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Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☐ Yes ☒ No

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 \$ 1,454,324,988 including grants of \$ 8,841,296 ) (Revenue \$ 1,740,463,495 )

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 \$ 1,454,324,988

Part IV

Checklist of Required Schedules

|     |   | Yes | No  |
|-----|---|-----|-----|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>    | 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? <i>If "Yes," complete Schedule C, Part I.</i>  | 3   | No  |
| 4   | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>   | 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? <i>If "Yes," complete Schedule C, Part III.</i>   | 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? <i>If "Yes," complete Schedule D, Part I.</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? <i>If "Yes," complete Schedule D, Part II.</i>                                      | 7   | No  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>    | 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? <i>If "Yes," complete Schedule D, Part IV.</i>  | 9   | No  |
| 10  | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>   | 10  | Yes |
| 11  | If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable  |     |     |
| a   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>    | 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? <i>If "Yes," complete Schedule D, Part VII.</i>    | 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? <i>If "Yes," complete Schedule D, Part VIII.</i>   | 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? <i>If "Yes," complete Schedule D, Part IX.</i>   | 11d | No  |
| e   | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>    | 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)? <i>If "Yes," complete Schedule D, Part X.</i>     | 11f | Yes |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>    | 12a | No  |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>              | 12b | Yes |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>   | 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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>   | 14b | No  |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Parts II and IV.</i>   | 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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>   | 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? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>  | 17  | No  |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>  | 18  | No  |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>  | 19  | No  |
| 20a | Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>    | 20a | Yes |
| b   | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> 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 | <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? 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 |     | No |
| 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 | Yes |    |
| 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 . . . . .   |     |     |    |
| 36  | <b>Section 501(c)(3) organizations.</b> 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? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .  | 38  | Yes |    |

| Part V Statements Regarding Other IRS Filings and Tax Compliance                                |   |     |       |    |
|---|---|-----|-------|----|
| Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/> |   |     |       |    |
|   |   |     | Yes   | No |
| 1a  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.   | 1a  | 946   |    |
| 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  | 9,769 |    |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><br>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).                                      | 2b  | Yes   |    |
| 3a  | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | 3a  | Yes   |    |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No," 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: _____<br>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?<br>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 | 20  |    |
| b  | Enter the number of voting members included in line 1a, above, who are independent . . . . .  | 1b | 18  |    |
| 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 | Yes |    |
| 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 . . . . .<br>If “Yes” to line 15a or 15b, describe the process in Schedule O (See instructions ) . . . . .   | 15b | Yes |    |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .  | 16a |     | No |
| b   | If “Yes,” has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization’s exempt status with respect to such arrangements? . . . . . | 16b |     |    |

Section C. Disclosure

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

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

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

Form **990** (2010)



## Part VII

|   |   |       |
|---|---|-------|
| 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 | 1,692 |
|---|---|-------|

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

## **Section B. Independent Contractors**

| <b>1</b> Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization                       |                                |                     |
|--|--------------------------------|---------------------|
| (A)<br>Name and business address   | (B)<br>Description of services | (C)<br>Compensation |
| CHILDRENS SPECIALISTS MED GRP OF SA<br>5301 F STREET SUITE 313<br>SACRAMENTO, CA 95819   | MEDICAL SERVICES               | 4,810,992           |
| REHABCARE CORP<br>PO BOX 502096<br>ST LOUIS, MO 63150  | MEDICAL SERVICES               | 4,466,959           |
| PULMONARY MEDICINE ASSOCIATES<br>3637 MISSION AVENUE SUITE 7<br>CARMICHAEL, CA 95608   | MEDICAL SERVICES               | 4,304,617           |
| CENTRAL ANESTHESIA SERVICE<br>PO BOX 660910<br>SACRAMENTO, CA 95866  | MEDICAL SERVICES               | 3,819,440           |
| SODEXO LAUNDRY SERVICE<br>DEPARTMENT 42283<br>LOS ANGELES, CA 90088  | LAUNDRY SERVICES               | 2,663,604           |
| <b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization <b>467</b> |                                |                     |

Part VIII

Statement of Revenue

|   |  |  | (A)<br>Total revenue    | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded<br>from<br>tax<br>under<br>sections<br>512,<br>513, or<br>514 |            |
|---|--|--|-------------------------|--|---|--|------------|
| Contributions, gifts, grants<br>and other similar amounts | 1a Federated campaigns . . . . . 1a  | 102  |                         |  |   |  |            |
|   | b Membership dues . . . . . 1b   |  |                         |  |   |  |            |
|   | c Fundraising events . . . . . 1c  | 9,515  |                         |  |   |  |            |
|   | d Related organizations . . . . . 1d   | 5,969,758  |                         |  |   |  |            |
|   | e Government grants (contributions) 1e   | 3,128,783  |                         |  |   |  |            |
|   | f All other contributions, gifts, grants, and<br>similar amounts not included above 1f   | 1,048,602  |                         |  |   |  |            |
|   | g Noncash contributions included in lines 1a-1f \$   | 10,294   |                         |  |   |  |            |
|   | h Total. Add lines 1a-1f . . . . .   |  | 10,156,760              |  |   |  |            |
|   | Program Service Revenue  | 2a PATIENT SERVICE REVENUE   | Business Code<br>622110 | 1,740,083,382                                      | 1,740,083,382                           |  |            |
| b ROSEVILLE ENDOSCOPY                                     |  | 622110   | 380,113                 | 380,113  |   |  |            |
| c   |  |  |                         |  |   |  |            |
| d   |  |  |                         |  |   |  |            |
| e   |  |  |                         |  |   |  |            |
| f All other program service revenue                       |  |  |                         |  |   |  |            |
| g Total. Add lines 2a-2f . . . . .                        |  |  | 1,740,463,495           |  |   |  |            |
| Other Revenue   |  | 3 Investment income (including dividends, interest<br>and other similar amounts) . . . . . |                         | 10,831,254   |   |  | 10,831,254 |
|   |  | 4 Income from investment of tax-exempt bond proceeds . . . . .                             |                         | 0  |   |  |            |
|   | 5 Royalties . . . . .  |  | 0                       |  |   |  |            |
|   | 6a Gross Rents   | (i) Real<br>7,355,560  | (ii) Personal           |  |   |  |            |
|   | b Less rental<br>expenses  | 6,434,389  |                         |  |   |  |            |
|   | c Rental income<br>or (loss)   | 921,171  |                         |  |   |  |            |
|   | d Net rental income or (loss) . . . . .  |  | 921,171                 |  |   | 921,171  |            |
|   | 7a Gross amount<br>from sales of<br>assets other<br>than inventory   | (i) Securities   | (ii) Other<br>17,595    |  |   |  |            |
|   | b Less cost or<br>other basis and<br>sales expenses  |  | 4,202                   |  |   |  |            |
|   | c Gain or (loss)   |  | 13,393                  |  |   |  |            |
|   | d Net gain or (loss) . . . . .   |  | 13,393                  |  |   | 13,393   |            |
|   | 8a Gross income from fundraising events<br>(not including<br>\$ 9,515<br>of contributions reported on line 1c)<br>See Part IV, line 18 . . . . . | a<br>5,290   |                         |  |   |  |            |
|   | b Less direct expenses . . . . . b   | 5,458  |                         |  |   |  |            |
|   | c Net income or (loss) from fundraising events . . . . .   |  | -168                    |  |   | -168   |            |
|   | 9a Gross income from gaming activities See Part IV, line 19 . . . . . a  | 5,510  |                         |  |   |  |            |
|   | b Less direct expenses . . . . . b   | 2,000  |                         |  |   |  |            |
|   | c Net income or (loss) from gaming activities . . . . .  |  | 3,510                   |  |   | 3,510  |            |
|   | 10a Gross sales of inventory, less<br>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   | 895,484  |                         | 895,484  |   |  |            |
| b UBI - PARKING   | 812930   | 123,284  |                         | 123,284  |   |  |            |
| c UBI - CATERING  | 624210   | 3,744  |                         | 3,744  |   |  |            |
| d All other revenue . . . . .                             |  | 173  |                         | 173  |   |  |            |
| e Total. Add lines 11a-11d . . . . .                      |  | 1,022,685  |                         |  |   |  |            |
| 12 Total revenue. See Instructions . . . . .              |  | 1,763,412,100  | 1,740,463,495           | 1,022,685  | 11,769,160                              |  |            |

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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|---|-----------------------|---------------------------------|--|-----------------------------|
| 1  | Grants and other assistance to governments and organizations in the U S See Part IV, line 21  | 8,840,296             | 8,840,296                       |  |                             |
| 2  | Grants and other assistance to individuals in the U S See Part IV, line 22  | 1,000                 | 1,000                           |  |                             |
| 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 . . . . .  | 0                     | 0                               | 0                                      | 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  | 526,239,520           | 500,281,985                     | 25,921,623                             | 35,912                      |
| 8  | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .   | 18,235,831            | 17,337,566                      | 898,265                                | 0                           |
| 9  | Other employee benefits . . . . .   | 45,386,364            | 43,129,045                      | 2,235,652                              | 21,667                      |
| 10   | Payroll taxes . . . . .   | 200,279,729           | 187,386,734                     | 12,892,995                             | 0                           |
| a  | Fees for services (non-employees) Management . . . . .  | 25,724,480            | 5,238,928                       | 20,485,552                             | 0                           |
| b  | Legal . . . . .   | 2,424,139             | 201,982                         | 2,222,157                              | 0                           |
| c  | Accounting . . . . .  | 45,026                | 19,797                          | 25,229                                 | 0                           |
| d  | Lobbying . . . . .  | 0                     | 0                               | 0                                      | 0                           |
| e  | Professional fundraising services See Part IV, line 17 . . . . .  | 0                     |                                 |  | 0                           |
| f  | Investment management fees . . . . .  | 812,543               | 0                               | 812,543                                | 0                           |
| g  | Other . . . . .   | 69,326,266            | 45,325,055                      | 24,001,211                             | 0                           |
| 12   | Advertising and promotion . . . . .   | 2,327,085             | 2,108,776                       | 218,309                                | 0                           |
| 13   | Office expenses . . . . .   | 240,045,176           | 238,471,053                     | 1,574,123                              | 0                           |
| 14   | Information technology . . . . .  | 23,459,000            | 23,397,842                      | 59,264                                 | 1,894                       |
| 15   | Royalties . . . . .   | 0                     | 0                               | 0                                      | 0                           |
| 16   | Occupancy . . . . .   | 4,659,496             | 3,653,107                       | 1,006,389                              | 0                           |
| 17   | Travel . . . . .  | 1,783,536             | 1,546,868                       | 236,668                                | 0                           |
| 18   | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  | 0                     | 0                               | 0                                      | 0                           |
| 19   | Conferences, conventions, and meetings . . . . .  | 448,299               | 401,878                         | 46,421                                 | 0                           |
| 20   | Interest . . . . .  | 19,377,522            | 19,377,522                      | 0                                      | 0                           |
| 21   | Payments to affiliates . . . . .  | 0                     | 0                               | 0                                      | 0                           |
| 22   | Depreciation, depletion, and amortization . . . . .   | 67,215,004            | 66,598,883                      | 616,121                                | 0                           |
| 23   | Insurance . . . . .   | 12,010,319            | 11,856,236                      | 153,192                                | 891                         |
| 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  | 144,478,148           | 140,178,724                     | 4,280,339                              | 19,085                      |
| b  | BAD DEBT EXPENSES   | 44,857,121            | 44,857,121                      | 0                                      | 0                           |
| c  | UTILITIES   | 16,758,480            | 16,634,263                      | 124,217                                | 0                           |
| d  | FEDERAL INCOME TAXES  | 77,607                | 71,398                          | 6,209                                  | 0                           |
| e  | OTHER DIRECT EXPENSES   | 86,074,863            | 77,408,929                      | 8,664,265                              | 1,669                       |
| f  | All other expenses  |                       |                                 |  |                             |
| 25   | Total functional expenses. Add lines 1 through 24f  | 1,560,886,850         | 1,454,324,988                   | 106,480,744                            | 81,118                      |
| 26   | Joint costs. Check here <input type="checkbox"/> 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)               |               | (B)         |
|-----------------------------|---|---|-----|---------------|-------------------|---------------|-------------|
|                             |   |   |     |               | Beginning of year |               | End of year |
| Assets                      | 1   | Cash—non-interest-bearing . . . . .   |     |               |                   | 1             |             |
|                             | 2   | Savings and temporary cash investments . . . . .  |     |               | 49,960,629        | 2             | 57,344,188  |
|                             | 3   | Pledges and grants receivable, net . . . . .  |     |               | 550,932           | 3             | 483,052     |
|                             | 4   | Accounts receivable, net . . . . .  |     |               | 235,874,716       | 4             | 233,022,028 |
|                             | 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 . . . . .   |     |               | 22,187,675        | 8             | 22,440,786  |
|                             | 9   | Prepaid expenses and deferred charges . . . . .   |     |               | 3,258,465         | 9             | 3,889,611   |
|                             | 10a   | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D   | 10a | 1,644,999,501 | 883,514,300       | 10c           | 961,433,259 |
|                             | b   | Less accumulated depreciation . . . . .   | 10b | 683,566,242   |                   |               |             |
|                             | 11  | Investments—publicly traded securities . . . . .  |     |               | 187,247,193       | 11            | 141,942,618 |
|                             | 12  | Investments—other securities See Part IV, line 11 . . . . .   |     |               |                   | 12            |             |
|                             | 13  | Investments—program-related See Part IV, line 11 . . . . .  |     |               | 118,534           | 13            | 159,776     |
|                             | 14  | Intangible assets . . . . .   |     |               |                   | 14            |             |
|                             | 15  | Other assets See Part IV, line 11 . . . . .   |     |               | 30,074,852        | 15            | 63,975,275  |
| 16                          | Total assets. Add lines 1 through 15 (must equal line 34) . . . . .   |   |     | 1,412,787,296 | 16                | 1,484,690,593 |             |
| Liabilities                 | 17  | Accounts payable and accrued expenses . . . . .   |     |               | 114,578,380       | 17            | 152,582,164 |
|                             | 18  | Grants payable . . . . .  |     |               |                   | 18            |             |
|                             | 19  | Deferred revenue . . . . .  |     |               |                   | 19            |             |
|                             | 20  | Tax-exempt bond liabilities . . . . .   |     |               | 736,140,616       | 20            | 721,820,038 |
|                             | 21  | Escrow or custodial account liability Complete Part IV of Schedule D . . . . .  |     |               |                   | 21            |             |
|                             | 22  | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .   |     |               |                   | 22            |             |
|                             | 23  | Secured mortgages and notes payable to unrelated third parties . . . . .  |     |               | 1,056,218         | 23            | 5,621,375   |
|                             | 24  | Unsecured notes and loans payable to unrelated third parties . . . . .  |     |               |                   | 24            |             |
|                             | 25  | Other liabilities Complete Part X of Schedule D . . . . .   |     |               | 29,510,594        | 25            | 42,724,543  |
|                             | 26  | Total liabilities. Add lines 17 through 25 . . . . .  |     |               | 881,285,808       | 26            | 922,748,120 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. |   |     |               |                   |               |             |
|                             | 27  | Unrestricted net assets . . . . .   |     |               | 529,935,531       | 27            | 560,317,897 |
|                             | 28  | Temporarily restricted net assets . . . . .   |     |               | 1,565,957         | 28            | 1,624,576   |
|                             | 29  | Permanently restricted net assets . . . . .   |     |               |                   | 29            |             |
|                             | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.                          |   |     |               |                   |               |             |
|                             | 30  | Capital stock or trust principal, or current funds . . . . .  |     |               |                   | 30            |             |
|                             | 31  | Paid-in or capital surplus, or land, building or equipment fund . . . . .   |     |               |                   | 31            |             |
|                             | 32  | Retained earnings, endowment, accumulated income, or other funds . . . . .  |     |               |                   | 32            |             |
|                             | 33  | Total net assets or fund balances . . . . .   |     |               | 531,501,488       | 33            | 561,942,473 |
| 34                          | Total liabilities and net assets/fund balances . . . . .  |   |     | 1,412,787,296 | 34                | 1,484,690,593 |             |

Part XI Reconciliation 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 | 1,763,412,100 |
| 2 | Total expenses (must equal Part IX, column (A), line 25)  | 2 | 1,560,886,850 |
| 3 | Revenue less expenses Subtract line 2 from line 1   | 3 | 202,525,250   |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4 | 531,501,488   |
| 5 | Other changes in net assets or fund balances (explain in Schedule O)  | 5 | -172,084,265  |
| 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 | 561,942,473   |

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other<br>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?  |     | No |
| b  | Were the organization's financial statements audited by an independent accountant?   | 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O | 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<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?   |     |    |
| b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits   |     |    |

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public  
Inspection

|  |  |
|--|--|
| Name of the organization<br>SUTTER HEALTH SACRAMENTO SIERRA REGION | Employer identification number<br>94-1156621 |
|--|--|

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1

☐

A church, convention of churches, or association of churches 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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

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

☐

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

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?  
(ii) a family member of a person described in (i) above?  
(iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

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

| (i)<br>Name of supported organization | (ii)<br>EIN | (iii)<br>Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv)<br>Is the organization in col (i) listed in your governing document? |    | (v)<br>Did you notify the organization in col (i) of your support? |    | (vi)<br>Is the organization in col (i) organized in the U S ? |    | (vii)<br>Amount of support |
|---------------------------------------|-------------|---|---|----|--|----|---|----|----------------------------|
|                                       |             |   | Yes   | No | Yes  | No | Yes   | No |                            |
|                                       |             |   |   |    |  |    |   |    |                            |
|                                       |             |   |   |    |  |    |   |    |                            |
|                                       |             |   |   |    |  |    |   |    |                            |
|                                       |             |   |   |    |  |    |   |    |                            |
|                                       |             |   |   |    |  |    |   |    |                            |
|                                       |             |   |   |    |  |    |   |    |                            |
| 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 IIISupport 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 section 501(c)(3) organization, check this box and <b>stop here</b>  |          |          |          |          |          |           |

| 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 <b>stop here</b> . 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 <b>stop here</b> . 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

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

|  |  |
|--|--|
| Name of the organization<br>SUTTER HEALTH SACRAMENTO SIERRA REGION | Employer identification number<br>94-1156621 |
|--|--|

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

|   |  |  |
|---|--|--|
|   | (a) Donor advised funds  | (b) Funds and other accounts                             |
| 1 | Total number at end of year  |  |
| 2 | Aggregate contributions to (during year)   |  |
| 3 | Aggregate grants from (during year)  |  |
| 4 | Aggregate value at end of year   |  |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?   | <input type="checkbox"/> Yes <input type="checkbox"/> 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 | <input type="checkbox"/> Yes <input type="checkbox"/> 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)<br><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Preservation of an historically importantly land area<br><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure<br><input type="checkbox"/> 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  |
| a | Total number of conservation easements  |
| b | Total acreage restricted by conservation easements  |
| c | Number of conservation easements on a certified historic structure included in (a)  |
| d | Number of conservation easements included in (c) acquired after 8/17/06   |
| 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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)? <input type="checkbox"/> Yes <input type="checkbox"/> 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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

|    |        |
|----|--------|
|    | Amount |
| 1c |        |
| 1d |        |
| 1e |        |
| 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 . . . . .                     | 15,654,225      | 12,421,867    | 15,184,736        |                     |                    |
| b Contributions . . . . .                                  | 1,668           | 17,176        | 1,809,404         |                     |                    |
| c Investment earnings or losses . . . . .                  | 2,004,352       | 3,223,622     | -4,191,885        |                     |                    |
| d Grants or scholarships . . . . .                         |                 |               |                   |                     |                    |
| e Other expenditures for facilities and programs . . . . . | 395,885         | 8,350         | 374,000           |                     |                    |
| f Administrative expenses . . . . .                        | 0               | 90            | 6,388             |                     |                    |
| g End of year balance . . . . .                            | 17,264,360      | 15,654,225    | 12,421,867        |                     |                    |

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 44 000 %

b

Permanent endowment ▶ 56 000 %

c

Term endowment ▶ 0 %

3a

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

(i) unrelated organizations . . . . .

3a(i)

☐ Yes

☐ No

(ii) related organizations . . . . .

