFORMATION		SUTTER WEST BAY HOSPITALS SERVES A DIVERSE GEOGRAPHICAL AREA SERVING BOTH URBAN AND RURAL AREAS THE SERVICE AREA INCLUDES SAN FRANCISCO, THE EIGHTH DENSEST CITY IN THE UNITED STATES AND ALSO ONE OF THE MOST ETHNICALLY DIVERSE IN THE WORLD IT ALSO INCLUDES LAKE COUNTY, A RURAL AREA WITH POCKETS OF IMPOVERISHED COMMUNITY MEMBERS, WHICH MAKES IT ONE OF THE 25 MOST IMPOVERISHED COUNTIES IN THE STATE SUTTER WEST BAY HOSPITALS ALSO PROVIDES HEALTH CARE TO SONOMA AND MARIN COUNTIES, A MIX OF RURAL AND URBAN COMMUNITIES INCLUDING AREAS WHERE RESIDENTS FACE PARTICULAR CHALLENGES IN ACCESSING HEALTH CARE, BOTH GEOGRAPHICALLY AND SOCIOECONOMICALLY
PROMOTION OF COMMUNITY HEALTH		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 SUTTER WEST BAY HOSPITALS' SPECIFIC ACTIVITIES INCLUDE - SAN FRANCISCO COUNTY - PARTICIPATION IN HEALTHY SAN FRANCISCO, A HEALTH ACCESS PROGRAM FOR THE UNINSURED IN SAN FRANCISCO COUNTY - ST LUKE'S HEALTH CARE CENTER AND HEALTH FIRST, CENTER AND PROGRAM FOCUSED ON REDUCING HEALTH DISPARITIES IN ADULT DIABETES AND PEDIATRIC ASTHMA - AFRICAN AMERICAN BREAST HEALTH AND SISTER-TO-SISTER BREAST HEALTH PROGRAMS AIMED AT REDUCING BREAST HEALTH DISPARITIES IN UNDERSERVED COMMUNITIES - KALMANOVITZ CHILD DEVELOPMENT CENTER, OFFERING MULTIDISCIPLINARY ASSESSMENT AND TREATMENT PROGRAMS TO HELP CHILDREN WITH SPECIAL NEEDS MEET THEIR POTENTIAL, REGARDLESS OF THEIR ABILITY TO PAY FOR SERVICES - TRAINING PROGRAMS FOR PHYSICIANS, NURSES AND OTHER HEALTH PROFESSIONALS - COLLABORATION AND PARTNERSHIP WITH COMMUNITY-BASED PROGRAMS SUCH AS THE LIONS EYE FOUNDATION, SAN FRANCISCO PROJECT HOMELESS CONNECT, OPERATION ACCESS, AND THE HEP B FREE CAMPAIGN - LAKE COUNTY - MEDICAL CARE THROUGH A MOBILE HEALTH SERVICES UNIT SERVING THE UNDERSERVED IN REMOTE AREAS OF LAKE COUNTY - FREE MAMMOGRAMS FOR UNDERSERVED PATIENTS THROUGH THE MEDICAL IMAGING DEPARTMENT - CLINICAL TRAINING PROGRAMS FOR NURSES AND OTHER HEALTH PROFESSIONALS - MARIN COUNTY - HEALTH EXPRESS TRANSPORTATION TO MEDICAL APPOINTMENTS FOR SENIORS - ROTACARE CLINIC FOR THE UNINSURED - COMMUNITY DIABETES PROJECT FOCUSED ON PREVENTING TYPE 2 DIABETES IN AT-RISK YOUTHS - PARTICIPATION IN TEENS AND LEADERS CONNECT, A PROGRAM CONNECTING YOUTH AND COMMUNITY LEADERS THROUGH MENTORING RELATIONSHIPS - NOVATO YOUTH PARTNERSHIP, PROVIDING EPISODIC CARE FOR UNINSURED CHILDREN IN THE NOVATO UNIFIED SCHOOL DISTRICT - KALMANOVITZ CHILD DEVELOPMENT CENTER, MARIN COUNTY SATELLITE - SONOMA COUNTY - TRANSPORTATION TO MEDICAL APPOINTMENTS FOR INDIGENT PATIENTS AND THEIR FAMILIES - PARTICIPATION IN THE HEALTHY KIDS OF SONOMA PROGRAM - HEALTHCARE WORKFORCE DEVELOPMENT ROUNDTABLE/SUMMER CAREER INSTITUTE TO PROVIDE EXPOSURE TO AND PROMOTE CAREERS IN HEALTH CARE FOR UNDERSERVED YOUTH - FAMILY MEDICINE RESIDENCY PROGRAM AND PROFESSIONAL TRAINING/PRECEPTORSHIPS FOR OTHER HEALTH PROFESSIONALS - PARTICIPATION IN THE SONOMA COUNTY FLU CONSORTIUM TO PROVIDE FREE FLU VACCINES TO COMMUNITY - FREE CAFETERIA MEALS FOR INDIGENT PATIENTS AND FAMILIES, LOW-INCOME BREAST-FEEDING MOTHERS OF PEDIATRIC PATIENTS, ETC - FREE PRESCRIPTION MEDICATIONS FOR INDIGENT PATIENTS - PARTICIPATION IN ANNUAL LATINO HEALTH FORUM - PARTICIPATION BY HOSPITAL LEADERS IN LOCAL NON-PROFIT BOARDS AND COMMITTEES (E G , AMERICAN HEART ASSOCIATION, AMERICA RED CROSS, CENTER FOR WELL BEING, SANTA ROSA JUNIOR COLLEGE TECH PROGRAM) - DONATIONS OF MEDICATIONS TO THIRD WORLD COUNTRIES - ALL WEST BAY REGION COUNTIES - PARTICIPATION IN LOCAL COMMUNITY HEALTH COLLABORATIVE TO DETERMINE COMMUNITY HEALTH NEEDS - CASH SPONSORSHIPS FOR COMMUNITY ORGANIZATIONS AND THEIR EVENTS - HEALTH EDUCATION MATERIALS AND CLASSES FOR THE COMMUNITY - DONATION OF MEETING SPACE TO COMMUNITY ORGANIZATIONS
AFFILIATED HEALTH CARE SYSTEM		SUTTER WEST BAY HOSPITALS 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 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 2010, SUTTER HEALTH AFFILIATES PROVIDED $751 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 INCLUDE 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 INCLUDE CONTRIBUTIONS SUTTER HEALTH MAKES TO COMMUNITY AGENCIES TO FUND CHARITABLE ACTIVITIES
STATE FILING OF COMMUNITY BENEFIT REPORT	990 SCHEDULE H, PART VI	CA,

Additional Data

Software ID:
Software Version:
EIN: 94-0562680
Name: SUTTER WEST BAY HOSPITALS

Form 990 Schedule H, Part V Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, measured by total revenue per facility, from largest to smallest) How many non-hospital facilities did the organization operate during the tax year? **23** Name and address	Type of Facility (Describe)
CALIFORNIA PACIFIC MEDICAL CENTER 2351 CLAY STREET SUITE 100 SAN FRANCISCO,CA 94115	OUTPATIENT SERVICES-MRI
CALIFORNIA PACIFIC MEDICAL CENTER 2323 SACRAMENTO STREET SAN FRANCISCO,CA 94115	OUTPATIENT SERVICES-PSYCHIATRY
CALIFORNIA PACIFIC MEDICAL CENTER 1625 VAN NESS AVENUE SAN FRANCISCO,CA 94109	OUTPATIENT SERVICES - CHILD DEVELOPMENT
CALIFORNIA PACIFIC MEDICAL CENTER 1580 VALENCIA STREET SUITE 440443 SAN FRANCISCO,CA 94110	OUTPATIENT SERVICES - CHILD DEVELOPMENT
CALIFORNIA PACIFIC MEDICAL CENTER 3838 CALIFORNIA STREET SUITE 106 SAN FRANCISCO,CA 94118	OUTPATIENT SERVICES - LABORATORY/IMAGING
CALIFORNIA PACIFIC MEDICAL CENTER 101 NORTH EL CAMINO SUITE 1 SAN MATEO,CA 94402	OUTPATIENT SERVICES - HAND THERAPY
SUTTER MED CNTR SANTA ROSA-PERINATAL CNT 3327 CHANATE ROAD SANTA ROSA,CA 95404	OUTPATIENT SERVICES
SMC SANTA ROSA-SPORTS & ORTHOPEDIC REHAB 4729 HOEN AVE SUITE A SANTA ROSA,CA 95405	OUTPATIENT SERVICES
TERRA LINDA HEALTH PLAZA 4000 CIVIC CENTER DR SAN RAFAEL,CA 94903	OUTPATIENT SERVICES
PHYSICAL THERAPY & SPORT FITNESS 100 ROWLAND WAY 310 NOVATO,CA 94945	OUTPATIENT SERVICES
CALIFORNIA PACIFIC MEDICAL CENTER 2351 CLAY STREET 4TH FLOOR SAN FRANCISCO,CA 94115	CHRONIC DIALYSIS
CALIFORNIA PACIFIC MEDICAL CENTER 2323 SACRAMENTO STREET SAN FRANCISCO,CA 94115	OUTPATIENT SERVICES
CALIFORNIA PACIFIC MEDICAL CENTER 2340 CLAY STREET SUITE 114A SAN FRANCISCO,CA 94115	OUTPATIENT SERVICES - HEART FAILURE/TRANSPLANT CLINIC
CALIFORNIA PACIFIC MEDICAL CENTER 2351 CLAY STREET 6TH FLOOR SUITE SAN FRANCISCO,CA 94115	IES OUTPATIENT SERVICES
CALIFORNIA PACIFIC MEDICAL CENTER 2340 CLAY STREET 4TH FLOOR SAN FRANCISCO,CA 94115	OUTPATIENT SERVICES - LIVER, PANCREAS & KIDNEY TRANSPLANT CLINIC
CALIFORNIA PACIFIC MEDICAL CENTER 2340 CLAY STREET 5TH FLOOR SUITE SAN FRANCISCO,CA 94115	OUTPATIENT SERVICES - OPHTHAMOLOGY CLINIC
CALIFORNIA PACIFIC MEDICAL CENTER 2360 CLAY STREET SAN FRANCISCO,CA 94115	OUTPATIENT SERVICES - PT, OT & CARDIAC REHAB
CALIFORNIA PACIFIC MEDICAL CENTER 2351 CLAY STREET SUITE 502 SAN FRANCISCO,CA 94115	OUTPATIENT SERVICES - PULMONARY FUNCTION SERVICES
CALIFORNIA PACIFIC MEDICAL CENTER 2100 WEBSTER STREET SUITE 103 SAN FRANCISCO,CA 94115	OUTPATIENT SERVICES - RAD/LAB/ULTRASOUND SERVICES
CALIFORNIA PACIFIC MEDICAL CENTER 2351 CLAY STREET SUITE 150 SAN FRANCISCO,CA 94115	OUTPATIENT SERVICES-ALS
SUTTER LAKESIDE FAMILY MEDICINE CLINIC 5176 HILL ROAD EAST LAKEPORT,CA 95453	RURAL HEALTH CLINIC
SUTTER LAKESIDE OUTPATIENT DRAW STATION 5132 HILL ROAD EAST LAKEPORT,CA 95453	OUTPATIENT SERVICES
SUTTER LAKESIDE UPPER LAKE COMM CLINIC 750 OLD LUCERNE ROAD UPPER LAKE,CA 95485	RURAL HEALTH CLINIC

