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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

SUTTER HEALTH SACRAMENTO SIERRA REGION

Doing Business As

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

Room/suite

PO BOX 160727

City or town, state or country, and ZIP + 4

SACRAMENTO, CA 95816

F Name and address of principal officer

SARAH KREVANS

PO BOX 160727

SACRAMENTO,CA 95816

D Employer identification number

94-1156621

E Telephone number

(916) 286-6665

G Gross receipts \$ 1,767,181,572

I Tax-exempt status

☒ 501(c)(3)

☐ 501(c) ()

☐ (Insert no)

☐ 4947(a)(1) or

☐ 527

J Website:

WWW.SUTTERHEALTH.ORG

K Form of organization

☒ Corporation

☐ Trust

☐ Association

☐ Other

L Year of formation

1935

M State of legal domicile

CA

Part I	Summary		
Activities & Governance	<div>1 Briefly describe the organization's mission or most significant activities</div> <div>SEE SCHEDULE O</div>		
	<div>2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div> <div>3 Number of voting members of the governing body (Part VI, line 1a)</div> <div>4 Number of independent voting members of the governing body (Part VI, line 1b)</div> <div>5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)</div> <div>6 Total number of volunteers (estimate if necessary)</div> <div>7a Total unrelated business revenue from Part VIII, column (C), line 12</div> <div>7b Net unrelated business taxable income from Form 990-T, line 34</div>		
Revenue	<div>8 Contributions and grants (Part VIII, line 1h)</div> <div>9 Program service revenue (Part VIII, line 2g)</div> <div>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</div> <div>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</div> <div>12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</div>	<div>Prior Year</div> <div>10,156,760</div> <div>1,740,463,495</div> <div>10,844,647</div> <div>1,947,198</div> <div>1,763,412,100</div>	<div>Current Year</div> <div>11,776,343</div> <div>1,736,995,053</div> <div>14,715,598</div> <div>1,356,886</div> <div>1,764,843,880</div>
Expenses	<div>13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)</div> <div>14 Benefits paid to or for members (Part IX, column (A), line 4)</div> <div>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</div> <div>16a Professional fundraising fees (Part IX, column (A), line 11e)</div> <div>16b Total fundraising expenses (Part IX, column (D), line 25) ▶131,201</div> <div>17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</div> <div>18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</div> <div>19 Revenue less expenses Subtract line 18 from line 12</div>	<div>8,841,296</div> <div>0</div> <div>790,141,444</div> <div>0</div> <div></div> <div>761,904,110</div> <div>1,560,886,850</div> <div>202,525,250</div>	<div>5,125,780</div> <div>0</div> <div>824,021,022</div> <div>0</div> <div></div> <div>730,797,803</div> <div>1,559,944,605</div> <div>204,899,275</div>
Net Assets or Fund Balances		<div>Beginning of Current Year</div> <div>1,484,690,593</div> <div>922,748,120</div> <div>561,942,473</div>	<div>End of Year</div> <div>1,766,717,379</div> <div>1,220,494,168</div> <div>546,223,211</div>
	<div>20 Total assets (Part X, line 16)</div>		
	<div>21 Total liabilities (Part X, line 26)</div>		
	<div>22 Net assets or fund balances Subtract line 21 from line 20</div>		

Part II Signature Block

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

Sign Here

Signature of officer

JEFF SPRAGUE CFO

Type or print name and title

2012-10-18

Date

Paid Preparer's Use Only

Preparer's signature

Firm's name (or yours if self-employed), address, and ZIP + 4

Date

ERNST & YOUNG US LLP

178 S RIO GRANDE STREET SUITE 400

SALT LAKE CITY, UT 84101

Check if self-employed ☐

Preparer's taxpayer identification number (see instructions)

EIN ▶

Phone no ▶ (801) 350-3300

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 1,447,262,649 including grants of \$ 5,125,780) (Revenue \$ 1,736,995,053)

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 \$ 1,447,262,649

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 <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> 	4	Yes
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	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> 	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 temporarily restricted endowments, permanent endowments, 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</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, Part 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, Part 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.</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? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements 	20b	Yes

Part IV

Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .		
	1a928		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
	1b0		
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.		
	2a9,717		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 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 or securities account)?	4a	No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a	
b	Enter the aggregate 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 aggregate 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	1a21		
b	Enter the number of voting members included in line 1a, above, who are independent	1b14		
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	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete 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 the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

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

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

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

Form **990** (2011)

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	45,000	12,459,326	5,856,420

2	Total number of individuals (including but not limited to those listed \$100,000 of reportable compensation from the organization)	1,998
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		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
UNGER CONSTRUCTION COMPANY 910 X STREET SACRAMENTO, CA 95818	CONSTRUCTION	10,095,023
CHILDRENS SPECIALISTS MED GRP OF SA 5301 F STREET SUITE 313 SACRAMENTO, CA 95819	MEDICAL SERVICES	5,233,237
REHABCARE CORPORATION PO BOX 502096 ST LOUIS, MO 63150	MEDICAL SERVICES	4,609,319
PULMONARY MEDICINE ASSOCIATES 3637 MISSION AVENUE SUITE 7 CARMICHAEL, CA 95608	MEDICAL SERVICES	4,528,264
CENTRAL ANESTHESIA SERVICE PO BOX 660910 SACRAMENTO, CA 95866	MEDICAL SERVICES	3,995,683

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶243

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a	30,000				
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	8,197,755				
	e	Government grants (contributions)	1e	1,865,363				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,683,225				
	g	Noncash contributions included in lines 1a-1f \$ 20,870						
	h	Total. Add lines 1a-1f		11,776,343				
Program Service Revenue			Business Code					
	2a	PATIENT SERVICE REVENUE	622110	1,729,660,781	1,729,660,781			
	b	RENTAL TO AFFILIATES	900099	6,800,073	6,800,073			
	c	ROSEVILLE ENDOSCOPY	622110	534,199	534,199			
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		1,736,995,053				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		14,654,676			14,654,676	
	4	Income from investment of tax-exempt bond proceeds . . .		0				
	5	Royalties		0				
	6a	(i) Real		(ii) Personal				
		Gross rents	2,806,768					
		b Less rental expenses	2,327,569					
		c Rental income or (loss)	479,199					
	d	Net rental income or (loss)		479,199			479,199	
	7a	(i) Securities		(ii) Other				
		Gross amount from sales of assets other than inventory		71,045				
		b Less cost or other basis and sales expenses		10,123				
		c Gain or (loss)		60,922				
	d	Net gain or (loss)		60,922			60,922	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b	Less direct expenses	b					
	c	Net income or (loss) from fundraising events . . .		0				
	9a	Gross income from gaming activities See Part IV, line 19	a					
	b	Less direct expenses	b					
	c	Net income or (loss) from gaming activities . . .		0				
	10a	Gross sales of inventory, less returns and allowances	a					
	b	Less cost of goods sold	b					
c	Net income or (loss) from sales of inventory . . .		0					
Miscellaneous Revenue		Business Code						
11a	UBI - LABORATORY	621500	756,635		756,635			
b	UBI - PARKING	812930	119,669		119,669			
c	UBI - PHARMACY	446110	1,383		1,383			
d	All other revenue							
e	Total. Add lines 11a-11d		877,687					
12	Total revenue. See Instructions		1,764,843,880	1,736,995,053	877,687	15,194,797		

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)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	5,125,780	5,125,780		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	45,000		45,000	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	80,439	80,439		
7	Other salaries and wages	546,490,268	519,828,081	26,624,664	37,523
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	21,316,747	20,272,226	1,044,521	0
9	Other employee benefits	209,399,046	194,891,266	14,493,812	13,968
10	Payroll taxes	46,689,522	44,401,735	2,287,787	0
11	Fees for services (non-employees)				
a	Management	3,503,096	0	3,503,096	0
b	Legal	5,881,212	2,043,714	3,837,498	0
c	Accounting	5,563	2,448	3,115	0
d	Lobbying	19,925	0	19,925	0
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	738,799	0	738,799	0
g	Other	95,551,094	67,147,087	28,404,007	0
12	Advertising and promotion	2,142,216	1,990,119	152,097	0
13	Office expenses	11,083,879	8,867,103	2,216,776	0
14	Information technology	28,113,126	28,016,055	97,071	0
15	Royalties	0			
16	Occupancy	34,477,372	31,661,389	2,815,983	0
17	Travel	1,682,124	1,463,448	218,676	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	1,299,602	1,121,509	178,093	0
20	Interest	26,929,914	26,860,510	69,303	101
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	67,826,079	67,255,606	570,473	0
23	Insurance	12,938,539	12,874,569	63,970	0
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	MEDICAL SUPPLIES	231,215,977	231,215,977	0	0
b	PURCHASED SERVICES	142,694,087	136,946,964	5,673,216	73,907
c	COMMUNITY BENEFITS	11,437,091	11,437,091	0	0
d	OTHER EXPENSES	53,258,108	33,759,533	19,492,873	5,702
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	1,559,944,605	1,447,262,649	112,550,755	131,201
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			0	1	0
	2	Savings and temporary cash investments			57,344,188	2	51,803,407
	3	Pledges and grants receivable, net			483,052	3	108,817
	4	Accounts receivable, net			233,022,028	4	232,563,320
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			0	6	0
	7	Notes and loans receivable, net			0	7	0
	8	Inventories for sale or use			22,440,786	8	23,049,322
	9	Prepaid expenses and deferred charges			3,889,611	9	4,734,403
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a	1,782,456,281	961,433,259	10c	1,051,042,870
	b	Less accumulated depreciation	10b	731,413,411			
	11	Investments—publicly traded securities			141,942,618	11	348,487,353
	12	Investments—other securities. See Part IV, line 11			0	12	0
	13	Investments—program-related. See Part IV, line 11			159,776	13	162,265
	14	Intangible assets			0	14	0
	15	Other assets. See Part IV, line 11			63,975,275	15	54,765,622
16	Total assets. Add lines 1 through 15 (must equal line 34)			1,484,690,593	16	1,766,717,379	
Liabilities	17	Accounts payable and accrued expenses			152,582,164	17	178,114,078
	18	Grants payable			0	18	0
	19	Deferred revenue			0	19	0
	20	Tax-exempt bond liabilities			721,820,038	20	1,020,387,497
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties			5,621,375	23	5,086,750
	24	Unsecured notes and loans payable to unrelated third parties			0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			42,724,543	25	16,905,843
	26	Total liabilities. Add lines 17 through 25			922,748,120	26	1,220,494,168
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			560,317,897	27	544,429,496
	28	Temporarily restricted net assets			1,624,576	28	1,793,715
	29	Permanently restricted net assets			0	29	0
	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			561,942,473	33	546,223,211
	34	Total liabilities and net assets/fund balances			1,484,690,593	34	1,766,717,379

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	1,764,843,880
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,559,944,605
3	Revenue less expenses Subtract line 2 from line 1	3	204,899,275
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	561,942,473
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-220,618,537
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	546,223,211

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 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? 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 <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?		No
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

2011

Open to Public
Inspection

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

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

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

1

☐

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

2

☐

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

3

☒

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

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

10

☐

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

11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

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

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

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

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

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage						
14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14					
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15					
16a 33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. 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 IIIPart III

Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

Software ID:

Software Version:

EIN: 94-1156621

Name: SUTTER HEALTH SACRAMENTO SIERRA REGION

Form 990, Special Condition Description:

Special Condition Description

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
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 TRUSTEE	2 0	X						0	0	0
PATRICK FRY PRESIDENT & CEO SUTTER HEALTH	2 0	X						0	3,045,216	2,196,089
DENNIS HINZ CPA 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
PETER HULL MD TRUSTEE AND CHIEF OF STAFF	2 0	X						45,000	0	0
RICHARD KRAMER VICE CHAIR/TRUSTEE	2 0	X		X				0	0	0
SARAH KREVANS REGIONAL PRES, SAC SIERRA REG	40 0	X		X				0	1,510,218	738,730
PAT FONG KUSHIDA TRUSTEE	2 0	X						0	0	0
MARION LEFF MD TRUSTEE	2 0	X						0	0	0
JOSEPH MENDEZ TRUSTEE	2 0	X						0	0	0
MIKE NEWELL F & P CHAIR/TRUSTEE	2 0	X		X				0	0	0
PAT PATHIPATI TRUSTEE (PART YEAR)	2 0	X						0	0	0
WILLIAM PENDERGAST III TRUSTEE	2 0	X						0	0	0
MIKE SLATER CPA 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
HELEN THOMSON TRUSTEE	2 0	X						0	0	0
JEFFREY W SPRAGUE CFO, SAC SIERRA REGION	40 0			X				0	611,209	214,136
PENNY WESTFALL VP & REGIONAL COUNSEL SSR	40 0			X				0	392,561	119,922
PAT BRADY CEO, SUTTER ROSEVILLE MED CTR	40 0				X			0	752,267	305,953
THOMAS GAGEN CEO, SUTTER MED CTR SACRAMENTO	40 0				X			0	852,035	434,057