3a(ii)

☐ Yes

b

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

3b

☐ Yes

4

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

Part VI

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

| Description of investment   | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land . . . . .   |                                      | 44,766,773                     |                              | 44,766,773     |
| b Buildings . . . . .   |                                      | 894,831,370                    | 364,601,024                  | 530,230,346    |
| c Leasehold improvements . . . . .  |                                      | 10,502,201                     | 6,106,062                    | 4,396,139      |
| d Equipment . . . . .   |                                      | 384,395,676                    | 291,877,514                  | 92,518,162     |
| e Other . . . . .   |                                      | 310,503,481                    | 20,981,642                   | 289,521,839    |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c.) . . . . . ▶ |                                      |                                |                              | 961,433,259    |

Schedule D (Form 990) 2010



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  |
|--|------------------|--|
| INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS | PART V, LINE 4   | ENDOWMENTS HELD BY RELATED FUNDRAISING ORGANIZATIONS FOR THE EXCLUSIVE PURPOSE OF VARIOUS PROGRAMS OF SUTTER HEALTH SACRAMENTO SIERRA REGION   |
| 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. |

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 HEALTH SACRAMENTO SIERRA REGION

**Employer identification number**  
94-1156621

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 . . . . .  | Yes |    |
| 1b | If "Yes," is it a written policy? . . . . .  | 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<br><br><input checked="" type="checkbox"/> Applied uniformly to all hospitals<br><input type="checkbox"/> Applied uniformly to most hospitals<br><input type="checkbox"/> 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<br><br><b>a</b> Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care<br><br><input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %<br><br><b>b</b> Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care . . . . .<br><br><input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %<br><br><b>c</b> 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<br><br><b>4</b> 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"? . . . . . | Yes |    |
| 5a | Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .  | Yes |    |
| 5b | If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .   | Yes |    |
| 5c | If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .   |     | No |
| 6a | Does the organization prepare a community benefit report during the tax year? . . . . .  | Yes |    |
| 6b | If "Yes," did the organization make it available to the public? . . . . .<br><br>Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H  | Yes |    |

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 |
|--|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| <b>a</b> Financial Assistance at cost (from Worksheets 1 and 2)  |   |                               | 47,145,531                          | 0                             | 47,145,531                        | 3 020 %                      |
| <b>b</b> Unreimbursed Medicaid (from Worksheet 3, column a) . . . . .  |   |                               | 304,552,833                         | 294,374,995                   | 10,177,838                        | 0 650 %                      |
| <b>c</b> Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b) . . . . .    |   |                               | 62,384,523                          | 28,018,846                    | 34,365,677                        | 2 200 %                      |
| <b>d Total</b> Financial Assistance and Means-Tested Government Programs . . . . .                           |   |                               | 414,082,887                         | 322,393,841                   | 91,689,046                        | 5 870 %                      |
| <b>Other Benefits</b>  |   |                               |                                     |                               |                                   |                              |
| <b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . . |   |                               | 2,630,210                           | 0                             | 2,630,210                         | 0 170 %                      |
| <b>f</b> Health professions education (from Worksheet 5) . . . . .   |   |                               | 5,489,402                           | 493,396                       | 4,996,006                         | 0 320 %                      |
| <b>g</b> Subsidized health services (from Worksheet 6) . . . . .   |   |                               | 1,545,675                           | 0                             | 1,545,675                         | 0 100 %                      |
| <b>h</b> Research (from Worksheet 7)   |   |                               |                                     |                               |                                   |                              |
| <b>i</b> Cash and in-kind contributions to community groups (from Worksheet 8) . . . . .                     |   |                               | 8,104,005                           | 0                             | 8,104,005                         | 0 520 %                      |
| <b>j Total</b> Other Benefits . . . . .  |   |                               | 17,769,292                          | 493,396                       | 17,275,896                        | 1 110 %                      |
| <b>k Total.</b> Add lines 7d and 7j . . . . .  |   |                               | 431,852,179                         | 322,887,237                   | 108,964,942                       | 6 980 %                      |

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 |
|--|---|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| 1Physical improvements and housing                         |   |                               | 1,260                                | 0                             | 1,260                              | 0 %                          |
| 2Economic development                                      |   |                               |                                      |                               |                                    |                              |
| 3Community support   |   |                               |                                      |                               |                                    |                              |
| 4Environmental improvements                                |   |                               |                                      |                               |                                    |                              |
| 5Leadership development and training for community members |   |                               |                                      |                               |                                    |                              |
| 6Coalition building  |   |                               | 25,490                               | 0                             | 25,490                             | 0 %                          |
| 7Community health improvement advocacy                     |   |                               |                                      |                               |                                    |                              |
| 8Workforce development                                     |   |                               |                                      |                               |                                    |                              |
| 9Other   |   |                               | 19,432                               | 0                             | 19,432                             | 0 %                          |
| 10Total  |   |                               | 46,182                               | 0                             | 46,182                             | 0 %                          |

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 Healthcare Financial Management Association Statement No. 15?   | 1   | No         |
| 2 | Enter the amount of the organization's bad debt expense (at cost)   | 2   | 11,931,994 |
| 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 | 331,880,057 |
| 6 | Enter Medicare allowable costs of care relating to payments on line 5   | 6 | 385,911,968 |
| 7 | Subtract line 6 from line 5. This is the surplus or (shortfall)   | 7 | -54,031,911 |
| 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:<br><input type="checkbox"/> Cost accounting system<br><input checked="" type="checkbox"/> Cost to charge ratio<br><input type="checkbox"/> Other |   |             |

Section C. Collection Practices

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

Part 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                 |   |  |   |   |

(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? 7

**Schedule H (Form 990) 2010**



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 MEMORIAL 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 . . . . .<br>If "Yes," indicate what the Needs Assessment describes (check all that apply)  | 1   |    |
| a <input type="checkbox"/> A definition of the community served by the hospital facility   |     |    |
| b <input type="checkbox"/> Demographics of the community   |     |    |
| c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community   |     |    |
| d <input type="checkbox"/> How data was obtained   |     |    |
| e <input type="checkbox"/> The health needs of the community   |     |    |
| f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups   |     |    |
| g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs   |     |    |
| h <input type="checkbox"/> The process for consulting with persons representing the community's interests  |     |    |
| i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs   |     |    |
| j <input type="checkbox"/> 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? . . . . .<br>If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)  | 5   |    |
| a <input type="checkbox"/> Hospital facility's website   |     |    |
| b <input type="checkbox"/> Available upon request from the hospital facility   |     |    |
| c <input type="checkbox"/> 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 <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community   |     |    |
| b <input type="checkbox"/> Execution of the implementation strategy  |     |    |
| c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan   |     |    |
| d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan   |     |    |
| e <input type="checkbox"/> Inclusion of a community benefit section in operational plans   |     |    |
| f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment  |     |    |
| g <input type="checkbox"/> Prioritization of health needs in the community   |     |    |
| h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community  |     |    |
| i <input type="checkbox"/> 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? . . .<br>If "Yes," indicate the FPG family income limit for eligibility for free care ____%  | 9   |    |

Part V

Facility Information (continued)

|    |  | Yes | No |
|----|--|-----|----|
| 10 | Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? . . . . .<br>If “Yes,” indicate the FPG family income limit for eligibility for discounted care __%  | 10  |    |
| 11 | Explained the basis for calculating amounts charged to patients? . . . . .<br>If “Yes,” indicate the factors used in determining such amounts (check all that apply)<br>a <input type="checkbox"/> Income level<br>b <input type="checkbox"/> Asset level<br>c <input type="checkbox"/> Medical indigency<br>d <input type="checkbox"/> Insurance status<br>e <input type="checkbox"/> Uninsured discount<br>f <input type="checkbox"/> Medicaid/Medicare<br>g <input type="checkbox"/> State regulation<br>h <input type="checkbox"/> Other (describe in Part VI)   | 11  |    |
| 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? . . . . .<br>If “Yes,” indicate how the hospital facility publicized the policy (check all that apply)<br>a <input type="checkbox"/> The policy was posted at all times on the hospital facility’s web site<br>b <input type="checkbox"/> The policy was attached to all billing invoices<br>c <input type="checkbox"/> The policy was posted in the hospital facility’s emergency rooms or waiting rooms<br>d <input type="checkbox"/> The policy was posted in the hospital facility’s admissions offices<br>e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility<br>f <input type="checkbox"/> The policy was available upon request<br>g <input type="checkbox"/> Other (describe in Part VI) | 13  |    |

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<br>a <input type="checkbox"/> Reporting to credit agency<br>b <input type="checkbox"/> Lawsuits<br>c <input type="checkbox"/> Liens on residences<br>d <input type="checkbox"/> Body attachments<br>e <input type="checkbox"/> 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? . . . . .<br>If “Yes,” check all collection actions in which the hospital facility or a third party engaged (check all that apply)<br>a <input type="checkbox"/> Reporting to credit agency<br>b <input type="checkbox"/> Lawsuits<br>c <input type="checkbox"/> Liens on residences<br>d <input type="checkbox"/> Body attachments<br>e <input type="checkbox"/> Other (describe in Part VI)   | 16 |  |
| 17 | Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)<br>a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission<br>b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge<br>c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients’ bills<br>d <input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance<br>e <input type="checkbox"/> 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? . . . . .<br>If "No," indicate the reasons why (check all that apply) |     |    |
| a  | <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions  |     |    |
| b  | <input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care   |     |    |
| c  | <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)  |     |    |
| d  | <input type="checkbox"/> 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  | <input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility  |  |  |
| b  | <input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility  |  |  |
| c  | <input type="checkbox"/> The hospital facility used the Medicare rate for those services   |  |  |
| d  | <input type="checkbox"/> 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? . . . . .<br>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? . . . . .<br>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 GENERAL 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 . . . . .<br>If "Yes," indicate what the Needs Assessment describes (check all that apply)  | 1   |    |
| a <input type="checkbox"/> A definition of the community served by the hospital facility   |     |    |
| b <input type="checkbox"/> Demographics of the community   |     |    |
| c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community   |     |    |
| d <input type="checkbox"/> How data was obtained   |     |    |
| e <input type="checkbox"/> The health needs of the community   |     |    |
| f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups   |     |    |
| g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs   |     |    |
| h <input type="checkbox"/> The process for consulting with persons representing the community's interests  |     |    |
| i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs   |     |    |
| j <input type="checkbox"/> 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? . . . . .<br>If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)  | 5   |    |
| a <input type="checkbox"/> Hospital facility's website   |     |    |
| b <input type="checkbox"/> Available upon request from the hospital facility   |     |    |
| c <input type="checkbox"/> 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 <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community   |     |    |
| b <input type="checkbox"/> Execution of the implementation strategy  |     |    |
| c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan   |     |    |
| d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan   |     |    |
| e <input type="checkbox"/> Inclusion of a community benefit section in operational plans   |     |    |
| f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment  |     |    |
| g <input type="checkbox"/> Prioritization of health needs in the community   |     |    |
| h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community  |     |    |
| i <input type="checkbox"/> 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? . . .<br>If "Yes," indicate the FPG family income limit for eligibility for free care ____%  | 9   |    |

Part V

Facility Information (continued)

|   | Yes       | No |
|---|-----------|----|
| <b>10</b> Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? . . . . .<br>If “Yes,” indicate the FPG family income limit for eligibility for discounted care __%   | <b>10</b> |    |
| <b>11</b> Explained the basis for calculating amounts charged to patients? . . . . .<br>If “Yes,” indicate the factors used in determining such amounts (check all that apply)<br><b>a</b> <input type="checkbox"/> Income level<br><b>b</b> <input type="checkbox"/> Asset level<br><b>c</b> <input type="checkbox"/> Medical indigency<br><b>d</b> <input type="checkbox"/> Insurance status<br><b>e</b> <input type="checkbox"/> Uninsured discount<br><b>f</b> <input type="checkbox"/> Medicaid/Medicare<br><b>g</b> <input type="checkbox"/> State regulation<br><b>h</b> <input type="checkbox"/> Other (describe in Part VI)  | <b>11</b> |    |
| <b>12</b> Explained the method for applying for financial assistance? . . . . .   | <b>12</b> |    |
| <b>13</b> Included measures to publicize the policy within the community served by the hospital facility? . . . . .<br>If “Yes,” indicate how the hospital facility publicized the policy (check all that apply)<br><b>a</b> <input type="checkbox"/> The policy was posted at all times on the hospital facility’s web site<br><b>b</b> <input type="checkbox"/> The policy was attached to all billing invoices<br><b>c</b> <input type="checkbox"/> The policy was posted in the hospital facility’s emergency rooms or waiting rooms<br><b>d</b> <input type="checkbox"/> The policy was posted in the hospital facility’s admissions offices<br><b>e</b> <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility<br><b>f</b> <input type="checkbox"/> The policy was available upon request<br><b>g</b> <input type="checkbox"/> Other (describe in Part VI) | <b>13</b> |    |

Billing and Collections

|   |           |  |
|---|-----------|--|
| <b>14</b> 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? . . . . .   | <b>14</b> |  |
| <b>15</b> 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<br><b>a</b> <input type="checkbox"/> Reporting to credit agency<br><b>b</b> <input type="checkbox"/> Lawsuits<br><b>c</b> <input type="checkbox"/> Liens on residences<br><b>d</b> <input type="checkbox"/> Body attachments<br><b>e</b> <input type="checkbox"/> Other (describe in Part VI)  |           |  |
| <b>16</b> Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year? . . . . .<br>If “Yes,” check all collection actions in which the hospital facility or a third party engaged (check all that apply)<br><b>a</b> <input type="checkbox"/> Reporting to credit agency<br><b>b</b> <input type="checkbox"/> Lawsuits<br><b>c</b> <input type="checkbox"/> Liens on residences<br><b>d</b> <input type="checkbox"/> Body attachments<br><b>e</b> <input type="checkbox"/> Other (describe in Part VI)   | <b>16</b> |  |
| <b>17</b> Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)<br><b>a</b> <input type="checkbox"/> Notified patients of the financial assistance policy upon admission<br><b>b</b> <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge<br><b>c</b> <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients’ bills<br><b>d</b> <input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance<br><b>e</b> <input type="checkbox"/> 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? . . . . .<br>If "No," indicate the reasons why (check all that apply) |     |    |
| a  | <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions  |     |    |
| b  | <input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care   |     |    |
| c  | <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)  |     |    |
| d  | <input type="checkbox"/> 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  | <input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility  |  |  |
| b  | <input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility  |  |  |
| c  | <input type="checkbox"/> The hospital facility used the Medicare rate for those services   |  |  |
| d  | <input type="checkbox"/> 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? . . . . .<br>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? . . . . .<br>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 ROSEVILLE MEDICAL CENTER

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 . . . . .<br>If "Yes," indicate what the Needs Assessment describes (check all that apply)  | 1   |    |
| a <input type="checkbox"/> A definition of the community served by the hospital facility   |     |    |
| b <input type="checkbox"/> Demographics of the community   |     |    |
| c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community   |     |    |
| d <input type="checkbox"/> How data was obtained   |     |    |
| e <input type="checkbox"/> The health needs of the community   |     |    |
| f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups   |     |    |
| g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs   |     |    |
| h <input type="checkbox"/> The process for consulting with persons representing the community's interests  |     |    |
| i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs   |     |    |
| j <input type="checkbox"/> 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? . . . . .<br>If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)  | 5   |    |
| a <input type="checkbox"/> Hospital facility's website   |     |    |
| b <input type="checkbox"/> Available upon request from the hospital facility   |     |    |
| c <input type="checkbox"/> 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 <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community   |     |    |
| b <input type="checkbox"/> Execution of the implementation strategy  |     |    |
| c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan   |     |    |
| d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan   |     |    |
| e <input type="checkbox"/> Inclusion of a community benefit section in operational plans   |     |    |
| f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment  |     |    |
| g <input type="checkbox"/> Prioritization of health needs in the community   |     |    |
| h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community  |     |    |
| i <input type="checkbox"/> 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? . . .<br>If "Yes," indicate the FPG family income limit for eligibility for free care ____%  | 9   |    |

Part V

Facility Information (continued)

|    |  | Yes | No |
|----|--|-----|----|
| 10 | Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? . . . . .<br>If "Yes," indicate the FPG family income limit for eligibility for discounted care __%  | 10  |    |
| 11 | Explained the basis for calculating amounts charged to patients? . . . . .<br>If "Yes," indicate the factors used in determining such amounts (check all that apply)<br>a <input type="checkbox"/> Income level<br>b <input type="checkbox"/> Asset level<br>c <input type="checkbox"/> Medical indigency<br>d <input type="checkbox"/> Insurance status<br>e <input type="checkbox"/> Uninsured discount<br>f <input type="checkbox"/> Medicaid/Medicare<br>g <input type="checkbox"/> State regulation<br>h <input type="checkbox"/> Other (describe in Part VI)   | 11  |    |
| 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? . . . . .<br>If "Yes," indicate how the hospital facility publicized the policy (check all that apply)<br>a <input type="checkbox"/> The policy was posted at all times on the hospital facility's web site<br>b <input type="checkbox"/> The policy was attached to all billing invoices<br>c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms<br>d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices<br>e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility<br>f <input type="checkbox"/> The policy was available upon request<br>g <input type="checkbox"/> Other (describe in Part VI) | 13  |    |

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<br>a <input type="checkbox"/> Reporting to credit agency<br>b <input type="checkbox"/> Lawsuits<br>c <input type="checkbox"/> Liens on residences<br>d <input type="checkbox"/> Body attachments<br>e <input type="checkbox"/> 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? . . . . .<br>If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply)<br>a <input type="checkbox"/> Reporting to credit agency<br>b <input type="checkbox"/> Lawsuits<br>c <input type="checkbox"/> Liens on residences<br>d <input type="checkbox"/> Body attachments<br>e <input type="checkbox"/> Other (describe in Part VI)   | 16 |  |
| 17 | Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)<br>a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission<br>b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge<br>c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills<br>d <input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance<br>e <input type="checkbox"/> 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? . . . . .<br>If "No," indicate the reasons why (check all that apply) |     |    |
| a  | <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions  |     |    |
| b  | <input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care   |     |    |
| c  | <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)  |     |    |
| d  | <input type="checkbox"/> 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  | <input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility  |  |  |
| b  | <input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility  |  |  |
| c  | <input type="checkbox"/> The hospital facility used the Medicare rate for those services   |  |  |
| d  | <input type="checkbox"/> 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? . . . . .<br>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? . . . . .<br>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 SOLANO MEDICAL CENTER

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

|   | Yes      | No |
|---|----------|----|
| <b>Community Health Needs Assessment</b> (Lines 1 through 7 are optional for 2010)  |          |    |
| <b>1</b> 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 . . . . .<br>If "Yes," indicate what the Needs Assessment describes (check all that apply)  | <b>1</b> |    |
| <b>a</b> <input type="checkbox"/> A definition of the community served by the hospital facility   |          |    |
| <b>b</b> <input type="checkbox"/> Demographics of the community   |          |    |
| <b>c</b> <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community   |          |    |
| <b>d</b> <input type="checkbox"/> How data was obtained   |          |    |
| <b>e</b> <input type="checkbox"/> The health needs of the community   |          |    |
| <b>f</b> <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups   |          |    |
| <b>g</b> <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs   |          |    |
| <b>h</b> <input type="checkbox"/> The process for consulting with persons representing the community's interests  |          |    |
| <b>i</b> <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs   |          |    |
| <b>j</b> <input type="checkbox"/> Other (describe in Part VI)   |          |    |
| <b>2</b> Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____  |          |    |
| <b>3</b> 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 | <b>3</b> |    |
| <b>4</b> 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 . . . . .   | <b>4</b> |    |
| <b>5</b> Did the hospital facility make its Needs Assessment widely available to the public? . . . . .<br>If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)  | <b>5</b> |    |
| <b>a</b> <input type="checkbox"/> Hospital facility's website   |          |    |
| <b>b</b> <input type="checkbox"/> Available upon request from the hospital facility   |          |    |
| <b>c</b> <input type="checkbox"/> Other (describe in Part VI)   |          |    |
| <b>6</b> If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)   |          |    |
| <b>a</b> <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community   |          |    |
| <b>b</b> <input type="checkbox"/> Execution of the implementation strategy  |          |    |
| <b>c</b> <input type="checkbox"/> Participation in the development of a community-wide community benefit plan   |          |    |
| <b>d</b> <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan   |          |    |
| <b>e</b> <input type="checkbox"/> Inclusion of a community benefit section in operational plans   |          |    |
| <b>f</b> <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment  |          |    |
| <b>g</b> <input type="checkbox"/> Prioritization of health needs in the community   |          |    |
| <b>h</b> <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community  |          |    |
| <b>i</b> <input type="checkbox"/> Other (describe in Part VI)   |          |    |
| <b>7</b> 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  | <b>7</b> |    |
| <b>Financial Assistance Policy</b>  |          |    |
| Did the hospital facility have in place during the tax year a written financial assistance policy that  |          |    |
| <b>8</b> Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?  | <b>8</b> |    |
| <b>9</b> Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals? . . .<br>If "Yes," indicate the FPG family income limit for eligibility for free care ____%  | <b>9</b> |    |

Part V

Facility Information (continued)

|    |  | Yes | No |
|----|--|-----|----|
| 10 | Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? . . . . .<br>If "Yes," indicate the FPG family income limit for eligibility for discounted care __%  | 10  |    |
| 11 | Explained the basis for calculating amounts charged to patients? . . . . .<br>If "Yes," indicate the factors used in determining such amounts (check all that apply)<br>a <input type="checkbox"/> Income level<br>b <input type="checkbox"/> Asset level<br>c <input type="checkbox"/> Medical indigency<br>d <input type="checkbox"/> Insurance status<br>e <input type="checkbox"/> Uninsured discount<br>f <input type="checkbox"/> Medicaid/Medicare<br>g <input type="checkbox"/> State regulation<br>h <input type="checkbox"/> Other (describe in Part VI)   | 11  |    |
| 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? . . . . .<br>If "Yes," indicate how the hospital facility publicized the policy (check all that apply)<br>a <input type="checkbox"/> The policy was posted at all times on the hospital facility's web site<br>b <input type="checkbox"/> The policy was attached to all billing invoices<br>c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms<br>d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices<br>e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility<br>f <input type="checkbox"/> The policy was available upon request<br>g <input type="checkbox"/> Other (describe in Part VI) | 13  |    |

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<br>a <input type="checkbox"/> Reporting to credit agency<br>b <input type="checkbox"/> Lawsuits<br>c <input type="checkbox"/> Liens on residences<br>d <input type="checkbox"/> Body attachments<br>e <input type="checkbox"/> 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? . . . . .<br>If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply)<br>a <input type="checkbox"/> Reporting to credit agency<br>b <input type="checkbox"/> Lawsuits<br>c <input type="checkbox"/> Liens on residences<br>d <input type="checkbox"/> Body attachments<br>e <input type="checkbox"/> Other (describe in Part VI)   | 16 |  |
| 17 | Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)<br>a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission<br>b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge<br>c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills<br>d <input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance<br>e <input type="checkbox"/> 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? . . . . .<br>If "No," indicate the reasons why (check all that apply) |     |    |
| a  | <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions  |     |    |
| b  | <input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care   |     |    |
| c  | <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)  |     |    |
| d  | <input type="checkbox"/> 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  | <input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility  |  |  |
| b  | <input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility  |  |  |
| c  | <input type="checkbox"/> The hospital facility used the Medicare rate for those services   |  |  |
| d  | <input type="checkbox"/> 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? . . . . .<br>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? . . . . .<br>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 AUBURN FAITH 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 . . . . .<br>If "Yes," indicate what the Needs Assessment describes (check all that apply)  | 1   |    |
| a <input type="checkbox"/> A definition of the community served by the hospital facility   |     |    |
| b <input type="checkbox"/> Demographics of the community   |     |    |
| c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community   |     |    |
| d <input type="checkbox"/> How data was obtained   |     |    |
| e <input type="checkbox"/> The health needs of the community   |     |    |
| f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups   |     |    |
| g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs   |     |    |
| h <input type="checkbox"/> The process for consulting with persons representing the community's interests  |     |    |
| i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs   |     |    |
| j <input type="checkbox"/> 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? . . . . .<br>If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)  | 5   |    |
| a <input type="checkbox"/> Hospital facility's website   |     |    |
| b <input type="checkbox"/> Available upon request from the hospital facility   |     |    |
| c <input type="checkbox"/> 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 <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community   |     |    |
| b <input type="checkbox"/> Execution of the implementation strategy  |     |    |
| c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan   |     |    |
| d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan   |     |    |
| e <input type="checkbox"/> Inclusion of a community benefit section in operational plans   |     |    |
| f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment  |     |    |
| g <input type="checkbox"/> Prioritization of health needs in the community   |     |    |
| h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community  |     |    |
| i <input type="checkbox"/> 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? . . .<br>If "Yes," indicate the FPG family income limit for eligibility for free care ____%  | 9   |    |

Part V

Facility Information (continued)

|    |  | Yes | No |
|----|--|-----|----|
| 10 | Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? . . . . .<br>If "Yes," indicate the FPG family income limit for eligibility for discounted care __%  | 10  |    |
| 11 | Explained the basis for calculating amounts charged to patients? . . . . .<br>If "Yes," indicate the factors used in determining such amounts (check all that apply)<br>a <input type="checkbox"/> Income level<br>b <input type="checkbox"/> Asset level<br>c <input type="checkbox"/> Medical indigency<br>d <input type="checkbox"/> Insurance status<br>e <input type="checkbox"/> Uninsured discount<br>f <input type="checkbox"/> Medicaid/Medicare<br>g <input type="checkbox"/> State regulation<br>h <input type="checkbox"/> Other (describe in Part VI)   | 11  |    |
| 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? . . . . .<br>If "Yes," indicate how the hospital facility publicized the policy (check all that apply)<br>a <input type="checkbox"/> The policy was posted at all times on the hospital facility's web site<br>b <input type="checkbox"/> The policy was attached to all billing invoices<br>c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms<br>d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices<br>e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility<br>f <input type="checkbox"/> The policy was available upon request<br>g <input type="checkbox"/> Other (describe in Part VI) | 13  |    |