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
SUTTER WEST BAY HOSPITALS

Employer identification number
94-0562680

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. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (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 . . . ▶ 48

3 Enter total number of other organizations . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS	PART I, QUESTION 2	COMMUNITY HEALTH PROGRAM GRANTEES SIGN A CONTRACT WITH CALIFORNIA PACIFIC MEDICAL CENTER OUTLINING TERMS AND CONDITIONS OF RECEIVING GRANT FUNDS SPECIFYING OBJECTIVES AND OUTCOMES EACH AGENCY RECEIVING THE COMMUNITY HEALTH GRANTS ARE REQUIRED TO PREPARE AND SUBMIT OUTCOME-BASED REPORTS AT SIX-MONTHS AND TWELVE-MONTHS AGENCIES RECEIVING SPONSORSHIP FUNDS GO THROUGH A DIFFERENT PROCESS, THEY ARE REQUESTED TO PROVIDE THE PURPOSE OF THE EVENT PRIOR TO SPONSORSHIP AS WELL AS A BRIEF SUMMARY OF THE OUTCOMES OF EVENT SOON AFTER THE EVENT THE SUTTER HEALTH SYSTEM HAS AN OVERLAP IN LEADERSHIP WHICH MONITORS THE USE OF GRANTS BETWEEN AFFILIATES

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 94-0562680
Name: SUTTER WEST BAY HOSPITALS

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
AMERICAN HEART ASSOCIATION100 MONTGOMERY ST SAN FRANCISCO,CA 94104	13-5613797	501(C)(3)	20,000				GENERAL DONATION
APA FAMILY SERVICES657 JACKSON ST SAN FRANCISCO,CA 94133	94-3164091	501(C)(3)	25,750				GENERAL DONATION
ASIAN & PACIFIC ISLANDER WELLNESS CENTER730 POLK ST SAN FRANCISCO,CA 94109	94-2897258	501(C)(3)	27,500				GENERAL DONATION
ASIAN WEEK FOUNDATION 564 MARKET ST 320 SAN FRANCISCO,CA 94104	20-1719535	501(C)(3)	40,000				GENERAL DONATION
BAYVIEW HUNTER'S POINT MULTIPURPOSE SR SVCS 1706 YOSEMITE SAN FRANCISCO,CA 94124	94-8264774	501(C)(3)	43,000				GENERAL DONATION
CHINESE AMERICAN VOTERS838 GRANT ST SAN FRANCISCO,CA 94108	94-2502267	501(C)(3)	14,000				GENERAL DONATION
CLINIC BY THE BAY4877 MISSION ST SAN FRANCISCO,CA 94112	26-2593712	501(C)(3)	25,000				GENERAL DONATION
COMMUNITY CENTER PROJECT OF SAN FRANCISCO1800 MARKET ST SAN FRANCISCO,CA 94102	94-3236718	501(C)(3)	15,000				GENERAL DONATION
COMMUNITY CHAPLAINCY INCPO BOX 38631 SACRAMENTO,CA 95838	20-0241444	501(C)(3)	10,000				GENERAL DONATION
COMMUNITY INITIATIVES 354 PINE ST SAN FRANCISCO,CA 94104	94-3255070	501(C)(3)	8,000				GENERAL DONATION
CURRY SENIOR CENTER 333 TURK ST SAN FRANCISCO,CA 94102	23-7362588	501(C)(3)	20,000				GENERAL DONATION
EPISCOPAL CHARITIES 1055 TAYLOR ST SAN FRANCISCO,CA 94108	94-3345498	501(C)(3)	25,000				GENERAL 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
GLIDE330 ELLIS ST SAN FRANCISCO,CA 94112	36-2167731	501(C)(3)	10,000				GENERAL DONATION
HOSPITAL COUNCIL OF CENTRAL AND NORTHERN CA1625 E SHAW AVE FRESNO,CA 93710	86-1174825	501(C)(3)	59,000				GENERAL DONATION
INSTITUTO LABORAL DE LA RAZA2947 16TH ST SAN FRANCISCO,CA 94103	94-2890401	501(C)(3)	12,000				GENERAL DONATION
KIMOCHI1715 BUCHANAN ST SAN FRANCISCO,CA 94115	23-7117402	501(C)(3)	25,000				GENERAL DONATION
LAGUNA HONDA HOSPITAL 731 B LIGGETT AVE SAN FRANCISCO,CA 94129	94-6065339	501(C)(3)	27,500				GENERAL DONATION
LATINA BREAST CANCER AGENCY6 MONTEREY BLVD SAN FRANCISCO,CA 94131	01-0628124	501(C)(3)	35,000				GENERAL DONATION
LIONS EYE FOUNDATONPO BOX 7999 SAN FRANCISCO,CA 94120	94-1676055	501(C)(3)	15,400				GENERAL DONATION
LIVABLE CITY995 MARKET ST 1550 SAN FRANCISCO,CA 94103	94-3350190	501(C)(3)	10,000				GENERAL DONATION
MARCH OF DIMES1050 SANSOME ST SAN FRANCISCO,CA 94111	13-1846366	501(C)(3)	27,000				GENERAL DONATION
MISSION NEIGHBORHOOD CENTER240 SHOTWELL ST SAN FRANCISCO,CA 94131	94-1408150	501(C)(3)	10,000				GENERAL DONATION
NAACP1290 FILLMORE ST SAN FRANCISCO,CA 94115	23-7177411	501(C)(3)	20,000				GENERAL DONATION
PATIENT ASSISTANCE FOUNDATION2100 WEBSTER ST SAN FRANCISCO,CA 94115	94-3096109	501(C)(3)	500,000				GENERAL 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
SAN FRANCISCO CLINIC CONSORTIUM1550 BRYANT ST SAN FRANCISCO,CA 94103	94-2897258	501(C)(3)	14,000				GENERAL DONATION
SAN FRANCISCO CLINIC CONSORTIUM1550 BRYANT ST SAN FRANCISCO,CA 94103	13-4317995	501(C)(3)	9,000				GENERAL DONATION
SAN FRANCISCO FOOD BANK900 PENNSYLVANIA SAN FRANCISCO,CA 94107	94-3041517	501(C)(3)	17,500				GENERAL DONATION
SAN FRANCISCO INTERFAITH COUNCILPO BOX 29055 SAN FRANCISCO,CA 94129	94-3152098	501(C)(3)	10,000				GENERAL DONATION
SAN FRANCISCO SENIOR CENTER890 BEACH ST SAN FRANCISCO,CA 94109	94-1212136	501(C)(3)	60,000				GENERAL DONATION
SELF HELP FOR THE ELDERLY407 SANSOME ST SAN FRANCISCO,CA 94118	94-1750717	501(C)(3)	10,000				GENERAL DONATION
SF CHAMBER OF COMMERCE235 MONTGOMERY ST SAN FRANCISCO,CA 94104	94-0834950	501(C)(6)	10,000				GENERAL DONATION
SF PROJECT HOMELESS CONNECT25 VAN NESS 340 SAN FRANCISCO,CA 94102	20-4331462	501(C)(3)	10,000				GENERAL DONATION
SOUTH OF MARKET HEALTH CENTER551 MINNA ST SAN FRANCISCO,CA 94103	23-7304921	501(C)(3)	31,906				GENERAL DONATION
SPUR654 MISSION ST SAN FRANCISCO,CA 94105	94-2502267	501(C)(3)	10,000				GENERAL DONATION
ST ANTHONY'S FOUNDATION150 GOLDEN GATE AVE SAN FRANCISCO,CA 94102	94-1513140	501(C)(3)	90,000				GENERAL DONATION
TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORP201 EDDY ST SAN FRANCISCO,CA 94102	94-2761808	501(C)(3)	10,000				GENERAL 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
UC BERKELEY SCHOOL OF PUBLIC HEALTH417 UNIVERSITY HALL BERKELEY,CA 94720	94-6090626	501(C)(3)	50,000				GENERAL DONATION
UNITED WAY1208 MASON ST SAN FRANCISCO,CA 94108	94-1312348	501(C)(3)	8,000				GENERAL DONATION
WOMEN'S COMMUNITY CLINIC2166 HAYES ST 104 SAN FRANCISCO,CA 94117	94-3213100	501(C)(3)	65,000				GENERAL DONATION
HEALTHY MARIN PARTNERSHIP99 MONTECILLO RD SAN RAFAEL,CA 94903	94-1312348	501(C)(3)	25,000				GENERAL DONATION
HOMEWARD BOUND OF MARIN1385 HAMILTON PKY NOVATO,CA 94949	68-0011405	501(C)(3)	7,167				GENERAL DONATION
ROTACARE CLINIC OF SAN RAFAELPO BOX 6316 SAN RAFAEL,CA 94903	77-0328723	501(C)(3)	10,000				GENERAL DONATION
AMERICAN HEART ASSOCIATION1400 N DUTTON AVE SANTA ROSA,CA 95401	13-5613797	501(C)(3)	12,500				GENERAL DONATION
NORTHERN CALIFORNIA CENTER FOR WELL-BEING 365 TESCONI CIRCLE SANTA ROSA,CA 95401	93-1144835	501(C)(3)	50,000				GENERAL DONATION
SONOMA COUNTY DEPT OF HEALTH3313 CHANATE RD SANTA ROSA,CA 95404	94-6000539	501(C)(3)	50,000				GENERAL DONATION
SANTA ROSA MEMORIAL HOSPITAL1164 MONTGOMERY DR SANTA ROSA,CA 95402	94-1231005	501(C)(3)	18,750				GENERAL DONATION
SOUTHWEST COMMUNITY HEALTH CENTERS3569 ROUND BARN CIRCLE SANTA ROSA,CA 95403	68-0365296	501(C)(3)	6,400				GENERAL DONATION
MENDOCINO LAKE COMMUNITY COLLEGE 1000 HENSLEY CREEK RD UKIAH,CA 95482	94-6002711	501(C)(3)	20,000				GENERAL DONATION