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TERRY GLUBKA CEO, SUTTER SOLANO MED CTR	40 0				X			0	490,521	189,205
MITCH HANNA CAO, SAFH	40 0				X			0	429,224	198,769
CARRIE OWEN-PLIETZ CEO, SMCS	40 0				X			0	573,046	199,644
ANNE PLATT CEO, SUTTER AMADOR HOSPITAL	40 0				X			0	409,259	170,405
THOMAS REAM II REG CIO, SAC SIERRA REGION	40 0				X			0	320,872	81,922
RANDALL ROSS ADMIN ANCILLARY SVC SSR	40 0				X			0	364,971	115,094
JANET WAGNER CAO, SUTTER DAVIS HOSPITAL	40 0				X			0	425,115	180,158
JOHN MESIC MD CMO, SAC SIERRA REGION	40 0					X		0	681,802	221,270
CECILIA HERNANDEZ DIR MED AFFAIRS, SMCS	40 0					X		0	432,669	118,513
JEFFREY SZCZESNY REG VP HR, SAC SIERRA	40 0					X		0	392,631	142,429
SHELLY MCGRIF CNE SUTTER MEDICAL CENTER SAC	40 0					X		0	390,558	114,673
BARBARA NELSON CNE SUTTER ROSEVILLE MED CTR	40 0					X		0	385,152	115,451

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

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

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

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

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

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

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

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

1	Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

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

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

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

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

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

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A
- Check
- ☐
- if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check
- ☐
- if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)	
		Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
	a	Volunteers?			No
	b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			No
	c	Media advertisements?			No
	d	Mailings to members, legislators, or the public?			No
	e	Publications, or published or broadcast statements?			No
	f	Grants to other organizations for lobbying purposes?			No
	g	Direct contact with legislators, their staffs, government officials, or a legislative body?			No
	h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			No
	i	Other activities? If "Yes," describe in Part IV	Yes		19,925
	j	Total lines 1c through 1i			19,925
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1.
Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
OTHER ACTIVITIES	PART II-B, QUESTION 1I	PAID CONSULTANTS THAT PERFORMED LOBBYING ACTIVITIES

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
Attach to Form 990. See separate instructions.

Name of the organization
SUTTER HEALTH SACRAMENTO SIERRA REGION

Employer identification number
94-1156621

Part I

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

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

Part II

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

1

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

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

☐ Protection of natural habitat

☐ Preservation of open space

☐ Preservation of an historically importantly land area

☐ Preservation of a certified historic structure

2

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

	Held at the End of the Year
a	Total number of conservation easements
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?

Yes

No

6

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

7

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

8

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

Yes

No

9

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

Part III

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

1a

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

b

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

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$

(ii) Assets included in Form 990, Part X

▶ \$

2

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

a

Revenues included in Form 990, Part VIII, line 1

▶ \$

b

Assets included in Form 990, Part X

▶ \$

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

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	17,264,360	15,654,225	12,421,867	15,184,736	
b Contributions	1,279	1,668	17,176	1,809,404	
c Investment earnings or losses	-456,995	2,004,352	3,223,622	-4,191,885	
d Grants or scholarships					
e Other expenditures for facilities and programs	575,056	395,885	8,350	374,000	
f Administrative expenses		0	90	6,388	
g End of year balance	16,233,588	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 ▶ 45 000 %

b

Permanent endowment ▶ 55 000 %

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

(ii) related organizations

	Yes	No
3a(i)		No
3a(ii)	Yes	

b

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

☐ Yes

☐ No

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		44,766,773		44,766,773
b Buildings		905,332,457	384,838,331	520,494,126
c Leasehold improvements		13,561,913	6,642,982	6,918,931
d Equipment		410,688,059	317,041,144	93,646,915
e Other		408,107,079	22,890,954	385,216,125
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				1,051,042,870

Part XIReconciliation 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 XIIReconciliation 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 XIIIReconciliation 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 XIVSupplemental 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: SUTTER HEALTH AND MOST AFFILIATES HAVE BEEN DETERMINED TO BE EXEMPT ORGANIZATIONS BY THE INTERNAL REVENUE SERVICE, (PURSUANT TO INTERNAL REVENUE CODE SECTION 501(C)(3)), AND THE CALIFORNIA FRANCHISE TAX BOARD (PURSUANT TO CALIFORNIA REVENUE AND TAXATION CODE 23701(D)) AND, GENERALLY, ARE NOT SUBJECT TO TAXES ON INCOME. CERTAIN ACTIVITIES OF SUTTER ARE SUBJECT TO INCOME TAXES, HOWEVER, SUCH ACTIVITIES ARE NOT SIGNIFICANT TO THE COMBINED FINANCIAL STATEMENTS WITH RESPECT TO ITS FOR-PROFIT SUBSIDIARIES AND TAXABLE ACTIVITIES. SUTTER RECORDS INCOME TAXES USING THE LIABILITY METHOD UNDER WHICH DEFERRED TAX ASSETS AND LIABILITIES ARE DETERMINED BASED ON THE DIFFERENCES BETWEEN THE FINANCIAL ACCOUNTING AND TAX BASIS OF ASSETS AND LIABILITIES. DEFERRED TAX ASSETS OR LIABILITIES AT THE END OF EACH PERIOD ARE DETERMINED USING THE CURRENTLY ENACTED TAX RATE EXPECTED TO APPLY TO TAXABLE INCOME IN THE PERIODS THAT THE DEFERRED TAX ASSET OR LIABILITY IS EXPECTED TO BE REALIZED OR SETTLED. SUTTER RECOGNIZES THE TAX BENEFIT FROM UNCERTAIN TAX POSITIONS ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITIONS WILL BE SUSTAINED ON EXAMINATION BY THE TAX AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFIT IS MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. SUTTER RECOGNIZES INTEREST AND PENALTIES RELATED TO INCOME TAX MATTERS IN OPERATING EXPENSES. AT DECEMBER 31, 2011 AND 2010, THERE WERE NO SUCH UNCERTAIN TAX POSITIONS.

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

2011

Open to Public Inspection

Name of the organization
SUTTER HEALTH SACRAMENTO SIERRA REGION

Employer identification number
94-1156621

Part I

Charity Care and Certain Other Community Benefits at Cost

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

7

Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheet 1)			47,022,564	0	47,022,564	3 030 %
b Medicaid (from Worksheet 3, column a)			346,890,225	262,171,822	84,718,403	5 450 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			57,136,105	28,127,672	29,008,433	1 870 %
d Total Charity Care and Means-Tested Government Programs			451,048,894	290,299,494	160,749,400	10 350 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	16	1,302	1,445,767	0	1,445,767	0 090 %
f Health professions education (from Worksheet 5)	12	10	5,357,321	1,232,105	4,125,216	0 270 %
g Subsidized health services (from Worksheet 6)	3	22,625	4,520,214	2,984,055	1,536,159	0 100 %
h Research (from Worksheet 7)	1	0	389,640	0	389,640	0 030 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	23	0	6,474,793	0	6,474,793	0 420 %
j Total Other Benefits	55	23,937	18,187,735	4,216,160	13,971,575	0 910 %
k Total. Add lines 7d and 7j	55	23,937	469,236,629	294,515,654	174,720,975	11 260 %

Part IICommunity Building Activities

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

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

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?	1		No
2Enter the amount of the organization's bad debt expense	2	12,276,779	
3Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy	3		
4Provide 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

5Enter total revenue received from Medicare (including DSH and IME)	5	358,314,880	
6Enter Medicare allowable costs of care relating to payments on line 5	6	394,127,238	
7Subtract line 6 from line 5. This is the surplus or (shortfall).	7	-35,812,358	
8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other			

Section C. Collection Practices

9aDid the organization have a written debt collection policy during the tax year?	9a	Yes	
9bIf "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9b	Yes	

Part IVManagement Companies and Joint Ventures (see instructions)

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

Section A. Hospital Facilities

How many hospital facilities did the organization operate during the tax year? 7

Name and address

[illegible]

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)

SUTTER GENERAL HOSPITAL

Name of Hospital Facility:

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 2011)		
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 If "Yes," indicate what the Needs Assessment describes (check all that apply) 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 those 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 the community's health needs j <input type="checkbox"/> Other (describe in Part VI)	1	
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? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply) 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)	5	
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"/> Development of a community-wide community benefit plan for the facility d <input type="checkbox"/> Participation in 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 CHNA 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	Yes
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care 200 % If "No," explain in Part VI the criteria the hospital facility used	9	Yes

Part V

Facility Information (continued)

		Yes	No	
10	Used FPG to determine eligibility for providing discounted care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used	10	Yes	
11	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input checked="" type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input checked="" type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input checked="" type="checkbox"/> Medicaid/Medicare g <input checked="" type="checkbox"/> State regulation h <input checked="" type="checkbox"/> Other (describe in Part VI)	11	Yes	
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input type="checkbox"/> The policy was available upon request g <input checked="" type="checkbox"/> Other (describe in Part VI)	13	Yes	

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 (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments or arrests e <input type="checkbox"/> Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other similar actions (describe in Part VI)	16		No
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy 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? If "No," indicate why	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Individuals Eligible for Financial Assistance

19	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
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? If "Yes," explain in Part VI		No
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI		No

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)

SUTTER ROSEVILLE MEDICAL CENTER

Name of Hospital Facility:

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 2011)		
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 If "Yes," indicate what the Needs Assessment describes (check all that apply) 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 those 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 the community's health needs j <input type="checkbox"/> Other (describe in Part VI)	1	
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? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply) 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)	5	
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"/> Development of a community-wide community benefit plan for the facility d <input type="checkbox"/> Participation in 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 CHNA 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	Yes
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care 200 % If "No," explain in Part VI the criteria the hospital facility used	9	Yes

Part V

Facility Information (continued)

		Yes	No	
10	Used FPG to determine eligibility for providing discounted care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used	10	Yes	
11	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input checked="" type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input checked="" type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input checked="" type="checkbox"/> Medicaid/Medicare g <input checked="" type="checkbox"/> State regulation h <input checked="" type="checkbox"/> Other (describe in Part VI)	11	Yes	
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input type="checkbox"/> The policy was available upon request g <input checked="" type="checkbox"/> Other (describe in Part VI)	13	Yes	

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 (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments or arrests e <input type="checkbox"/> Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other similar actions (describe in Part VI)	16		No
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy 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? If "No," indicate why	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Individuals Eligible for Financial Assistance

19	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
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? If "Yes," explain in Part VI		No
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI		No

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)

SUTTER SOLANO MEDICAL CENTER

Name of Hospital Facility:

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 2011)		
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 If "Yes," indicate what the Needs Assessment describes (check all that apply) 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 those 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 the community's health needs j <input type="checkbox"/> Other (describe in Part VI)	1	
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? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply) 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)	5	
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"/> Development of a community-wide community benefit plan for the facility d <input type="checkbox"/> Participation in 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 CHNA 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	Yes
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care 200 % If "No," explain in Part VI the criteria the hospital facility used	9	Yes

Part V

Facility Information (continued)

		Yes	No	
10	Used FPG to determine eligibility for providing discounted care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used	10	Yes	
11	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input checked="" type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input checked="" type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input checked="" type="checkbox"/> Medicaid/Medicare g <input checked="" type="checkbox"/> State regulation h <input checked="" type="checkbox"/> Other (describe in Part VI)	11	Yes	
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input type="checkbox"/> The policy was available upon request g <input checked="" type="checkbox"/> Other (describe in Part VI)	13	Yes	

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 (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments or arrests e <input type="checkbox"/> Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other similar actions (describe in Part VI)	16		No
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy 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? If "No," indicate why	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Individuals Eligible for Financial Assistance

19	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
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? If "Yes," explain in Part VI		No
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI		No

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)

SUTTER AUBURN FAITH HOSPITAL

Name of Hospital Facility:

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

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)		
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 If "Yes," indicate what the Needs Assessment describes (check all that apply) 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 those 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 the community's health needs j <input type="checkbox"/> Other (describe in Part VI)	1	
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? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply) 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)	5	
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"/> Development of a community-wide community benefit plan for the facility d <input type="checkbox"/> Participation in 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 CHNA 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	Yes
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care 200 % If "No," explain in Part VI the criteria the hospital facility used	9	Yes