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<br>a <input type="checkbox"/> Reporting to credit agency<br>b <input type="checkbox"/> Lawsuits<br>c <input type="checkbox"/> Liens on residences<br>d <input type="checkbox"/> Body attachments<br>e <input type="checkbox"/> 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? . . . . .<br>If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply)<br>a <input type="checkbox"/> Reporting to credit agency<br>b <input type="checkbox"/> Lawsuits<br>c <input type="checkbox"/> Liens on residences<br>d <input type="checkbox"/> Body attachments<br>e <input type="checkbox"/> Other (describe in Part VI)   | 16 |  |
| 17 | Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)<br>a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission<br>b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge<br>c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills<br>d <input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance<br>e <input type="checkbox"/> 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? . . . . .<br>If "No," indicate the reasons why (check all that apply) |     |    |
| a  | <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions  |     |    |
| b  | <input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care   |     |    |
| c  | <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)  |     |    |
| d  | <input type="checkbox"/> 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  | <input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility  |  |  |
| b  | <input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility  |  |  |
| c  | <input type="checkbox"/> The hospital facility used the Medicare rate for those services   |  |  |
| d  | <input type="checkbox"/> 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? . . . . .<br>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? . . . . .<br>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 AMADOR HOSPITAL

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

6

|   | Yes      | No |
|---|----------|----|
| <b>Community Health Needs Assessment</b> (Lines 1 through 7 are optional for 2010)  |          |    |
| <b>1</b> 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 . . . . .<br>If "Yes," indicate what the Needs Assessment describes (check all that apply)  | <b>1</b> |    |
| <b>a</b> <input type="checkbox"/> A definition of the community served by the hospital facility   |          |    |
| <b>b</b> <input type="checkbox"/> Demographics of the community   |          |    |
| <b>c</b> <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community   |          |    |
| <b>d</b> <input type="checkbox"/> How data was obtained   |          |    |
| <b>e</b> <input type="checkbox"/> The health needs of the community   |          |    |
| <b>f</b> <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups   |          |    |
| <b>g</b> <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs   |          |    |
| <b>h</b> <input type="checkbox"/> The process for consulting with persons representing the community's interests  |          |    |
| <b>i</b> <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs   |          |    |
| <b>j</b> <input type="checkbox"/> Other (describe in Part VI)   |          |    |
| <b>2</b> Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____  |          |    |
| <b>3</b> 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 | <b>3</b> |    |
| <b>4</b> 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 . . . . .   | <b>4</b> |    |
| <b>5</b> Did the hospital facility make its Needs Assessment widely available to the public? . . . . .<br>If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)  | <b>5</b> |    |
| <b>a</b> <input type="checkbox"/> Hospital facility's website   |          |    |
| <b>b</b> <input type="checkbox"/> Available upon request from the hospital facility   |          |    |
| <b>c</b> <input type="checkbox"/> Other (describe in Part VI)   |          |    |
| <b>6</b> If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)   |          |    |
| <b>a</b> <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community   |          |    |
| <b>b</b> <input type="checkbox"/> Execution of the implementation strategy  |          |    |
| <b>c</b> <input type="checkbox"/> Participation in the development of a community-wide community benefit plan   |          |    |
| <b>d</b> <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan   |          |    |
| <b>e</b> <input type="checkbox"/> Inclusion of a community benefit section in operational plans   |          |    |
| <b>f</b> <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment  |          |    |
| <b>g</b> <input type="checkbox"/> Prioritization of health needs in the community   |          |    |
| <b>h</b> <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community  |          |    |
| <b>i</b> <input type="checkbox"/> Other (describe in Part VI)   |          |    |
| <b>7</b> 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  | <b>7</b> |    |
| <b>Financial Assistance Policy</b>  |          |    |
| Did the hospital facility have in place during the tax year a written financial assistance policy that  |          |    |
| <b>8</b> Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?  | <b>8</b> |    |
| <b>9</b> Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals? . . .<br>If "Yes," indicate the FPG family income limit for eligibility for free care ____%  | <b>9</b> |    |



Part V

Facility Information (continued)

|   | Yes       | No |
|---|-----------|----|
| <b>10</b> Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? . . . . .<br>If “Yes,” indicate the FPG family income limit for eligibility for discounted care __%   | <b>10</b> |    |
| <b>11</b> Explained the basis for calculating amounts charged to patients? . . . . .<br>If “Yes,” indicate the factors used in determining such amounts (check all that apply)<br><b>a</b> <input type="checkbox"/> Income level<br><b>b</b> <input type="checkbox"/> Asset level<br><b>c</b> <input type="checkbox"/> Medical indigency<br><b>d</b> <input type="checkbox"/> Insurance status<br><b>e</b> <input type="checkbox"/> Uninsured discount<br><b>f</b> <input type="checkbox"/> Medicaid/Medicare<br><b>g</b> <input type="checkbox"/> State regulation<br><b>h</b> <input type="checkbox"/> Other (describe in Part VI)  | <b>11</b> |    |
| <b>12</b> Explained the method for applying for financial assistance? . . . . .   | <b>12</b> |    |
| <b>13</b> Included measures to publicize the policy within the community served by the hospital facility? . . . . .<br>If “Yes,” indicate how the hospital facility publicized the policy (check all that apply)<br><b>a</b> <input type="checkbox"/> The policy was posted at all times on the hospital facility’s web site<br><b>b</b> <input type="checkbox"/> The policy was attached to all billing invoices<br><b>c</b> <input type="checkbox"/> The policy was posted in the hospital facility’s emergency rooms or waiting rooms<br><b>d</b> <input type="checkbox"/> The policy was posted in the hospital facility’s admissions offices<br><b>e</b> <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility<br><b>f</b> <input type="checkbox"/> The policy was available upon request<br><b>g</b> <input type="checkbox"/> Other (describe in Part VI) | <b>13</b> |    |

Billing and Collections

|   |           |  |
|---|-----------|--|
| <b>14</b> 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? . . . . .   | <b>14</b> |  |
| <b>15</b> 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<br><b>a</b> <input type="checkbox"/> Reporting to credit agency<br><b>b</b> <input type="checkbox"/> Lawsuits<br><b>c</b> <input type="checkbox"/> Liens on residences<br><b>d</b> <input type="checkbox"/> Body attachments<br><b>e</b> <input type="checkbox"/> Other (describe in Part VI)  |           |  |
| <b>16</b> Did the hospital facility engage in or authorize a third party to engage in any of the following collection actions during the tax year? . . . . .<br>If “Yes,” check all collection actions in which the hospital facility or a third party engaged (check all that apply)<br><b>a</b> <input type="checkbox"/> Reporting to credit agency<br><b>b</b> <input type="checkbox"/> Lawsuits<br><b>c</b> <input type="checkbox"/> Liens on residences<br><b>d</b> <input type="checkbox"/> Body attachments<br><b>e</b> <input type="checkbox"/> Other (describe in Part VI)   | <b>16</b> |  |
| <b>17</b> Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)<br><b>a</b> <input type="checkbox"/> Notified patients of the financial assistance policy upon admission<br><b>b</b> <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge<br><b>c</b> <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients’ bills<br><b>d</b> <input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance<br><b>e</b> <input type="checkbox"/> 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? . . . . .<br>If "No," indicate the reasons why (check all that apply) |     |    |
| a  | <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions  |     |    |
| b  | <input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care   |     |    |
| c  | <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)  |     |    |
| d  | <input type="checkbox"/> 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  | <input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility  |  |  |
| b  | <input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility  |  |  |
| c  | <input type="checkbox"/> The hospital facility used the Medicare rate for those services   |  |  |
| d  | <input type="checkbox"/> 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? . . . . .<br>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? . . . . .<br>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 DAVIS HOSPITAL

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

|   | Yes      | No |
|---|----------|----|
| <b>Community Health Needs Assessment</b> (Lines 1 through 7 are optional for 2010)  |          |    |
| <b>1</b> 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 . . . . .<br>If "Yes," indicate what the Needs Assessment describes (check all that apply)<br><b>a</b> <input type="checkbox"/> A definition of the community served by the hospital facility<br><b>b</b> <input type="checkbox"/> Demographics of the community<br><b>c</b> <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community<br><b>d</b> <input type="checkbox"/> How data was obtained<br><b>e</b> <input type="checkbox"/> The health needs of the community<br><b>f</b> <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups<br><b>g</b> <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs<br><b>h</b> <input type="checkbox"/> The process for consulting with persons representing the community's interests<br><b>i</b> <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs<br><b>j</b> <input type="checkbox"/> Other (describe in Part VI) | <b>1</b> |    |
| <b>2</b> Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____  |          |    |
| <b>3</b> 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   | <b>3</b> |    |
| <b>4</b> 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 . . . . .   | <b>4</b> |    |
| <b>5</b> Did the hospital facility make its Needs Assessment widely available to the public? . . . . .<br>If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)<br><b>a</b> <input type="checkbox"/> Hospital facility's website<br><b>b</b> <input type="checkbox"/> Available upon request from the hospital facility<br><b>c</b> <input type="checkbox"/> Other (describe in Part VI)   | <b>5</b> |    |
| <b>6</b> If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)<br><b>a</b> <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community<br><b>b</b> <input type="checkbox"/> Execution of the implementation strategy<br><b>c</b> <input type="checkbox"/> Participation in the development of a community-wide community benefit plan<br><b>d</b> <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan<br><b>e</b> <input type="checkbox"/> Inclusion of a community benefit section in operational plans<br><b>f</b> <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment<br><b>g</b> <input type="checkbox"/> Prioritization of health needs in the community<br><b>h</b> <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community<br><b>i</b> <input type="checkbox"/> Other (describe in Part VI)   |          |    |
| <b>7</b> 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  | <b>7</b> |    |
| <b>Financial Assistance Policy</b>  |          |    |
| Did the hospital facility have in place during the tax year a written financial assistance policy that  |          |    |
| <b>8</b> Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?  | <b>8</b> |    |
| <b>9</b> Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals? . . .<br>If "Yes," indicate the FPG family income limit for eligibility for free care ____%  | <b>9</b> |    |

Part V

Facility Information (continued)

|    |  | Yes | No |
|----|--|-----|----|
| 10 | Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? . . . . .<br>If “Yes,” indicate the FPG family income limit for eligibility for discounted care __%  | 10  |    |
| 11 | Explained the basis for calculating amounts charged to patients? . . . . .<br>If “Yes,” indicate the factors used in determining such amounts (check all that apply)<br>a <input type="checkbox"/> Income level<br>b <input type="checkbox"/> Asset level<br>c <input type="checkbox"/> Medical indigency<br>d <input type="checkbox"/> Insurance status<br>e <input type="checkbox"/> Uninsured discount<br>f <input type="checkbox"/> Medicaid/Medicare<br>g <input type="checkbox"/> State regulation<br>h <input type="checkbox"/> Other (describe in Part VI)   | 11  |    |
| 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? . . . . .<br>If “Yes,” indicate how the hospital facility publicized the policy (check all that apply)<br>a <input type="checkbox"/> The policy was posted at all times on the hospital facility’s web site<br>b <input type="checkbox"/> The policy was attached to all billing invoices<br>c <input type="checkbox"/> The policy was posted in the hospital facility’s emergency rooms or waiting rooms<br>d <input type="checkbox"/> The policy was posted in the hospital facility’s admissions offices<br>e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility<br>f <input type="checkbox"/> The policy was available upon request<br>g <input type="checkbox"/> Other (describe in Part VI) | 13  |    |

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<br>a <input type="checkbox"/> Reporting to credit agency<br>b <input type="checkbox"/> Lawsuits<br>c <input type="checkbox"/> Liens on residences<br>d <input type="checkbox"/> Body attachments<br>e <input type="checkbox"/> 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? . . . . .<br>If “Yes,” check all collection actions in which the hospital facility or a third party engaged (check all that apply)<br>a <input type="checkbox"/> Reporting to credit agency<br>b <input type="checkbox"/> Lawsuits<br>c <input type="checkbox"/> Liens on residences<br>d <input type="checkbox"/> Body attachments<br>e <input type="checkbox"/> Other (describe in Part VI)   | 16 |  |
| 17 | Indicate which actions the hospital facility took before initiating any of the collection actions checked in question 16 (check all that apply)<br>a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission<br>b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge<br>c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients’ bills<br>d <input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance<br>e <input type="checkbox"/> 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? . . . . .<br>If "No," indicate the reasons why (check all that apply) | 18 |     |    |
| a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions   |    |     |    |
| b <input type="checkbox"/> The hospital facility did not have a policy relating to emergency medical care  |    |     |    |
| c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)   |    |     |    |
| d <input type="checkbox"/> 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 <input type="checkbox"/> The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility   |    |  |  |
| b <input type="checkbox"/> The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility   |    |  |  |
| c <input type="checkbox"/> The hospital facility used the Medicare rate for those services  |    |  |  |
| d <input type="checkbox"/> 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? . . . . .<br>If "Yes," explain in Part VI | 20 |  |  |
| 21 Did the hospital facility charge any of its patients an amount equal to the gross charge for services provided to that patient? . . . . .<br>If "Yes," explain in Part VI  | 21 |  |  |

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? 30

| 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 200% OF FPG PARTIAL WRITE-OFF OF THE HOSPITAL'S UNDISCOUNTED CHARGES APPLIES TO UNINSURED PATIENTS WHOSE FAMILY INCOMES ARE BETWEEN 201% AND 400% IN ADDITION, THE FOLLOWING DISCOUNTS APPLY TO UNINSURED PATIENTS - SPECIAL CIRCUMSTANCES CHARITY CARE FOR UNINSURED PATIENTS WHO DO NOT MEET THE FINANCIAL ASSISTANCE CRITERIA SET FORTH BY THE ORGANIZATION, A COMPLETE OR PARTIAL WRITE-OFF IN CIRCUMSTANCES INCLUDING BUT NOT LIMITED TO BANKRUPTCY, HOMELESSNESS, DECEASED, ELIGIBLE FOR MEDICARE/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 RATION UTILIZING WORKSHEET 2 METHODOLOGY  |
| PART II  |                         | COMMUNITY BUILDING ACTIVITIES - COALITION BUILDING - PHYSICAL IMPROVEMENTS  |
| 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 \$54,031,911  |
| 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                                 |                         | THE SUTTER HEALTH SACRAMENTO SIERRA REGION (SHSR) PARTICIPATES IN A COLLABORATIVE COMMUNITY NEEDS ASSESSMENT (CNA) - KAISER PERMANENTE, MERCY, UC DAVIS HEALTH SYSTEM - PROCESS EVERY THREE YEARS TO HELP TARGET AREAS OF NEED WITHIN THE COMMUNITIES SERVED RESULTS FROM THE CNA ASSIST SHSR WITH IDENTIFYING AREAS OF FOCUS AND ARE UTILIZED TO DRAFT A THREE-YEAR PLAN TO ADDRESS IDENTIFIED NEEDS THE INTERACTIVE CNA WEB SITE CAN BE SEEN AT WWW.HEALTHYLIVINGMAP.COM  |
| PATIENT EDUCATION FOR ELIGIBILITY FOR ASSISTANCE |                         | SHSR FOLLOWS A SUTTER HEALTH SYSTEM-WIDE 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                            |                         | THE AFFILIATES IN THE SUTTER HEALTH SACRAMENTO SIERRA REGION SERVE PLACER, SACRAMENTO, YOLO, SOLANO AND AMADOR COUNTIES THE COUNTIES INCLUDE BOTH RURAL AND URBAN COMMUNITIES THAT ARE VERY DIVERSE - FROM COMMUNITIES SERVING A HIGH PERCENTAGE OF MIGRANT FARM WORKERS (YOLO), AN URBAN CITY THAT WAS NAMED THE MOST DIVERSE CITY IN THE UNITED STATES (SACRAMENTO), TO A COUNTY WITH THE HIGHEST PER CAPITA INCOME IN THE STATE (PLACER COUNTY) THE PERCENT ELIGIBLE FOR MEDI-CAL DEMONSTRATES THE VAST DIFFERENCE OF THESE COUNTIES IN 2006, CALIFORNIA HAD 17.8% ELIGIBLE FOR MEDI-CAL DURING THE SAME YEAR, PLACER HAD 8%, YOLO HAD 13% AND SACRAMENTO HAD 19% ELIGIBLE MAJORITY OF THE HEALTH INDICATORS AND DEMOGRAPHIC DATA FOR THESE THREE COUNTIES FOLLOWS THIS TREND  |
| 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 SHSR SPECIFIC ACTIVITIES INCLUDE THE SUTTER HEALTH SACRAMENTO SIERRA REGION COMMUNITY BENEFIT EFFORTS ARE LOCALLY GOVERNED BY A BOARD OF DIRECTORS AND INDIVIDUAL COMMUNITY ADVISORY BOARDS FOR EACH COUNTY (PLACER, SACRAMENTO, YOLO AND SOLANO COUNTIES) THE COMMUNITY ADVISORY BOARDS ARE COMPRISED OF LOCAL BUSINESS AND COMMUNITY LEADERS, AND HOSPITAL CEO AND MEDICAL STAFF THAT HELP THE AFFILIATE HOSPITAL CEO'S AND COMMUNITY BENEFIT STAFF IDENTIFY PRIORITY NEEDS (BASED ON THE FINDINGS FROM THE COMMUNITY NEEDS ASSESSMENT) AND ADVISE N HOW TO BEST TO REINVEST OUR COMMUNITY BENEFIT DOLLARS   |
| AFFILIATED HEALTH CARE SYSTEM                    |                         | SHSR 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: 94-1156621

Name: SUTTER HEALTH SACRAMENTO SIERRA REGION

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<br>(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? <u>30</u>   |                                      |
| Name and address   | Type of Facility<br>(Describe)       |
| INFUSION CENTER<br>1020 29TH STREET SUITE 690<br>SACRAMENTO, CA 95816  | OUTPATIENT SERVICES                  |
| NEUROSCIENCE CLINIC<br>2801 K STREET<br>SACRAMENTO, CA 95816   | OUTPATIENT SERVICES                  |
| SUTTER SLEEP DISORDERS CENTER<br>1411 SECRET RAVINE PARKWAY SUITE 1<br>ROSEVILLE, CA 95661   | OUTPATIENT SERVICES                  |
| SUTTER SLEEP DISORDERS CENTER<br>650 HOWE AVENUE<br>SACRAMENTO, CA 95825   | OUTPATIENT SERVICES                  |
| SUTTER OAKS NURSING CENTER-MIDTOWN<br>2600 L STREET<br>SACRAMENTO, CA 95816  | SKILLED NURSING FACILITY             |
| AUDIOLOGY & ADULT DIABETES CLINICS<br>5151 F STREET BLDG E<br>SACRAMENTO, CA 95819   | OUTPATIENT SERVICES                  |
| SUTTER CENTER FOR PSYCHIATRY<br>7700 FOLSOM BOULEVARD<br>SACRAMENTO, CA 95826  | ACUTE PSYCHIATRIC CARE               |
| SUTTER CENTER FOR PSYCHIATRY<br>855 HOWE AVENUE<br>SACRAMENTO, CA 95826  | OUTPATIENT SERVICES                  |
| ANTEPARTUM TESTING UNIT<br>ONE MEDICAL PLAZA DRIVE<br>ROSEVILLE, CA 95661  | OUTPATIENT SERVICES                  |
| OUTPATIENT SURGERY DEPARTMENT<br>FOUR MEDICAL PLAZA<br>ROSEVILLE, CA 95661   | OUTPATIENT SERVICES                  |
| RADIOLOGY SERVICE<br>THREE MEDICAL PLAZA STE 12<br>ROSEVILLE, CA 95661   | OUTPATIENT SERVICES                  |
| WOUND CARE CENTER<br>ONE MEDICAL PLAZA<br>ROSEVILLE, CA 95661  | OUTPATIENT SERVICES                  |
| SUTTER SOLANO CANCER CENTER<br>100 HOSPITAL DRIVE<br>VALLEJO, CA 945892594   | OUTPATIENT SERVICES                  |
| CARDIOPULMONARY REHAB SERVICES<br>11795 EDUCATION STREET 205<br>AUBURN, CA 95603   | OUTPATIENT SERVICES                  |
| INFUSION THERAPY CENTER<br>11710 EDUCATION STREET<br>AUBURN, CA 95602  | OUTPATIENT SERVICES                  |
| WOUND CAREOSTOMY DEPARTMENT<br>11710 EDUCATION STREET<br>AUBURN, CA 95602  | OUTPATIENT SERVICES                  |
| NUCLEAR MEDICINE<br>100 MISSION BOULEVARD<br>JACKSON, CA 95642   | NUCLEAR MEDICINE OUTPATIENT SERVICES |
| JACKSON FAMILY PRACTICE<br>255 NEW YORK RANCH ROAD STE C<br>JACKSON, CA 95642  | OUTPATIENT SERVICES                  |
| SUTTER AMADOR PEDIATRIC CENTER<br>100 MISSION BOULEVARD<br>JACKSON, CA 95642   | OUTPATIENT SERVICES                  |
| CARDIAC STRESS TEST LAB<br>100 MISSION BOULEVARD<br>JACKSON, CA 95642  | OUTPATIENT SERVICES                  |
| DIABETES EDUCATION CLINIC<br>100 MISSION BOULEVARD<br>JACKSON, CA 95642  | OUTPATIENT SERVICES                  |
| ENDOSCOPY INFUSION CLINIC<br>100 MISSION BOULEVARD<br>JACKSON, CA 95642  | OUTPATIENT SERVICES                  |
| LABORATORY SERVICES<br>100 MISSION BOULEVARD<br>JACKSON, CA 95642  | OUTPATIENT SERVICES                  |
| PFTEEG CLINIC<br>100 MISSION BOULEVARD<br>JACKSON, CA 95642  | OUTPATIENT SERVICES                  |
| RADIOLOGY SERVICES<br>100 MISSION BOULEVARD<br>JACKSON, CA 95642   | OUTPATIENT SERVICES                  |
| SUTTER AMADOR HEALTH CENTER PIONEER<br>24685 STATE HIGHWAY 88<br>PIONEER, CA 95666   | RURAL HEALTH CLINIC                  |
| SUTTER AMADOR HEALTH CENTER PLYMOUTH<br>9279 LOCUST STREET<br>PLYMOUTH, CA 95669   | RURAL HEALTH CLINIC                  |
| WOMEN'S CENTER<br>100 MISSION BOULEVARD<br>JACKSON, CA 95642   | OUTPATIENT SERVICES                  |
| CARDIAC REHABILITATION<br>2030 SUTTER PLACE<br>DAVIS, CA 95616   | OUTPATIENT SERVICES                  |
| INFUSION SERVICES<br>2020 SUTTER PLACE SUITE 105<br>DAVIS, CA 95616  | OUTPATIENT SERVICES                  |



Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SUTTER HEALTH SACRAMENTO SIERRA REGION

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

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

OMB No 1545-0047

2010

Open to Public  
Inspection

Employer identification number  
94-1156621

Part I General Information on Grants and Assistance

1

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

☒ Yes ☐ No

2

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. 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                            |         |                                    |                          |                                   |   |  |                                    |
|  |         |                                    |                          |                                   |   |  |                                    |
|  |         |                                    |                          |                                   |   |  |                                    |
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|  |         |                                    |                          |                                   |   |  |                                    |
|  |         |                                    |                          |                                   |   |  |                                    |
|  |         |                                    |                          |                                   |   |  |                                    |
|  |         |                                    |                          |                                   |   |  |                                    |
|  |         |                                    |                          |                                   |   |  |                                    |

2

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

54

3

Enter total number of other organizations . . . . .