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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

2010

Open to Public Inspection

Name of the organization
SUTTER WEST BAY HOSPITALS

Employer identification number
94-0562680

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☑ First-class or charter travel ☑ Housing allowance or residence for personal use ☑ Travel for companions ☐ Payments for business use of personal residence ☑ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☑ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision 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 ☑ Compensation committee ☐ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
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 from the organization or a related organization?	**4a**	Yes	
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 accured 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 duplicate copies if additional space is 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				
(1) JACK BAILEY	(i)	111,540	148,582	637,762	0	20,662	918,546	0
	(ii)	0	0	0	0	0	0	0
(2) TONI BRAYER MD	(i)	0	0	0	0	0	0	0
	(ii)	423,512	151,767	1,565	157,508	16,674	751,026	152,905
(3) MARTIN BROTMAN MD	(i)	0	0	0	0	0	0	0
	(ii)	1,517,694	1,006,400	11,830	1,734,000	17,747	4,287,671	667,161
(4) WARREN BROWNER MD	(i)	0	0	0	0	0	0	0
	(ii)	531,947	228,195	10,150	427,558	15,304	1,213,154	161,566
(5) GRANT DAVIES	(i)	0	0	0	0	0	0	0
	(ii)	453,400	164,984	6,008	168,636	16,773	809,801	130,427
(6) MICHAEL DUNCHEON	(i)	0	0	0	0	0	0	0
	(ii)	220,105	41,911	3,418	75,667	11,040	352,141	0
(7) PAT FRY	(i)	0	0	0	0	0	0	0
	(ii)	1,450,576	1,233,950	15,110	2,058,620	30,292	4,788,548	973,771
(8) JOHN GATES	(i)	0	0	0	0	0	0	0
	(ii)	507,458	172,170	48,530	386,982	12,955	1,128,095	0
(9) LINDA ISAACS	(i)	0	0	0	0	0	0	0
	(ii)	287,151	110,600	5,181	112,702	6,414	522,048	81,148
(10) ALLAN PONT MD	(i)	0	0	0	0	0	0	0
	(ii)	428,484	83,236	7,026	93,041	5,825	617,612	0
(11) CHRISTOPHER WILLRICH	(i)	0	0	0	0	0	0	0
	(ii)	310,405	112,420	461	113,858	16,527	553,671	82,623
(12) SEAN TOWNSEND	(i)	253,847	424,850	73,244	428	16,561	768,930	0
	(ii)	0	0	0	0	0	0	0
(13) STEVEN CUMMINGS	(i)	452,077	37,899	2,376	428	26,493	519,273	0
	(ii)	0	0	0	0	0	0	0
(14)								
(15)								
(16)								

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	DISCRETIONARY SPENDING ACCOUNT EXECUTIVES AND KEY EMPLOYEES PAID BY SUTTER WEST BAY HOSPITALS (FKA CPMC) RECEIVE UP TO $12,000 PER YEAR IN NON-ACCOUNTABLE DOLLARS THAT ARE ADDED TO THEIR COMPENSATION AS TAXABLE WAGES HOUSING ALLOWANCE NEW EMPLOYEES RELOCATING FROM OUT OF THE AREA MAY RECEIVE TEMPORARY HOUSING BENEFITS WHICH ARE ADDED TO THEIR COMPENSATION AS TAXABLE WAGES FIRST-CLASS TRAVEL OFFICERS PAID BY SUTTER HEALTH MAY UPGRADE TO FIRST-CLASS TRAVEL FOR FLIGHTS GREATER THAN FOUR HOURS IN DURATION 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
SEVERANCE PAYMENTS	PART I, QUESTION 4A	NAME JACK BAILEY PAYMENT $577,240
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 PARTICIPANTS' AGE, YEARS OF SERVICE, AND OTHER RETIREMENT ACCOUNT BALANCES NAME AND AMOUNT FOR 2010 MARTIN BROTMAN MD $1,370,936 WARREN BROWNER MD $231,800 JOHN GATES $267,700 PAT FRY $1,127,856 GRANT DAVIES $29,500 TONI BRAYER $26,900 LINDA ISAACS $19,200 CHRISTOPHER WILLRICH $19,600
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 NOT EXCEED 5% OF GROSS PAY ANNUAL INCENTIVE PLAN (AIP) THE PURPOSE OF THE PLAN IS TO FOCUS EXECUTIVES ON SPECIFIC, SHORTER-TERM GOALS THAT ARE CRITICAL TO THE ACHIEVEMENT OF AFFILIATE, REGION, AND SYSTEM-WIDE OBJECTIVES THAT DRIVE OVERALL ORGANIZATION PERFORMANCE A PORTION OF THE PLAN AWARD IS DISCRETIONARY IN THAT THE SUPERVISOR MAY ADD +/- 5% TO THE AWARD PROVIDED THE TOTAL AWARD (FORMULA PORTION PLUS DISCRETIONARY) DOES NOT EXCEED THE MAXIMUM ESTABLISHED FOR ANY GIVEN EXECUTIVE LONG TERM PERFORMANCE PLAN (LTPP) Sutter Health also employs long term performance plans which are designed to focus on longer term strategic objectives of the organization Sutters long term performance plan approach is a combination of both longer term measures of organization success and key organization strategies which require the combined effort of all leadership to achieve success Sutter uses a common fate approach in that all plan participants are measured against the same, organization wide criteria vs individual efforts This fosters a common purpose across leadership and a shared sense of accountability for the overall success of Sutter Health To ensure that extraordinary efforts by individuals can be recognized and that actions of leadership are consistent with supporting Sutter Healths overall Mission, Vision, and Values, Sutters long term incentive plan approach also incorporates a CEO discretionary component This unique feature allows the President & CEO the ability to modify individual awards within limits that have been pre-approved by the Sutter Health Compensation Committee This includes both the reduction and increase of award amounts Such modifications generally do not exceed +/- 20% and are employed judiciously and are reviewed by the Compensation Committee

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" 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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
SUTTER WEST BAY HOSPITALS

Employer identification number
94-0562680

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CHFFA 2007A	52-1643828	13033FQ37	05-01-2007	153,078,860	CONSTRUCT & EQUIP FACILITY		X		X		X
B	CHFFA 2008A	52-1643828	13033F2L3	05-14-2008	55,943,275	REFUNDING - 5/1/07		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	10,342,803	10,342,803		
2	Amount of bonds legally defeased				
3	Total proceeds of issue	165,813,667	55,943,275		
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds	12,950,607			
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	126,970,348			
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2011			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X					
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?	X							
b	Are there any research agreements that may result in private business use of bond-financed property?		X						
c	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							
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 ▶	3 940 %		0 370 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %					
6	Total of lines 4 and 5	3 940 %		0 370 %					
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X					

Part IV Arbitrage

		A		B		C		D	
		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				
2	Is the bond issue a variable rate issue?		X		X				
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X				
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		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				
6	Did the bond issue qualify for an exception to rebate?		X		X				

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation
SEE SCHEDULE O		

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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

2010

Open to Public Inspection

Name of the organization
SUTTER WEST BAY HOSPITALS

Employer identification number
94-0562680

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	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, 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? To	(b) Loan to or from the organization? From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) In default? No	(f) Approved by board or committee? Yes	(f) Approved by board or committee? No	(g) Written agreement? Yes	(g) Written agreement? 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