Part V

Facility Information (continued)

		Yes	No	
10	Used FPG to determine eligibility for providing discounted care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used	10	Yes	
11	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input checked="" type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input checked="" type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input checked="" type="checkbox"/> Medicaid/Medicare g <input checked="" type="checkbox"/> State regulation h <input checked="" type="checkbox"/> Other (describe in Part VI)	11	Yes	
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input type="checkbox"/> The policy was available upon request g <input checked="" type="checkbox"/> Other (describe in Part VI)	13	Yes	

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 (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments or arrests e <input type="checkbox"/> Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other similar actions (describe in Part VI)	16		No
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy 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? If "No," indicate why	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Individuals Eligible for Financial Assistance

19	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
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? If "Yes," explain in Part VI		No
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI		No

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)

SUTTER CENTER FOR PSYCHIATRY

Name of Hospital Facility:_____

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 2011)		
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 If "Yes," indicate what the Needs Assessment describes (check all that apply) 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 those 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 the community's health needs j <input type="checkbox"/> Other (describe in Part VI)	1	
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? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply) 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)	5	
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"/> Development of a community-wide community benefit plan for the facility d <input type="checkbox"/> Participation in 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 CHNA 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	Yes
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care 200 % If "No," explain in Part VI the criteria the hospital facility used	9	Yes

Part V

Facility Information (continued)

		Yes	No	
10	Used FPG to determine eligibility for providing discounted care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used	10	Yes	
11	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input checked="" type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input checked="" type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input checked="" type="checkbox"/> Medicaid/Medicare g <input checked="" type="checkbox"/> State regulation h <input checked="" type="checkbox"/> Other (describe in Part VI)	11	Yes	
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input type="checkbox"/> The policy was available upon request g <input checked="" type="checkbox"/> Other (describe in Part VI)	13	Yes	

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 (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments or arrests e <input type="checkbox"/> Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other similar actions (describe in Part VI)	16		No
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy 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? If "No," indicate why	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Individuals Eligible for Financial Assistance

19	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
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? If "Yes," explain in Part VI		No
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI		No

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)

SUTTER AMADOR HOSPITAL

Name of Hospital Facility:_____

Line Number of Hospital Facility (from Schedule H, Part V, Section A):_____6_____

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
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 If "Yes," indicate what the Needs Assessment describes (check all that apply) 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 those 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 the community's health needs j <input type="checkbox"/> Other (describe in Part VI)	1		
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? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply) 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)	5		
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"/> Development of a community-wide community benefit plan for the facility d <input type="checkbox"/> Participation in 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 CHNA 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	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care 200 % If "No," explain in Part VI the criteria the hospital facility used	9	Yes	

Part V

Facility Information (continued)

		Yes	No	
10	Used FPG to determine eligibility for providing discounted care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used	10	Yes	
11	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input checked="" type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input checked="" type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input checked="" type="checkbox"/> Medicaid/Medicare g <input checked="" type="checkbox"/> State regulation h <input checked="" type="checkbox"/> Other (describe in Part VI)	11	Yes	
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input type="checkbox"/> The policy was available upon request g <input checked="" type="checkbox"/> Other (describe in Part VI)	13	Yes	

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 (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments or arrests e <input type="checkbox"/> Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other similar actions (describe in Part VI)	16		No
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy 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? If "No," indicate why	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Individuals Eligible for Financial Assistance

19	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
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? If "Yes," explain in Part VI		No
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI		No

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)

SUTTER DAVIS HOSPITAL

Name of Hospital Facility:

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

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)		
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 If "Yes," indicate what the Needs Assessment describes (check all that apply) 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 those 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 the community's health needs j <input type="checkbox"/> Other (describe in Part VI)	1	
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? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply) 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)	5	
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"/> Development of a community-wide community benefit plan for the facility d <input type="checkbox"/> Participation in 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 CHNA 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	Yes
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care 200 % If "No," explain in Part VI the criteria the hospital facility used	9	Yes

Part V

Facility Information (continued)

		Yes	No	
10	Used FPG to determine eligibility for providing discounted care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used	10	Yes	
11	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input checked="" type="checkbox"/> Income level b <input type="checkbox"/> Asset level c <input checked="" type="checkbox"/> Medical indigency d <input type="checkbox"/> Insurance status e <input type="checkbox"/> Uninsured discount f <input checked="" type="checkbox"/> Medicaid/Medicare g <input checked="" type="checkbox"/> State regulation h <input checked="" type="checkbox"/> Other (describe in Part VI)	11	Yes	
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input type="checkbox"/> The policy was attached to all billing invoices c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input type="checkbox"/> The policy was available upon request g <input checked="" type="checkbox"/> Other (describe in Part VI)	13	Yes	

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 (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments or arrests e <input type="checkbox"/> Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other similar actions (describe in Part VI)	16		No
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply) a <input type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy 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? If "No," indicate why	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d	<input type="checkbox"/> Other (describe in Part VI)		

Individuals Eligible for Financial Assistance

19	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
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? If "Yes," explain in Part VI		No
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI		No

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 from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? 19

Name and address		Type of Facility (Describe)
1	See Additional Data Table	
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 descriptions 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, 6l, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
- 2
- Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health 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 THAT WHOSE FAMILY INCOMES ARE BETWEEN 201% AND 400% IN ADDITION, THE FOLLOWING DISCOUNTS APPLY TO UNINSURED PATIENTS - SPECIAL CIRCUMSTANCES CHARITY CARE FOR UNINSURED PATIENTS WHO DO NOT MEET THE FINANCIAL ASSISTANCE CRITERIA SET FORTH BY THE ORGANIZATION, A COMPLETE OR PARTIAL WRITE-OFF IN CIRCUMSTANCES INCLUDING BUT NOT LIMITED TO BANKRUPTCY, HOMELESSNESS, DECEASED, ELIGIBLE FOR MEDICARE/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 INSURE HAS NOT PROVIDED A DISCOUNT - UNINSURED PATIENT DISCOUNT A WRITE-OFF OF A PORTION OF COVERED SERVICES NO GREATER THAT 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

Identifier	ReturnReference	Explanation
PART I, QUESTION 7		COSTING METHODOLOGY USED COST TO CHARGE RATIO UTILIZING WORKSHEET 2 METHODOLOGY

Identifier	ReturnReference	Explanation
PART I, QUESTION 7G		THE AMOUNT OF COSTS ASSOCIATED WITH PHYSICIAN CLINICS IS \$2,188,561

Identifier	ReturnReference	Explanation
PART II	COMMUNITY BUILDING ACTIVITIES	AFFILIATES WITHIN THE SACRAMENTO SIERRA REGION DO NOT HAVE ANY COMMUNITY BUILDING ACTIVITIES TO REPORT IN 2011

Identifier	ReturnReference	Explanation
PART III, QUESTION 4		<p>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</p> <p>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</p> <p>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</p> <p>SUTTER MANAGES THE RECEIVABLES BY REGULARLY REVIEWING ITS PATIENT ACCOUNTS AND CONTRACTS AND BY PROVIDING APPROPRIATE ALLOWANCES FOR UNCOLLECTIBLE AMOUNTS THESE ALLOWANCES ARE ESTIMATED BASED UPON AN EVALUATION OF HISTORICAL PAYMENTS, NEGOTIATED CONTRACTS AND GOVERNMENTAL REIMBURSEMENTS</p> <p>SUTTER'S ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR SELF-PAY PATIENTS WAS 90% OF SELF-PAY ACCOUNTS RECEIVABLE AT DECEMBER 31, 2011 AND 2010</p> <p>ADJUSTMENTS AND CHANGES IN ESTIMATES ARE RECORDED IN THE PERIOD IN WHICH THEY ARE DETERMINED</p> <p>SIGNIFICANT CONCENTRATIONS OF GROSS PATIENT ACCOUNTS RECEIVABLE ARE AS FOLLOWS</p> <p>MEDICARE 25% AS OF 12/31/11 28% AS OF 12/31/10</p> <p>MEDI-CAL 21% AS OF 12/31/11 20% AS OF 12/31/10</p> <p>DURING 2011 AND 2010, CERTAIN AFFILIATES COLLECTED ON ACCOUNTS THAT WERE PREVIOUSLY DEEMED UNCOLLECTIBLE AND RESERVED</p> <p>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</p> <p>PATIENT SERVICE REVENUES FOOTNOTE</p> <p>PATIENT SERVICE REVENUES ARE REPORTED AT THE ESTIMATED NET REALIZABLE AMOUNTS FROM PATIENTS, THIRD-PARTY PAYERS AND OTHERS FOR SERVICES RENDERED, INCLUDING ESTIMATED RETROACTIVE ADJUSTMENTS UNDER REIMBURSEMENT PROGRAMS WITH THIRD-PARTY PAYERS</p> <p>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</p> <p>SUTTER HAD NO CHANGES IN ITS CHARITY CARE OR UNINSURED DISCOUNT POLICIES IN 2011</p> <p>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</p> <p>DISCOUNTS AND PAYMENTS ON PATIENT ACCOUNTS ARE RECORDED AS AN ADJUSTMENT TO REVENUE, NOT BAD DEBT EXPENSE</p> <p>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</p>

Identifier	ReturnReference	Explanation
PART III, QUESTION 7		MEDICARE COST REPORTS THAT THE ORGANIZATION FILES DO NOT INCLUDE ALL OF THE COSTS REQUIRED TO TREAT MEDICARE PATIENTS

Identifier	ReturnReference	Explanation
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 \$35,812,358

Identifier	ReturnReference	Explanation
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

Identifier	ReturnReference	Explanation
PART V, SECTION B, QUESTION 11H	BASIS FOR CALCULATING AMOUNTS CHARGED TO PATIENTS	ADDITIONAL FACTORS USED IN DETERMINING AMOUNTS CHARGED TO PATIENTS INCLUDES HOUSEHOLD SIZE, WHICH IS PART OF THE FEDERAL POVERTY GUIDELINES

Identifier	ReturnReference	Explanation
PART V, SECTION B, QUESTION 13G	MEASURES USED TO PUBLICIZE THE FACILITY'S FINANCIAL ASSISTANCE POLICY	A SUMMARY OF THE FINANCIAL ASSISTANCE POLICY WAS POSTED ON THE HOSPITAL'S FACILITY'S WEBSITE, WAS ATTACHED TO BILLING INVOICES, WAS POSTED IN THE HOSPITAL FACILITY'S EMERGENCY/WAITING ROOM, WAS POSTED IN THE HOSPITAL'S ADMISSIONS OFFICE, WAS PROVIDED IN WRITING ON ADMISSION TO THE HOSPITAL, AND WAS AVAILABLE ON REQUEST PATIENTS ELIGIBLE FOR CHARITY CARE ARE TRACKED IN THE HOSPITAL'S LEGACY SYSTEM AND ARE REMINDED 30 DAYS AFTER CHARITY CARE PACKET IS RECEIVED IF PAPERWORK HAS NOT BEEN SUBMITTED THE ORGANIZATION USES AN INCOME VALIDATION TOOL TO ALERT PATIENTS THAT THEY MAY BE ELIGIBLE FOR CHARITY CARE

Identifier	ReturnReference	Explanation
PART V, SECTION B, QUESTION 19	AMOUNTS CHARGED TO FAP-ELIGIBLE INDIVIDUALS	THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY PROVIDES FOR DIFFERENT LEVELS OF ASSISTANCE FOR PATIENTS BASED ON VARIOUS ELIGIBILITY REQUIREMENTS INCLUDING, BUT NOT LIMITED TO (1) FULL CHARITY CARE, (2) PARTIAL CHARITY CARE, (3) SPECIAL CIRCUMSTANCES CHARITY CARE, (4) CATASTROPHIC CHARITY CARE, (5) HIGH COST MEDICAL CHARITY CARE, (6) UNINSURED PATIENT DISCOUNT, AND (7) PROMPT PAYMENT DISCOUNT THE MAXIMUM AMOUNT BILLED TO THE PATIENT IS CALCULATED DIFFERENTLY DEPENDING ON THE CATEGORY OF FINANCIAL ASSISTANCE FOR WHICH THEY ARE ELIGIBLE