4

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 |
|--------------------------------|-------------------------|-------------------------|----------------------------------|--|---------------------------------------|
|                                |                         |                         |                                  |  |                                       |
|                                |                         |                         |                                  |  |                                       |
|                                |                         |                         |                                  |  |                                       |
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|                                |                         |                         |                                  |  |                                       |

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, LINE 2   | USE OF FUNDS NOT MONITORED AFTER CONTRIBUTION IS MADE THE SUTTER HEALTH SYSTEM HAS AN OVERLAP IN LEADERSHIP WHICH MONITORS THE USE OF GRANTS BETWEEN AFFILIATES GRANTS AND ASSISTANCE REQUESTS ARE REVIEWED BY FACILITY ADMINISTRATIVE MANAGEMENT FOR PROPRIETY ON A CASE BY CASE BASIS ADDITIONAL REQUESTS ARE CONSIDERED AFTER REVIEW OF PREVIOUS FUNDING LEVELS IN ACCORDANCE WITH THE FACILITIES GRANT AND ASSISTANCE POLICIES RECORDS ARE MAINTAINED THAT DOCUMENT MANagements REVIEW AND APPROVAL FOR ALL GRANTS, CONTRIBUTIONS AND/OR ASSISTANCE PROVIDED THROUGHOUT THE YEAR |

Software ID:

Software Version:

EIN: 94-1156621

Name: SUTTER HEALTH SACRAMENTO SIERRA REGION

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 |
|---|------------|------------------------------------|--------------------------|-----------------------------------|--|--|------------------------------------|
| 3 FOLD COMMUNICATIONS<br>1722 J ST STE 17<br>SACRAMENTO,CA 95811                    | 20-1119447 |                                    | 147,419                  |                                   |  |  | DONATION                           |
| AIR EVAC SERVICESPO<br>BOX 541042<br>LOS ANGELES,CA<br>900541042                    | 72-1404705 | 501(C)(3)                          | 18,000                   |                                   |  |  | DONATION                           |
| AMERICAN CANCER<br>SOCIETY1720 SO<br>AMPHLETT BLVD<br>SAN MATEO,CA 94402            | 94-1170350 | 501(C)(3)                          | 31,250                   |                                   |  |  | DONATION                           |
| AMERICAN HEART ASSNPO<br>BOX 160126<br>SACRAMENTO,CA 95816                          | 94-1219116 |                                    | 375,100                  |                                   |  |  | DONATION                           |
| AMERICAN LUNG<br>ASSOCIATION1029 J ST<br>STE 450<br>SACRAMENTO,CA 95814             | 94-0362650 | 501(C)(3)                          | 10,000                   |                                   |  |  | DONATION                           |
| CALIFORNIA STATE<br>UNIVERSITY DEPT OF<br>MUSIC1700 L ST<br>SACRAMENTO,CA 95814     | 94-3001359 | 501(C)(3)                          | 20,000                   |                                   |  |  | DONATION                           |
| CALIFORNIA HEALTH<br>FOUNDATION & TRUST<br>1215 K ST STE 800<br>SACRAMENTO,CA 95814 | 94-1498697 | 501(C)(3)                          | 3,815,211                |                                   |  |  | DONATION                           |
| CHILD ABUSE PREVENTION<br>COUNCIL1808 TRIBUTE RD<br>STE E<br>SACRAMENTO,CA 95815    | 94-2833431 | 501(C)(3)                          | 12,350                   |                                   |  |  | DONATION                           |
| COMMUNICARE HEALTH<br>CENTERSPOBOX 1260<br>DAVIS,CA 956171260                       | 94-2188574 | 501(C)(3)                          | 1,093,570                |                                   |  |  | DONATION                           |
| COMMUNITY PRIDE<br>PROJECT5625 STOCKTON<br>BLVD<br>SACRAMENTO,CA 95824              | 20-0364162 | 501(C)(3)                          | 45,100                   |                                   |  |  | DONATION                           |
| COMMUNITY SERVICE<br>EDUCATION5380 ELVAS<br>AVE<br>SACRAMENTO,CA 95819              | 23-7003581 | 501(C)(3)                          | 10,000                   |                                   |  |  | DONATION                           |
| COMMUNITY SVC<br>PLANNING COUNCIL INC<br>909 12TH ST STE 200<br>SACRAMENTO,CA 95814 | 94-1201196 | 501(C)(3)                          | 9,000                    |                                   |  |  | DONATION                           |

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

| (a) Name and address of organization or government                                   | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| CRISTO REY HGH SCHL<br>SAC WORK STUDY INC6200<br>MCMAHON DR<br>SACRAMENTO,CA 95824   | 41-2191660 | 501(C)(3)                          | 26,500                   |                                   |   |  | DONATION                           |
| CTR FOR COMNTY HLTH &<br>WELL BEING INC1900 T ST<br>SACRAMENTO,CA 95814              | 68-0248303 | 501(C)(3)                          | 20,000                   |                                   |   |  | DONATION                           |
| DAVIS FARMERS MARKET<br>ASSNPOBOX 1813<br>DAVIS,CA 95617                             | 68-0001588 | 501(C)(3)                          | 35,000                   |                                   |   |  | DONATION                           |
| DAVIS HIGH SCHOOL BLUE<br>& WHITE FNDPOBOX 74288<br>DAVIS,CA 95617                   | 02-0544080 | 501(C)(3)                          | 21,000                   |                                   |   |  | DONATION                           |
| DOWNTOWN SACTO<br>PARTNERSHIP980 NINTH<br>ST STE 400<br>SACRAMENTO,CA 95814          | 68-0270320 | 501(C)(3)                          | 93,750                   |                                   |   |  | DONATION                           |
| EAGLES NEST BOARD AND<br>CARE2900 STANDIFORD<br>AVE<br>MODESTO,CA 95350              | 14-2008165 | 501(C)(3)                          | 6,275                    |                                   |   |  | DONATION                           |
| EFFORT INC1820 J ST<br>SACRAMENTO,CA 95814   | 94-1713704 | 501(C)(3)                          | 1,382,976                |                                   |   |  | DONATION                           |
| FAIRFIELD SUISUN<br>COMMUNITY ACTION<br>COUNCIL416 UNION AVE<br>FAIRFIELD,CA 94533   | 68-0041385 | 501(C)(3)                          | 30,000                   |                                   |   |  | DONATION                           |
| FIRST RESPONDER<br>SACRAMENTOPOBOX 24<br>CHICO,CA 95927                              | 68-0414838 | 501(C)(3)                          | 65,210                   |                                   |   |  | DONATION                           |
| FRANCIS HOUSE OF<br>SACRAMENTO1422 C ST<br>SACRAMENTO,CA 95814                       | 94-2437147 | 501(C)(3)                          | 76,750                   |                                   |   |  | DONATION                           |
| FRIENDS OF THE LINCOLN<br>PUBLIC LIBRARY485<br>TWELVE BRIDGES DR<br>LINCOLN,CA 95648 | 68-0089581 | 501(C)(3)                          | 10,000                   |                                   |   |  | DONATION                           |
| FULL CIRCLE TREATMENT<br>CENTER2351 SUNSET<br>BLVD<br>ROCKLIN,CA 95765               | 20-8680425 | 501(C)(3)                          | 11,200                   |                                   |   |  | 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 |
|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| GATHERING INNPO BOX 297<br>ROSEVILLE,CA 95678                                       | 84-1657746 | 501(C)(3)                          | 35,000                   |                                   |   |  | DONATION                           |
| GIFTS TO SHARE INC1231 I ST STE 400<br>SACRAMENTO,CA 95814                          | 94-2985546 | 501(C)(3)                          | 64,500                   |                                   |   |  | DONATION                           |
| KIDS FIRST7311 GALILEE RD STE 105<br>ROSEVILLE,CA 95678                             | 68-0195225 | 501(C)(3)                          | 12,500                   |                                   |   |  | DONATION                           |
| LA CLINICA DE LA RAZA 1515 FRUITVALE AVE<br>OAKLAND,CA 94601                        | 94-1744108 | 501(C)(3)                          | 223,333                  |                                   |   |  | DONATION                           |
| LEED SACTO DBA CAREER YOUTH CONF10680 WHITE ROCK<br>RANCHO CORDOVA,CA 95670         | 68-0287387 | 501(C)(3)                          | 9,938                    |                                   |   |  | DONATION                           |
| LIGHTHOUSE COUNSELING & FAMIL RESOURCE CTR427 A ST STE 400<br>LINCOLN,CA 95648      | 35-2252834 | 501(C)(3)                          | 28,000                   |                                   |   |  | DONATION                           |
| MAKE A WISH FOUNDATION1401 HALYARD DR<br>W SACRAMENTO,CA 95691                      | 68-0027351 | 501(C)(3)                          | 13,850                   |                                   |   |  | DONATION                           |
| MARCH OF DIMES1755 CREEKSIDE OAKS<br>SACRAMENTO,CA 95833                            |            | 501(C)(3)                          | 67,340                   |                                   |   |  | DONATION                           |
| MULVANEY PATRICK JAMES DBA CULINARY SPEC1215 19TH ST STE 100<br>SACRAMENTO,CA 95814 | 68-0476482 | 501(C)(3)                          | 8,662                    |                                   |   |  | DONATION                           |
| OAKMONT HIGH SCHOOL 1710 CIRBY WY<br>ROSEVILLE,CA 956615599                         | 68-0071586 | 501(C)(3)                          | 8,600                    |                                   |   |  | DONATION                           |
| PEOPLE REACHING OUT 5299 AUBURN BLVD<br>SACRAMENTO,CA 95841                         | 94-2795430 | 501(C)(3)                          | 26,300                   |                                   |   |  | DONATION                           |
| PLACER COUNTY DEPT OF HEALTH & HUMAN SVCS 11484 B AVE<br>AUBURN,CA 95603            |            |                                    | 15,000                   |                                   |   |  | DONATION                           |

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

| <b>(a)</b> Name and address of organization or government                       | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV , appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|---|---------------------------------|--|---|---|---|
| PLACER COMMUNITY FOUNDATIONPO BOX 9207 AUBURN,CA 95604                          | 20-1485011     | 501(C)(3)                                 | 7,600                           |  |   |   | DONATION                                  |
| PLANNED PARENTHOOD MAR MONTE1746 THE ALAMEDA SAN JOSE,CA 95126                  | 94-1583439     | 501(C)(3)                                 | 38,380                          |  |   |   | DONATION                                  |
| RIVER CITY COMMUNITY SERVICES3311 E CURTIS DR SACRAMENTO,CA 95818               | 91-1851398     | 501(C)(3)                                 | 33,000                          |  |   |   | DONATION                                  |
| SACRAMENTO AREA CONGREGATIONS TOGETHER2510 J ST STE 200 SACRAMENTO,CA 95816     | 94-3143791     | 501(C)(3)                                 | 25,000                          |  |   |   | DONATION                                  |
| SACRAMENTO COTTAGE HOUSING INC1726 PROFESSIONAL DR SACRAMENTO,CA 95825          | 68-0322086     | 501(C)(3)                                 | 80,000                          |  |   |   | DONATION                                  |
| SACRAMENTO LOAVES AND FISHESPOBOX 2161 SACRAMENTO,CA 95812                      | 68-0189897     | 501(C)(3)                                 | 26,000                          |  |   |   | DONATION                                  |
| SACRAMENTO SELF HELP HOUSINGPOBOX 188445 SACRAMENTO,CA 95818                    | 68-0217383     | 501(C)(3)                                 | 50,000                          |  |   |   | DONATION                                  |
| SACTO REGION COMMUNITY FOUNDATION 2180 HARVARD ST SACRAMENTO,CA 95815           | 94-2891517     | 501(C)(3)                                 | 25,000                          |  |   |   | DONATION                                  |
| SACTO REGION SPORTS EDUCATION FOUNDATION 700 UNIVERSITY AVE SACRAMENTO,CA 95825 | 68-0414507     | 501(C)(3)                                 | 20,000                          |  |   |   | DONATION                                  |
| SAINT JOHNS SHELTER FOR WOMEN & CHILDREN PO BOX 188218 SACRAMENTO,CA 95818      | 68-0132934     | 501(C)(3)                                 | 27,500                          |  |   |   | DONATION                                  |
| SALVATION ARMYPOBOX 340699 SACRAMENTO,CA 95834                                  | 94-1170408     | 501(C)(3)                                 | 88,000                          |  |   |   | DONATION                                  |
| SENIOR FIRST11566 D AVE AUBURN,CA 95603   | 68-0430154     | 501(C)(3)                                 | 139,455                         |  |   |   | 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 |
|--|------------|------------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| SIERRA COLLEGE FOUNDATION5000 ROCKLIN RD ROCKLIN,CA 95677            | 13-2536119 | 501(C)(3)                          | 12,500                   |                                   |   |  | DONATION                           |
| SIERRA FAMILY SERVICES INC333 SUNRISE AVE STE 701 ROSEVILLE,CA 95661 | 23-7249387 | 501(C)(3)                          | 15,000                   |                                   |   |  | DONATION                           |
| SOCIETY FOR THE BLIND INC1238 S ST SACRAMENTO,CA 95811               | 94-1384666 | 501(C)(3)                          | 47,934                   |                                   |   |  | DONATION                           |
| STANFORD SETTLEMENT INC450 W EL CAMINO AVE SACRAMENTO,CA 95833       | 94-1550842 | 501(C)(3)                          | 25,000                   |                                   |   |  | DONATION                           |
| SUSAN G KOMEN FOUNDATION2443 FAIR OAKS BLVD SACRAMENTO,CA 95825      | 75-1835298 | 501(C)(3)                          | 10,000                   |                                   |   |  | DONATION                           |
| VALLEY VISION INC2320 BROADWAY SACRAMENTO,CA 95818                   | 94-3214572 | 501(C)(3)                          | 123,667                  |                                   |   |  | DONATION                           |
| WEAVEPO BOX 161389 SACRAMENTO,CA 95816                               | 94-2493158 | 501(C)(3)                          | 97,500                   |                                   |   |  | DONATION                           |
| WINDSOR VALLEJO CARE CTR LLC2200 TUOLUMNE ST VALLEJO,CA 94590        | 20-8212292 | 501(C)(3)                          | 8,575                    |                                   |   |  | DONATION                           |
| WOMENS EMPOWERMENT 1400 NO C ST SACRAMENTO,CA 95814                  | 03-0520643 | 501(C)(3)                          | 21,500                   |                                   |   |  | DONATION                           |
| YOLO COUNTY OF CHILDRENS ALLIANCE600 A ST STE Y DAVIS,CA 95616       | 68-0526185 |                                    | 10,000                   |                                   |   |  | DONATION                           |

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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.

Name of the organization

SUTTER HEALTH SACRAMENTO SIERRA REGION

Employer identification number

94-1156621

Part I

Questions Regarding Compensation

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



**Part II** **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use 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 |  |                         |                                 |  |
| See Additional Data Table |  |  |                                     |                                     |  |                         |                                 |  |
| ( 2 )                     |  |  |                                     |                                     |  |                         |                                 |  |
| ( 3 )                     |  |  |                                     |                                     |  |                         |                                 |  |
| ( 4 )                     |  |  |                                     |                                     |  |                         |                                 |  |
| ( 5 )                     |  |  |                                     |                                     |  |                         |                                 |  |
| ( 6 )                     |  |  |                                     |                                     |  |                         |                                 |  |
| ( 7 )                     |  |  |                                     |                                     |  |                         |                                 |  |
| ( 8 )                     |  |  |                                     |                                     |  |                         |                                 |  |
| ( 9 )                     |  |  |                                     |                                     |  |                         |                                 |  |
| ( 10 )                    |  |  |                                     |                                     |  |                         |                                 |  |
| ( 11 )                    |  |  |                                     |                                     |  |                         |                                 |  |
| ( 12 )                    |  |  |                                     |                                     |  |                         |                                 |  |
| ( 13 )                    |  |  |                                     |                                     |  |                         |                                 |  |
| ( 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 | 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.   |
| NONQUALIFIED RETIREMENT PLAN                      | PART I, QUESTION 4B | THE PURPOSE OF THE NONQUALIFIED RETIREMENT PLAN IS TO PROVIDE ADDITIONAL DEFERRED COMPENSATION BENEFITS TO THE PARTICIPANTS, WHO ARE MEMBERS OF A SELECT GROUP OF MANAGEMENT OR HIGHLY COMPENSATED EMPLOYEES, BY PROVIDING FOR THE PAYMENT OF DEFERRED COMPENSATION AFTER THE COMPLETION OF THE SPECIFIED NUMBER OF YEARS OF SERVICE. ANNUALLY, SUTTER HEALTH MAKES A CONTRIBUTION TO EACH PARTICIPANT'S ACCOUNT BASED ON 4% OF BASE PAY. THERE IS AN ADDITIONAL CONTRIBUTION FOR EXECUTIVES WHOSE PENSION ELIGIBLE EARNINGS WERE GREATER THAN THE PENSION PAY CAP IN THE PREVIOUS YEAR. THE CALCULATION IS AS FOLLOWS: - PENSION ELIGIBLE EARNINGS - LESS PENSION PAYCAP AMOUNT - TIMES A SPECIFIC % BASED ON YEARS OF SERVICE. THE PENSION RESTORATION PLAN IS DESIGNED TO HELP MAXIMIZE EACH PARTICIPANT'S RETIREMENT POTENTIAL BY PROVIDING A TARGETED BENEFIT THAT, ALONG WITH EACH PARTICIPANT'S OTHER RETIREMENT INCOME, PROVIDES: - 65% OF FINAL 4-YEAR AVERAGE SALARY IF PARTICIPANT RETIRES AT AGE 65 WITH 22.5 YEARS OF SERVICE - 50% OF FINAL 4-YEAR AVERAGE SALARY IF PARTICIPANT RETIRES AT AGE 65 WITH 15 YEARS OF SERVICE. SINCE IT IS A TARGETED BENEFIT, ANNUAL CONTRIBUTION AMOUNTS VARY BASED ON ASSUMPTIONS MADE TAKING INTO ACCOUNT EACH PARTICIPANT'S AGE, YEARS OF SERVICE, AND OTHER RETIREMENT ACCOUNT BALANCES. NAME AND AMOUNT FOR 2010: PAT BRADY \$52,000; PATRICK FRY \$1,127,856; THOMAS GAGEN \$141,400; TERRY GLUBKA \$20,500; MITCH HANNA \$22,700; SARAH KREVANS \$149,800; ANNE PLATT \$14,400; THOMAS REAM II \$7,600; RANDALL ROSS \$12,500; JEFFREY SPRAGUE \$36,700; JANET WAGNER \$19,100; PENNY WESTFALL \$15,200; LAURENCE MAAS \$11,600; JOHN MESIC MD \$35,200; SHELLY MCGRIFF \$18,700; BARBARA NELSON \$14,900; JEFFREY SZCZESNY \$14,100.   |
| 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. Sutter's 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 Health's overall Mission, Vision, and Values, Sutter's 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. |

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

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

| (A) Name         |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                          | (C) Deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|------------------|------|--|-------------------------------------|--------------------------|---------------------------|-------------------------|---------------------------------|--|
|                  |      | (i) Base Compensation                              | (ii) Bonus & incentive compensation | (iii) Other compensation |                           |                         |                                 |  |
| PATRICK BRADY    | (i)  | 0  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0  |
|                  | (ii) | 484,034  | 265,814                             | 8,014                    | 283,891                   | 17,906                  | 1,059,659                       | 250,342  |
| PATRICK 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  |
| THOMAS GAGEN     | (i)  | 0  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0  |
|                  | (ii) | 614,124  | 321,979                             | 8,934                    | 429,132                   | 17,147                  | 1,391,316                       | 341,270  |
| TERRY GLUBKA     | (i)  | 0  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0  |
|                  | (ii) | 322,297  | 183,376                             | 5,698                    | 174,440                   | 3,553                   | 689,364                         | 153,009  |
| MITCH HANNA      | (i)  | 0  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0  |
|                  | (ii) | 289,530  | 155,845                             | 10,783                   | 164,098                   | 18,490                  | 638,746                         | 145,481  |
| SARAH KREVANS    | (i)  | 0  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0  |
|                  | (ii) | 813,872  | 602,072                             | 12,439                   | 645,775                   | 20,775                  | 2,094,933                       | 533,801  |
| ANNE PLATT       | (i)  | 0  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0  |
|                  | (ii) | 266,079  | 122,143                             | 4,646                    | 141,446                   | 18,682                  | 552,996                         | 124,751  |
| THOMAS REAM II   | (i)  | 0  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0  |
|                  | (ii) | 214,798  | 42,100                              | 4,073                    | 78,178                    | 11,514                  | 350,663                         | 49,279   |
| RANDALL ROSS     | (i)  | 0  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0  |
|                  | (ii) | 255,883  | 82,189                              | 594                      | 101,025                   | 16,488                  | 456,179                         | 55,825   |
| JEFFREY SPRAGUE  | (i)  | 0  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0  |
|                  | (ii) | 428,571  | 156,805                             | 722                      | 195,028                   | 17,254                  | 798,380                         | 142,002  |
| JANET WAGNER     | (i)  | 0  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0  |
|                  | (ii) | 289,156  | 157,490                             | 4,469                    | 158,347                   | 14,166                  | 623,628                         | 128,912  |
| PENNY WESTFALL   | (i)  | 0  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0  |
|                  | (ii) | 266,619  | 76,293                              | 0                        | 101,595                   | 7,861                   | 452,368                         | 0  |
| JOHN MESIC MD    | (i)  | 0  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0  |
|                  | (ii) | 484,499  | 172,692                             | 8,241                    | 205,382                   | 12,395                  | 883,209                         | 167,934  |
| JEFFREY SZCZESNY | (i)  | 0  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0  |
|                  | (ii) | 269,371  | 104,620                             | 4,237                    | 120,102                   | 16,502                  | 514,832                         | 76,722   |
| SHELLY MCGRIFF   | (i)  | 0  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0  |
|                  | (ii) | 304,405  | 60,393                              | 4,529                    | 109,353                   | 12,039                  | 490,719                         | 68,686   |
| BARBARA NELSON   | (i)  | 0  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0  |
|                  | (ii) | 277,124  | 59,800                              | 1,090                    | 106,667                   | 12,024                  | 456,705                         | 62,665   |
| LAURENCE MAAS    | (i)  | 0  | 0                                   | 0                        | 0                         | 0                       | 0                               | 0  |
|                  | (ii) | 262,514  | 52,300                              | 674                      | 92,556                    | 6,415                   | 414,459                         | 56,619   |

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 HEALTH SACRAMENTO SIERRA REGION