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
See Additional Data Table					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
DESCRIPTION OF BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	SCHEDULE L, PART IV	DAMIAN AUGUSTYN, MD, DIRECTOR & CHIEF OF STAFF OF SUTTER WEST BAY HOSPITALS (SWBH), WAS ALSO A SHAREHOLDER OF PACIFIC INTERNAL MEDICINE ASSOCIATES (PIMA) DURING THE YEAR, PIMA PROVIDED SERVICES TO SWBH VIA AN ARMS-LENGTH AGREEMENT DAMIAN AUGUSTYN, MD, DIRECTOR & CHIEF OF STAFF OF SUTTER WEST BAY HOSPITALS (SWBH), WAS ALSO A GENERAL PARTNER AND BOARD MEMBER OF PANMED PROPERTIES, LLP DURING THE YEAR, SWBH OWNED 5 48% IN PANMED WHO PROVIDED RENTAL SERVICES TO SWBH MARTIN BROTMAN, MD, DIRECTOR & PRESIDENT/CEO OF SUTTER WEST BAY HOSPITALS (SWBH), WAS ALSO A SHAREHOLDER OF PACIFIC INTERNAL MEDICINE ASSOCIATES (PIMA) DURING THE YEAR, PIMA PROVIDED SERVICES TO SWBH VIA AN ARMS-LENGTH AGREEMENT MARTIN BROTMAN, MD, DIRECTOR & PRESIDENT/CEO OF SUTTER WEST BAY HOSPITALS (SWBH), WAS ALSO A GENERAL PARTNER AND BOARD MEMBER OF PANMED PROPERTIES, LLP DURING THE YEAR, SWBH OWNED 5 48% IN PANMED WHO PROVIDED RENTAL SERVICES TO SWBH MARTIN BROTMAN, MD, DIRECTOR & PRESIDENT/CEO OF SUTTER WEST BAY HOSPITALS (SWBH), HAS A SON WHO WORKED AS A LICENSED STAFF CHILDCARE WORKER IN SWBH'S CHILD DEVELOPMENT CENTER JORDAN HOROWITZ, MD, DIRECTOR OF SUTTER WEST BAY HOSPITALS (SWBH) WAS ALSO A SHAREHOLDER PHYSICIAN IN CALIFORNIA PACIFIC MEDICAL GROUP (CPMG) DURING THE YEAR, CPMG PROVIDED SERVICES TO SWBH VIA AN ARMS-LENGTH AGREEMENT TERRI SLAGLE, DIRECTOR OF SUTTER WEST BAY HOSPITALS (SWBH) WAS ALSO A SHAREHOLDER PHYSICIAN OF PEDIATRIX MEDICAL GROUP DURING THE YEAR, PEDIATRIX MEDICAL GROUP PROVIDED SERVICES TO SWBH VIA AN ARMS-LENGTH AGREEMENT ROY EISENHARDT, DIRECTOR OF SUTTER WEST BAY HOSPITALS (SWBH) IS A PARTIAL OWNER OF PROPERTY THAT IS RENTED TO SWBH JAMES PALLESCHI, MD, DIRECTOR OF SUTTER WEST BAY HOSPITALS (SWBH) WAS ALSO A SHAREHOLDER PHYSICIAN IN SUTTER MEDICAL GROUP OF THE REDWOODS (SMGR) DURING THE YEAR, SMGR PROVIDED SERVICES ENTERED INTO VIA AN ARMS-LENGTH AGREEMENT STEVEN LEVENBERG DO, DIRECTOR OF SUTTER WEST BAY HOSPITALS (SWBH) WAS ALSO PRESIDENT AND SHAREHOLDER PHYSICIAN IN SUTTER MEDICAL GROUP OF THE REDWOODS DURING THE YEAR, SMGR PROVIDED SERVICES TO SWBH VIA AN ARMS-LENGTH AGREEMENT

Additional Data

Software ID:
Software Version:
EIN: 94-0562680
Name: SUTTER WEST BAY HOSPITALS

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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**
DAMIAN AUGUSTYN MD	DIRECTOR	155,412	SEE PART V		No
DAMIAN AUGUSTYN MD	DIRECTOR	435,445	SEE PART V		No
MARTIN BROTMAN MD	DIRECTOR	155,412	SEE PART V		No
MARTIN BROTMAN MD	DIRECTOR	435,445	SEE PART V		No
MARTIN BROTMAN MD	DIRECTOR	45,967	SEE PART V		No
JORDAN HOROWITZ MD	DIRECTOR	148,503	SEE PART V		No
TERRI SLAGLE	DIRECTOR	1,778,986	SEE PART V		No
ROY EISENHARDT	DIRECTOR	6,310,855	SEE PART V		No
JAMES PALLESCHI MD	DIRECTOR	237,420	SEE PART V		No
STEVEN LEVENBERG DO	DIRECTOR	237,420	SEE PART V		No

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
SUTTER WEST BAY HOSPITALS

Employer identification number
94-0562680

Identifier	Return Reference	Explanation
MISSION STATEMENT	FORM 990, PART I, LINE 1 AND PART III, LINE 1	WE ENHANCE THE WELL BEING OF PEOPLE IN THE COMMUNITIES WE SERVE THROUGH OUR COMMITMENT TO COMPASSION, EXCELLENCE, INNOVATION AND A FULL CONTINUM OF HEALTH CARE SERVICES

Identifier	Return Reference	Explanation
EXEMPT PURPOSE ACHIEVEMENTS	FORM 990, PART III, LINE 4A	GENERAL DESCRIPTION SUTTER WEST BAY HOSPITALS WAS FORMED IN JANUARY 1, 2010 IT CONSISTS OF FOUR HOSPITALS-CALIFORNIA PACIFIC MEDICAL CENTER, NOVATO COMMUNITY HOSPITAL, SUTTER MEDICAL CENTER SANTA ROSA, AND LAKESIDE HOSPITAL CALIFORNIA PACIFIC MEDICAL CENTER (CPMC) IS ONE OF THE LARGEST PRIVATE, COMMUNITY BASED, NOT-FOR-PROFIT, TEACHING MEDICAL CENTERS IN CALIFORNIA CPMC IS A TERTIARY REFERRAL CENTER PROVIDING ACCESS TO LEADING EDGE MEDICINE WHILE DELIVERING THE BEST POSSIBLE PERSONALIZED CARE IT PROVIDES A WIDE VARIETY OF SERVICES, INCLUDING ACUTE, POST-ACUTE AND OUTPATIENT HOSPITAL CARE, HOSPICE SERVICES, PREVENTIVE AND COMPLEMENTARY CARE, AND HEALTH EDUCATION CPMC IS COMPRISED OF THE FOUR OLDEST HOSPITALS IN SAN FRANCISCO THE DAVIES CAMPUS, FORMERLY DAVIES MEDICAL CENTER, WAS FOUNDED IN 1854 TO HELP SAN FRANCISCO'S GERMAN-SPEAKING IMMIGRANTS FIND WORK, SHELTER, FOOD, CLOTHING AND HEALTH CARE THE PACIFIC CAMPUS WAS FOUNDED IN 1857 AND WAS THE FIRST MEDICAL SCHOOL IN THE AMERICAN WEST THE CALIFORNIA CAMPUS WAS FOUNDED IN 1875 AS THE PACIFIC DISPENSARY FOR WOMEN AND CHILDREN, A HOSPITAL RUN BY WOMEN, FOR WOMEN FINALLY, THE ST LUKE'S CAMPUS HAS BEEN PROVIDING QUALITY HEALTH SERVICES TO ALL SAN FRANCISCANS FOR OVER 130 YEARS TOGETHER THE DAVIES, CALIFORNIA, PACIFIC AND ST LUKE'S CAMPUSES COMPRISE THE MEDICAL CENTER'S 1,258 LICENSED ACUTE CARE BEDS AND 25 RESIDENTIAL BEDS NOVATO COMMUNITY HOSPITAL (NOVATO) HAS SERVED THE NORTHERN MARIN AND SOUTHERN SONOMA COMMUNITIES SINCE 1961 IN 1985, THE HOSPITAL BECAME AN AFFILIATE OF SUTTER HEALTH, A NOT-FOR-PROFIT NETWORK OF DOCTORS, HOSPITALS, AND OTHER HEALTHCARE SERVICE PROVIDERS NOVATO FACILITY IS LOCATED AT 180 ROWLAND WAY AND IS A 47-BED ACUTE CARE HOSPITAL NOTED FOR ITS TECHNOLOGY AND PERSONALIZED CARE IN A BEAUTIFUL SETTING, WHICH IS CONDUCIVE TO HEALING SUTTER MEDICAL CENTER OF SANTA ROSA (SMCSR) HAS A LONG HISTORY IN SONOMA COUNTY DATING BACK TO 1866 WHEN THE FIRST HOSPITAL OPENED IN 1996, SMCSR BECAME AN AFFILIATE OF SUTTER HEALTH SMCSR IS LICENSED TO OPERATE 135 BEDS SUTTER LAKESIDE HOSPITAL (LAKESIDE) WAS FOUNDED IN 1945 AS A 30-BED PRIVATE FACILITY CALLED LAKESIDE COMMUNITY HOSPITAL THE HOSPITAL WAS DONATED TO THE COMMUNITY IN 1966 AND A NON-PROFIT CORPORATION WAS FORMED IN 1992, THE HOSPITAL AFFILIATED WITH SUTTER HEALTH AND CHANGED ITS NAME TO SUTTER LAKESIDE HOSPITAL LAKESIDE IS A 25-BED CRITICAL ACCESS HOSPITAL IT IS LOCATED IN RURAL LAKEPORT, CALIFORNIA AND IS ONE OF ONLY TWO HOSPITALS THAT SERVE THE 64,000 RESIDENTS OF LAKE COUNTY IT PROVIDES A WIDE VARIETY OF SERVICES, INCLUDING ACUTE, POST-ACUTE AND OUTPATIENT HOSPITAL CARE, SURGICAL SERVICES, PREVENTIVE CARE, AND HEALTH EDUCATION 2010 PATIENT ACTIVITY TOTAL ACUTE CARE DISCHARGES (INC PSYCH, REHAB) 39,048 ER VISITS IP (ADMITTED) 18,482 OP (DISCHARGED FROM ER) 120,878 TOTAL ER VISITS 139,360 DELIVERIES 8,404 TRANSPLANTS 298 SNF DISCHARGES 2,008 ALZHEIMER'S DISCHARGES 12 SUBACUTE DISCHARGES 101 SUTTER WEST BAY HOSPITALS MISSION STATEMENT WE ENHANCE THE WELL BEING OF PEOPLE IN THE COMMUNITIES WE SERVE THROUGH OUR COMMITMENT TO COMPASSION, EXCELLENCE, INNOVATION AND A FULL CONTINUUM OF HEALTH CARE SERVICES CLINICAL PROGRAMS INCLUDE - ASTHMA EDUCATION PROGRAM - BREAST FEEDING CENTERS - BREAST HEALTH CENTERS - CALIFORNIA PACIFIC MEDICAL CENTER RESEARCH INSTITUTE - CANCER RECOVERY PROGRAMS - COMING HOME HOSPICE - COMMUNITY BENEFITS PROGRAMS (DETAILED BELOW) - COMMUNITY HEALTH RESOURCE CENTER - COMPREHENSIVE STROKE CENTER - DIABETES EDUCATION PROGRAM - END-STAGE ORGAN FAILURE/TRANSPLANTATION PROGRAMS (HEART, KIDNEY, LIVER, LIVER/PANCREAS) - FORBES NORRIS MDA/ALDS CENTER - HAND CLINIC - HOSPITALIST PROGRAM - INSTITUTE FOR HEALTH AND HEALING - IRENE SWINDELLS ALZHEIMER'S RESIDENTIAL CARE CENTER - LION'S EYE CLINIC - MUSCULAR DYSTROPHY ASSOCIATION NEUROMUSCULAR CLINIC - PACIFIC VISION FOUNDATION - PALLIATIVE CARE PROGRAM - PEDIATRIC SPECIALTY SERVICES - REHABILITATION SERVICES (ACUTE AND OUTPATIENT) - SIBLING CENTER - SMITH KETTLEWELL EYE RESEARCH INSTITUTE (THEY ARE INDEPENDENT OF CPMC) - SUB-ACUTE CARE PROGRAM - TELEMEDICINE SERVICE (STROKE) - VISITING NURSES AND HOSPICE OF SAN FRANCISCO - WHITNEY NEWBORN ICU FOLLOW-UP CLINIC - WOMEN'S HEALTH RESOURCE CENTER - WOMEN'S SERVICES CLINICAL SERVICE OFFERINGS INCLUDE - AIDS & HIV SERVICES - ALZHEIMER'S - ARTHRITIS - BARIATRIC SURGERY SERVICES - CANCER SERVICES - CARDIOVASCULAR SERVICES - CLINICAL LABORATORY - COMPLEMENTARY MEDICINE - COMPREHENSIVE STROKE SERVICES - CRITICAL CARE SERVICES - DIABETES SERVICES (ADULT & PEDIATRIC) - DIAGNOSTIC SERVICES/LABORATORIES - DIALYSIS SERVICES - EMERGENCY SERVICES - EPILEPSY - GASTROENTEROLOGY DISEASE SERVICES - HOME HEALTH & HOSPICE - INTERVENTIONAL ENDOSCOPY SERVICES - KALMONOVITZ CHILD DEVELOPMENT CENTERS - MEDICAL TRANSPORT SERVICES - MICROSURGERY AND LIMB SALVAGE SERVICES - NEONATAL INTENSIVE CARE - NEUROLOGY - NEURO-ONCOLOGY SURGERY - NUCLEAR MEDICINE - NUTRITION AND WEIGHT MANAGEMENT - OBSTETRICS & GYNECOLOGY - OCCUPATIONAL HEALTH - OPHTHALMOLOGY - ORGAN TRANSPLANTATION - ORTHOPEDICS - OTOLARYNGOLOGY - OUTPATIENT CLINICS & SERVICES - PATHOLOGY - PEDIATRIC EMERGENCY DEPARTMENT - PEDIATRIC SERVICES/PROGRAMS - PERIOPERATIVE SERVICES (OR AND POST-ANESTHESIA RECOVERY UNIT) - PHARMACY - PHYSICAL MEDICINE & REHABILITATION SERVICES - PSYCHIATRY - RADIOLOGY & DIAGNOSTIC IMAGING - RESPIRATORY CARE - RESIDENCY TRAINING AND FELLOWSHIP PROGRAMS - SURGICAL SERVICES/AMBULATORY SURGERY - URGENT CARE CENTER - VENTRICULAR ASSIST DEVICE (VAD) PROGRAM - WOMEN'S HEALTH PROGRAMS - WOUND CARE NON-CLINICAL SERVICES INCLUDE - ADMINISTRATIVE SERVICES - CHAPLAINCY SERVICES - CHARITY CARE PROGRAM - COMMUNITY HEALTH RESOURCE CENTER - CONTINUING MEDICAL EDUCATION - INTERPRETER SERVICES - PATIENT SERVICES - RESEARCH INSTITUTE - SURGICAL TRAINING CENTER - VOLUNTEER SERVICES - WEB NURSERY - CALIFORNIA PACIFIC MEDICAL CENTER FOUNDATION - NOVATO COMMUNITY HOSPITAL DEVELOPMENT OFFICE - SUTTER LAKESIDE FOUNDATION