Identifier	ReturnReference	Explanation
NEEDS ASSESSMENT	PART VI, QUESTION 2	SUTTER HEALTH SACRAMENTO SIERRA REGION (SHSSR) INCLUDES SUTTER AMADOR HOSPITAL (SAH), SUTTER AUBURN FAITH HOSPITAL (SAFH), SUTTER DAVIS HOSPITAL (SDH), SUTTER MEDICAL CENTER, SACRAMENTO (SMCS), SUTTER ROSEVILLE MEDICAL CENTER (SRMC), SUTTER SOLANO MEDICAL CENTER (SSMC) AND SUTTER SURGICAL HOSPITAL NORTH VALLEY EVERY THREE YEARS, SHSSR PARTNERS WITH KAISER PERMANENTE, UC DAVIS HEALTH SYSTEM, AND DIGNITY HEALTH TO CONDUCT A COMMUNITY NEEDS ASSESSMENT (CNA) TO HELP GUIDE OUR COMMUNITY BENEFIT PROGRAMS WITH THIS VALUABLE INFORMATION, WE IDENTIFY PRIORITY NEEDS WE WANT TO ADDRESS IN OUR COMMUNITIES OVER THE COURSE OF 2009, 15 FOCUS GROUPS WITH 134 COMMUNITY MEMBERS WERE CONDUCTED IN VARIOUS SETTINGS THROUGHOUT THE REGION ANOTHER 12 COMMUNITY MEMBERS WERE INTERVIEWED VIA ONE-ON-ONE INTERVIEWS ALL FOCUS GROUPS WITH COMMUNITY MEMBERS WERE RECORDED AND TRANSCRIBED, AND THOSE CONDUCTED IN LANGUAGES OTHER THAN ENGLISH WERE TRANSLATED ALL TRANSCRIPTIONS WERE ANALYZED FOR COMMON THEMES AND RESULTS THAT ADDRESSED THE STUDY OBJECTIVES A TOTAL OF 20 SERVICE PROVIDERS WERE INTERVIEWED AS WELL THESE INCLUDED PUBLIC HEALTH EXPERTS, COUNTY PUBLIC HEALTH OFFICERS, HEALTH CARE AND SOCIAL SERVICE PRACTITIONERS, PHYSICIANS SERVING THE POOR AND UNINSURED, AND OTHER MEMBERS OF COMMUNITY-BASED ORGANIZATIONS ASSISTING THE UNINSURED ADDITIONALLY, SECONDARY DATA FOR THE YEARS 2006, 2007 AND 2008 WERE COLLECTED AT THE ZIP CODE LEVEL THE CNA IS AN IN-DEPTH STUDY OF THE GREATER SACRAMENTO REGION THAT IDENTIFIES HEALTH PRIORITIES, HEALTH DISPARITIES AND BARRIERS TO HEALTH CARE FOR VULNERABLE AND UNDERSERVED POPULATIONS ALTHOUGH THE SHSSR COMMUNITY BENEFIT PRIORITY AREAS ARE DETERMINED FROM THIS PROCESS, WE ARE FOCUSED ON CREATING AND IMPROVING ACCESS TO PRIMARY AND MENTAL HEALTH CARE SERVICES MORE THAN EVER BECAUSE THE NEED IS MORE PRONOUNCED THAN EVER WE ARE WORKING TO INCREASE ACCESS BY USING A BEST PRACTICE APPROACH, LOOKING AT 'THE WHOLE PERSON,' AND UTILIZING STRATEGIC COLLABORATIONS THAT VARY IN NATURE AND SCOPE FROM COUNTY TO COUNTY THIS WAY, WE ARE ABLE TO USE PROGRAMS THAT MAY HAVE ORIGINATED IN ONE COUNTY, AND MODIFYING THEM TO WORK IN OTHER COUNTIES BY INVESTING IN PROGRAMS THAT INCREASE ACCESS TO PREVENTATIVE CARE AND BY HELPING PEOPLE FIND A 'MEDICAL HOME,' WE ARE INVESTING IN THE HEALTH OF THE 'WHOLE PERSON' AND ENSURING THEIR ONGOING SUCCESS AND LONG-TERM SUSTAINABILITY OF OUR HEALTH CARE SYSTEM SACRAMENTO SIERRA REGION'S PRIORITY NEEDS ARE - ENSURING ACCESS TO PRIMARY CARE AND MENTAL HEALTH SERVICES - IMPROVING THE LIVES OF FAMILIES AND CHILDREN - CONNECTING WITH OUR SENIOR RESIDENTS - PREPARING OUR COMMUNITY FOR HEALTH FUTURES WE CREATED A PLATFORM AND TOOL TO MAKE THIS IMPORTANT HEALTH INFORMATION ACCESSIBLE TO OUR COMMUNITY PARTNERS AND THE GENERAL PUBLIC LOG ON TO WWW.HEALTHYLIVINGMAP.COM AND LEARN ABOUT THE UNMET HEALTH NEEDS IN OUR REGION

Identifier	ReturnReference	Explanation
PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	PART VI, QUESTION 3	SACRAMENTO SIERRA REGION FOLLOWS A SUTTER HEALTH SYSTEM-WIDE CHARITY CARE POLICY, WHICH INCLUDES THE FOLLOWING DETAILS OF HOW THE ORGANIZATION INFORMS AND EDUCATES PATIENTS AND PERSONS WHO MAY BE BILLED FOR PATIENT CARE FOR A MORE DETAILED LOOK AT OUR CHARITY CARE POLICIES BY REGION, PLEASE VISIT THE OFFICE OF STATEWIDE AND HEALTH PLANNING'S WEBSITE AT HTTP //SYFPHR.OSHPD.CA.GOV COMMUNICATIONS 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 MEDICAL, 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 NOTIFICATIONS 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

Identifier	ReturnReference	Explanation
COMMUNITY INFORMATION	PART VI, QUESTION 4	<p>AMADOR COUNTY ACCORDING TO THE 2012 U S CENSUS BUREAU THE POPULATION OF AMADOR COUNTY IS 38,091 AND CONSISTED OF 54 5% MEN AND 45 5% WOMEN WITH A MEDIAN AGE OF 42 7 YEARS THE POPULATION DENSITY WAS 63 PEOPLE PER SQUARE MILE IN 2010 WHICH IS FAR BELOW THAT OF THE CALIFORNIA STATE DENSITY OF 239 1 AMADOR'S POPULATION CONSISTS OF 87% WHITE RESIDENTS, 12 5% HISPANIC OR LATINO AND 2 5% BLACK NON-HISPANIC THE MAJORITY OF RESIDENTS SPEAK ENGLISH AT HOME (92 4%) WHILE 5% SPEAK SPANISH THE MEDIAN HOUSEHOLD SIZE IS 2 31 PEOPLE WITH A 2010 AVERAGE INCOME OF \$54,758 AND A MEDIAN HOUSE VALUE OF \$341,400 THE MAJORITY (87 4%) OF RESIDENTS 25 YEARS OF AGE OR OLDER HAVE A HIGH SCHOOL DEGREE OR HIGHER WHILE 19% OF RESIDENTS 25 YEARS OF AGE OR OLDER HAVE A BACHELOR'S DEGREE OR HIGHER IN AMADOR THE POVERTY LEVEL IN 2010 WAS AT 8% OF RESIDENTS, BELOW BOTH THE CALIFORNIA STATE LEVEL OF 13 7% AND THE FEDERAL POVERTY LEVEL OF 15 1% THE UNEMPLOYMENT RATE WAS AT 13 4% IN APRIL 2010 WHICH WAS ABOVE THE CALIFORNIA LEVEL OF 12 4% AS WELL AS THE FEDERAL LEVEL OF 9 9% FOOD SUPPLIES ARE CONSISTENT WITH THE SIZE OF THE COUNTY WITH 12 GROCERY STORES AND 38 FULL SERVICE RESTAURANTS IN 2010, HEALTH ISSUES IN THIS COUNTY INCLUDED 11 2% OF ADULTS BEING OBESE AND 5 8% OF ADULTS WITH DIABETES IN 2007 THERE WERE 389 DEATHS AND OF THOSE THE THREE LEADING CAUSES WERE CANCER, HEART DISEASE AND ACCIDENTAL IN 2007 THERE WERE 294 BIRTHS WITH ONLY 1 INFANT DEATH OCCURRING THAT YEAR THE LIFE EXPECTANCY AT BIRTH IS 78 5 YEARS WHICH IS NEARLY THE SAME AS THE CALIFORNIA LIFE EXPECTANCY IN 2009 27 9% OF RESIDENTS WERE WITHOUT ANY HEALTH INSURANCE WHICH WAS ABOVE BOTH THE STATE LEVEL OF 18 5% AND FEDERAL LEVEL OF 15 5% IN AMADOR COUNTY 51 6% OF RESIDENTS HAVE EMPLOYMENT-BASED HEALTH INSURANCE WHILE 10 5% OF RESIDENTS ARE COVERED BY PUBLIC PROGRAMS SUCH AS MEDICAID OR MEDICARE</p> <p>PLACER COUNTY ACCORDING TO THE 2010 U S CENSUS BUREAU PLACER COUNTY HAD A POPULATION OF 348,342 AND CONSISTED OF 48 8% MEN AND 51 2% WOMEN WITH A MEDIAN AGE OF 38 YEARS THE POPULATION DENSITY WAS 132 2 PEOPLE PER SQUARE MILE IN 2010 WHICH IS HALF THE CALIFORNIA STATE DENSITY OF 239 1 PEOPLE PER SQUARE MILE PLACER'S POPULATION CONSISTS OF 83 5% WHITE RESIDENTS, 12 8% HISPANIC OR LATINO AND 5 9% ASIAN THE MAJORITY OF RESIDENTS (89 4%) SPEAK ENGLISH AT HOME WHILE 5 9% SPEAK SPANISH AT HOME (7% OF WHICH DO NOT SPEAK ENGLISH AT ALL) THE MEDIAN HOUSEHOLD SIZE IS 2 58 PEOPLE WITH A 2010 AVERAGE INCOME OF \$74,477 AND A MEDIAN HOUSE VALUE OF \$427,600 NEARLY ALL (93%) OF RESIDENTS 25 YEARS OF AGE OR OLDER HAVE A HIGH SCHOOL DEGREE OR HIGHER WHILE 34 1% OF RESIDENTS 25 YEARS OF AGE OR OLDER HAVE A BACHELOR'S DEGREE OR HIGHER IN PLACER THE POVERTY LEVEL IN 2010 WAS AT 6 6% OF RESIDENTS, BELOW BOTH THE CALIFORNIA STATE LEVEL OF 13 7% AND THE FEDERAL POVERTY LEVEL OF 15 1% THE UNEMPLOYMENT RATE WAS AT 11 4% IN APRIL 2010 WHICH WAS BELOW THE CALIFORNIA LEVEL OF 12 4% YET ABOVE THE FEDERAL LEVEL OF 9 9% FOOD SUPPLIES CONSIST OF 55 GROCERY STORES, 74 CONVENIENCE STORES (WITH GAS) AND 299 FULL SERVICE RESTAURANTS IN 2010, HEALTH ISSUES IN THIS COUNTY INCLUDED 17 3% OF ADULTS BEING OBESE, 5 7% OF ADULTS WITH DIABETES AND 21 1% OF ADULTS WITH HIGH BLOOD PRESSURE IN 2007 THERE WERE 2,502 DEATHS IN PLACER COUNTY AND OF THOSE THE THREE LEADING CAUSES WERE CANCER, HEART DISEASE AND STROKE IN 2007 THERE WERE 4,054 BIRTHS AS WELL AS 23 INFANT DEATHS THAT SAME YEAR IN 2008 THE LIFE EXPECTANCY AT BIRTH WAS 80 9 YEARS WHICH WAS RIGHT AT THE CALIFORNIA LIFE EXPECTANCY IN 2010 15% OF RESIDENTS WERE WITHOUT ANY HEALTH INSURANCE WHICH WAS AVERAGE WITH BOTH THE STATE LEVEL OF 18 5% AND THE FEDERAL LEVEL OF 15 5% IN PLACER COUNTY 67 3% OF RESIDENTS HAVE EMPLOYMENT-BASED HEALTH INSURANCE WHILE 3 5% OF RESIDENTS ARE COVERED BY PUBLIC PROGRAMS SUCH AS MEDICAID OR MEDICARE</p> <p>YOLO COUNTY ACCORDING TO THE 2010 U S CENSUS BUREAU YOLO COUNTY HAD A POPULATION OF 200,849 AND CONSISTED OF 48 8% MEN AND 51 2% WOMEN WITH A MEDIAN AGE OF 29 5 YEARS THE POPULATION DENSITY WAS 197 9 PEOPLE PER SQUARE MILE IN 2010 WHICH IS WELL BELOW THE CALIFORNIA STATE DENSITY OF 239 1 PEOPLE PER SQUARE MILE YOLO'S POPULATION CONSISTS OF 63 2% WHITE RESIDENTS, 30 3% HISPANIC OR LATINO, AND 13% ASIAN A LITTLE OVER HALF (67 9%) OF RESIDENTS SPEAK ENGLISH AT HOME WHILE 19 4% SPEAK SPANISH THE MEDIAN HOUSEHOLD SIZE IS 2 7 PEOPLE WITH A 2010 AVERAGE INCOME OF \$57,077 AND A MEDIAN HOUSE VALUE OF \$391,300 A LARGE MAJORITY (84 3%) OF RESIDENTS 25 YEARS OF AGE OR OLDER HAVE A HIGH SCHOOL DEGREE OR HIGHER WHILE 37 8% OF RESIDENTS 25 YEARS OF AGE OR OLDER HAVE A BACHELOR'S DEGREE OR HIGHER IN YOLO THE POVERTY LEVEL IN 2010 WAS AT 17 1% OF RESIDENTS, ABOVE BOTH THE CALIFORNIA STATE LEVEL OF 13 7% AND THE FEDERAL POVERTY LEVEL OF 15 1% THE UNEMPLOYMENT RATE WAS AT 12 8% IN APRIL 2010 WHICH WAS ABOVE BOTH THE CALIFORNIA LEVEL OF 12 4% AND THE FEDERAL LEVEL OF 9 9% FOOD SUPPLIES CONSIST OF 40 GROCERY STORES, 40 CONVENIENCE STORES (</p>