Employer identification number  
94-1156621

Part I

Bond Issues

| (a) Issuer Name | (b) Issuer EIN | (c) CUSIP # | (d) Date Issued | (e) Issue Price | (f) Description of Purpose       | (g) Defeased |    | (h) On Behalf of Issuer |    | (i) Pool financing |    |
|-----------------|----------------|-------------|-----------------|-----------------|----------------------------------|--------------|----|-------------------------|----|--------------------|----|
|                 |                |             |                 |                 |                                  | Yes          | No | Yes                     | No | Yes                | No |
| A CSCDA 2003AB  | 52-1598225     | 130911NE6   | 05-01-2007      | 71,057,880      | EXPANSION/RENOVATION OF FACILITY |              | X  |                         | X  |                    | X  |
| B CSCDA 2004CD  | 68-0164610     | 130795TE7   | 05-06-2008      | 26,894,200      | REFUNDING - 2/17/04              |              | X  |                         | X  |                    | X  |
| C CSCDA 2005A   | 68-0164610     | 130911U24   | 10-19-2005      | 51,794,342      | REFUNDING - 1995 COPS            |              | X  |                         | X  |                    | X  |
| D CSCDA 2005BC  | 68-0164610     | 130795EG8   | 05-01-2007      | 11,462,772      | REFUNDING - 1995 COPS            |              | X  |                         | X  |                    | X  |
|                 |                |             |                 |                 |                                  |              |    |                         |    |                    |    |
|                 |                |             |                 |                 |                                  |              |    |                         |    |                    |    |
|                 |                |             |                 |                 |                                  |              |    |                         |    |                    |    |

Part II

Proceeds

|    |  | A          |    | B          |    | C          |    | D          |    |
|----|--|------------|----|------------|----|------------|----|------------|----|
| 1  | Amount of bonds retired  | 2,240,399  |    | 2,240,399  |    |            |    |            |    |
| 2  | Amount of bonds legally defeased   |            |    |            |    |            |    |            |    |
| 3  | Total proceeds of issue  | 73,535,053 |    | 27,083,893 |    | 54,143,730 |    | 11,634,720 |    |
| 4  | Gross proceeds in reserve funds  | 5,910,817  |    | 2,385,196  |    | 5,383,885  |    | 851,000    |    |
| 5  | Capitalized interest from proceeds   |            |    |            |    |            |    |            |    |
| 6  | Proceeds in refunding escrow   |            |    |            |    |            |    |            |    |
| 7  | Issuance costs from proceeds   |            |    |            |    |            |    |            |    |
| 8  | Credit enhancement from proceeds   | 776,866    |    | 776,866    |    |            |    |            |    |
| 9  | Working capital expenditures from proceeds   |            |    |            |    |            |    |            |    |
| 10 | Capital expenditures from proceeds   |            |    |            |    |            |    |            |    |
| 11 | Other spent proceeds   |            |    |            |    |            |    |            |    |
| 12 | Other unspent proceeds   |            |    |            |    |            |    |            |    |
| 13 | Year of substantial completion   |            |    |            |    |            |    |            |    |
|    |  | Yes        | No | Yes        | No | Yes        | No | Yes        | No |
| 14 | Were the bonds issued as part of a current refunding issue?  | X          |    | X          |    | X          |    | X          |    |
| 15 | Were the bonds issued as part of an advance refunding issue?   |            | X  |            | X  |            | X  |            | X  |
| 16 | Has the final allocation of proceeds been made?  | X          |    | X          |    | X          |    | X          |    |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? | X          |    | X          |    | 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  |     | X  |     | X  |     | X  |
| 2 | Are there any lease arrangements that may result in private business use of bond-financed property?                        |  |  | X   |    | X   |    | X   |    | 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       |    | X   |    | X   |    | X       |    |
| b  | Are there any research agreements that may result in private business use of bond-financed property?   | X       |    | X   |    | X   |    | 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       |    | X   |    | X   |    | X       |    |
| 4  | Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government  | 0 500 % |    | 0 % |    | 0 % |    | 0 100 % |    |
| 5  | Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government | 0 %     |    | 0 % |    | 0 % |    | 0 %     |    |
| 6  | Total of lines 4 and 5   | 0 500 % |    | 0 % |    | 0 % |    | 0 100 % |    |
| 7  | Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?  | X       |    | X   |    | X   |    | X       |    |

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  |     | X  |     | X  |
| 2  | Is the bond issue a variable rate issue?   |     | X  |     | X  |     | X  |     | X  |
| 3a | Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?                                     |     | X  |     | X  |     | 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  |     | X  |     | X  |
| b  | Name of provider   |     |    |     |    |     |    |     |    |
| c  | Term of GIC  |     |    |     |    |     |    |     |    |
| d  | Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?  |     |    |     |    |     |    |     |    |
| 5  | Were any gross proceeds invested beyond an available temporary period?   | X   |    | X   |    |     | X  |     | X  |
| 6  | Did the bond issue qualify for an exception to rebate?   |     | X  |     | X  |     | 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 |                  |             |
|                |                  |             |
|                |                  |             |
|                |                  |             |

Schedule L  
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2010

Open to Public Inspection

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

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

Name of the organization

SUTTER HEALTH SACRAMENTO SIERRA REGION

Employer identification number

94-1156621

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

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

| 1 | (a) Name of disqualified person | (b) Description of transaction | (c) Corrected? |    |
|---|---------------------------------|--------------------------------|----------------|----|
|   |                                 |                                | Yes            | No |
|   |                                 |                                |                |    |
|   |                                 |                                |                |    |
|   |                                 |                                |                |    |
|   |                                 |                                |                |    |
|   |                                 |                                |                |    |
|   |                                 |                                |                |    |

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? |      | (c)Original principal amount | (d)Balance due | (e) In default? |    | (f) Approved by board or committee? |    | (g)Written agreement? |    |
|---|---------------------------------------|------|------------------------------|----------------|-----------------|----|-------------------------------------|----|-----------------------|----|
|   | To                                    | From |                              |                | Yes             | No | Yes                                 | No | Yes                   | No |
|   |                                       |      |                              |                |                 |    |                                     |    |                       |    |
|   |                                       |      |                              |                |                 |    |                                     |    |                       |    |
|   |                                       |      |                              |                |                 |    |                                     |    |                       |    |
|   |                                       |      |                              |                |                 |    |                                     |    |                       |    |
|   |                                       |      |                              |                |                 |    |                                     |    |                       |    |
|   |                                       |      |                              |                |                 |    |                                     |    |                       |    |
| Total . . . . . ▶ \$                      |                                       |      |                              |                |                 |    |                                     |    |                       |    |

Part III Grants or Assistance Benefitting Interested Persons.

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

| (a) Name of interested person | (b)Relationship between interested person and the organization | (c)Amount of grant or type of assistance |
|-------------------------------|--|--|
|                               |  |  |
|                               |  |  |
|                               |  |  |
|                               |  |  |
|                               |  |  |

**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 |
| (1) MICHAEL DOURGARIAN        | TRUSTEE   | 454,881                   | SEE PART V                     |   | No |
| (2) MICHAEL NEWELL            | TRUSTEE   | 96,127                    | SEE PART V                     |   | No |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |
|                               |   |                           |                                |   |    |

**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 | MICHAEL DOURGARIAN, TRUSTEE OF SUTTER HEALTH SACRAMENTO SIERRA REGION (SHSSR), IS ALSO THE OWNER OF MANPOWER TEMPORARY SERVICES DURING THE YEAR, SHSSR PAID MANPOWER TEMPORARY SERVICES VIA AN ARMS-LENGTH AGREEMENT MICHAEL NEWELL IS A TRUSTEE OF SUTTER HEALTH SACRAMENTO SIERRA REGION (SHSSR) HIS SPOUSE WORKS AS AN RN FOR SUTTER DAVIS HOSPITAL WHICH IS PART OF SHSSR |

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

|   |   |
|---|---|
| <b>Name of the organization</b><br>SUTTER HEALTH SACRAMENTO SIERRA REGION | <b>Employer identification number</b><br>94-1156621 |
|---|---|

| Identifier        | Return Reference                              | Explanation  |
|-------------------|---|--|
| MISSION STATEMENT | FORM 990, PART I, LINE 1 AND PART III, LINE 1 | MISSION - WE ENHANCE THE HEALTH AND WELL-BEING OF PEOPLE IN THE COMMUNITIES WE SERVE, THROUGH A NOT-FOR-PROFIT COMMITMENT TO COMPASSION AND EXCELLENCE IN HEALTH CARE SERVICES VISION - SUTTER HEALTH LEADS THE TRANSFORMATION OF HEALTH CARE TO ACHIEVE THE HIGHEST LEVELS OF QUALITY, ACCESS AND AFFORDABILITY VALUES - EXCELLENCE AND QUALITY, CARING AND COMPASSION, HONESTY AND INTEGRITY, TEAMWORK AND COMMUNITY |



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 HEALTH SACRAMENTO SIERRA REGION

Employer identification number  
94-1156621

Part I

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

| (a)<br>Name, address, and EIN of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>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)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>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)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax<br>under sections 512-<br>514) | (f)<br>Share of total income | (g)<br>Share of end-of-year<br>assets | (h)<br>Disproporionate<br>allocations? |    | (i)<br>Code V—UBI<br>amount in box 20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|-------------------------|--|-------------------------------------|---|------------------------------|---------------------------------------|--|----|---|---|----|--------------------------------|
|  |                         |  |                                     |   |                              |                                       | Yes                                    | No |   | Yes                                       | No |                                |
|  |                         |  |                                     |   |                              |                                       |  |    |   |   |    |                                |
|  |                         |  |                                     |   |                              |                                       |  |    |   |   |    |                                |
|  |                         |  |                                     |   |                              |                                       |  |    |   |   |    |                                |
|  |                         |  |                                     |   |                              |                                       |  |    |   |   |    |                                |
|  |                         |  |                                     |   |                              |                                       |  |    |   |   |    |                                |
|  |                         |  |                                     |   |                              |                                       |  |    |   |   |    |                                |
|  |                         |  |                                     |   |                              |                                       |  |    |   |   |    |                                |
|  |                         |  |                                     |   |                              |                                       |  |    |   |   |    |                                |

Part IV

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

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>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

1

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

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

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

c

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

d

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

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

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

j

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

k

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

l

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

m

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

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

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

r

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

Yes

No

1a

Yes

1b

Yes

1c

Yes

1d

Yes

1e

Yes

1f

Yes

1g

Yes

1h

Yes

1i

Yes

1j

Yes

1k

Yes

1l

Yes

1m

Yes

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

Yes

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

| (a)<br>Name of other organization | (b)<br>Transaction<br>type(a-r) | (c)<br>Amount involved | (d)<br>Method of determining amount<br>involved |
|-----------------------------------|---------------------------------|------------------------|---|
| (1)                               |                                 |                        |   |
| See Additional Data Table         |                                 |                        |   |
| (2)                               |                                 |                        |   |
| (3)                               |                                 |                        |   |
| (4)                               |                                 |                        |   |
| (5)                               |                                 |                        |   |
| (6)                               |                                 |                        |   |

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

[illegible]

**Part VII**   **Supplemental Information**

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

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

Software ID:

Software Version:

EIN: 94-1156621

Name: SUTTER HEALTH SACRAMENTO SIERRA REGION

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

| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512 (b)(13) controlled organization |    |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|   |                         |  |                            |   |                                  | Yes  | No |
| ADOLESCENT TREATMENT CENTERS INC<br><br>390 40TH STREET<br>OAKLAND, CA94609<br>68-0088443                         | HEALTHCARE              | CA   | 501(C)(3)                  | 3   | SUTTER EBH                       |  |    |
| ALTA BATES SUMMIT FOUNDATION<br><br>3012 SUMMIT STREET 3RD FLOOR<br>OAKLAND, CA94609<br>51-0160184                | FUNDRAISING             | CA   | 501(C)(3)                  | 11a - I   | SUTTER EBH                       |  |    |
| CALIFORNIA PACIFIC MEDICAL CTR FOUND<br><br>2015 STEINER STREET 2ND FLOOR<br>SAN FRANCISCO, CA94115<br>94-2728423 | FUNDRAISING             | CA   | 501(C)(3)                  | 11a - I   | SUTTER WBH                       |  |    |
| DELTA MEMORIAL HOSPITAL FOUNDATION<br><br>3901 LONE TREE WAY<br>ANTIOCH, CA94509<br>94-2417022                    | FUNDRAISING             | CA   | 501(C)(3)                  | 11a - I   | SUTTER EBH                       |  |    |
| EAST BAY PERINATAL CENTER<br><br>350 HAWTHORNE AVE<br>OAKLAND, CA94609<br>51-0172285                              | HEALTHCARE              | CA   | 501(C)(3)                  | 3   | SUTTER EBH                       |  |    |
| EDEN MEDICAL CENTER<br><br>20103 LAKE CHABOT ROAD<br>CASTRO VALLEY, CA94546<br>94-2948100                         | HOSPITAL                | CA   | 501(C)(3)                  | 3   | SUTTER HLTH                      |  |    |
| MARIN COMMUNITY HEALTH<br><br>250 BON AIRE ROAD<br>GREENBRAE, CA94904<br>94-2994751                               | SUPPORTING OR           | CA   | 501(C)(3)                  | 11b - II  | SUTTER HLTH                      |  |    |
| MILLS-PENINSULA HEALTH SERVICES<br><br>1501 TROUSDALE DRIVE<br>BURLINGAME, CA94010<br>94-1156265                  | HOSPITAL                | CA   | 501(C)(3)                  | 3   | PAMF                             |  |    |
| MILLS-PENINSULA HOSPITAL FOUNDATION<br><br>1501 TROUSDALE DRIVE<br>BURLINGAME, CA94010<br>23-7288765              | FUNDRAISING             | CA   | 501(C)(3)                  | 11a - I   | MPHS                             |  |    |
| PALO ALTO MEDICAL FOUNDATION<br><br>2350 EL CAMINO REAL<br>MOUNTAIN VIEW, CA94040<br>94-1156581                   | HEALTHCARE              | CA   | 501(C)(3)                  | 3   | SUTTER HLTH                      |  |    |
| SAMUEL MERRITT UNIVERSITY<br><br>450 30TH STREET 2840<br>OAKLAND, CA94609<br>94-2992642                           | UNIVERSITY              | CA   | 501(C)(3)                  | 2   | SUTTER EBH                       |  |    |
| SUTTER AUBURN FAITH HOSPITAL FOUNDATION<br><br>11815 EDUCATION ST<br>AUBURN, CA95602<br>94-2594966                | FUNDRAISING             | CA   | 501(C)(3)                  | 7   | SUTTER SSR                       |  |    |

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

| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status<br>(if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512 (b)(13) controlled organization |    |
|---|-------------------------|---|----------------------------|--|----------------------------------|--|----|
|   |                         |   |                            |  |                                  | Yes  | No |
| SUTTER CENTRAL VALLEY HOSPITALS<br><br>1800 COFFEE ROAD SUITE 76<br>MODESTO, CA95355<br>94-1080917          | HOSPITAL                | CA  | 501(C)(3)                  | 3  | SUTTER HLTH                      |  |    |
| SUTTER COAST HOSPITAL<br><br>800 E WASHINGTON BLVD<br>CRESCENT CITY, CA95531<br>94-2988520                  | HOSPITAL                | CA  | 501(C)(3)                  | 3  | SUTTER HLTH                      |  |    |
| SUTTER DAVIS HOSPITAL FOUNDATION<br><br>PO BOX 1617<br>DAVIS, CA95617<br>68-0217870                         | FUNDRAISING             | CA  | 501(C)(3)                  | 11a - I  | SUTTER SSR                       |  |    |
| SUTTER EAST BAY HOSPITALS<br><br>3012 SUMMIT STREET 3RD FLOOR<br>OAKLAND, CA94609<br>94-1196176             | HOSPITAL                | CA  | 501(C)(3)                  | 3  | SUTTER HLTH                      |  |    |
| SUTTER EAST BAY MEDICAL FOUNDATION<br><br>3687 MT DIABLO BLVD 200<br>LAFAYETTE, CA94549<br>94-2690415       | HEALTHCARE              | CA  | 501(C)(3)                  | 3  | SUTTER HLTH                      |  |    |
| SUTTER GOULD MEDICAL FOUNDATION<br><br>600 COFFEE ROAD<br>MODESTO, CA95355<br>94-1682256                    | HEALTHCARE              | CA  | 501(C)(3)                  | 3  | SUTTER HLTH                      |  |    |
| SUTTER HEALTH<br><br>2200 RIVER PLAZA DRIVE<br>SACRAMENTO, CA95833<br>94-2788907                            | SUPPORTING OR           | CA  | 501(C)(3)                  | 11c III-FI   | NA                               |  |    |
| SUTTER HEALTH PACIFIC<br><br>91-2301 FT WEAVER RD<br>EWA BEACH, HI96706<br>99-0298651                       | HOSPITAL                | CA  | 501(C)(3)                  | 3  | SUTTER HLTH                      |  |    |
| SUTTER HEALTH SACRAMENTO SIERRA REGION<br><br>PO BOX 160727<br>SACRAMENTO, CA95816<br>94-1156621            | HOSPITAL                | CA  | 501(C)(3)                  | 3  | SUTTER HLTH                      |  |    |
| SUTTER INSURANCE SERVICES CORPORATION<br><br>745 FORT STREET SUITE 800<br>HONOLULU, HI96813<br>99-0289310   | INSURANCE SER           | HI  | 501(C)(3)                  | 11b - II   | SUTTER HLTH                      |  |    |
| SUTTER MEDICAL CENTER FOUNDATION<br><br>PO BOX 160727<br>SACRAMENTO, CA95816<br>94-2788906                  | FUNDRAISING             | CA  | 501(C)(3)                  | 7  | SUTTER SSR                       |  |    |
| SUTTER MEDICAL CENTER CASTRO VALLEY<br><br>20130 LAKE CHABOT RD 103<br>CASTRO VALLEY, CA94546<br>77-0146047 | HOSPITAL                | CA  | 501(C)(3)                  | 3  | SUTTER HLTH                      |  |    |

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

| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state<br>or foreign<br>country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status<br>(if section 501(c)<br>(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512<br>(b)(13)<br>controlled<br>organization |    |
|---|-------------------------|---|-------------------------------|---|-------------------------------------|---|----|
|   |                         |   |                               |   |                                     | Yes   | No |
| SUTTER MEDICAL FOUNDATION<br><br>2800 L STREET 7TH FLOOR<br>SACRAMENTO, CA95816<br>68-0273974                   | HEALTH CARE             | CA  | 501(C)(3)                     | 11b - II  | SUTTER HLTH                         |   |    |
| SUTTER ROSEVILLE MEDICAL CTR FOUNDATION<br><br>ONE MEDICAL PLAZA<br>ROSEVILLE, CA95661<br>68-0040113            | FUNDRAISING             | CA  | 501(C)(3)                     | 11a - I   | SUTTER SSR                          |   |    |
| SUTTER SOLANO CHARITABLE FOUNDATION<br><br>300 HOSPITAL DRIVE<br>VALLEJO, CA94589<br>94-2668262                 | FUNDRAISING             | CA  | 501(C)(3)                     | 11a - I   | SUTTER SSR                          |   |    |
| SUTTER VISITING NURSE ASSOC AND HOSPICE<br><br>1900 POWELL ST 300<br>EMERYVILLE, CA94608<br>94-6068843          | HEALTH CARE             | CA  | 501(C)(3)                     | 9   | SUTTER HLTH                         |   |    |
| SUTTER WEST BAY HOSPITALS<br><br>2333 BUCHANAN STREET<br>SAN FRANCISCO, CA94115<br>94-0562680                   | HOSPITAL                | CA  | 501(C)(3)                     | 3   | SUTTER HLTH                         |   |    |
| SUTTER WEST BAY MEDICAL FOUNDATION<br><br>2015 STEINER STREET 1ST FLOOR<br>SAN FRANCISCO, CA94115<br>94-2948131 | HEALTHCARE              | CA  | 501(C)(3)                     | 3   | SUTTER HLTH                         |   |    |
| TRACY HOSPITAL FOUNDATION<br><br>1420 N TRACY BLVD<br>TRACY, CA95376<br>68-0318845                              | FUNDRAISING             | CA  | 501(C)(3)                     | 11a - I   | SUTTER CVH                          |   |    |



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

| (a)<br>Name of other organization |   | (b)<br>Transaction<br>type(a-r) | (c)<br>Amount Involved<br>(\$) | (d)<br>Method of determining<br>amount involved |
|-----------------------------------|---|---------------------------------|--------------------------------|---|
| (1)                               | SUTTER MEDICAL CENTER FOUNDATION        | B                               | 1,352,805                      |   |
| (2)                               | SUTTER DAVIS HOSPITAL FOUNDATION        | B                               | 98,060                         |   |
| (3)                               | SUTTER AUBURN FAITH HOSPITAL FOUNDATION | B                               | 260,951                        |   |
| (4)                               | SUTTER ROSEVILLE MEDICAL FOUNDATION     | B                               | 504,622                        |   |
| (5)                               | SUTTER SOLANO MEDICAL CENTER FOUNDATION | B                               | 17,851                         |   |
| (6)                               | SUTTER MEDICAL CENTER FOUNDATION        | C                               | 3,127,910                      |   |
| (7)                               | SUTTER DAVIS HOSPITAL FOUNDATION        | C                               | 463,200                        |   |
| (8)                               | SUTTER AUBURN FAITH HOSPITAL FOUNDATION | C                               | 804,489                        |   |
| (9)                               | SUTTER ROSEVILLE MEDICAL FOUNDATION     | C                               | 1,162,427                      |   |
| (10)                              | SUTTER SOLANO MEDICAL CENTER FOUNDATION | C                               | 424,787                        |   |

Additional Data

Software ID:

Software Version:

EIN: 94-1156621

Name: SUTTER HEALTH SACRAMENTO SIERRA REGION

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

| (A)<br>Name and Title                       | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |                               | Individual trustee or director         | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| WILLIAM AU MD TRUSTEE                       | 2 0                           | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| ED BONNER TRUSTEE                           | 2 0                           | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| ANN COUSINEAU TRUSTEE                       | 2 0                           | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| JOHN DIMICHELE TRUSTEE                      | 2 0                           | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| MIKE DOURGARIAN CHAIR/TRUSTEE               | 4 0                           | X                                      |                       | X       |              |                              |        | 0  | 0   | 0   |
| DANIEL FLORES VICE CHAIR/TRUSTEE            | 4 0                           | X                                      |                       | X       |              |                              |        | 0  | 0   | 0   |
| PATRICK FRY TRUSTEE&PRES/CEO SUTTER HEALTH  | 2 0                           | X                                      |                       |         |              |                              |        | 0  | 2,699,636   | 2,088,912   |
| DENNIS HINZ TRUSTEE                         | 2 0                           | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| GARY HOOPER TRUSTEE                         | 2 0                           | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| SCOTT HOWELL TRUSTEE                        | 2 0                           | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| DANIEL KENNEDY MD CHIEF OF STAFF/TRUSTEE    | 2 0                           | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| RICHARD KRAMER F & P CHAIR/TRUSTEE          | 2 0                           | X                                      |                       | X       |              |                              |        | 0  | 0   | 0   |
| SARAH KREVANS REGIONAL PRES, SAC SIERRA REG | 40 0                          | X                                      |                       | X       |              |                              |        | 0  | 1,428,383   | 666,550   |
| PAT FONG KUSHIDA TRUSTEE                    | 2 0                           | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| MARION LEFF MD TRUSTEE                      | 2 0                           | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| MIKE NEWELL TRUSTEE                         | 2 0                           | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| WILLIAM PENDERGAST III TRUSTEE              | 2 0                           | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| MIKE SLATER TRUSTEE                         | 2 0                           | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| JOAN SMITH-MACLEAN MD TRUSTEE               | 2 0                           | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| SCOTT SYPHAX TRUSTEE                        | 2 0                           | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| JEFFREY SPRAGUE CFO, SAC SIERRA REGION      | 40 0                          |  |                       | X       |              |                              |        | 0  | 586,098   | 212,282   |
| PENNY WESTFALL SECR & REGIONAL COUNSEL      | 2 0                           |  |                       | X       |              |                              |        | 0  | 342,912   | 109,456   |
| PATRICK BRADY CEO, SUTTER ROSEVILLE MED CTR | 40 0                          |  |                       |         | X            |                              |        | 0  | 757,862   | 301,797   |
| THOMAS GAGEN CEO, SUTTER MED CTR SACRAMENTO | 40 0                          |  |                       |         | X            |                              |        | 0  | 945,037   | 446,279   |
| TERRY GLUBKA CEO, SUTTER SOLANO MED CTR     | 40 0                          |  |                       |         | X            |                              |        | 0  | 511,371   | 177,993   |