Identifier	Return Reference	Explanation
EXEMPT PURPOSE ACHIEVEMENTS	FORM 990, PART III, LINE 4A	COMMUNITY BENEFITS THE FOUR MEDICAL CENTERS IN SUTTER WEST BAY HOSPITALS PLAY INTEGRAL ROLES IN PROVIDING DIRECT HEALTH CARE SERVICES AS WELL AS MONETARY GRANTS OR SPONSORSHIPS TO NON-PROFIT ORGANIZATIONS TO ADDRESS THE COMMUNITY HEALTH NEEDS OF VULNERABLE, UNDERINSURED, AND UNINSURED POPULATIONS IN THEIR COMMUNITIES THE HOSPITALS' COMMUNITY BENEFIT REPRESENTATIVES WORK COLLABORATIVELY AND IN PARTNERSHIPS WITH A BROAD AND DIVERSE NETWORK OF COMMUNITY-BASED NON-PROFITS, CITY AND COUNTY AGENCIES, PHYSICIANS, AND NEIGHBORHOOD GROUPS TO IDENTIFY LOCAL NEEDS, FORMULATE COMMUNITY BENEFIT PLANS, AND TAKE APPROPRIATE FUNDING ACTIONS WHILE SUTTER WEST BAY REGIONAL MANAGEMENT SETS OVERALL GOALS FOR COMMUNITY BENEFITS, EACH OF THE AFFILIATES MEDICAL CENTER ADMINISTRATORS ARE RESPONSIBLE FOR IDENTIFYING HOW LOCAL NEEDS ARE TO BE ADDRESSED CALIFORNIA PACIFIC MEDICAL CENTER (CPMC) IN 2010, CPMC PROVIDED A TOTAL OF $161 2 MILLION IN COMMUNITY BENEFITS $100 4 MILLION IN THE COSTS OF SERVICES AND CASH TO THE POOR AND UNDERSERVED IN SAN FRANCISCO, AND, $60 8 MILLION FOR THE COSTS OF SERVICES AND CASH TO THE BROADER COMMUNITY CPMC IS A MEMBER OF THE SAN FRANCISCO CHARITY CARE PARTNERSHIP AND BETTER HEALTHY SAN FRANCISCO CONSORTIUMS LED BY THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH THE CONSORTIUM CONSISTS OF REPRESENTATIVES FROM ALL OF THE CITY'S HOSPITALS AND OTHER HEALTHCARE-RELATED NON-PROFIT STAKEHOLDERS CONSORTIUM MEMBERS CONDUCT A TRI-ANNUAL COMMUNITY NEEDS ASSESSMENT, AS REQUIRED BY THE STATE, AND COORDINATE EFFORTS TO ADDRESS THE CITY'S HEALTH DISPARITIES IN SPECIFIC AT-RISK NEIGHBORHOODS OR VULNERABLE POPULATIONS YEAR 2010 IS THE LAST YEAR OF THE TRI-ANNUAL COMMUNITY NEEDS ASSESSMENT FOR THE 2008-2010 PERIOD THE CONSORTIUM IDENTIFIED THREE PRIORITIES OF COMMUNITY HEALTH NEEDS, THESE PRIORITIES GUIDED CPMC'S COMMUNITY BENEFITS STRATEGY 1 ACCESS CPMC MANAGES OR FUNDS MANY PROGRAMS FOCUSED ON IMPROVING ACCESS TO CARE, INCLUDING THE FOLLOWING - AFRICAN AMERICAN BREAST HEALTH PROGRAM (CANCER SCREENING & PREVENTION) - BAYVIEW CHILD HEALTH CENTER (PRIMARY CARE FOR LOW-INCOME CHILDREN) - LIONS EYE CLINIC (OUTPATIENT COMPLEX EYE SERVICES FOR LOW-INCOME INDIVIDUALS) 2 CHRONIC DISEASES CPMC FUNDS CHRONIC DISEASE AND HEALTHY LIVING PROGRAMS FOR LOW INCOME POPULATIONS, INCLUDING THE FOLLOWING - HEALTH CHAMPIONS AT DEMARILLAC ACADEMY (HEALTHY LIFESTYLES) - HEALTH FIRST A CENTER FOR PREVENTION AND EDUCATION (CHRONIC DISEASE MANAGEMENT) COMMUNICABLE DISEASES CPMC ADMINISTERS OR FUNDS PROGRAMS FOCUSED ON SCREENING AND TREATING COMMUNICABLE DISEASES, INCLUDING THE FOLLOWING - HEPATITIS B FREE PROGRAM (NO-COST SCREENING & TREATMENT) - VARIOUS HEALTH FAIRS (NO-COST FLU SHOTS) 3 VIOLENCE AND INJURY PREVENTION CPMC'S PEDIATRICS CLINIC AT THE BAYVIEW CHILD HEALTH CENTER IN THE BAYVIEW DISTRICT OF SAN FRANCISCO OFFERS VIOLENCE & CHILDHOOD TRAUMA SERVICES TO AT-RISK CHILDREN SUTTER MEDICAL CENTER OF SANTA ROSA (SMCSR) SMCSR SERVES SONOMA COUNTY, AS WELL AS OTHER COUNTIES IN THE NORTH BAY IN 2010, SMCSR PROVIDED A TOTAL OF $19 5 MILLION IN QUANTIFIABLE COMMUNITY BENEFITS $11 1 MILLION IN THE COSTS OF SERVICES AND CASH TO THE POOR AND UNDERSERVED IN SONOMA COUNTY AND $8 4 MILLION IN COSTS OF SERVICES AND CASH TO THE BROADER COMMUNITY SMCSR CONDUCTS A TRI-ANNUAL NEEDS ASSESSMENT IN COLLABORATION WITH KEY STAKEHOLDERS IN THE LOCAL COMMUNITY COMMUNITY BENEFIT PROGRAMS INVOLVE COLLABORATION WITH A NETWORK OF COMMUNITY ORGANIZATIONS, COUNTY AGENCIES SUCH AS THE SONOMA DEPARTMENT OF HEALTH SERVICES, AND OTHER HOSPITALS IN THE AREA THE NEEDS ASSESSMENT IDENTIFIED FOUR PRIORITIES IN COMMUNITY HEALTH NEEDS 1 MEDICAL EDUCATION SMCSR OPERATES THE FAMILY MEDICINE RESIDENCY PROGRAM WHICH TRAINS PRIMARY CARE PHYSICIANS OVER 35% OF LOCAL FAMILY PHYSICIANS ARE GRADUATES OF THIS RESIDENCY PROGRAM, INCLUDING PHYSICIANS WHO STAFF COMMUNITY HEALTH CENTERS CARING FOR LOW-INCOME AND UNDERSERVED FAMILIES 2 CHILDREN'S HEALTH SMCSR PROVIDES FINANCIAL SUPPORT TO THE HEALTHY KIDS OF SONOMA COUNTY, WHICH IS A COLLABORATIVE THAT PROVIDES 2,300 LOW-INCOME CHILDREN WITH COMPREHENSIVE HEALTH INSURANCE 3 WORKFORCE DEVELOPMENT SMCSR'S HEALTHCARE WORKFORCE DEVELOPMENT PROGRAM IS DESIGNED TO ENHANCE FUTURE WORKFORCE DIVERSITY BY PROVIDING INTERNSHIP OPPORTUNITIES FOR HIGH SCHOOL STUDENTS THROUGH A COLLABORATION WITH LOCAL HEALTHCARE AND EDUCATION PARTNERS THE SUMMER HEALTH CAREER INSTITUTE IS LOCATED AT SANTA ROSA COMMUNITY COLLEGE 4 WOMEN'S HEALTH ONE OF THE PRIORITIES IS WOMEN'S HEALTH, THESE COMMUNITY BENEFIT ACTIVITIES ARE REPORTED BY SUTTER PACIFIC MEDICAL FOUNDATION, ANOTHER SUTTER WEST BAY HOSPITALS AFFILIATE, IN A DIFFERENT FORM 990 NOVATO COMMUNITY HOSPITAL (NOVATO) NOVATO COMMUNITY HOSPITAL SERVES MARIN COUNTY, AS WELL AS PORTIONS OF SOUTHERN SONOMA COUNTY IN 2010, NOVATO PROVIDED A TOTAL OF $6 7 MILLION IN QUANTIFIABLE COMMUNITY BENEFITS $6 6 MILLION IN HEALTHCARE COSTS OF SERVICES AND CASH TO THE POOR AND UNDERSERVED IN SONOMA COUNTY AND $101,000 IN COSTS OF SERVICES AND CASH TO THE BROADER COMMUNITY NOVATO IS A MEMBER OF THE HEALTHY MARIN PARTNERSHIP, A NETWORK OF HOSPITALS AND PUBLIC AND PRIVATE ORGANIZATIONS THAT WORKS COLLABORATIVELY TO CONDUCT A TRI-ANNUAL COMMUNITY NEEDS ASSESSMENT AND COORDINATE TARGETED PROGRAMS TO ADDRESS PRIORITY COMMUNITY NEEDS OTHER NETWORK MEMBERS INCLUDE THE CITY OF NOVATO, COUNTY OF MARIN, NOVATO UNIFIED SCHOOL DISTRICT, MARIN COMMUNITY CLINIC, MARIN GENERAL HOSPITAL, AND OPERATION ACCESS THREE AREAS OF NEEDS WERE SELECTED BY THE HOSPITAL FOR YEAR 2010 1 IMPROVING ACCESS TO CARE FOR THE UNDERSERVED, DISABLED, UNINSURED, AND UNDERINSURED 2 INTERVENING IN CHILDHOOD OBESITY WITH DIABETES PREVENTION AMONG YOUTH AGED 10 TO 14 3 PROVIDING EXPERTISE AND LEADERSHIP IN PLANNING COMMUNITY DISASTER RESPONSE SUTTER LAKESIDE HOSPITAL (LAKESIDE) IN 2010, LAKESIDE PROVIDED A TOTAL OF $8 1 MILLION IN QUANTIFIABLE COMMUNITY BENEFITS $7 8 MILLION IN HEALTHCARE SERVICES AND CASH FOR THE POOR AND UNDERSERVED AND $275,000 IN THE COSTS OF SERVICES AND CASH FOR PROGRAMS SERVING THE BROADER COMMUNITY THE POPULATION SERVED INCLUDES A HIGH PERCENTAGE OF FAMILIES WHOSE LOW INCOME AFFECTS THEIR ACCESS TO HEALTHCARE SUTTER LAKESIDE'S COMMUNITY BENEFITS STRATEGY INCLUDES SPONSORING AND FUNDING PROGRAMS THAT PROVIDE FREE PREVENTIVE CARE SCREENINGS AND TESTS, SUCH AS MAMMOGRAMS, SEASONAL AND H1N1 FLU VACCINATIONS