Identifier	ReturnReference	Explanation
COMMUNITY INFORMATION	PART VI, QUESTION 4	WITH GAS)AND 123 FULL SERVICE RESTAURANTS IN 2010, HEALTH ISSUES IN THIS COUNTY INCLUDED 13 9% OF ADULTS BEING OBESE AND 8 3% OF ADULTS WITH DIABETES IN 2007 THERE WERE 1,111 DE ATHS IN YOLO COUNTY AND OF THOSE THE THREE LEADING CAUSES WERE CANCER, HEART DISEASE AND S TROKE IN 2007 THERE WERE 2,522 BIRTHS AS WELL AS 12 INFANT DEATHS THAT SAME YEAR IN 2008 THE LIFE EXPECTANCY AT BIRTH WAS 79 2 YEARS WHICH WAS RIGHT BELOW THE CALIFORNIA LIFE EXP ECTANCY IN 2010 20% OF RESIDENTS WERE WITHOUT ANY HEALTH INSURANCE WHICH WAS ABOVE BOTH T HE STATE LEVEL OF 18 5% AND THE FEDERAL LEVEL OF 15 5% IN YOLO COUNTY 65 6% OF RESIDENTS HAVE EMPLOYMENT-BASED HEALTH INSURANCE WHILE 8 3% OF RESIDENTS ARE COVERED BY PUBLIC PROGR AMS SUCH AS MEDICAID OR MEDICARE

Identifier	ReturnReference	Explanation
COMMUNITY INFORMATION (CONTINUED)	PART VI, QUESTION 5	<p>SACRAMENTO COUNTY ACCORDING TO THE 2010 U S CENSUS BUREAU SACRAMENTO COUNTY HAD A POPULAT ION OF 1,418,788 AND CONSISTED OF 49% MEN AND 51% WOMEN WITH A MEDIAN AGE OF 33 8 YEARS T HE POPULATION DENSITY WAS 1,470 8 PEOPLE PER SQUARE MILE IN 2010 WHICH IS NEARLY SIX TIMES THE CALIFORNIA STATE DENSITY OF 239 1 PEOPLE PER SQUARE MILE SACRAMENTO'S POPULATION CON SISTS OF 57 5% WHITE RESIDENTS, 21 6% HISPANIC OR LATINO AND 14 3% ASIAN THREE QUARTERS (75 6%) OF RESIDENTS SPEAK ENGLISH AT HOME AND 10% SPEAK SPANISH THE MEDIAN HOUSEHOLD SIZE IS 2 69 PEOPLE WITH A 2010 AVERAGE INCOME OF \$56,439 AND A MEDIAN HOUSE VALUE OF \$324,200 A HIGH PERCENTAGE (85 1%) OF RESIDENTS 25 YEARS OF AGE OR OLDER HAVE A HIGH SCHOOL DEGRE E OR HIGHER WHILE 27 8% OF RESIDENTS 25 YEARS OF AGE OR OLDER HAVE A BACHELOR'S DEGREE OR HIGHER IN SACRAMENTO THE POVERTY LEVEL IN 2010 WAS AT 13 9% OF RESIDENTS, RIGHT AT THE CA LIFORNIA STATE LEVEL OF 13 7% AND JUST BELOW THE FEDERAL POVERTY LEVEL OF 15 1% THE UNEMPL OYMENT RATE WAS AT 12 4% IN APRIL 2010 WHICH WAS EXACTLY AT THE CALIFORNIA LEVEL OF 12 4% YET ABOVE THE FEDERAL LEVEL OF 9 9% FOOD SUPPLIES CONSIST OF 255 GROCERY STORES, 10 SUPER CENTERS AND CLUB STORES, 233 CONVENIENCE STORES (WITH GAS) AND 922 FULL SERVICE RESTAURANT S IN 2010, HEALTH ISSUES IN THIS COUNTY INCLUDED 20 8% OF ADULTS BEING OBESE, 6 4% OF ADU LTS WITH DIABETES AND 25 3% OF ADULTS WITH HIGH BLOOD PRESSURE IN 2007 THERE WERE 9,548 D EATHS IN SACRAMENTO COUNTY AND OF THOSE THE THREE LEADING CAUSES WERE CANCER, HEART DISEAS E AND STROKE IN 2007 THERE WERE 22,119 BIRTHS AS WELL AS 127 INFANT DEATHS THAT SAME YEAR IN 2008 THE LIFE EXPECTANCY AT BIRTH WAS 78 4 YEARS WHICH WAS BELOW THE CALIFORNIA LIFE EXPECTANCY IN 2010 17 6% OF RESIDENTS WERE WITHOUT ANY HEALTH INSURANCE WHICH WAS BELOW T HE STATE LEVEL OF 18 5% YET RIGHT ABOVE THE FEDERAL LEVEL OF 15 5% IN SACRAMENTO COUNTY 5 6 7% OF RESIDENTS HAVE EMPLOYMENT-BASED HEALTH INSURANCE WHILE 17 6% OF RESIDENTS ARE COVE RED BY PUBLIC PROGRAMS SUCH AS MEDICAID OR MEDICARE</p> <p>SOLANO COUNTY ACCORDING TO THE 2010 U S CENSUS BUREAU SOLANO COUNTY HAD A POPULATION OF 413,344 AND CONSISTED OF 49 9% MEN AND 50 1% WOMEN WITH A MEDIAN AGE OF 33 9 YEARS THE POPULATION DENSITY WAS 203 PEOPLE PER SQ UARE MILE IN 2010 WHICH IS JUST UNDER THE CALIFORNIA STATE DENSITY OF 239 1 PEOPLE PER SQU ARE MILE SOLANO'S POPULATION CONSISTS OF 51% WHITE RESIDENTS, 24% HISPANIC OR LATINO, 14 6% ASIAN AND 14 7 BLACK NON-HISPANIC THREE QUARTERS (75 4%) OF RESIDENTS SPEAK ENGLISH AT HOME WHITE 12 1% SPEAK SPANISH THE MEDIAN HOUSEHOLD SIZE IS 2 86 PEOPLE WITH A 2010 AVER AGE INCOME OF \$68,409 AND A MEDIAN HOUSE VALUE OF \$389,800 A HIGH PERCENTAGE (85 8%) OF R ESIDENTS 25 YEARS OF AGE OR OLDER HAVE A HIGH SCHOOL DEGREE OR HIGHER WHILE 24% OF RESIDENT S 25 YEARS OF AGE OR OLDER HAVE A BACHELOR'S DEGREE OR HIGHER IN SOLANO THE POVERTY LEVE L IN 2010 WAS AT 10 4% OF RESIDENTS, BELOW BOTH THE CALIFORNIA STATE LEVEL OF 13 7% AND TH E FEDERAL POVERTY LEVEL OF 15 1% THE UNEMPLOYMENT RATE WAS AT 11 8% IN APRIL 2010 WHICH WA S BELOW THE CALIFORNIA LEVEL OF 12 4% YET ABOVE THE FEDERAL LEVEL OF 9 9% FOOD SUPPLIES C ONSIST OF 78 GROCERY STORES, 91 CONVENIENCE STORES (WITH GAS) AND 221 FULL SERVICE RESTAUR ANTS IN 2010, HEALTH ISSUES IN THIS COUNTY INCLUDED 20 9% OF ADULTS BEING OBESE, 6 4% OF ADULTS WITH DIABETES AND 21 9% OF ADULTS WITH HIGH BLOOD PRESSURE IN 2007 THERE WERE 2,77 4 DEATHS IN SOLANO COUNTY AND OF THOSE THE THREE LEADING CAUSES WERE CANCER, HEART DISEASE AND STROKE IN 2007 THERE WERE 5,849 BIRTHS AS WELL AS 41 INFANT DEATHS THAT SAME YEAR I N 2008 THE LIFE EXPECTANCY AT BIRTH WAS 78 5 YEARS WHICH WAS BELOW THE CALIFORNIA LIFE EXP ECTANCY IN 2010 20 3% OF RESIDENTS WERE WITHOUT ANY HEALTH INSURANCE WHICH WAS ABOVE BOTH THE STATE LEVEL OF 18 5% AND THE FEDERAL LEVEL OF 15 5% IN SOLANO COUNTY 53 9% OF RESIDE NTS HAVE EMPLOYMENT-BASED HEALTH INSURANCE WHILE 15 7% OF RESIDENTS ARE COVERED BY PUBLIC PROGRAMS SUCH AS MEDICAID OR MEDICARE</p> <p>SUTTER COUNTY ACCORDING TO THE 2010 U S CENSUS BUR EAU SUTTER COUNTY HAD A POPULATION OF 94,737 AND CONSISTED OF 49 6% MEN AND 50 4% WOMEN WI TH A MEDIAN AGE OF 34 1 YEARS THE POPULATION DENSITY WAS 157 3 PEOPLE PER SQUARE MILE IN 2010 WHICH IS WELL BELOW THE CALIFORNIA STATE DENSITY OF 239 1 PEOPLE PER SQUARE MILE SUT TER'S POPULATION CONSISTS OF 61% WHITE RESIDENTS, 28 8% HISPANIC OR LATINO, AND 14 4% ASIA N A LITTLE OVER HALF (69 7%) OF RESIDENTS SPEAK ENGLISH AT HOME WHILE 17 7% SPEAK SPANISH (14% OF WHICH DO NOT SPEAK ENGLISH AT ALL) AND 10 9% SPEAK INDO-EUROPEAN THE MEDIAN HOUS EHOLD SIZE IS 2 95 PEOPLE WITH A 2010 AVERAGE INCOME OF \$50,944 AND A MEDIAN HOUSE VALUE O F \$262,200 OVER THREE QUARTERS (78 4%) OF RESIDENTS 25 YEARS OF AGE OR OLDER HAVE A HIGH SCHOOL DEGREE OR HIGHER WHILE 18 7% OF RESIDENTS 25 YEARS OF AGE OR OLDER HAVE A BACHELOR' S DEGREE OR HIGHER IN SUTTER THE POVERTY LEVEL IN 2010 WAS AT 14 3% OF RESIDENTS, ABOVE T HE CALIFORNIA STATE LEVEL OF 13 7% YET BELOW THE F</p>

Identifier	ReturnReference	Explanation
COMMUNITY INFORMATION (CONTINUED)	PART VI, QUESTION 5	FEDERAL POVERTY LEVEL OF 15 1% THE UNEMPLOYMENT RATE WAS AT 21% IN APRIL 2010 WHICH WAS FAR ABOVE BOTH THE CALIFORNIA LEVEL OF 12 4% AND THE FEDERAL LEVEL OF 9 9% FOOD SUPPLIES CON SIST OF 21 GROCERY STORES, 19 CONVENIENCE STORES (WITH GAS) AND 61 FULL SERVICE RESTAURANT S IN 2008, HEALTH ISSUES IN THIS COUNTY INCLUDED 25 3% OF ADULTS BEING OBESE AND 7 9% OF ADULTS WITH DIABETES IN 2007 THERE WERE 690 DEATHS IN SUTTER COUNTY AND OF THOSE THE THRE E LEADING CAUSES WERE HEART DISEASE, CANCER AND STROKE IN 2007 THERE WERE 1,497 BIRTHS AS WELL AS 9 INFANT DEATHS THAT SAME YEAR IN 2008 THE LIFE EXPECTANCY AT BIRTH WAS 77 7 YEA RS WHICH WAS RIGHT AT THE CALIFORNIA LIFE EXPECTANCY IN 2010 22 8% OF RESIDENTS WERE WITH OUT ANY HEALTH INSURANCE WHICH WAS ABOVE BOTH THE STATE LEVEL OF 18 5% AND THE FEDERAL LEV EL OF 15 5% IN SUTTER COUNTY 47 1% OF RESIDENTS HAVE EMPLOYMENT-BASED HEALTH INSURANCE WH ILE 24 4% OF RESIDENTS ARE COVERED BY PUBLIC PROGRAMS SUCH AS MEDICAID OR MEDICARE