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

| (A)<br>Name and Title                          | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |                               | Individual trustee or director         | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| MITCH HANNA<br>CAO, SAHF                       | 40 0                          |  |                       |         | X            |                              |        | 0  | 456,158   | 182,588   |
| ANNE PLATT<br>CEO, SUTTER AMADOR HOSPITAL      | 40 0                          |  |                       |         | X            |                              |        | 0  | 392,868   | 160,128   |
| THOMAS REAM II<br>REG CIO, SAC SIERRA REGION   | 40 0                          |  |                       |         | X            |                              |        | 0  | 260,971   | 89,692  |
| RANDALL ROSS<br>ADMIN ANCILLARY SVCS SHSSR     | 40 0                          |  |                       |         | X            |                              |        | 0  | 338,666   | 117,513   |
| JANET WAGNER<br>CAO-SUTTER DAVIS HOSPITAL      | 40 0                          |  |                       |         | X            |                              |        | 0  | 451,115   | 172,513   |
| JOHN MESIC MD<br>CMO, SAC SIERRA REGION        | 40 0                          |  |                       |         |              | X                            |        | 0  | 665,432   | 217,777   |
| JEFFREY SZCZESNY<br>REG VP HR, SAC SIERRA      | 40 0                          |  |                       |         |              | X                            |        | 0  | 378,228   | 136,604   |
| SHELLY MCGRIF<br>CHIEF NURSING EXECUTIVE, SMCS | 40 0                          |  |                       |         |              | X                            |        | 0  | 369,327   | 121,392   |
| BARBARA NELSON<br>CHIEF NURSING EXEC, SRMC     | 40 0                          |  |                       |         |              | X                            |        | 0  | 338,014   | 118,691   |
| LAURENCE MAAS<br>ASSIST ADMIN, SAC SIERRA      | 40 0                          |  |                       |         |              | X                            |        | 0  | 315,488   | 98,971  |

| Identifier                  | Return Reference      | Explanation  |
|-----------------------------|-----------------------|--|
| EXEMPT PURPOSE ACHIEVEMENTS | 990 PART III, LINE 4A | <p>SUTTER AUBURN FAITH HOSPITAL SUTTER AUBURN FAITH HOSPITAL IS CURRENTLY LICENSED FOR 80 ACUTE BEDS SUTTER AUBURN FAITH HOSPITAL PROVIDES THE FOLLOWING SERVICES CARDIAC CARE UNIT, CARDIAC CATHETERIZATION/VASCULAR LAB, CARDIOPULMONARY SERVICES, DIAGNOSTIC IMAGING, EMERGENCY DEPARTMENT, ENDOSCOPY SERVICES, FAMILY BIRTH CENTER, FULL LABORATORY, HOME HEALTH/HOSPICE, INFUSION CENTER, INTENSIVE CARE UNIT, NUCLEAR MEDICINE, OUTPATIENT/INPATIENT SURGERY, PHYSICAL THERAPY, PHYSICIAN REFERRAL RADIOLOGY, SENIOR SERVICES, TELEMETRY AND WOUND CARE SUTTER AUBURN FAITH HOSPITAL SERVES THE COMMUNITY THROUGH A VARIETY OF MEDICAL AND SURGICAL SPECIALTIES, INCLUDING ANESTHESIOLOGY BARIATRIC SERVICES CARDIOLOGY CARDIAC CATH LAB DENTISTRY DERMATOLOGY DIAGNOSTIC IMAGING ENDOSCOPY EMERGENCY MEDICINE GASTROENTEROLOGY INFUSION THERAPY INTERNAL MEDICINE LABORATORY NEPHROLOGY NEUROLOGY OB/GYN OCCUPATIONAL MEDICINE ONCOLOGY OPHTHALMOLOGY ORAL SURGERY OTOLARYNGOLOGY PATHOLOGY PEDIATRICS PERINATAL PLASTIC SURGERY PODIATRY PRIMARY CARE/FAMILY PRACTICE RADIATION ONCOLOGY RADIOLOGY SURGERY TRANSFUSION MEDICINE UROLOGY WOMEN'S IMAGING CENTER WOUND CARE CENTER SUTTER AUBURN FAITH HOSPITAL'S MISSION IS TO SERVE THE HEALTH CARE NEEDS OF AUBURN AND SURROUNDING FOOTHILL COMMUNITIES THROUGH PARTNERSHIPS WITH PHYSICIANS, PAYORS, OTHER HEALTH AND HUMAN SERVICES AGENCIES AND WITH OUR EMPLOYEES AND VOLUNTEER LEADERSHIP, SUTTER AUBURN FAITH HOSPITAL SEEKS TO PROVIDE A CONTINUUM OF HEALTH AND WELLNESS SERVICES TO ASSURE A HIGH QUALITY OF LIFE FOR THE PEOPLE LIVING IN OUR SERVICE AREA COMMUNITY BENEFIT PROGRAMS AS THE ONLY HOSPITAL IN ITS SERVICE AREA, SUTTER AUBURN FAITH HOSPITAL HAS BOTH A SIGNIFICANT RESPONSIBILITY TO AND IMPACT ON, THE SIERRA FOOTHILL COMMUNITIES IN ADDITION TO PROVIDING A BROAD RANGE OF MEDICAL AND PREVENTIVE CARE TO A DIVERSE REGION-RANGING FROM SMALL CITIES TO RUGGED, SPARSELY POPULATED WILDERNESS AREAS- THE HOSPITAL IS THE SECOND LARGEST EMPLOYER IN THE AUBURN AREA THE HOSPITAL, IN COLLABORATION WITH SUTTER ROSEVILLE MEDICAL CENTER, CREATED A COMMUNITY ADVISORY BOARD AND COMMUNITY PARTNERSHIPS COUNCIL (A SUB-COMMITTEE OF THE ADVISORY GROUP) IN ORDER TO IDENTIFY AND ADDRESS THE NEEDS IN PLACER COUNTY NOTABLE SERVICE ELEMENTS INCLUDE * SUTTER AUBURN FAITH HOSPITAL IS FOUNDING PARTNER OF THE NOW COLLABORATIVELY OPERATED HEALTH EXPRESS HEALTH EXPRESS EXPANDED IN 2007 TO PROVIDE LAST RESORT MEDICALLY-RELATED TRANSPORTATION TO ALL UNDERSERVED POPULATIONS IN SOUTH PLACER COUNTY WE PARTNER WITH PLACER COUNTY TRANSPORTATION PLANNING AGENCY (PCTPA), KAISER AND SENIORS FIRST, PROVIDING 600 RIDES A MONTH * THE INTERIM CARE PROGRAM (ICP) PROVIDES A TEMPORARY RESPITE PROGRAM FOR HOMELESS PATIENTS WHO ARE DISCHARGED FROM SUTTER AUBURN FAITH HOSPITAL THE PROGRAM IS DESIGNED TO GIVE PATIENTS WITHOUT HOUSING ALTERNATIVES, A CLEAN AND SAFE PLACE TO HEAL FOR UP TO SIX WEEKS AND COMPREHENSIVE WRAP-AROUND SERVICES LIKE SUBSTANCE ABUSE TREATMENT, PERMANENT HOUSING AND MEDICAL CARE * THE FAMILY SUPPORT PROGRAM LINKS PLACER COUNTY RESIDENTS WITH COMMUNITY SUPPORT GROUPS AND SERVICES SUTTER AUBURN FAITH HOSPITAL AND SUTTER ROSEVILLE MEDICAL CENTER CONTRACT WITH THE PLACER COUNTY DEPARTMENT OF HEALTH TO PROVIDE A PUBLIC HEALTH NURSE IN THE HOSPITAL TO CONNECT WITH PATIENTS AND PROVIDE EDUCATION AND REFERRALS * THE SENIOR RECREATION AND RESPITE PROGRAM (R &amp; R) IS DESIGNED TO MEET THE NEEDS OF OLDER ADULTS WITH MEMORY OR PHYSICAL IMPAIRMENT THE PROGRAM PROVIDES RECREATIONAL, SOCIAL AND EDUCATIONAL ACTIVITIES FOR THE PARTICIPANTS, AND RESPITE FOR CAREGIVERS TO ENJOY SOME FREE TIME TO THEMSELVES THE STAFF IS SUPPORTED BY ITS VALUABLE TEAM OF VOLUNTEERS AND COMPLETED BY PERSONAL CARE AIDS R &amp; R MEETS ONCE A WEEK IN AUBURN, AND FOUR DAYS A WEEK IN LINCOLN HEALTH EXPRESS PROVIDES TRANSPORTATION FOR PATIENTS WHO NEED TRANSPORT TO AND FROM R &amp; R * THE SENIOR RESOURCE GUIDE IS A BOOKLET, FREE TO THE PUBLIC, WITH INFORMATION ON A MULTITUDE OF SENIOR SERVICES AVAILABLE IN PLACER COUNTY THE GUIDE IS UPDATED AND DISTRIBUTED SEMI-ANNUALLY VIA PHYSICIAN OFFICES, SENIOR APARTMENT COMPLEXES, SENIOR CENTERS, SKILLED NURSING FACILITIES, LIBRARIES, MOBILE HOME COMMUNITIES, SENIOR SERVICE PROVIDERS, HOME HEALTH AND HOSPICE AGENCIES AND MANY OTHER SERVICE ORGANIZATIONS AND PUBLIC PLACES WE ARE ABLE TO PRODUCE THIS GUIDE IN PARTNERSHIP WITH SENIORS FIRST, THE SUTTER AUBURN FAITH HOSPITAL FOUNDATION, SUTTER ROSEVILLE MEDICAL CENTER AND THE SUTTER ROSEVILLE MEDICAL CENTER FOUNDATION ADDITIONAL COMMUNITY SERVICES * SUTTER AUBURN FAITH HOSPITAL RESPONDS TO MORE THAN 56,000 INPATIENT AND OUTPATIENT VISITS PER YEAR IT'S EMERGENCY DEPARTMENT, WHICH IS STAFFED 24 HOURS A DAY AND IS LINKED TO THE TRAUMA CENTER AT SUTTER ROSEVILLE MEDICAL CENTER * SUTTER AUBURN FAITH PROVIDES A FULL RANGE OF HOME HEALTH CARE THROUGH ITS AFFILIATED VISITING NURSES ASSOCIATION (VNA), WHICH CONTINUES TO EXPAND ITS PREVENTIVE HEALTH PROGRAMMING THROUGH SUCH OUTREACH EFFORTS AS FLU AND PNEUMONIA CLINICS FOR SENIORS AND PEOPLE WITH CHRONIC HEALTH PROBLEMS * SUTTER AUBURN FAITH DELIVERS AROUND 400 BABIES EACH YEAR AND SUPPORTS NEW FAMILIES THROUGH ITS HOME-STYLE BIRTHING FACILITIES, FAMILY-CENTERED CARE PROGRAMS, AND A VARIETY OF PRE-NATAL CLASSES * SUTTER AUBURN FAITH HAS A 24-HOUR PER DAY OUTPATIENT HOSPICE PROGRAM (MEDICARE CERTIFIED) WHICH USES A TEAM OF MEDICAL PROFESSIONALS AND VOLUNTEERS TO PROVIDE IN-HOME AND CAREGIVER SUPPORT, PAIN MITIGATION, BEREAVEMENT SUPPORT GROUPS (INCLUDING A CHILDREN'S BEREAVEMENT ART PROGRAM) AND CHAPLAINCY ASSISTANCE INSPIRED BY A GROUP OF LOCAL CITIZENS IN 1981, AND ASSISTED TODAY BY AN ACTIVE COMMUNITY ADVISORY BOARD, HOSPICE SERVICES ARE PROVIDED FREE OF CHARGE REGARDLESS OF INSURANCE COVERAGE OR ABILITY TO PAY * THE SAFH GUILD IS COMPRISED OF 120 VOLUNTEERS WHO PROVIDE HIGHLY SPECIALIZED SKILLS AND EXPERIENCE-BOTH WITHIN THE HOSPITAL AND VIA OUTREACH EFFORTS TO THE COMMUNITY-WHICH WOULD NOT OTHERWISE BE AFFORDABLE * SUTTER AUBURN FAITH PARTNERED FIRST WITH ROCK CREEK ELEMENTARY SCHOOL IN 1998, THEN WITH ALTA VISTA ELEMENTARY, TO PROVIDE THE SCHOOL HOSPITAL OUTREACH PROGRAM (SHOP) WHICH PROVIDES WEEKLY HEALTH AND SAFETY EDUCATION LESSONS TO SECOND GRADE CLASSROOMS HOSPITAL PARTNERS FROM SUTTER AUBURN TEACH THE HEALTH AND SAFETY EDUCATION CLASSES TO THE STUDENTS * THE COMMUNITY BENEFIT GRANTS PROGRAM INVESTS IN COMMUNITY PROGRAMS THAT COLLABORATIVELY WORK TOGETHER TO IMPROVE THE OVERALL HEALTH OF PLACER RESIDENTS SUTTER AUBURN FAITH HOSPITAL HAS A STRONG TRADITION OF PROVIDING CHARITY AND UNCOMPENSATED CARE TO ITS COMMUNITIES ADDITIONALLY, OVER THE YEARS, THE HOSPITAL HAS INITIATED AND PROVIDED SUPPORT TO A WIDE RANGE OF HEALTH EDUCATION CLASSES, HEALTH MAINTENANCE PROGRAMS, SPECIALIZED SUPPORT GROUPS, HEALTH FAIRS, AND COOPERATIVE PROGRAMS FOR VULNERABLE POPULATIONS AND COMMUNITY EFFORTS TO IMPROVE THE OVERALL QUALITY OF LIFE FOR LOCAL RESIDENTS</p> |

| Identifier                  | Return Reference      | Explanation   |
|-----------------------------|-----------------------|---|
| EXEMPT PURPOSE ACHIEVEMENTS | 990 PART III, LINE 4A | <p>SUTTER DAVIS HOSPITAL SUTTER DAVIS HOSPITAL IS A TWO-STORY 90,000 SQUARE FOOT ACUTE CARE HOSPITAL LICENSED FOR 48 BEDS THAT SERVES THE HEALTH CARE NEEDS OF RESIDENTS LIVING IN DAVIS, DIXON, WOODLAND AND WINTERS THE FACILITY IS LOCATED IN THE WESTERN-MOST SECTION OF THE CITY OF DAVIS AT THE CORNER OF HIGHWAY 113 AND COVELL BOULEVARD AS DAVIS' THIRD LARGEST EMPLOYER, SUTTER DAVIS EMPLOYS APPROXIMATELY 400 INDIVIDUALS WHO PROVIDE ROUND-THE-CLOCK CARE TO THE SICK, THE INJURED AND THOSE RECUPERATING FROM SURGERY PERFORMED IN THE HOSPITAL'S THREE FULLY EQUIPPED OPERATING SUITES THE PATIENTS ARE SERVED BY A MEDICAL STAFF OF MORE THAN 160, AN ACTIVE AUXILIARY OF MORE THAN 150 PEOPLE AND A GROUP OF APPROXIMATELY 60 STUDENTS SERVE THE HOSPITAL AS VOLUNTEERS SUTTER DAVIS IS ACCREDITED BY THE JOINT COMMISSION ON THE ACCREDITATION OF HEALTHCARE ORGANIZATIONS IT IS MEDICARE CERTIFIED AND ACCEPTS MOST PRIVATE INSURANCE PLANS AS A NOT-FOR-PROFIT HOSPITAL, SUTTER DAVIS ALSO DONATES MANY COMMUNITY SERVICES SUTTER DAVIS HOSPITAL SEEKS TO PROVIDE A CONTINUUM OF HEALTH AND WELLNESS SERVICES TO ASSURE A HIGH QUALITY OF LIFE FOR THE PEOPLE LIVING IN OUR SERVICE AREA SUTTER DAVIS HOSPITAL SERVES THE COMMUNITY THROUGH A VARIETY OF MEDICAL AND SURGICAL SERVICES, INCLUDING CANCER CENTER CARDIAC REHABILITATION DIGITAL MAMMOGRAPHY DIAGNOSTIC IMAGING EMERGENCY SERVICES HEART AND VASCULAR INSTITUTE INFUSION THERAPY INTENSIVE CARE MEDICAL LIBRARY NUCLEAR MEDICINE FAMILY BIRTH CENTER COMMUNITY BENEFIT PROGRAMS SUTTER DAVIS HOSPITAL IS INVOLVED IN TWO MAJOR COMMUNITY BENEFIT PROGRAMS SERVING THE MEDICALLY INDIGENT AND UNDERSERVED POPULATION IN YOLO COUNTY THE YOLO HEALTH ALLIANCE (YHA) IS A COLLABORATIVE EFFORT AMONG SUTTER DAVIS HOSPITAL, COUNTY OF YOLO, COMMUNICARE HEALTH CENTERS, AND SUTTER MEDICAL GROUP ESTABLISHED IN 1993 IN RESPONSE TO A REQUEST FOR PROPOSAL FROM THE COUNTY, THE YHA PROVIDES HEALTH CARE TO THE MEDICALLY INDIGENT POPULATION THROUGH INTENSIVE CASE MANAGEMENT AND OUTREACH PROVIDED BY COMMUNICARE THE YOLO PERINATAL PROGRAM IS A MIDWIFERY PROGRAM THAT PROVIDES PRENATAL CARE AND EDUCATION TO MEDICAL ELIGIBLE WOMEN SUTTER DAVIS HOSPITAL CONTRIBUTES ANNUALLY TO SUPPORT BOTH PROGRAMS IN 2010 SUTTER DAVIS HOSPITAL BECAME THE MAJOR SPONSOR FOR THE DAVID FARMERS MARKET WITH THE GOAL OF BUILDING PUBLIC AWARENESS ABOUT THE RELATIONSHIP BETWEEN EATING FARM-FRESH, LOCAL FOODS AND GOOD HEALTH IN ADDITION, SUTTER DAVIS HOSPITAL ALSO SUPPORTS THE FARM TO SCHOOL PROGRAM, WHICH BRINGS LOCALLY GROWN FARM-FRESH FOODS INTO THE LOCAL SCHOOLS IN ADDITION TO COLLABORATIVE PARTNERSHIPS WITH YOLO COUNTY, SUTTER DAVIS HOSPITAL PARTNERS WITH LOCAL COMMUNITY GROUPS AND SENIOR CENTERS TO PROVIDE FREE ONGOING HEALTH EDUCATION AND HEALTH SCREENINGS ADDITIONAL COMMUNITY SERVICES * 24-HOUR EMERGENCY SERVICES - OUR EMERGENCY DEPARTMENT IS STAFFED AND EQUIPPED TO CARE FOR MOST EMERGENCY NEEDS AROUND THE CLOCK * BIRTHING CENTER- THE SELF-CONTAINED BIRTHING CENTER HAS SIX LABOR AND DELIVERY ROOMS AND 12 POSTPARTUM ROOMS, AS WELL AS ITS OWN DIAGNOSTIC CAPABILITIES AND OPERATING SUITE ALTERNATIVE BIRTHING METHODS ARE ALSO AVAILABLE SUCH AS WATER BIRTHS, MIDWIVES AS WELL AS A VOLUNTEER DOULA PROGRAM * INTENSIVE CARE UNIT - AN INTENSIVE CARE UNIT IS STAFFED BY SPECIALLY TRAINED NURSES AND DIRECTED BY A BOARD-CERTIFIED CRITICAL CARE INTERNIST FOR AROUND-THE-CLOCK MONITORING OF THE EXTREMELY ILL * THE HEART AND VASCULAR INSTITUTE AT SUTTER DAVIS HOSPITAL PROVIDES OUR PATIENTS WITH COMPREHENSIVE CARDIAC DIAGNOSTIC, REHABILITATION AND PREVENTION SERVICES OUR RECENTLY RENOVATED CARDIAC REHABILITATION DEPARTMENT BOOSTS A 12 CHANNEL TELEMETRY SYSTEM AND A GYM WITH CARDIORESPIRATORY EMPHASIS - INCLUDING TREADMILLS, ELLIPTICAL WALKERS, NEUTEPS, BIKES, STRENGTH AND STRETCH TRAINING, AND BALANCE SYSTEM USING THE LATEST TECHNOLOGY AND RESEARCH AVAILABLE, OUR CARING STAFF PROVIDES PATIENTS WITH AN INDIVIDUALIZED PROGRAM TO ENHANCE THEIR HEALTH AND WELL-BEING THROUGH EXERCISE AND PREVENTION * SUTTER CANCER CENTER AT DAVIS - AS A SATELLITE CENTER OF SUTTER CANCER CENTER IN SACRAMENTO, SUTTER DAVIS GIVES LOCAL PATIENTS THE ABILITY TO RECEIVE QUALITY CARE, CLOSE TO HOME OUR RECENTLY EXPANDED INFUSION CENTER PROVIDES INFUSION THERAPY, INCLUDING CHEMOTHERAPY, BLOOD TRANSFUSIONS, INTRAVENOUS INFUSIONS, INJECTIONS AND PATIENT EDUCATION WE COORDINATE SERVICES WITH OUR LOCAL ONCOLOGISTS AND CANCER SURGEONS TO MAKE SURE PATIENTS WITH CANCER DON'T HAVE TO TRAVEL TO RECEIVE GOOD CARE * VAUGHN RESOURCE CENTER/CRONAN MEDICAL LIBRARY - PROVIDER AND COMMUNITY-BASED VIDEOTAPES, BROCHURES AND HANDOUTS ARE AVAILABLE IN THIS INFORMATION CENTER COMPUTER WORKSTATIONS PROVIDE LOCAL RESOURCES FOR SUPPORT GROUPS AND SERVICES, A DATABASE UPDATED MONTHLY WITH FOUR YEARS OF HARD-TO-FIND MEDICAL INFORMATION FROM PERIODICALS, PAMPHLETS AND REFERENCE BOOKS, AND ACCESS TO PROVIDER AND PATIENT EDUCATION INCLUDING BIBLIOMED REFERENCE LIBRARY, MEDICAL HOUSE CALLS AND CLINICAL REFERENCE SYSTEM - ADULT HEALTH ADVISOR THE RESOURCE CENTER IS STAFFED WEEKDAYS BY VOLUNTEERS PHONE AND MAILING SERVICE IS AVAILABLE * SUTTER DAVIS HOSPITAL AUXILIARY - VOLUNTEERS CONTRIBUTE MANY HOURS OF SERVICE TO THE HOSPITAL EACH YEAR THROUGH DIRECT PATIENT CONTACT SERVICES TO THE MORE TRADITIONAL VOLUNTEER ROLES SUCH AS WORKING AT THE INFORMATION DESK AND GIFT SHOP</p> |