Identifier	Return Reference	Explanation
EXEMPT PURPOSE ACHIEVEMENTS	FORM 990, PART III, LINE 4A	CPMC RESEARCH INSTITUTE THE CALIFORNIA PACIFIC MEDICAL CENTER AND ITS RESEARCH INSTITUTE (CPMCRI) HAVE MADE A MAJOR COMMITMENT OF SPACE AND FUNDING TO ENHANCE ITS RESEARCH PROGRAMS CPMC NOW RANKS IN THE TOP 25 OF ALL INDEPENDENT MEDICAL CENTERS IN THE US IN NATIONAL INSITUTE OF HEALTH (NIH) FUNDING IN ADDITION TO BUILDING PROGRAMS IN CLINICAL RESEARCH, EPIDEMIOLOGY, BEHAVIORAL MEDICINE, AND PHARMACOKINETICS, CPMCRI HAS GREATLY STRENGTHENED ITS LABORATORY-BASED RESEARCH PROGRAMS APPROXIMATELY 60 PRINCIPAL INVESTIGATORS, BOTH LABORATORY AND CLINICAL RESEARCHERS, INCLUDING MOLECULAR BIOLOGISTS, IMMUNOLOGISTS, PHARMACOLOGISTS, BIOCHEMISTS, PHYSICISTS, EPIDEMIOLOGISTS, BEHAVIORAL SCIENTISTS, BIOSTATISTICIANS, AND COMPUTER SCIENTISTS WORK WITHIN THE RESEARCH INSTITUTE AND THE MEDICAL CENTER BIOMEDICAL RESEARCH IS CONDUCTED IN SUCH DIVERSE AREAS AS AGING, ARTHRITIS, EPILEPSY, DIABETES, NEUROBIOLOGY OF PAIN, CARDIOVASCULAR DISEASE, OSTEOPOROSIS, ORGAN TRANSPLANTATION, MECHANISMS OF DRUG ADDICTION, NEURODEGENERATIVE DISEASES (E G AMYOTROPHIC LATERAL SCLEROSIS), CANCER, AIDS, HEPATITIS AND OTHER INFECTIOUS DISEASES SOME OF THESE SCIENTISTS ARE ENGAGED IN RESEARCH THAT WILL HELP US UNDERSTAND THE FUNCTION OF CERTAIN HUMAN CELLS, GENES, PROTEINS AND OTHER FUNDAMENTAL STRUCTURES WITHIN OUR BODIES TWO YEARS AGO CPMCRI DEVELOPED A 42,000 SQUARE FOOT LAB FACILITY IN THE CHINA BASIN AREA OF SAN FRANCISCO, AND RECENTLY ADDED AN ADDITIONAL 19,000 S F AT THAT FACILITY TO PROVIDE SPACE TO RECRUIT ADDITIONAL SCIENTISTS AND TO HOLD ADVANCED TRAINING IN SURGERY OVER 200 CLINICAL TRIALS, PRIMARILY FUNDED BY PHARMACEUTICAL AND BIOTECHNOLOGY COMPANIES, ARE CURRENTLY CONDUCTED AT THE MEDICAL CENTER THROUGH THE CPMCRI OFFICE OF CLINICAL RESEARCH MIND-BODY MEDICINE RESEARCHERS IN THE BEHAVIORAL SCIENCES AT CALIFORNIA PACIFIC HAVE BEEN MAKING GREAT STRIDES IN UNDERSTANDING SOME OF THE BASICS OF THE MIND-BODY CONNECTION THEIR STUDIES HAVE DEMONSTRATED THE EFFECTIVENESS OF BEHAVIORAL INTERVENTIONS INCLUDING COUNSELING, GUIDED IMAGERY, YOGA AND MEDITATION, AND GROUP THERAPY IN THE TREATMENT OF BREAST CANCER UNDERSTANDING THE IMPACT OF ILLNESS ON HUMANS, PATIENTS AND THEIR FAMILIES, AS WELL AS HOW PERSONAL ATTITUDES AND PSYCHOSOCIAL ATTRIBUTES INFLUENCE THE COURSE OF DISEASE ARE IMPORTANT OUTCOMES OF THESE RESEARCHERS CLOSE TIES WITH THE INSTITUTE FOR HEALTH AND HEALING AND THE HEALTH AND HEALING CLINIC AT CALIFORNIA PACIFIC MEDICAL CENTER PROVIDE SCIENTISTS WITH THE OPPORTUNITY TO CONDUCT RIGOROUS TRIALS EVALUATING A VARIETY OF COMPLEMENTARY APPROACHES AMONG THE PRACTICES STUDIED ARE REMOTE HEALING FOR PERSONS WITH AIDS, TIBETAN AND CHINESE HERBAL THERAPY FOR BREAST CANCER, AND THE USE OF JIN SHIN JYTSU AS AN ADJUVANT THERAPY FOR ICU PATIENTS "CRCLE" THE CENTER FOR RESEARCH IN CLINICAL EXCELLENCE (CRCLE) IS A PROGRAM DEDICATED TO PERFORMING CLINICAL RESEARCH AND DATA COLLECTION TO MEASURE AND IMPROVE THE QUALITY OF HEALTH CARE AT CPMC CRCLE IS MODELED AFTER SUCCESSFUL PROGRAMS AT PREMIER INSTITUTIONS NATIONWIDE, INCLUDING THE ROCHESTER EPIDEMIOLOGY PROJECT AT THE MAYO CLINIC CRCLE GOES ONE STEP BEYOND THESE PROGRAMS, HOWEVER, BY UTILIZING COLLECTED DATA TO ENHANCE THE CLINICAL ACTIVITIES OF SELECT CLINICAL SERVICE LINES AT CPMC, SUCH AS BREAST HEALTH AND RENAL TRANSPLANT THE ACRONYM CRCLE SUGGEST A SYSTEM WHOSE COMPONENTS ARE INTERRELATED AND INTERDEPENDENT WITHIN THE CENTERS FOR RESEARCH IN CLINICAL EXCELLENCE (CRCLE) AT CALIFORNIA PACIFIC, THE ACRONYM STANDS FOR A PROGRAM IN WHICH RESEARCHERS AND CLINICIANS WORK TOGETHER TO SEARCH FOR CLUES IN PATIENTS' MEDICAL HISTORIES, DIAGNOSTIC STUDIES, AND RESPONSES TO TREATMENT THAT CAN BE USED TO IMPROVE CARE PHYSICIAN-INVESTIGATORS CHOSEN FOR THE CRCLE PROGRAM APPLY RIGOROUS RESEARCH METHODS AND DATA COLLECTION TECHNIQUES TO THEIR STUDIES EACH CRCLE PROJECT STUDIES A COHORT OF PATIENTS, WHO HAVE AGREED TO PARTICIPATE AND ARE CARED FOR AT THE MEDICAL CENTER THEY RECEIVE INTENSIVE DIAGNOSTIC WORK-UPS, TREATMENT AND FOLLOW-UP CARE PATIENT OUTCOMES SUCH AS HOSPITALIZATION, METASTASIS OF A TUMOR, COMPLICATIONS OF TREATMENT OR DEATH ARE ASSESSED AT PREDETERMINED INTERVALS BIOLOGICAL SPECIMENS, SUCH AS BLOOD OR TISSUE, ARE COLLECTED AND STORED FOR POTENTIAL FUTURE ANALYSES SINCE ITS INCEPTION, THE CRCLE PROGRAM HAS FUNDED SIX PROJECTS BRACES (BARIATRIC RESEARCH AND COHORT EVALUATION STUDY), BHIVE (BIOBANK FOR HIV EVALUATIONS), THE BREAST HEALTH STUDY, DGE (DELAYED GASTRIC EMPTYING), RKIVE (BIO-ARCHIVE IN RECIPIENTS OF KIDNEY TRANSPLANTS), AND THE BRAIN TUMOR TISSUE BANK IN ADDITION TO ASSISTANCE WITH FUNDING, CRCLE PROVIDES METHODOLOGICAL AND TECHNICAL EXPERTISE BY PROVIDING SOME INITIAL MOMENTUM, CRCLE WILL BE ABLE TO ENSURE THAT NEW AND POTENTIALLY BREAKTHROUGH PROJECTS GET OFF TO THE BEST POSSIBLE START AS PART OF THIS PROGRAM, CPMC OFFERS PERIODIC COURSES ON RESEARCH METHODS TO INTERESTED STAFF THESE COURSES INCLUDE TRAINING IN QUALITY IMPROVEMENT METHODOLOGIES, WITH AN EMPHASIS ON RESEARCH DESIGN AND PRESENTATION EFFECTIVENESS HEALTH EDUCATION AND TRAINING TWO OF THE FOUR SUTTER WEST BAY HOSPITALS HAVE FORMAL HEALTH EDUCATION AND TRAINING PROGRAMS SUTTER MEDICAL CENTER AT SANTA ROSA ESTABLISHED ITS FAMILY MEDICINE TRAINING PROGRAM IN 1938 THE SANTA ROSA FAMILY MEDICINE RESIDENCY IS A CRITICAL STRATEGIC HEALTHCARE ASSET THAT ADDRESSES THE GROWING PHYSICIAN SHORTAGE IN SONOMA COUNTY THE RESIDENCY HAS BEEN THE LARGEST SINGLE SOURCE OF FAMILY PHYSICIANS TO SONOMA COUNTY FOR OVER 70 YEARS, RESIDENCY GRADUATES COMPRISE NEARLY HALF OF FAMILY PHYSICIANS IN SONOMA COUNTY RESIDENCY GRADUATES FILL POSITIONS IN PRIVATE PRACTICES, COMMUNITY CLINICS, LARGE MEDICAL GROUPS SUCH AS SUTTER MEDICAL GROUP OF THE REDWOODS, PERMANENTE MEDICAL GROUP, LOCAL COMMUNITY HEALTH CENTERS, SONOMA COUNTY HEALTH SERVICES AND LEADERSHIP POSITIONS THROUGHOUT THE MEDICAL COMMUNITY THE THREE-YEAR PROGRAM IS AFFILIATED WITH THE UCSF DEPARTMENT OF FAMILY AND COMMUNITY MEDICINE CALIFORNIA PACIFIC MEDICAL CENTER PROVIDES A MODEL OF SPECIALTY CARE BY BLENDING EXCELLENCE IN ACADEMICS AND RESEARCH WITH A FOCUS ON PATIENT-CENTERED CARE CPMC IS A MAJOR TEACHING AFFILIATE OF DARTMOUTH MEDICAL SCHOOL, PROVIDING CLERKSHIPS IN MEDICINE, PSYCHIATRY, NEUROLOGY, PEDIATRICS AND OBSTETRICS-GYNECOLOGY ADDITIONAL CLERKSHIPS (IN SURGERY AND OBSTETRICS-GYNECOLOGY) ARE PROVIDED FOR STUDENTS FROM UCSF THE GRADUATE MEDICAL RESIDENCY TRAINING PROGRAMS OFFERED AT CALIFORNIA PACIFIC ARE OF THE HIGHEST CALIBER WITH CALIFORNIA PACIFIC MEDICAL CENTER'S PHYSICIANS EMBRACING THE ROLE OF EDUCATORS AS WELL AS CLINICIANS CALIFORNIA PACIFIC MEDICAL CENTER HAS INDEPENDENT RESIDENCY AND FELLOWSHIP PROGRAMS IN INTERNAL MEDICINE, PSYCHIATRY, RADIATION ONCOLOGY, OPHTHALMOLOGY, CARDIOVASCULAR DISEASES, GASTROENTEROLOGY, PULMONARY/CRITICAL CARE MEDICINE, HEPATOLOGY/TRANSPLANT, KIDNEY TRANSPLANT, STOKE, GLAUCOMA, RETINA, SHOULDER AND HAND CALIFORNIA PACIFIC ALSO OFFERS TRAINING IN PEDIATRICS, SURGERY, ORTHOPEDIC SURGERY, AND PLASTIC SURGERY TO UCSF RESIDENTS IN ADDITION, CALIFORNIA PACIFIC MEDICAL CENTER IS A TRAINING SITE FOR OPERATING ROOM NURSING STUDENTS, OCCUPATIONAL THERAPISTS, PHYSICAL THERAPISTS AND SURGICAL TECHNOLOGISTS CALIFORNIA PACIFIC MEDICAL CENTER OFFERS THE COLLECTIVE EXPERTISE OF THE MEDICAL CENTER PHYSICIANS AND STAFF TO PROVIDE CONSULTATION IN AREAS SUCH AS CARDIAC CARE, EMERGENCY ROOM OPERATIONS, GERIATRIC CARE, MANAGED CARE, NEW THERAPEUTIC APPROACHES TO OLD MEDICAL PROBLEMS, OBSTETRICS, SPECIALTY SERVICES, AND WORKER'S COMPENSATION CALIFORNIA PACIFIC MEDICAL CENTER'S PHYSICIANS PRESENT CONTINUING MEDICAL EDUCATION LECTURES AT HOSPITALS THROUGHOUT NORTHERN CALIFORNIA