Identifier	ReturnReference	Explanation
PROMOTION OF COMMUNITY HEALTH	PART VI, QUESTION 5	<p>SUTTER HEALTH'S MISSION IS TO "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 HOSPITALS AND FACILITIES OUR AFFILIATES FURTHER THEIR TAX-EXEMPT PURPOSE BY - BUILDING RELATIONSHIPS OF TRUST BY 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, AND - PROVIDING GENEROUS CHARITY CARE POLICIES FOR OUR MOST VULNERABLE COMMUNITY MEMBERS THE HOSPITAL HAS AN OPEN MEDICAL STAFF AND IS RUN BY A COMMUNITY BOARD A FEW HIGHLIGHTS OF SACRAMENTO SIERRA REGION'S COMMUNITY BENEFIT ACTIVITIES IN 2011 SUTTER DAVIS HOSPITAL HAS PARTNERED WITH COMMUNICARE HEALTH CENTERS FOR MORE THAN 15 YEARS TO IMPROVE ACCESS TO CARE FOR THE UNINSURED AND UNDERINSURED RESIDENTS OF YOLO COUNTY COMMUNICARE IS A FEDERALLY QUALIFIED HEALTH CENTER (FQHC) THAT PROVIDES GENERAL MEDICINE, PEDIATRICS, IMMUNIZATIONS, WOMEN'S HEALTH SERVICES, PRENATAL CARE , CHRONIC DISEASE MANAGEMENT, VISION CARE, AND HIV SERVICES EACH YEAR, MORE THAN 23,000 PEOPLE ARE TREATED BY COMMUNICARE'S MEDICAL AND MENTAL HEALTH PROFESSIONALS THE INTERIM CARE PROGRAM (ICP) IN SACRAMENTO LINKS HOMELESS MEN AND WOMEN TO VITAL COMMUNITY SERVICES WHILE GIVING THEM A PLACE TO HEAL IN A 18-BED SHELTER THE PROGRAM OFFERS THREE MEALS PER DAY, MEDICAL FOLLOW-UP AND CASE MANAGEMENT THE MOST INNOVATIVE ASPECT OF THIS PROGRAM IS THE UNIQUE COLLABORATION BETWEEN ALL LOCAL HEALTH CARE SYSTEMS, THE COUNTY OF SACRAMENTO, THE SALVATION ARMY AND THE EFFORT, INC , A LOCAL COMMUNITY CLINIC THE SOLANO ICP HAS NOW MERGED WITH THE FREQUENT USER GROUP AND IS CALLED THE TRANSITIONAL CARE COLLABORATIVE (TCC) TO COVER ALL THE TRANSITIONAL CARE NEEDS OF UNINSURED AND UNDERINSURED PEOPLE IN SOLANO THE GROUP IS COMPRISED OF THE COMMUNITY PARTNERS, INCLUDING SUTTER SOLANO MEDICAL CENTER, KAISER PERMANENTE, FAIRFIELD-SUISUN COMMUNITY ACTION COUNCIL, LA CLINICA DE LA RAZA, NORTHBAY HEALTHCARE, SOLANO COALITION FOR BETTER HEALTH AND THE SOLANO COUNTY HEALTH AND SOCIAL SERVICES SUTTER MEDICAL CENTER, SACRAMENTO IS A FOUNDING PARTNER OF T3, A PROGRAM THAT PROVIDES SERVICES TO PATIENTS WHO SEEK EMERGENCY DEPARTMENT CARE FOR NEEDS THAT ARE BEST ADDRESSED THROUGH PREVENTIVE MEASURES BY PRIMARY CARE PROVIDERS T3 FOOTHILLS (SERVING SUTTER AUBURN FAITH HOSPITAL, SUTTER ROSEVILLE MEDICAL CENTER AND KAISER PERMANENTE) BEGAN IN JANUARY 2011 AND IS SUCCESSFUL SERVING PATIENTS WHO ARE MENTALLY ILL, FREQUENT USERS OF THE EMERGENCY DEPARTMENT AND WHO ARE CURRENTLY HOMELESS SACRAMENTO SIERRA REGION PARTNERS WITH THE EFFORT, AN ORGANIZATION WHO PROVIDES PRIMARY MEDICAL CARE TO MORE THAN 5,000 PATIENTS EACH YEAR, SERVING THE UNINSURED AND UNDERINSURED OF THE SACRAMENTO AREA THE EFFORT PARTNERS WITH SUTTER HEALTH IN DELIVERY OF ITS ICP AND T3 PROGRAMS THE SOCIAL INEBRIATE PROGRAM (SIP) ADDRESSES HEALTH, SAFETY AND HOUSING NEEDS OF CHRONIC HOMELESS ADULTS LIVING ON THE STREETS OF SACRAMENTO THE PROGRAM CONSISTS OF A PARTNERSHIP BETWEEN SUTTER MEDICAL CENTER, SACRAMENTO, SACRAMENTO'S NAVIGATOR PROGRAM AND SACRAMENTO SELF HELP HOUSING LA CLINICA, A PARTNERSHIP BETWEEN LA CLINICA NORTH VALLEJO COMMUNITY CLINIC AND SUTTER SOLANO MEDICAL CENTER, SERVES AS AN EMERGENCY DEPARTMENT DIVERSION SITE, SHORTENING WAIT TIMES FOR NONEMERGENCY PATIENTS AND FREEING UP VALUABLE SERVICES TO THOSE TRULY IN NEED OF EMERGENCY DEPARTMENT ATTENTION LA CLINICA IS A PARTNER IN OUR TRANSITIONAL CARE COLLABORATIVE IN SOLANO AND SERVES AS THE MEDICAL HOME FOR MANY OF THESE CLIENTS SUTTER MEDICAL CENTER, SACRAMENTO INVESTS IN COMMUNITY-BASED ORGANIZATIONS THROUGH AN ANNUAL COMMUNITY BENEFIT GRANTS PROGRAM EACH YEAR, LOCAL ORGANIZATIONS ARE GRANTED UP TO \$50,000 EACH TO ENSURE ACCESS TO PRIMARY CARE AND MENTAL HEALTH SERVICES, IMPROVE THE LIVES OF MOTHERS AND CHILDREN, PREPARE YOUTH FOR HEALTHY FUTURES AND ASSIST INDIVIDUALS AND FAMILIES MOVING FROM HOMELESSNESS TO SELF-SUFFICIENCY SUTTER ROSEVILLE MEDICAL CENTER PARTNERS WITH OAKMONT HIGH SCHOOL ON THE OAKMONT HEALTH CARE ACADEMY, A THREE-YEAR HIGH SCHOOL PROGRAM FOR STUDENTS INTERESTED IN EXPLORING AND PREPARING FOR CAREERS IN HEALTH CARE THE SUTTER CENTER FOR HEALTH PROFESSIONS (SCHP) IS A NURSING PROGRAM THAT CONTINUES TO REACH AND RECRUIT THOSE FROM AT-RISK COMMUNITIES AND PROVIDES STEADY CAREER OPPORTUNITIES TO THOSE WHO MIGHT NOT OTHERWISE HAVE ACCESS TO HEALTH CARE CAREER EDUCATION IN PARTNERSHIP WITH HILL PHYSICIANS MEDICAL GROUP , SACRAMENTO SIERRA REGION HOSPITALS SUPPORTED SERVICES GIVEN ON A ONE-ON-ONE BASIS TO ASSIST COMMUNITY MEMBERS AND TO ENHANCE PATIENT ACCESS TO CARE THIS INCLUDES ENROLLMENT ASSISTANCE IN PUBLIC PROGRAMS, TRANSPORTATION PROGRAMS</p>

Identifier	ReturnReference	Explanation
PROMOTION OF COMMUNITY HEALTH	PART VI, QUESTION 5	AND VOUCHERS AND MEALS-ON-WHEELS THE FAMILY SUPPORT PROJECT (FSP) IS A WAY FOR SUTTER AU BURN FAITH HOSPITAL (SAFH) AND SUTTER ROSEVILLE MEDICAL CENTER (SRMC) TO CONNECT WITH NEW FAMILIES IN NEED OF SUPPORT AND EDUCATION IT SERVES AS A CONNECTOR TO PROVIDE ONGOING SUP- PORT AND A CATALYST THAT CONNECTS FAMILIES TO APPROPRIATE MEDICAL AND MENTAL HEALTH CARE THE WOMEN'S SERVICES OF AMADOR IS THE ONLY CLINIC WITHIN THE COUNTY THAT WILL SEE MEDICARE AND MEDI-CAL PATIENTS THIS PROGRAM SERVED OVER 10,500 PERSONS IN 2011 SUTTER AMADOR HOS PITAL (SAH) SUPPORTED AMADOR STAR'S ANNUAL CAMP OUT FOR CANCER, AN INSPIRING FAMILY-FRIEND LY EVENT THAT RAISES FUND FOR CANCER SERVICES IN THE COMMUNITY, SUCH AS TRANSPORTATION TO MEDICAL APPOINTMENTS, WIGS AND SCARVES FOR CHEMOTHERAPY PATIENTS AND MUCH MORE THIS PROGR AM HELPED 1,300 PERSONS IN 2011 SAH SUPPORTS A DIABETES PROGRAM THAT HELPS PEOPLE AND THE IR FAMILIES UNDERSTAND AND MANAGE THIS LIFE-THREATENING DISEASE SERVICES INCLUDE TRAINING IN THE USE OF BLOOD SUGAR TESTING EQUIPMENT, DIET AND EXERCISE, FOOD SHOPPING AND SYMPTOM CONTROL THIS PROGRAM IS THE ONLY DIABETES-SPECIFIC PROGRAM WITHIN A 65-MILE RADIUS THIS PROGRAM SERVED OVER 2,900 PERSONS IN 2011 THE SENIOR RECREATION AND RESPITE PROGRAM, PRO VIDED BY SAH AND SUTTER ROSEVILLE MEDICAL CENTER, IS DESIGNED TO MEET THE NEEDS OF OLDER A DULTS WITH MEMORY OR PHYSICAL IMPAIRMENT THE PROGRAM PROVIDES RECREATIONAL, SOCIAL AND ED UCATIONAL ACTIVITIES FOR THE PARTICIPANTS AND RESPITE FOR CAREGIVERS TO ENJOY SOME FREE TI ME TO THEMSELVES IN 2010, THE PROGRAM EXPANDED AND TRANSPORTATION IS NOW OFFERED THROUGH HEALTH EXPRESS TO ENSURE THOSE WHO BENEFIT THE MOST FROM THE PROGRAM WILL CONTINUE TO HAVE ACCESS THE HEALTH EXPRESS PROGRAM, STARTED AT SAFH MORE THAN A DECADE AGO, OFFERS FREE NON- EMERGENCY MEDICAL TRANSPORTATION TO SENIORS AND DISABLED INDIVIDUALS IN AUBURN