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

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| EXEMPT PURPOSE ACHIEVEMENTS | 990 PART III, LINE 4A | <p>CLINICAL TRIALS PROGRAM THE SIMR CLINICAL TRIALS PROGRAM PROVIDES AN ENVIRONMENT FOR BRINGING HEALTH PROFESSIONALS AT SUTTER HEALTH AND CLINICAL TRIAL SPONSORS TOGETHER TO PARTICIPATE IN INNOVATIVE CLINICAL RESEARCH PROGRAMS OUR PROGRAM OFFERS A STRONG INFRASTRUCTURE FOR CLINICAL INVESTIGATORS WHO WISH TO OFFER THEIR PATIENTS THE LATEST INVESTIGATIVE TREATMENT MODALITIES WE OFFER A COMPREHENSIVE MANAGEMENT AND CLINICAL SUPPORT SERVICES FOR THE CONDUCT OF CLINICAL RESEARCH AT SUTTER SITES INCLUDING SERVICES SUCH AS EXPERIENCED CLINICAL RESEARCH COORDINATORS, REGULATORY PREPARATION, CONTRACT PREPARATION, STUDY FINANCIAL MANAGEMENT, BILLING COMPLIANCE OVERSIGHT AND QUALITY ASSURANCE AUDITING THROUGH PARTICIPATION IN CLINICAL TRIALS OF NEW TREATMENT MODALITIES, THE COMMUNITY IS PROVIDED ACCESS TO THE LATEST INNOVATIONS AND DISCOVERIES IN PATIENT CARE AND TREATMENT SINCE ITS INCEPTION IN 1991, THOUSANDS OF SUTTER PATIENTS HAVE HAD ACCESS TO INVESTIGATIONAL TREATMENT MODALITIES OTHERWISE UNAVAILABLE TO THE PUBLIC LABORATORY RESEARCH AND TRAINING THE SIMR RESEARCH AND TRAINING LABORATORY PROVIDE FULLY EQUIPPED AND STAFFED SURGICAL RESEARCH AND TRAINING FACILITIES THE LABORATORY PROGRAM SUPPORTS RESEARCH AND TRAINING IN AREAS THAT INCLUDE CARDIOLOGY, CARDIOVASCULAR SURGERY, GENERAL SURGERY, NEONATOLOGY, PULMONARY MEDICINE, THORACIC SURGERY AND UROLOGY EVERY YEAR, DOZENS OF MEDICAL DEVICE COMPANIES UTILIZE THE LABORATORY TO DO RESEARCH AND DEVELOPMENT, AND HUNDREDS OF HEALTHCARE PROFESSIONALS RECEIVE TRAINING IN THE LATEST TECHNOLOGY IT CONTINUES TO EXPAND ITS AREAS OF SUPPORT AND IS BECOMING MORE GENERIC IN THE SERVICES PROVIDED THE LABORATORY IS HIGHLY ACCREDITED AND HAS A NATIONAL REPUTATION FOR EXCELLENCE SUTTER HEALTH CENTRAL AREA INSTITUTIONAL REVIEW COMMITTEE (IRC) SUTTER HEALTH SACRAMENTO SIERRA REGION (SHSSR) IS COMMITTED TO PROVIDING THE BEST POSSIBLE HEALTHCARE TO ITS PATIENTS THE IRC SUPPORTS THIS COMMITMENT BY PROVIDING RESEARCH REGULATORY OVERSIGHT AND EDUCATION PROGRAMS TO SUTTER-ALIGNED RESEARCHERS THROUGHOUT THE REGION THE IRC IS THE ADMINISTRATIVE BODY MANDATED BY FEDERAL LAW TO PROTECT THE RIGHTS AND WELFARE OF HUMAN SUBJECTS PARTICIPATING IN RESEARCH ACTIVITIES CONDUCTED WITHIN INSTITUTIONS AND ORGANIZATIONS AFFILIATED WITH SHSSR THE IRC'S PRIMARY RESPONSIBILITY IS THE PROTECTION OF SUBJECTS FROM UNDUE RISK AND FROM DEPRIVATION OF PERSONAL RIGHTS AND DIGNITY AS SUCH THE IRC CONDUCTS REVIEW FOR RESEARCHERS AND ALL RESEARCH ACTIVITY CONDUCTED AT SUTTER AFFILIATES WITHIN THE SHSSR SERVICE AREA AND EDEN MEDICAL CENTER OVER THE YEARS, THE IRC HAS REVIEWED AND APPROVED HUNDREDS OF NEW RESEARCH PROTOCOLS COVERING A WIDE SPECTRUM OF DISEASE AND HEALTHCARE ISSUES CANCER CONTINUES TO BE A MAJOR AREA OF RESEARCH WITH NUMEROUS ADULT STUDIES, MOST FUNDED BY THE NATIONAL CANCER INSTITUTE THROUGH ITS COOPERATIVE PROJECTS RESEARCH PROGRAM COMMUNITY PARTNERSHIPS IN 2010, SUTTER MEDICAL CENTER, SACRAMENTO PROVIDED \$3 MILLION IN SUPPORT OF CHARITY CARE AND VARIOUS COMMUNITY PROGRAMS A COMMUNITY BENEFIT COMMITTEE COMPRISED OF LOCAL COMMUNITY LEADERS, HOSPITAL ADMINISTRATORS AND STAFF, AND MEMBERS OF THE SUTTER MEDICAL CENTER FOUNDATION BOARD WORK TO IDENTIFY COMMUNITY NEEDS AND ALLOCATE SMCS COMMUNITY BENEFIT DOLLARS VIA A COMMUNITY GRANTS PROGRAM LAST YEAR, THE PROGRAMS FUNDED BY SUTTER MEDICAL CENTER, SACRAMENTO CONNECTED MORE THAN 150 CHILDREN WHO HAVE BEEN EXPOSED TO DOMESTIC VIOLENCE TO GROUP COUNSELING SERVICES, LINKED MORE THAN 100 HOMELESS WOMEN TO MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT, AND PROVIDED MORE THAN 600 HOMELESS CHILDREN WITH HEALTH ASSESSMENTS AND SUBSEQUENT CONNECTION TO HEALTH CARE SERVICES SINCE 2001, THE PROGRAM HAS DISTRIBUTED MUCH-NEEDED DOLLARS TO MORE THAN 50 AGENCIES THAT HAVE IMPROVED ACCESS TO NEEDED MEDICAL, MENTAL HEALTH AND SOCIAL SERVICES FOR SACRAMENTANS, AND ENRICHED THE LIVES OF MORE THAN 30,000 LOCAL YOUTH BELOW ARE A FEW ORGANIZATIONS THAT SUTTER MEDICAL CENTER, SACRAMENTO HAS PARTNERED WITH OVER THE YEARS</p> <p>* THE SALVATION ARMY * SACRAMENTO AREA CONGREGATIONS TOGETHER * HANDS ON SACRAMENTO * FRANCIS HOUSE OF SACRAMENTO * SACRAMENTO SELF HELP HOUSING * SACRAMENTO HEALTH CARE DECISIONS * THE EFFORT ONE EXAMPLE OF A COLLABORATIVE PROGRAM EXPANDING ACCESS TO HEALTH CARE, MENTAL HEALTH, AND OTHER COMMUNITY SERVICES AND PROGRAMS IS THE INTERIM CARE PROGRAM (ICP) THE ICP IS A COLLABORATIVE OF THE HOSPITAL SYSTEMS, COMMUNITY BASED ORGANIZATIONS AND THE COUNTY GOVERNMENT AND IS A RESPITE CARE SHELTER FOR HOMELESS PATIENTS DISCHARGED FROM HOSPITALS THE FOUR LOCAL HOSPITALS AND THE COUNTY OF SACRAMENTO PROVIDE ON-GOING FUNDING FOR THE PROGRAM THE SALVATION ARMY PROVIDES 18 BEDS IN A DESIGNATED WING OF THE SHELTER WHERE CLIENTS HAVE THREE MEALS A DAY AND A SAFE, CLEAN PLACE TO RECOVER FROM THEIR HOSPITALIZATIONS THE WING IS WHEELCHAIR ACCESSIBLE, HAS SIX ROOMS - EACH WITH THREE HOSPITAL BEDS, AND A PLACE FOR RESIDENTS TO STORE THEIR MEDICATIONS AND WOUND CARE SUPPLIES ANOTHER COMMUNITY-BASED ORGANIZATION, THE EFFORT, PROVIDES ON-SITE NURSING AND SOCIAL SERVICES TO SUPPORT CLIENTS IN THEIR RECUPERATION AND HELP THEM MOVE OUT OF HOMELESSNESS THE EFFORT CASE MANAGER LINKS CLIENTS WITH MENTAL HEALTH SERVICES, SUBSTANCE ABUSE RECOVERY, HOUSING WORKSHOPS AND PROVIDES DISABILITY APPLICATION ASSISTANCE PATIENTS ARE REFERRED FROM THE HOSPITALS TO THE INTERIM CARE PROGRAM WHEN THEY ARE WELL ENOUGH TO GO HOME, BUT NEED ON-GOING REST AND FOLLOW-UP TREATMENT PATIENTS COME FOR VARIOUS REASONS INCLUDING A WOUND THAT NEEDS TO HEAL, RECOVERY AFTER SURGERY, OR INJURY FROM AN ACCIDENT CLIENTS CAN STAY IN THE PROGRAM UP TO SIX WEEKS, DEPENDING ON THEIR MEDICAL CONDITION SUTTER MEDICAL CENTER, SACRAMENTO IS ALSO A PROUD, FOUNDING PARTNER OF T3 (TRIAGE, TRANSPORT AND TREATMENT) A PIONEERING PROGRAM THAT PROVIDES SERVICES TO PATIENTS WHO SEEK EMERGENCY ROOM CARE FOR NEEDS THAT ARE BEST ADDRESSED THROUGH PREVENTIVE MEASURES THIS PROGRAM COULD BE A MODEL FOR THE KIND OF CHANGE BEING CALLED FOR IN VARIOUS HEALTH CARE REFORM PLANS THE PROGRAM SEEKS TO PROVIDE THOSE WHO CHRONICALLY USE THE EMERGENCY ROOM FOR NON-EMERGENCY CARE WITH A WAY TO GET THE SERVICES THEY NEED FROM A PRIMARY CARE PROVIDER MOVING THESE PATIENTS FROM THE EMERGENCY ROOM IMPROVES THE PATIENTS' HEALTH BY GETTING THEM THE APPROPRIATE CARE IN THE RIGHT SETTING, REDUCES THE WAIT FOR THOSE SEEKING CARE FOR REAL MEDICAL EMERGENCIES, AND DRAMATICALLY REDUCES COSTS TO OUR HEALTH CARE SYSTEM SUTTER MEDICAL CENTER, SACRAMENTO IS VERY CONCERNED WITH THE GROWING CHILDHOOD OBESITY EPIDEMIC AND PARTNERS WITH PROJECT FIT AMERICA TO HELP KEEP LOCAL SCHOOL CHILDREN HEALTHY, WHILE THE CHILDREN'S CENTER PROVIDES A MEDICALLY SOUND, NUTRITIONALLY BALANCED APPROACH TO WEIGHT MANAGEMENT CUSTOMIZED FOR EACH CHILD PATIENTS REFERRED TO THE PEDIATRIC HEALTHY LIFESTYLES PROGRAM RECEIVE A MEDICAL ASSESSMENT BEFORE BEING PUT ON ANY WEIGHT CONTROL OR EXERCISE PROGRAM ONCE FITNESS LEVEL AND PHYSICAL CONDITIONS HAVE BEEN ESTABLISHED, A PEDIATRIC DIETITIAN WORKS INDIVIDUALLY WITH EACH CHILD TO PROVIDE A PROGRAM THAT BALANCES A CHILD'S NUTRITIONAL NEEDS WITH A SENSIBLE WEIGHT MANAGEMENT PLAN CHILDREN AND THEIR FAMILIES ARE THEN INVITED TO PARTICIPATE IN A SIX WEEK GROUP BEHAVIORAL MANAGEMENT PROGRAM WHICH INCLUDES FOOD AND NUTRITION ACTIVITIES WITH A PEDIATRIC DIETITIAN, EXERCISE/PLAY ACTIVITIES WITH AN EXERCISE PHYSIOLOGIST AND EMOTIONAL/SOCIAL SUPPORT WITH A PEDIATRIC CLINICAL SOCIAL WORKER ONGOING FOLLOW UP SUPPORT AND ENCOURAGEMENT WITHIN THE COMMUNITY IS AVAILABLE THROUGH A MENTORING PROGRAM CO-SPONSORED BY COMMUNITY PARTNERS</p> |

| Identifier                  | Return Reference      | Explanation   |
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| EXEMPT PURPOSE ACHIEVEMENTS | 990 PART III, LINE 4A | <p>SUTTER ROSEVILLE MEDICAL CENTER (HOSPITAL) SUTTER ROSEVILLE MEDICAL CENTER (SRMC) WAS ESTABLISHED IN 1952 AND AFFILIATED WITH SUTTER HEALTH IN MAY 1993 IN THE MID-90S, SUTTER HEALTH CONSTRUCTED A 315,000-SQUARE-FOOT, 172-BED FACILITY IN THE NORTHEAST AREA OF ROSEVILLE, APPROXIMATELY 20 MILES FROM DOWNTOWN SACRAMENTO THE HOSPITAL, WHICH HAS EXPANDED TO 313 BEDS, PROVIDES RESIDENTS OF SOUTHERN PLACER AND NORTHEASTERN SACRAMENTO COUNTIES WITH COMPREHENSIVE COMMUNITY HEALTH CARE THE FACILITY HAS AN EXPANDED HELIPAD ONSITE FOR QUICK ACCESS TO THE HOSPITAL'S LEVEL II TRAUMA CENTER OTHER SERVICES AVAILABLE AT SUTTER ROSEVILLE MEDICAL CENTER INCLUDE INPATIENT AND OUTPATIENT SURGERY RESPIRATORY THERAPY OBSTETRICS AND PERINATAL CARE SUTTER REHABILITATION INSTITUTE NEO NATAL INTENSIVE CARE LABORATORY PEDIATRICS CARDIOPULMONARY SERVICES ONCOLOGY ACUTE REHABILITATION FAMILY BIRTH CENTER MEDICAL LIBRARY ACCESS SUTTER CANCER CENTER HOME HEALTH AND HOSPICE CARE CARDIAC CATHETERIZATION LABORATORY NUTRITIONAL SUPPORT SERVICES TELEMETRY PASTORAL CARE LEVEL II TRAUMA CENTER PATIENT AND COMMUNITY EDUCATION CARDIAC REHABILITATION SENIOR SERVICES DIAGNOSTIC IMAGING HOME INFUSION THERAPY IV THERAPY CRITICAL CARE SUB-ACUTE UNIT SOCIAL SERVICES BREAST HEALTH CENTER 24-HOUR EMERGENCY TREATMENT NUCLEAR MEDICINE (NATIONALLY RECOGNIZED) BARIATRIC SERVICES WOUND CARE CENTER SUTTER ROSEVILLE MEDICAL CENTER'S MISSION IS TO IMPROVE THE HEALTH AND WELL-BEING OF THE PEOPLE LIVING IN THE COMMUNITIES IT SERVES SUTTER ROSEVILLE MEDICAL CENTER STRIVES CONTINUOUSLY TO IDENTIFY THE HEALTH CARE NEEDS OF THESE COMMUNITIES AND RESPONDS BY PROVIDING WELLNESS, PREVENTIVE, CURATIVE AND RESTORATIVE PROGRAMS AND SERVICES CONSISTENT WITH THE STATED VALUES AND VISION OF THE HOSPITAL COMMUNITY BENEFIT PROGRAMS SUTTER ROSEVILLE MEDICAL CENTER HAS A HISTORY OF SUPPORTING PROGRAMS AND SERVICES ADDRESSING THE NEEDS OF THE RESIDENTS IN SOUTH PLACER COUNTY THE HOSPITAL IN COLLABORATION WITH SUTTER AUBURN FAITH HOSPITAL, HAS CREATED A COMMUNITY ADVISORY BOARD AND COMMUNITY PARTNERSHIPS COMMITTEE (A SUB-COMMITTEE OF THE ADVISORY GROUP) IN ORDER TO IDENTIFY AND ADDRESS THE NEEDS IN PLACER COUNTY SOME OF THE PROGRAMS SUPPORTED BY SRMC INCLUDE</p> <ul style="list-style-type: none"><li>* SUTTER ROSEVILLE MEDICAL CENTER IS PARTNER OF THE NOW COLLABORATIVELY OPERATED HEALTH EXPRESS HEALTH EXPRESS EXPANDED IN 2007 TO PROVIDE LAST RESORT MEDICALLY-RELATED TRANSPORTATION TO ALL UNDERSERVED POPULATIONS IN SOUTH PLACER COUNTY</li><li>* THE FAMILY SUPPORT PROGRAM LINKS PLACER COUNTY RESIDENTS WITH COMMUNITY SUPPORT GROUPS AND SERVICES SUTTER ROSEVILLE MEDICAL CENTER AND SUTTER AUBURN FAITH HOSPITAL CONTRACT WITH THE PLACER COUNTY DEPARTMENT OF HEALTH TO PROVIDE A PUBLIC HEALTH NURSE IN THE HOSPITAL TO CONNECT WITH PATIENTS AND PROVIDE EDUCATION AND REFERRALS</li><li>* THE SENIOR RECREATION AND RESPITE PROGRAM (R &amp; R) IS DESIGNED TO MEET THE NEEDS OF OLDER ADULTS WITH MEMORY OR PHYSICAL IMPAIRMENT THE PROGRAM PROVIDES RECREATIONAL, SOCIAL AND EDUCATIONAL ACTIVITIES FOR THE PARTICIPANTS, AND RESPITE FOR CAREGIVERS TO ENJOY SOME FREE TIME TO THEMSELVES THE STAFF IS SUPPORTED BY ITS VALUABLE TEAM OF VOLUNTEERS AND COMPLETED BY PERSONAL CARE AIDS R &amp; R MEETS ONCE A WEEK IN AUBURN, AND FOUR DAYS A WEEK IN LINCOLN</li><li>* THE SENIOR RESOURCE GUIDE IS A BOOKLET, FREE TO THE PUBLIC, WITH INFORMATION ON A MULTITUDE OF SENIOR SERVICES AVAILABLE IN PLACER COUNTY THE GUIDE IS UPDATED AND DISTRIBUTED SEMI-ANNUALLY VIA PHYSICIAN OFFICES, SENIOR APARTMENT COMPLEXES, SENIOR CENTERS, SKILLED NURSING FACILITIES, LIBRARIES, MOBILE HOME COMMUNITIES, SENIOR SERVICE PROVIDERS, HOME HEALTH AND HOSPICE AGENCIES AND MANY OTHER SERVICE ORGANIZATIONS AND PUBLIC PLACES WE ARE ABLE TO PRODUCE THIS GUIDE IN PARTNERSHIP WITH SENIORS FIRST, SUTTER ROSEVILLE MEDICAL CENTER, THE SUTTER ROSEVILLE MEDICAL CENTER FOUNDATION SUTTER AUBURN FAITH HOSPITAL AND THE SUTTER AUBURN FAITH HOSPITAL FOUNDATION</li><li>* SUTTER ROSEVILLE MEDICAL CENTER PARTNERS WITH OAKMONT HIGH SCHOOL ON THE OAKMONT HEALTH CAREERS ACADEMY, A THREE-YEAR HIGH SCHOOL PROGRAM, FOR STUDENTS INTERESTED IN EXPLORING AND PREPARING FOR CAREERS IN HEALTH CARE STUDENTS IN THEIR JUNIOR YEAR EXPERIENCE CAREER OPTIONS THROUGH JOB-SHADOWING PROFESSIONALS AT SUTTER ROSEVILLE MEDICAL CENTER IN MANY AREAS OF HEALTH CARE, FOLLOWED BY A MONTH OF A HANDS-ON CLINICAL EXPERIENCE ROTATION STUDENTS IN THEIR SENIOR YEAR PARTICIPATE IN A 100-HOUR INTERNSHIP IN THE HOSPITAL SETTING SUTTER ROSEVILLE MEDICAL CENTER THEN PRESENTS \$7000 IN SCHOLARSHIPS EVERY YEAR TO 10 STUDENTS WHO EXCELS IN THE COURSEWORK AND GO ON TO PURSUE HEALTH-RELATED DEGREES OTHER COMMUNITY SERVICES THE HOSPICE PROGRAM WAS ESTABLISHED IN 1984 TO PROVIDE MEDICAL, SOCIAL, EMOTIONAL AND SPIRITUAL SUPPORT TO TERMINALLY ILL PATIENTS AND THEIR FAMILIES AT NO COST BEYOND WHAT INSURANCE, MEDICARE OR OTHER PROVIDERS PAY THE CHILDREN'S BEREAVEMENT ART GROUP GREW OUT OF HOSPICE IN 1993 TO EXTEND EXISTING BEREAVEMENT SERVICES FOR ADULTS TO MEET THE SPECIAL NEEDS OF CHILDREN IN 1987, THE HOSPITAL OPENED ITS PASTORAL CARE DEPARTMENT WITH A FULL-TIME CHAPLAIN TO WORK IN COORDINATION WITH THE HOSPITAL'S SOCIAL SERVICE PROGRAM SUTTER ROSEVILLE MEDICAL CENTER IS AN ACTIVE PARTNER WITH THE SAFE KIDS COALITION OF PLACER COUNTY, WHICH IS COMPRISED OF REPRESENTATIVES FROM LOCAL HEALTH CARE AGENCIES, GOVERNMENT AND PRIVATE AGENCIES IN PLACER COUNTY ITS GOAL IS TO REDUCE THE INCIDENCE OF INJURY RELATED TO MORBIDITY AND MORTALITY AND ADDRESSES THESE ISSUE THROUGH EDUCATION, TRAINING, ORGANIZATIONAL POLICY, NETWORKING, LEGISLATIVE ADVOCACY AND EVALUATION THE PNEUMONIA INFLUENZA PROGRAM (PIPP) PROVIDES FREE INFLUENZA AND PNEUMOCOCCAL VACCINES FOR OLDER ADULTS THE PROGRAM PROVIDES MORE THAN 1,000 VACCINES AT 12 CLINICS AROUND THE ROSEVILLE AREA AND OPERATES DURING THE MONTHS OF OCTOBER THROUGH DECEMBER</li></ul> |