Identifier	Return Reference	Explanation
DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS	FORM 990, PART VI, QUESTIONS 6 & 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

Identifier	Return Reference	Explanation
DESC 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 OF 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

Identifier	Return Reference	Explanation
DESCRIBE THE PROCESS USED BY MGMT &/OR GOVERNING BODY TO REVIEW FORM 990	FORM 990, PART VI, QUESTION 11A	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

Identifier	Return Reference	Explanation
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 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

Identifier	Return Reference	Explanation
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 COMPENSATION COMMITTEE 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

Identifier	Return Reference	Explanation
AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMT 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
HOURS PER WEEK DEVOTED TO RELATED ORGANIZATION	FORM 990, PART VII	THE FOLLOWING BOARD MEMBER/OFFICER OF THE ORGANIZATION IS A FULL-TIME (40 HOURS PER WEEK) EMPLOYEE OF SUTTER HEALTH AND THEIR SUTTER HEALTH SALARY IS REPORTED HEREIN THIS INDIVIDUAL RECEIVED NO COMPENSATION FOR THEIR SERVICE AS BOARD MEMBER/OFFICER OF THIS ORGANIZATION PAT FRY

Identifier	Return Reference	Explanation
OTHER CHANGES IN FUND BALANCE	FORM 990, PART XI, LINE 5	CHANGE IN UNREALIZED GAIN/(LOSS) ON INVESTMENTS $ 8,759,521 EQUITY TRANSFERS (NET) (152,618,862) PARTNERSHIP INCOME BOOKED ON RETURN 11,166,811 K-1 ORDINARY INCOME (11,696,911) K-1 INTEREST INCOME (425,462) K-1 ORDINARY DIVIDENDS (980,165) K-1 SHORT-TERM CAPITAL GAIN 2,218,348 K-1 LONG-TERM CAPITAL GAIN 234,150 K-1 SECTION 1231 LOSS 690 K-1 RENTAL INCOME (112,153) CHANGE IN SPLIT INTEREST 33,750 OTHER CHANGES IN FUND BALANCE (2,514) PRIOR PERIOD ADJUSTMENT (36,777) ---------- $(143,459,574) ==========