Identifier	ReturnReference	Explanation
AFFILIATED HEALTH CARE SYSTEM	PART VI, QUESTION 6	<p>SACRAMENTO SIERRA REGION IS AFFILIATED WITH SUTTER HEALTH, A NOT-FOR-PROFIT NETWORK OF 48,000 PHYSICIANS, EMPLOYEES, AND VOLUNTEERS WHO CARE FOR MORE THAN 100 NORTHERN CALIFORNIA TOWNS AND CITIES TOGETHER, WE'RE CREATING A MORE INTEGRATED, SEAMLESS AND AFFORDABLE APPROACH TO CARING FOR PATIENTS IT'S BETTER FOR PATIENTS WE BELIEVE THIS COMMUNITY-OWNED, NOT-FOR-PROFIT APPROACH TO HEALTH CARE BEST SERVES OUR PATIENTS AND OUR COMMUNITIES - FOR MULTIPLE REASONS FIRST OF ALL, IT'S GOOD FOR PATIENTS ACCORDING TO THE JOURNAL OF GENERAL INTERNAL MEDICINE (APRIL 2000), PATIENTS TREATED AT FOR-PROFIT OR GOVERNMENT-OWNED HOSPITALS WERE TWO-TO-FOUR TIMES MORE LIKELY TO SUFFER PREVENTABLE ADVERSE EVENTS THAN PATIENTS TREATED AT NOT-FOR-PROFIT INSTITUTIONS OUR STOCKHOLDERS ARE OUR COMMUNITIES INVESTOR-OWNED, FOR-PROFIT HEALTH SYSTEMS HAVE A FINANCIAL INCENTIVE TO AVOID CARING FOR UNINSURED AND UNDERINSURED PATIENTS THEY ALSO HAVE A FINANCIAL INCENTIVE TO AVOID HARD-TO-SERVE POPULATIONS AND "UNDESIRABLE" GEOGRAPHIC AREAS SUCH AS RURAL AREAS FOR MANY NORTHERN CALIFORNIA'S UNDERSERVED RURAL LOCALES, SUTTER HEALTH IS THE ONLY PROVIDER OF HOSPITAL AND EMERGENCY MEDICAL SERVICES IN THE COMMUNITY PROVIDING CHARITY CARE AND SPECIAL PROGRAMS TO COMMUNITIES OUR COMMUNITIES' SUPPORT HELPS US EXPAND SERVICES, INTRODUCE NEW PROGRAMS AND IMPROVE MEDICAL TECHNOLOGY ACROSS OUR NETWORK, EVERY SUTTER HOSPITAL, PHYSICIAN ORGANIZATION AND CLINIC HAS A SPECIAL STORY TO TELL ABOUT FULFILLING VITAL COMMUNITY NEEDS OUR COMMITMENT TO COMMUNITY BENEFIT MEETING THE HEALTH CARE NEEDS OF OUR COMMUNITIES IS THE CORNERSTONE OF SUTTER HEALTH'S NOT-FOR-PROFIT MISSION THIS INCLUDES DIRECTLY SERVING THOSE WHO CANNOT AFFORD TO PAY FOR HEALTH CARE AND SUPPORTING PROGRAMS AND SERVICES THAT HELP THOSE IN FINANCIAL NEED SUTTER HEALTH NOW PROVIDES \$2.7 MILLION IN CHARITY CARE PER WEEK IN 2011, OUR NETWORK OF PHYSICIAN ORGANIZATIONS, HOSPITALS AND OTHER HEALTH CARE PROVIDERS INVESTED A RECORD \$756 MILLION IN BENEFITS TO THE POOR AND UNDERSERVED* AND THE BROADER COMMUNITY** THIS INCLUDES - THE COST OF PROVIDING CHARITY CARE - THE UNPAID COSTS OF PARTICIPATING IN MEDICAL - INVESTMENTS IN MEDICAL RESEARCH, HEALTH EDUCATION AND COMMUNITY-BASED PUBLIC BENEFIT PROGRAMS SUCH AS SCHOOL-BASED CLINICS AND PRENATAL CARE FOR PATIENTS * 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 MEDICAL 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</p>

Identifier	ReturnReference	Explanation
STATE FILING OF COMMUNITY BENEFIT REPORT	PART VI, QUESTION 7	CALIFORNIA

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

[illegible]

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

2011

Open to Public
Inspection

Employer identification number
94-1156621

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 66

3 Enter total number of other organizations listed in the line 1 table 3

Part III

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

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

Part IV

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

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS	PART I, 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
EFFORT INC1820 J ST SACRAMENTO, CA 95814	94-1713704	501(C)(3)	1,299,208				GENERAL SUPPORT
COMMUNICARE HEALTH CENTERS POBOX 1260 DAVIS, CA 956171260	94-2188574	501(C)(3)	1,126,999				GENERAL SUPPORT

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
LOS RIOS COMMUNITY COLLEGE3835 FREEPORT BLVD SACRAMENTO, CA 95822	94-1576340	501(C)(3)	359,550				GENERAL SUPPORT
SENIOR FIRST 11566 D AVE AUBURN, CA 95603	68-0430154	501(C)(3)	200,500				GENERAL SUPPORT

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
RITE AID CORP POBOX 360321 PITTSBURGH, PA 152506321	23- 1614034	501(C)(3)	156,803				GENERAL SUPPORT
VALLEY VISION INC 2320 BROADWAY SACRAMENTO, CA 95818	94- 3214572	501(C)(3)	150,000				GENERAL SUPPORT

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 1722 J ST STE 17 SACRAMENTO, CA 95811	20-1119447		146,250				GENERAL SUPPORT
HEALTH TEACHER INC 5200 MARYLAND WAY BRENTWOOD, TN 37027	20-3456491	501(C)(3)	120,552				GENERAL SUPPORT

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
SACRAMENTO SELF HELP HOUSING POBOX 188445 SACRAMENTO, CA 95818	68- 0217383	501(C)(3)	62,500				GENERAL SUPPORT
SACRAMENTO COTTAGE HOUSING INC1726 PROFESSIONAL DR SACRAMENTO, CA 95825	68- 0322086	501(C)(3)	56,350				GENERAL SUPPORT

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
GIFTS TO SHARE INC1231 I ST STE 400 SACRAMENTO, CA 95814	94- 2985546	501(C)(3)	56,000				GENERAL SUPPORT
WOMENS EMPOWERMENT1400 NO C ST SACRAMENTO, CA 95814	26- 4672343	501(C)(3)	55,000				GENERAL SUPPORT

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
SAC METRO CHAMBER COMMERCEONE CAPITOL MALL SACRAMENTO,CA 95814	94-0824600	501(C)(3)	55,000				GENERAL SUPPORT
AMERICAN HEART ASSNPO BOX 160126 SACRAMENTO,CA 95816	94-1219116		50,000				GENERAL SUPPORT

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
STANFORD SETTLEMENT INC 450 WEL CAMINO AVE SACRAMENTO,CA 95833	94-1550842	501(C)(3)	50,000				GENERAL SUPPORT
PLACER CNTY DEPT HEALTH & HUMAN SVCS11484 B AVE AUBURN,CA 95603			45,000				GENERAL SUPPORT

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
FIRST RESPONDER SACRAMENTO POBOX 24 CHICO,CA 95927	68- 0414838	501(C)(3)	44,747				GENERAL SUPPORT
GATHERING INN POBOX 297 ROSEVILLE,CA 95678	84- 1657746	501(C)(3)	44,000				GENERAL SUPPORT

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(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
SACRAMENTO NEIGHBORHOOD CENTER4141 WINTERS ST SACRAMENTO, CA 95838	27-4867563	501(C)(3)	39,261				GENERAL SUPPORT
FRANCIS HOUSE OF SACRAMENTO1422 C ST SACRAMENTO, CA 95814	94-2437147	501(C)(3)	39,000				GENERAL SUPPORT

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
CTR FOR COMNTY HLTH & WELL BEING INC1900 T ST SACRAMENTO, CA 95814	68-0248303	501(C)(3)	37,500				GENERAL SUPPORT
MARCH OF DIMES 1755 CREEKSIDE OAKS SACRAMENTO, CA 95833	13-1846366	501(C)(3)	35,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY 1720 SO AMPHLETT BLVD SAN MATEO, CA 94402	94- 1170350	501(C)(3)	34,131				GENERAL SUPPORT
LIGHTHOUSE COUNSELING & FAMILY CTR427 A ST STE 400 LINCOLN, CA 95648	35- 2252834	501(C)(3)	34,100				GENERAL SUPPORT

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
FAITH IN ACTION 3303 WHITEMARSH LN FAIRFIELD, CA 94534	68-0431992	501(C)(3)	33,000				GENERAL SUPPORT
WEAVEPOBOX 161389 SACRAMENTO, CA 95816	94-2493158	501(C)(3)	32,500				GENERAL SUPPORT

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
DAVIS FARMERS MARKET ASSN POBOX 1813 DAVIS,CA 95617	68- 0001588	501(C)(3)	30,200				GENERAL SUPPORT
LATINO LEADERSHIP COUNCIL INC2945 BELL RD STE 274 AUBURN,CA 95603	27- 0970476	501(C)(3)	30,000				GENERAL SUPPORT

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
FAIRFIELD SUISUN COMNTY ACTION CNCL INC416 UNION AVE FAIRFIELD,CA 94533	68-0041385	501(C)(3)	30,000				GENERAL SUPPORT
SACRAMENTO AREA CONGREGATIONS TOGETHER2510 J ST SACRAMENTO,CA 95816	94-3143791	501(C)(3)	27,500				GENERAL SUPPORT

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
PEOPLE REACHING OUT 5299 AUBURN BLVD SACRAMENTO, CA 95841	94-2795430	501(C)(3)	27,300				GENERAL SUPPORT
UNITED CEREBRAL PALSY OF SACTO 191 LATHROP WAY NO SACRAMENTO, CA 95815	94-1507998	501(C)(3)	27,250				GENERAL SUPPORT

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

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WIND YOUTH SERVICESPO BOX 13856 SACRAMENTO, CA 95853	55-0844444	501(C)(3)	25,000				GENERAL SUPPORT
SACRAMENTO LOAVES AND FISHESPOBOX 2161 SACRAMENTO, CA 95812	68-0189897	501(C)(3)	25,000				GENERAL SUPPORT

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
DOWNTOWN SACTO PARTNERSHIP980 NINTH ST SACRAMENTO, CA 95814	68-0270320	501(C)(3)	25,000				GENERAL SUPPORT
SAC ASIAN PACIFIC CHAMBER OF COMMERCE2012 H ST SACRAMENTO, CA 95814	68-0306606	501(C)(3)	25,000				GENERAL SUPPORT

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
PLACER WOMENS CENTER INCPO BOX 5462 AUBURN,CA 95604	94-2578871	501(C)(3)	25,000				GENERAL SUPPORT
SACRAMENTO FOOD BANK SERVICES3333 3RD AVE SACRAMENTO, CA 95817	94-3315566	501(C)(3)	25,000				GENERAL SUPPORT

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
SACRAMENTO BLACK CHAMBER OF COMMERCE5770 FREEPORT BLVD SACRAMENTO, CA 95822	68- 0083646	501(C)(3)	20,000				GENERAL SUPPORT
KIDS FIRST7311 GALILEE RD ROSEVILLE, CA 95678	68- 0195225	501(C)(3)	20,000				GENERAL SUPPORT

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
SACTO REGION SPORTS EDUCATION FDN 700 UNIVERSITY AVE SACRAMENTO, CA 95825	68-0414507	501(C)(3)	20,000				GENERAL SUPPORT
PROJECT FIT AMERICAPO BOX 308 BOYS HOT SPRING, CA 95416	36-3730823	501(C)(3)	18,500				GENERAL SUPPORT

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

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LEED SACTO DBA CAREER YOUTH CONF10680 WHITE ROCK RANCHO CORDOVA, CA 95670	68- 0287387	501(C)(3)	18,000				GENERAL SUPPORT
UCDAVIS HLTH SYS HLTH SCIENCES ADVANCEMENT4900 BROADWAY SACRAMENTO, CA 95820	94- 6036494	501(C)(3)	16,134				GENERAL SUPPORT

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

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SAC AREA REGIONAL TECHALLIANCE3801 POWER INN RD SACRAMENTO, CA 95826	68-0332874	501(C)(3)	15,000				GENERAL SUPPORT
SAC HISPANIC CHAMBER OF COMMERCE1491 RIVER PARK DR SACRAMENTO, CA 95815	94-2446259	501(C)(3)	15,000				GENERAL SUPPORT

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
ARDEN FAIR ASSOCIATES1689 ARDEN WAY SACRAMENTO, CA 95815	36-3584120	501(C)(3)	14,437				GENERAL SUPPORT
RIVER CITY COMMUNITY SERVICES3311 E CURTIS DR SACRAMENTO, CA 95818	91-1851398	501(C)(3)	12,500				GENERAL SUPPORT

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

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SOCIETY FOR THE BLIND INC1238 S ST SACRAMENTO, CA 95811	94-1384666	501(C)(3)	12,500				GENERAL SUPPORT
WOMEN HEALTH CARE EXEC OF N CALIFORNIAPO BOX 3634 OAKLAND, CA 94609	20-3768375	501(C)(3)	10,000				GENERAL SUPPORT

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
HOPE PRODUCTIONS FOUNDATION2020 HURLEY WY SACRAMENTO, CA 95825	26-2365867	501(C)(3)	10,000				GENERAL SUPPORT
CAPITAL CITY AIDS PO BOX 160581 SACRAMENTO, CA 95816	68-0385175	501(C)(3)	10,000				GENERAL SUPPORT