| Identifier                  | Return Reference      | Explanation  |
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| EXEMPT PURPOSE ACHIEVEMENTS | 990 PART III, LINE 4A | <p>MERGER OF SUTTER AFFILIATES - SUTTER SOLANO MEDICAL CENTER AND SUTTER AMADOR HOSPITAL IN OCTOBER 2009 SUTTER HEALTH SACRAMENTO SIERRA REGION MERGED TWO SUTTER HEALTH HOSPITAL AFFILIATES INTO ITS OPERATIONS AND REGIONAL STRUCTURE TO BE ABLE TO PROVIDE REGIONAL SUPPORT, ENHANCED SERVICES AND TO BE ABLE TO OFFER MORE PROGRAMS TO THE COMMUNITIES WHICH THESE ORGANIZATIONS SERVE ADDITIONALLY, THE BOARD OF DIRECTORS, BYLAWS AND ARTICLES OF INCORPORATION WERE CHANGED TO INCORPORATE THIS MERGER SUTTER SOLANO MEDICAL CENTER SUTTER SOLANO MEDICAL CENTER (SSMC) IS A 102 LICENSED BED ACUTE CARE, NOT-FOR-PROFIT COMMUNITY-BASED HOSPITAL IN VALLEJO, CALIFORNIA, WHICH SERVES THE NEEDS OF THE COMMUNITIES OF THE GREATER SOLANO COUNTY AREA SSMC PROVIDES A FULL RANGE OF GENERAL, MEDICAL/SURGICAL, OBSTETRICS, ONCOLOGY, ORTHOPEDICS, OUTPATIENT AND INTENSIVE CARE SERVICES THE MEDICAL STAFF IS COMPRISED OF 293 PHYSICIANS IN 30 CLINICAL SUBSPECIALTIES, AND 32 ALLIED HEALTH PROFESSIONALS SSMC AFFILIATED WITH SUTTER HEALTH IN 1984 ENSURING ITS ABILITY TO CONTINUE PROVIDING AND IMPROVING HEALTHCARE AND WELLNESS SERVICES TO THE COMMUNITY MISSION STATEMENT WE ENHANCE THE HEALTH AND WELL-BEING OF PEOPLE IN THE COMMUNITIES WE SERVE, THROUGH A NOT-FOR-PROFIT COMMITMENT TO COMPASSION AND EXCELLENCE IN HEALTH CARE SERVICES HOSPITAL SERVICES SSMC'S EMERGENCY DEPARTMENT IS STAFFED 24-HOURS A DAY, 7 DAYS A WEEK BY BOARD-CERTIFIED EMERGENCY MEDICAL PHYSICIANS AND NURSES WHO SPECIALIZE IN EMERGENCY MEDICINE - ADULT AND PEDIATRIC SSMC IS ONE OF THE ONLY FACILITIES IN THE AREA WITH A HELICOPTER LANDING ZONE FOR ACCESS TO TRANSFER PATIENTS TO A HIGHER LEVEL OF CARE WHEN REQUIRED ON AVERAGE, SSMC DELIVERS NEARLY 1,000 BABIES EACH YEAR AND SUPPORTS NEW FAMILIES THROUGH ITS FAMILY BIRTHING CENTER, PRIVATE LABOR/DELIVER/RECOVERY (LDR) SUITES AND A VARIETY OF PRENATAL CLASSES SSMC OPERATES SUTTER SOLANO CANCER CENTER AND MEDICAL OFFICE BUILDING, A 60,000 SQ FT FACILITY ON THE HOSPITAL'S CAMPUS THE CANCER CENTER OFFERS A WIDE RANGE OF CANCER TREATMENT AND SUPPORT SERVICES, INCLUDING CHEMOTHERAPY, RADIATION THERAPY, COMMUNITY EDUCATION, A RESOURCE LIBRARY AND SUPPORT SERVICES PROGRAM SERVICE ACCOMPLISHMENTS SSMC'S SOCIAL WORK SERVICE AND DISCHARGE PLANNERS PLAY KEY ROLES IN HELPING PATIENTS LOCATE THE NECESSARY SERVICES AND EQUIPMENT FOR CARE AFTER HOSPITALIZATION SSMC'S SURGICAL SERVICES ARE PERFORMED ON BOTH AN INPATIENT AND OUTPATIENT BASIS AND INCLUDE THE LATEST TECHNIQUES IN SUCH AREAS AS CARDIAC, ORTHOPEDIC, GENERAL VASCULAR, ENDOSCOPIC AND OPHTHALMIC SURGERY OTHER HOSPITAL SERVICES INCLUDE REHABILITATION SERVICES, IMAGING SERVICES, RADIATION ONCOLOGY, INFUSION THERAPY, LABORATORY, DIETARY AND PHARMACY CANCER SERVICES AVAILABLE INCLUDE PREVENTION, SCREENING, EDUCATION, LECTURES, THE CANCER RESOURCE LIBRARY, AND TREATMENT INCLUDING SOPHISTICATED PROGRAMS SUCH AS PROSTATE SEED BRACHYTHERAPY, INTENSITY MODULATED RADIATION THERAPY, RESPIRATORY GAITING COMMUNITY BENEFIT PROGRAMS SSMC PARTNERS WITH LA CLINICA DE LA RAZA'S NORTH VALLEJO CLINIC TO IMPROVE ACCESS TO PRIMARY CARE IN VALLEJO FOR OUR MOST VULNERABLE POPULATION-THE LOW-INCOME, UNDERINSURED AND UNINSURED THIS IN TURN LOWERS THE COST OF HEALTH CARE FOR ALL AS NON-URGENT CONDITIONS CAN NOW BE TREATED EARLY, BEFORE THEY ESCALATE INTO MORE SERIOUS ILLNESSES SSMC IS AN ACTIVE PARTICIPANT AND FOUNDING MEMBER OF THE SOLANO COALITION FOR BETTER HEALTH THE COALITION IS COMPRISED OF MAJOR HEALTH ORGANIZATIONS ALONG WITH REPRESENTATIVES FROM BUSINESS, GOVERNMENT, SERVICE PROVIDERS, ETC FOR THE PURPOSES OF CREATING HEALTHIER COMMUNITIES IN SOLANO COUNTY SSMC SUPPORTS COALITION EFFORTS TO PROVIDE A COMMUNITY HEALTH OUTREACH SYSTEM THAT PROVIDES OUTREACH WORKERS AND PUBLIC HEALTH NURSES TO HELP THE COMMUNITY ACCESS HEALTH SERVICES AND ASSIST RESIDENTS IN LEADING HEALTHIER LIVES SSMC WAS ALSO A FOUNDER, AS WELL AS A LEADER, IN DEVELOPING THE SOLANO PARTNERSHIP HEALTHPLAN (NOW PARTNERSHIP HEALTHPLAN OF CALIFORNIA), A MEDICAL MANAGED CARE ORGANIZATION THAT HAS PROVIDED IMPROVED ACCESS TO MEDICAL ENROLLEES SSMC HAS A TRADITION OF PROVIDING CHARITY CARE AND UNCOMPENSATED CARE TO THOSE IN ITS COMMUNITY WHO LACK THE FINANCIAL MEANS TO PAY FOR SERVICES RENDERED EACH YEAR, CARE IS PROVIDED WITHOUT COMPENSATION TO MANY OF THESE RESIDENTS IN OUR SERVICE AREA SUTTER SOLANO'S COMMUNITY BENEFIT GOALS ARE</p> <ul style="list-style-type: none"><li>* COLLABORATING WITH OTHER COMMUNITY PARTNERS IN RESPONDING TO IDENTIFIED NEEDS TO IMPROVE ACCESS TO HEALTH CARE SERVICES, ESPECIALLY FOR VULNERABLE POPULATIONS, INCLUDING THE UNINSURED, UNDERINSURED AND AT-RISK MOTHERS</li><li>* CONTINUE TO PROVIDE SERVICES AND WORK COLLABORATIVELY WITH OTHER SOLANO COUNTY AGENCIES TO ADDRESS PREVENTION, DETECTION AND TREATMENT OF CANCER, A MAJOR RECURRING HEALTH ISSUE IDENTIFIED IN THE COMMUNITY</li><li>* COLLABORATE WITH OTHER SOLANO COUNTY AGENCIES TO EXPAND SERVICES TO INCLUDE PRIMARY CARE</li></ul> <p>OTHER COMMUNITY OFFERINGS INCLUDE NUMEROUS INFORMATIONAL LECTURES, SCREENING AND HEALTH EVENTS, SUPPORT GROUPS, WALK-A-THONS AND FOOD AND CLOTHING DRIVES SUTTER AMADOR HOSPITAL SUTTER AMADOR HOSPITAL IS A 42-BED ACUTE CARE HOSPITAL LOCATED IN JACKSON, CALIFORNIA APPROXIMATELY 55 MILES SOUTHEAST OF SACRAMENTO IN AMADOR COUNTY THE HOSPITAL WAS ESTABLISHED IN THE MID-1800'S AND BECAME AFFILIATED WITH SUTTER HEALTH IN 1993 AS ONE OF AMADOR COUNTY'S LARGEST EMPLOYER, SUTTER AMADOR HOSPITAL EMPLOYS OVER 400 INDIVIDUALS THE PATIENTS ARE SERVED BY A MEDICAL STAFF OF MORE THAN 125 ACTIVE MEDICAL STAFF PHYSICIANS AND AN ACTIVE AUXILIARY OF MORE THAN 115 VOLUNTEERS IN ADDITION, SUTTER AMADOR HOSPITAL IS A UC DAVIS RURAL PRIME SITE FOR MEDICAL STUDENTS AND PARTICIPATES IN THE AMADOR AND CALAVERAS COUNTIES HIGH SCHOOL ROP PROGRAM SUTTER AMADOR HOSPITAL IS ACCREDITED BY THE JOINT COMMISSION ON THE ACCREDITATION OF HEALTHCARE ORGANIZATIONS IT IS MEDICARE CERTIFIED AND ACCEPTS MOST PRIVATE INSURANCE PLANS AS A NOT-FOR-PROFIT HOSPITAL, SUTTER AMADOR HOSPITAL ALSO DONATES MANY COMMUNITY SERVICES AND HAS A STRONG TRADITION OF PROVIDING CHARITY AND UNCOMPENSATED CARE TO ITS COMMUNITIES ADDITIONALLY, OVER THE YEARS, THE HOSPITAL HAS INITIATED AND PROVIDED SUPPORT TO A WIDE RANGE OF HEALTH EDUCATION CLASSES, HEALTH MAINTENANCE PROGRAMS, SPECIALIZED SUPPORT GROUPS, HEALTH FAIRS, AND COOPERATIVE PROGRAMS FOR VULNERABLE POPULATIONS AND COMMUNITY EFFORTS TO IMPROVE THE OVERALL QUALITY OF LIFE FOR LOCAL RESIDENTS SUTTER AMADOR HOSPITAL SERVES THE COMMUNITY THROUGH A VARIETY OF COMPREHENSIVE PROGRAMS AND SERVICES, INCLUDING 24-HOUR EMERGENCY DEPARTMENT WITH FAST TRACK PEDIATRIC CENTER WOMEN'S SERVICES FAMILY BIRTH CENTER INPATIENT AND OUTPATIENT SURGICAL AND MEDICAL CARE CRITICAL CARE CARDIOPULMONARY SERVICES DIAGNOSTIC IMAGING INPATIENT REHABILITATION SERVICES ENDOSCOPY AND INFUSION SUITE LABORATORY SERVICES NUCLEAR MEDICINE INPATIENT AND OUTPATIENT HAND AND SPEECH THERAPY OUTPATIENT DIABETES EDUCATION PROGRAM FAMILY PRACTICE OFFICES LOCATED IN JACKSON, PIONEER AND PLYMOUTH SUTTER AMADOR HOSPITAL'S MISSION IS TO ENHANCE THE HEALTH AND WELL-BEING OF THE RESIDENTS IN THE COMMUNITIES WE SERVE BY PROVIDING COORDINATED, EFFECTIVE, AFFORDABLE AND ACCESSIBLE HEALTH AND WELLNESS SERVICES SUTTER AMADOR HOSPITAL CONTINUOUSLY STRIVES TO IDENTIFY THE HEALTH CARE NEEDS OF THESE COMMUNITIES AND RESPOND BY PROVIDING HEALTH AND WELLNESS SERVICES CONSISTENT WITH THE STATED VALUES AND VISION OF THE HOSPITAL</p> |

| Identifier                  | Return Reference      | Explanation  |
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| EXEMPT PURPOSE ACHIEVEMENTS | 990 PART III, LINE 4A | <p>SUTTER SENIORCARE/PACE BACKGROUND SUTTER SENIORCARE (SSC) IS A NON-PROFIT HEALTH PLAN EXCLUSIVELY FOR FRAIL OLDER ADULTS SSC'S MODEL OF CARE IS KNOWN AS THE "PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY" OR PACE SSC IS AN AFFILIATE OF SUTTER HEALTH, A NON-PROFIT CORPORATION, WHICH ALSO INCLUDES SUTTER MEDICAL CENTER, SACRAMENTO SSC CURRENTLY SERVES A 34-ZIP CODE AREA AND HAS TWO SITES IN 2010 SENIORCARE SERVED OVER 256 FRAIL OLDER ADULTS (AVERAGE AGE 80) SSC WAS ESTABLISHED IN 1992 AS A PACE DEMONSTRATION AND IN 2003 WAS DESIGNATED BY THE STATE AND FEDERAL GOVERNMENT AS A PERMANENT PACE "PROVIDER" THE PACE MODEL WAS PIONEERED BY ON LOK SENIOR HEALTH SERVICES IN SAN FRANCISCO ON LOK DEVELOPED THE FIRST PACE PROGRAM IN 1983 TODAY THERE ARE OVER 65 PACE PROGRAMS NATIONALLY AND FIVE IN CALIFORNIA THE PACE MODEL HAS BEEN RECOGNIZED AS A HIGHLY EFFECTIVE MODEL OF COMPREHENSIVE CARE FOR THE FRAIL ELDERLY PACE PROVIDERS HAVE BEEN ACKNOWLEDGED FOR THEIR SUCCESS IN ENHANCING THE HEALTH AND WELL BEING AND THE QUALITY OF LIFE OF THE FRAIL ELDERS THEY SERVE SSC/PACE IS TRULY A UNIQUE HEALTH CARE MODEL FOR SEVERAL REASONS DESCRIBED BELOW MISSION AND PHILOSOPHY OF SUTTER SENIORCARE/PACE THE PACE MODEL SUPPORTS THE WISHES OF FRAIL OLDER ADULTS TO STAY IN THEIR FAMILIAR HOME SURROUNDINGS THROUGHOUT THEIR LIVES IF AT ALL POSSIBLE AS WELL AS TO MAINTAIN THEIR AUTONOMY AS MUCH AS POSSIBLE, MAXIMIZE THEIR LEVEL OF PHYSICAL, SOCIAL AND MENTAL FUNCTIONING AND ENHANCE THEIR QUALITY OF LIFE SSC DOES THIS BY</p> <ul style="list-style-type: none"><li>* PROVIDING HIGH QUALITY, COMPREHENSIVE, WELL COORDINATED CARE</li><li>* PROVIDING SUPPORT TO HELP PRESERVE THE COMMUNITY RESIDENCE, FAMILY RELATIONSHIPS AND LIFESTYLE OF FRAIL ELDERS ENROLLED IN THE PROGRAM (PARTICIPANTS)</li><li>* MAXIMIZING COMMUNICATION AND COORDINATION BETWEEN CARE PROVIDERS TO PROACTIVELY ANTICIPATE PROBLEMS AND TAKE STEPS TO KEEP PARTICIPANTS AS HEALTHY AS POSSIBLE</li><li>* PREVENTING AND REDUCING INSTITUTIONALIZATION -- HOSPITALIZATION AND SHORT AS WELL AS LONG-TERM NURSING HOME PLACEMENT -- TO THE MAXIMUM EXTENT POSSIBLE</li></ul> <p>WHAT MAKES SUTTER SENIORCARE/PACE SO UNIQUE? THE FOLLOWING IS A SUMMARY OF SOME OF THE KEY ELEMENTS THAT MAKE SUTTER SENIORCARE/PACE SUCH A UNIQUE AND SUCCESSFUL MODEL OF CARE FOR FRAIL ELDERS</p> <p>1 WHO WE CARE FOR SUTTER SENIORCARE/PACE IS UNIQUE IN THAT WE CANNOT SERVE HEALTHY, ACTIVE SENIORS UNDER LAW, WE CAN ONLY SERVE THE "FRAIL ELDERLY " IN CALIFORNIA THIS IS DEFINED AS INDIVIDUALS AGE 55 OR OLDER WHO ARE ASSESSED TO BE AS FRAIL AS INDIVIDUALS RESIDING IN NURSING HOMES -- THAT IS, OLDER ADULTS WHO NEED AN INTERMEDIATE OR SKILLED LEVEL OF CARE, BUT CAN SAFELY LIVE AT HOME WITH THE ASSISTANCE OF SUTTER SENIORCARE/PACE STAFF SENIORS CAN ENROLL IN OUR PROGRAM ONLY AFTER A COMPREHENSIVE ASSESSMENT, CONDUCTED BY OUR INTERDISCIPLINARY TEAM, IS REVIEWED AND APPROVED BY THE STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES OUR INTERDISCIPLINARY TEAM INCLUDES THE PRIMARY CARE PHYSICIAN (PCP), CLINIC AND HOME HEALTH REGISTERED AND LICENSED VOCATIONAL NURSES, PHYSICAL AND OCCUPATIONAL THERAPISTS, SOCIAL WORKER (MSW), RECREATION THERAPIST, PHARMACIST AND DIETITIAN ALSO, CONSISTENT WITH MOST PACE PROGRAMS, SSC SERVES PRIMARILY A LOW-INCOME, FRAIL ELDERLY POPULATION ALL SSC PARTICIPANTS HAVE MULTIPLE, CHRONIC MEDICAL CONDITIONS AND FUNCTIONAL DISABILITIES THAT LIMIT THEIR ABILITY TO FUNCTION INDEPENDENTLY</p> <p>2 HOW WE ARE PAID SSC/PACE IS PAID BY A SET "PER MEMBER PER MONTH" (PMPM) PAYMENT FROM BOTH MEDICARE AND MEDI-CAL THE PMPM PAYMENT IS SOMETIMES REFERRED TO A "CAPITATED" PAYMENT THIS MEANS THAT WE CANNOT BILL MEDICARE, MEDI-CAL OR ANY INSURANCE CARRIER FOR THE SERVICES WE PROVIDE OR PAY FOR, INCLUDING ALL HOSPITAL OR NURSING HOME COSTS THAT ARE NEEDED BY PARTICIPANTS MOST OF OUR PARTICIPANTS ARE DUALY ELIGIBLE WHICH MEANS THAT WE GET TWO CAPITATED PAYMENTS FOR MOST OF OUR PARTICIPANTS ENROLLEES NOT ELIGIBLE FOR MEDI-CAL PAY A MONTHLY PAYMENT BASED ON THE PMPM PAYMENT WE RECEIVE FROM MEDI-CAL</p> |

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

| Identifier   | Return Reference                    | Explanation  |
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| 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  |
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| DESCR<br>CLASSES<br>OF<br>PERSONS,<br>DECISIONS<br>REQUIRING<br>APPR &<br>TYPE OF<br>VOTING<br>RIGHTS | FORM 990,<br>PART VI,<br>QUESTION<br>7B | <p>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</p> |

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| 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 |

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| DESCRIPTION OF<br>PROCESS TO<br>MONITOR<br>TRANSACTIONS<br>FOR CONFLICTS OF<br>INTEREST | FORM 990,<br>PART VI,<br>QUESTION<br>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 |

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| PROCESS FOR DETERMINING COMPENSATION | FORM 990, PART VI, QUESTION 15 | <p>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.</p> |



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| AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC | FORM 990, PART VI, QUESTION 19 | THE SUTTER HEALTH SYSTEM POSTS ITS CURRENT AND PAST AUDITED FINANCIAL STATEMENTS AT SUTTERHEALTH.ORG OTHER DOCUMENTS ARE ALSO LOCATED AT THIS WEBSITE INCLUDING THE ANNUAL REPORT, MISSION STATEMENT, HISTORY, AND LINKS TO AFFILIATE WEBSITES |

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| HOURS PER WEEK DEVOTED TO RELATED ORGANIZATION | FORM 990, PART VII | THE FOLLOWING BOARD MEMBERS/OFFICERS OF THE ORGANIZATION ARE FULL-TIME (40 HOURS PER WEEK) EMPLOYEES OF SUTTER HEALTH AND THEIR SUTTER HEALTH SALARIES ARE REPORTED HEREIN THESE INDIVIDUALS RECEIVES NO COMPENSATION FOR THEIR SERVICE AS BOARD MEMBERS/OFFICERS OF THIS ORGANIZATION PAT FRY PENNY WESTFALL |

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| OTHER CHANGES<br>IN FUND BALANCE | FORM 990, PART<br>XI, LINE 5 | CHANGE IN UNREALIZED GAIN/(LOSS) ON INVESTMENTS \$ 5,227,896 K-1 ORDINARY INCOME<br>(380,113) PARTNERSHIP LOSS ON BOOKS 415,242 EQUITY TRANSFERS (NET) (177,431,290)<br>DONATED ASSETS 84,000 ----- \$(172,084,265) ===== |

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| 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. |

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| SCHEDULE K<br>SUPPLEMENTAL<br>INFORMATION | SCHEDULE<br>K, PART V | <p>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 SHSSR SPECIFIC (1) PART I, LINE A, COLUMN (F) THE INITIAL BONDS ISSUED IN 2003 WERE NEW MONEY BONDS THAT WERE RETIRED AND REISSUED ON MAY 1, 2007 ACCORDINGLY, WHERE APPROPRIATE, SCHEDULE K REFLECTS THE CURRENT REFUNDING BONDS THAT WERE TREATED AS REISSUED RATHER THAN REFLECTING THE "NEW MONEY" BONDS (1) PART I, LINE B, COLUMN (F) THE INITIAL BONDS ISSUED IN 2004 WERE NEW MONEY BONDS THAT WERE RETIRED AND REISSUED ON MAY 6, 2008 ACCORDINGLY, WHERE APPROPRIATE, SCHEDULE K REFLECTS THE CURRENT REFUNDING BONDS THAT WERE TREATED AS REISSUED RATHER THAN REFLECTING THE "NEW MONEY" BONDS (2) PART I, LINE C, 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 2002, 2004 AND 2007 ISSUES THE REFUNDED BONDS ISSUED IN 2007 WERE USED TO REFUND BONDS ISSUED IN 1991 AND 1995 THE REFUNDED BONDS ISSUED IN 2004 WERE USED FOR CONSTRUCTION THE REFUNDED BONDS ISSUED IN 2002 WERE USED TO REFUND BONDS ISSUED IN 1992, WHICH WERE USED TO REFUND BONDS ISSUED IN 1985, 1986 AND 1987 (1) PART IV, LINE 5, COLUMNS A &amp; B INVESTMENTS OF UNEXPENDED PROCEEDS CONTINUE TO BE MONITORED BY THE CORPORATE MEMBER OF THE ORGANIZATION AND ITS ARBITRAGE CONSULTANTS (THE BANK OF NEW YORK MELLON TRUST COMPANY, N A AND BLX GROUP) FOR COMPLIANCE WITH YIELD RESTRICTIONS AND YIELD REDUCTION PAYMENTS WERE MADE AT APPROPRIATE TIMES</p> |