Identifier	Return Reference	Explanation
COMPILATION, REVIEW AND AUDIT OF INDEPENDENT ACCOUNTANT	FORM 990, PART XII, 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

Identifier	Return Reference	Explanation
SCHEDULE K SUPPLEMENTAL INFORMATION	SCHEDULE K, PART V	GLOBAL DISCLOSURE 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 7 ISSUANCE COSTS WERE FUNDED THROUGH AN EQUITY CONTRIBUTION SWBH SPECIFIC PART I, LINE B, COLUMN (F) THE REFUNDING OCCURRED VIA THE REPAYMENT OF A DRAW ON A TAXABLE LINE OF CREDIT, DRAWN IN SEVERAL INSTALLMENTS BETWEEN APRIL 7 AND APRIL 11, 2008, USED TO REFUND THE 2007 ISSUE THE REFUNDED BONDS WERE ISSUED IN 2007 TO REFUND BONDS ISSUED IN 1996, WHICH WERE USED TO REFUND BONDS ISSUED IN 1985, 1989, 1990 AND 1991 FOR CONSTRUCTION PART IV, LINE 5, COLUMN (A) 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

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ 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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
SUTTER WEST BAY HOSPITALS

Employer identification number
94-0562680

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	(g) Section 512(b)(13) controlled organization	
						Yes	No
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? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) CALIFORNIA PACIFIC ADV IMAGING LLC PO BOX 6102 NOVATO, CA94948 56-2311840	MRI JOINT VENTURE	CA		RELATED	1,849,857	895,216		No	0	Yes		51 000 %
(2) SAN FRANCISCO ENDOSCOPY CENTER LLC 730 DISTEL LOS ALTOS, CA94022 91-2160588	ENDOSCOPY JV	CA		RELATED	3,923,369	4,207,618		No	0		No	51 000 %
(3) PRESIDIO SURGERY CENTER LLC 1635 DIVISADERO SF, CA94115 32-0144060	AMBULATORY SURG	CA		RELATED	5,927,435	3,682,016		No	0	Yes		51 000 %

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

(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

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

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

		Yes	No
1 During the tax year, did the orgranization 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	**1a**	**Yes**	
b Gift, grant, or capital contribution to other organization(s)	**1b**	**Yes**	
c Gift, grant, or capital contribution from other organization(s)	**1c**	**Yes**	
d Loans or loan guarantees to or for other organization(s)	**1d**	**Yes**	
e Loans or loan guarantees by other organization(s)	**1e**	**Yes**	
f Sale of assets to other organization(s)	**1f**	**Yes**	
g Purchase of assets from other organization(s)	**1g**	**Yes**	
h Exchange of assets	**1h**	**Yes**	
i Lease of facilities, equipment, or other assets to other organization(s)	**1i**	**Yes**	
j Lease of facilities, equipment, or other assets from other organization(s)	**1j**	**Yes**	
k Performance of services or membership or fundraising solicitations for other organization(s)	**1k**	**Yes**	
l Performance of services or membership or fundraising solicitations by other organization(s)	**1l**	**Yes**	
m Sharing of facilities, equipment, mailing lists, or other assets	**1m**	**Yes**	
n Sharing of paid employees	**1n**	**Yes**	
o Reimbursement paid to other organization for expenses	**1o**	**Yes**	
p Reimbursement paid by other organization for expenses	**1p**	**Yes**	
q Other transfer of cash or property to other organization(s)	**1q**	**Yes**	
r Other transfer of cash or property from other organization(s)	**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	(d) Method of determining amount involved
(1) CALIFORNIA PACIFIC MEDICAL CENTER FOUNDATION	C	12,104,776	
(2) CATHEDRAL HEIGHTS LLC	L	154,330	
(3) CALIFORNIA PACIFIC ADVANCED IMAGING LLC	R	1,728,900	
(4) SAN FRANCISCO ENDOSCOPY CENTER LLC	R	3,955,381	
(5) PRESIDIO SURGERY CENTER LLC	R	5,348,267	
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate 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

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

Additional Data Return to Form

Software ID:
Software Version:
EIN: 94-0562680
Name: SUTTER WEST BAY HOSPITALS

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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
ADOLESCENT TREATMENT CENTERS INC 390 40TH STREET OAKLAND, CA94609 68-0088443	HEALTHCARE	CA	501(C)(3)	3	SUTTER EBH		
ALTA BATES SUMMIT FOUNDATION 3012 SUMMIT STREET 3RD FLOOR OAKLAND, CA94609 51-0160184	FUNDRAISING	CA	501(C)(3)	11a - I	SUTTER EBH		
CALIFORNIA PACIFIC MEDICAL CTR FOUND 2015 STEINER STREET 2ND FLOOR SAN FRANCISCO, CA94115 94-2728423	FUNDRAISING	CA	501(C)(3)	11a - I	SUTTER WBH		
DELTA MEMORIAL HOSPITAL FOUNDATION 3901 LONE TREE WAY ANTIOCH, CA94509 94-2417022	FUNDRAISING	CA	501(C)(3)	11a - I	SUTTER EBH		
EAST BAY PERINATAL CENTER 350 HAWTHORNE AVE OAKLAND, CA94609 51-0172285	HEALTHCARE	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 - II	SUTTER HLTH		
MILLS-PENINSULA HEALTH SERVICES 1501 TROUSDALE DRIVE BURLINGAME, CA94010 94-1156265	HOSPITAL	CA	501(C)(3)	3	PAMF		
MILLS-PENINSULA HOSPITAL FOUNDATION 1501 TROUSDALE DRIVE BURLINGAME, CA94010 23-7288765	FUNDRAISING	CA	501(C)(3)	11a - I	MPHS		
PALO ALTO MEDICAL FOUNDATION 2350 EL CAMINO REAL MOUNTAIN VIEW, CA94040 94-1156581	HEALTHCARE	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		
SUTTER AUBURN FAITH HOSPITAL FOUNDATION 11815 EDUCATION ST AUBURN, CA95602 94-2594966	FUNDRAISING	CA	501(C)(3)	7	SUTTER SSR		

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

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						Yes	No
SUTTER CENTRAL VALLEY HOSPITALS 1800 COFFEE ROAD SUITE 76 MODESTO, CA95355 94-1080917	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH		
SUTTER COAST HOSPITAL 800 E WASHINGTON BLVD CRESCENT CITY, CA95531 94-2988520	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH		
SUTTER DAVIS HOSPITAL FOUNDATION PO BOX 1617 DAVIS, CA95617 68-0217870	FUNDRAISING	CA	501(C)(3)	11a - I	SUTTER SSR		
SUTTER EAST BAY HOSPITALS 3012 SUMMIT STREET 3RD FLOOR OAKLAND, CA94609 94-1196176	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH		
SUTTER EAST BAY MEDICAL FOUNDATION 3687 MT DIABLO BLVD 200 LAFAYETTE, CA94549 94-2690415	HEALTHCARE	CA	501(C)(3)	3	SUTTER HLTH		
SUTTER GOULD MEDICAL FOUNDATION 600 COFFEE ROAD MODESTO, CA95355 94-1682256	HEALTHCARE	CA	501(C)(3)	3	SUTTER HLTH		
SUTTER HEALTH 2200 RIVER PLAZA DRIVE SACRAMENTO, CA95833 94-2788907	SUPPORTING OR	CA	501(C)(3)	11c III-FI	NA		
SUTTER HEALTH PACIFIC 91-2301 FT WEAVER RD EWA BEACH, HI96706 99-0298651	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH		
SUTTER HEALTH SACRAMENTO SIERRA REGION PO BOX 160727 SACRAMENTO, CA95816 94-1156621	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH		
SUTTER INSURANCE SERVICES CORPORATION 745 FORT STREET SUITE 800 HONOLULU, HI96813 99-0289310	INSURANCE SER	HI	501(C)(3)	11b - II	SUTTER HLTH		
SUTTER MEDICAL CENTER FOUNDATION PO BOX 160727 SACRAMENTO, CA95816 94-2788906	FUNDRAISING	CA	501(C)(3)	7	SUTTER SSR		
SUTTER MEDICAL CENTER CASTRO VALLEY 20130 LAKE CHABOT RD 103 CASTRO VALLEY, CA94546 77-0146047	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH		

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						Yes	No
SUTTER MEDICAL FOUNDATION 2800 L STREET 7TH FLOOR SACRAMENTO, CA95816 68-0273974	HEALTH CARE	CA	501(C)(3)	11b - II	SUTTER HLTH		
SUTTER ROSEVILLE MEDICAL CTR FOUNDATION ONE MEDICAL PLAZA ROSEVILLE, CA95661 68-0040113	FUNDRAISING	CA	501(C)(3)	11a - I	SUTTER SSR		
SUTTER SOLANO CHARITABLE FOUNDATION 300 HOSPITAL DRIVE VALLEJO, CA94589 94-2668262	FUNDRAISING	CA	501(C)(3)	11a - I	SUTTER SSR		
SUTTER VISITING NURSE ASSOC AND HOSPICE 1900 POWELL ST 300 EMERYVILLE, CA94608 94-6068843	HEALTH CARE	CA	501(C)(3)	9	SUTTER HLTH		
SUTTER WEST BAY HOSPITALS 2333 BUCHANAN STREET SAN FRANCISCO, CA94115 94-0562680	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH		
SUTTER WEST BAY MEDICAL FOUNDATION 2015 STEINER STREET 1ST FLOOR SAN FRANCISCO, CA94115 94-2948131	HEALTHCARE	CA	501(C)(3)	3	SUTTER HLTH		
TRACY HOSPITAL FOUNDATION 1420 N TRACY BLVD TRACY, CA95376 68-0318845	FUNDRAISING	CA	501(C)(3)	11a - I	SUTTER CVH		