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

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YOLO COUNTY OF CHILDRENS ALLIANCE600 A STE Y DAVIS,CA 95616	68-0526185	501(C)(3)	10,000				GENERAL SUPPORT
CHILD ADVOCATES OF PLACER CNTY 11641 BLOCKER DR AUBURN,CA 95603	77-0620948	501(C)(3)	10,000				GENERAL SUPPORT

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

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THEATRE FOR CHILDREN INC560 RODANTE WY SACRAMENTO, CA 95864	95-4047805	501(C)(3)	10,000				GENERAL SUPPORT
TIMBERLAKE HOME HEALTH SUPPLY 8322 FERGUSON AVE SACRAMENTO, CA 95828	94-2859244	501(C)(3)	9,928				GENERAL SUPPORT

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

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AMERICAN DIABETES ASSOCIATIONPO BOX 930850 ATLANTA,GA 31193	13-1623888	501(C)(3)	9,500				GENERAL SUPPORT
SUTTER VNA AND HOSPICE1900 POWELL ST EMERYVILLE, CA 94608	94-6068843	501(C)(3)	9,467				GENERAL SUPPORT

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

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PLACER COMMUNITY FOUNDATIONPO BOX 9207 AUBURN,CA 95604	20-1485011	501(C)(3)	8,500				GENERAL SUPPORT
SAINT JOHNS SHELTER WOMEN & CHILDRENPO BOX 188218 SACRAMENTO,CA 95818	68-0132934	501(C)(3)	7,500				GENERAL SUPPORT

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

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TOTAL RENAL CARE INCPO BOX 2076 TACOMA, WA 984012076	95-3372911	501(C)(3)	7,188				GENERAL SUPPORT
OAKMONT HIGH SCHOOL1710 CIRBY WY ROSEVILLE, CA 956615599	68-0071586	501(C)(3)	7,000				GENERAL SUPPORT

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COMMUNITY LINK CAPITAL REGION 909 12TH STREET SACRAMENTO, CA 95814	94- 1201196	501(C)(3)	6,500				GENERAL SUPPORT
VOLUNTEERS OF AMERICA110 SO UNION ST ALEXANDRIA, VA 223143324		501(C)(3)	6,000				GENERAL SUPPORT

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

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AMERICAN HEART ASSOCIATION100 MONTGOMERY ST SAN FRANCISCO, CA 94104	13-5613797	501(C)(3)	5,500				GENERAL SUPPORT
HEALTH EDUCATION COUNCIL3950 INDUSTRIAL BLVD SACRAMENTO, CA 95691	68-0242926	501(C)(3)	5,500				GENERAL SUPPORT

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

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SAC AREA COMMERCE AND TRADE ORG400 CAPITOL MALL SACRAMENTO, CA 95814	94-2278202	501(C)(3)	5,500				GENERAL SUPPORT
AMERICAN LEADERSHIP FORUM MT VALLEY CHAPTER6507 4TH AVE SACRAMENTO, CA 95817	91-1792774	501(C)(3)	5,400				GENERAL SUPPORT

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

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FAIRFIELD SUISUN CHAMBER OF COMMERCE1111 WEBSTER ST FAIRFIELD, CA 94533	94-1059185	501(C)(3)	5,025				GENERAL SUPPORT

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

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

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.

[illegible]

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 CERTAIN OFFICERS AND KEY EMPLOYEES OF SUTTER HEALTH MAY UPGRADE TO FIRST-CLASS TRAVEL FOR FLIGHTS GREATER THAN FOUR HOURS IN DURATION 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 AND TAXED ACCORDINGLY
SUPPLEMENTAL COMPENSATION INFORMATION	PART I, QUESTION 3	THE CEO OF THE ORGANIZATION IS AN EMPLOYEE OF SUTTER HEALTH, A RELATED TAX-EXEMPT ORGANIZATION THE COMPENSATION COMMITTEE OF THE SUTTER HEALTH BOARD OF DIRECTORS RETAINS ULTIMATE DISCRETIONARY AUTHORITY OVER ALL ELEMENTS OF COMPENSATION TO ENSURE 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 SUTTER HEALTH EXECUTIVES WITH A COMPETITIVE RETIREMENT BENEFIT CONSISTENT WITH SUTTER HEALTH'S OVERALL COMPENSATION PHILOSOPHY FOR ALL EMPLOYEES CONTRIBUTIONS ARE DESIGNED TAKING INTO CONSIDERATION LOST RETIREMENT BENEFITS THAT WOULD OTHERWISE BE OBTAINED THROUGH THE QUALIFIED PENSION PLAN SUTTER'S PLANS ARE DESIGNED CONSISTENT WITH COMPETITIVE INDUSTRY PRACTICES THE RETIREMENT PLAN FOR SUTTER HEALTH EMPLOYEES IS A COMBINATION OF SOCIAL SECURITY, 403B EMPLOYER MATCH CONTRIBUTIONS AND QUALIFIED PLAN BENEFITS SUTTER HEALTH EXECUTIVES ARE GENERALLY INELIGIBLE FOR EMPLOYER MATCH CONTRIBUTIONS ADDITIONALLY, QUALIFIED PLAN BENEFITS CAPS HAVE THE EFFECT OF SUBSTANTIALLY REDUCING RETIREMENT BENEFITS THAT ARE OTHERWISE PROVIDED TO ALL EMPLOYEES THE EFFECT IS THAT EXECUTIVES OFTEN DO NOT RECEIVE THE SAME LEVEL OF RETIREMENT BENEFIT ON AN INCOME REPLACEMENT BASIS AS OTHER EMPLOYEES TO ENSURE A COMPETITIVE RETIREMENT BENEFIT AND TO ADDRESS THE SHORTFALLS DESCRIBED ABOVE, SUTTER HEALTH MAKES AN ANNUAL CONTRIBUTION TO A NON-QUALIFIED 457(F) PLAN FOR ITS EXECUTIVES THE FORMULA HAS TWO PARTS (1) 4% TO 7% OF BASE SALARY (COMMENSURATE WITH MANAGEMENT LEVEL), PLUS (2) A CONTRIBUTION STARTING AT 5% (BASED UPON TENURE) FOR EARNINGS BEYOND THE PENSION PAY CAP THE LATTER OF WHICH IS DESIGNED TO HELP RESTORE LOST PENSION BENEFITS FORFEITED UNDER THE QUALIFIED PLAN FOR EARNINGS OVER THE PENSION PAY CAP LIMIT CONTRIBUTIONS ARE ALSO MADE FOR A SMALL GROUP OF SENIOR LEVEL EXECUTIVES WHOSE ESTIMATED RETIREMENT BENEFIT (SOCIAL SECURITY PLUS QUALIFIED PLAN BENEFITS PLUS 457F) FALLS BELOW 50% - 65% OF FINAL 4-YEAR AVERAGE BASE SALARY WHEN RETIRING AT AGE 65 TARGET BENEFIT LEVELS VARY BY YEARS OF SERVICE UNLIKE SUTTER HEALTH'S QUALIFIED PLAN WHERE EMPLOYEE BENEFITS ARE GUARANTEED (I E , A DEFINED BENEFIT), SUTTER'S NON-QUALIFIED PLAN BENEFITS ARE NOT GUARANTEED BY SUTTER HEALTH INVESTMENT RISK IS BORNE BY PARTICIPANTS AND BENEFITS ARE NOT PROTECTED SHOULD SUTTER HEALTH BECOME INSOLVENT
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 PLANS 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 COMBINATION OF CEO AND SUTTER HEALTH COMPENSATION COMMITTEE DISCRETION IN SOME CASES, THE SUTTER HEALTH COMPENSATION COMMITTEE HAS DELEGATED AUTHORITY TO THE PRESIDENT & CEO 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 IN ALL CASES, THE COMPENSATION COMMITTEE OF THE BOARD DETERMINES ACHIEVEMENT OF ORGANIZATION GOALS AND MAKES FINAL AWARD DETERMINATION WHICH MAY RESULT IN A REDUCTION OF AWARD IF APPROPRIATE ALL SENIOR EXECUTIVE AWARDS ARE REVIEWED FOR COMPENSATION REASONABLENESS AND APPROVED PRIOR TO PAYMENT 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				
PAT BRADY	(i)	0	0	0	0	0	0	0
	(ii)	489,618	252,853	9,796	286,385	19,568	1,058,220	311,604
PATRICK FRY	(i)	0	0	0	0	0	0	0
	(ii)	1,556,049	1,472,283	16,884	2,163,921	32,168	5,241,305	1,637,694
THOMAS GAGEN	(i)	0	0	0	0	0	0	0
	(ii)	581,244	267,008	3,783	414,781	19,276	1,286,092	322,739
TERRY GLUBKA	(i)	0	0	0	0	0	0	0
	(ii)	337,477	146,986	6,058	185,487	3,718	679,726	167,486
MITCH HANNA	(i)	0	0	0	0	0	0	0
	(ii)	299,203	118,344	11,677	178,665	20,104	627,993	139,994
SARAH KREVANS	(i)	0	0	0	0	0	0	0
	(ii)	865,473	633,427	11,318	716,220	22,510	2,248,948	706,173
CARRIE OWEN-PLIETZ	(i)	0	0	0	0	0	0	0
	(ii)	387,788	125,723	59,535	181,333	18,311	772,690	125,723
ANNE PLATT	(i)	0	0	0	0	0	0	0
	(ii)	275,024	125,939	8,296	150,102	20,303	579,664	139,105
THOMAS REAM II	(i)	0	0	0	0	0	0	0
	(ii)	237,359	79,245	4,268	69,192	12,730	402,794	86,845
RANDALL ROSS	(i)	0	0	0	0	0	0	0
	(ii)	264,567	99,734	670	96,986	18,108	480,065	112,969
JEFFREY W SPRAGUE	(i)	0	0	0	0	0	0	0
	(ii)	444,268	166,139	802	194,389	19,747	825,345	195,075
JANET WAGNER	(i)	0	0	0	0	0	0	0
	(ii)	303,161	116,685	5,269	164,771	15,387	605,273	137,712
PENNY WESTFALL	(i)	0	0	0	0	0	0	0
	(ii)	306,520	85,209	832	109,405	10,517	512,483	100,409
JOHN MESIC MD	(i)	0	0	0	0	0	0	0
	(ii)	498,651	173,855	9,296	206,780	14,490	903,072	214,176
CECILIA HERNANDEZ	(i)	0	0	0	0	0	0	0
	(ii)	337,710	88,703	6,256	106,656	11,857	551,182	88,703
JEFFREY SZCZESNY	(i)	0	0	0	0	0	0	0
	(ii)	286,623	101,001	5,007	124,309	18,120	535,060	101,001
SHELLY MCGRUFF	(i)	0	0	0	0	0	0	0
	(ii)	304,088	81,149	5,321	101,418	13,255	505,231	0
BARBARA NELSON	(i)	0	0	0	0	0	0	0
	(ii)	277,922	105,978	1,252	102,209	13,242	500,603	0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
SUTTER HEALTH SACRAMENTO SIERRA REGION

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

2011

Open to Public Inspection

Employer identification number
94-1156621

Part I Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A CSCDA 2003AB	68-0164610	130911NE6	05-01-2007	101,118,867	REFUNDING - 1/30/03		X		X		X
B CSCDA 2004CD	68-0164610	130795TE7	05-06-2008	87,750,717	REFUNDING - 2/17/04		X		X		X
C CSCDA 2005A	68-0164610	130911U24	10-19-2005	276,217,522	REFUNDING - 1995 COPS		X		X		X
D CSCDA 2005BC	68-0164610	130795EG8	05-01-2007	49,994,066	REFUNDING - 10/19/05		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	0		9,915,000		0			
2	Amount of bonds defeased	0		0		0			
3	Total proceeds of issue	104,908,272		88,508,187		284,787,106		52,179,709	
4	Gross proceeds in reserve funds	8,604,615		8,073,060		21,070,840		3,461,872	
5	Capitalized interest from proceeds	0		0		0			
6	Proceeds in refunding escrow	0		0		0			
7	Issuance costs from proceeds	0		0		0			
8	Credit enhancement from proceeds	0		0		0			
9	Working capital expenditures from proceeds	0		0		0			
10	Capital expenditures from proceeds	0		0		189,282,478			
11	Other spent proceeds	96,303,657		80,435,127		74,433,788		48,717,837	
12	Other unspent proceeds	0		0		0			
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				
2	Are there any lease arrangements that may result in private business use of bond-financed property?	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					
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X					
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	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	0 260 %		1 600 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 010 %		0 %					
6	Total of lines 4 and 5	0 270 %		1 600 %					
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X					

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		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	0		0		0			
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	0		0		0		0	
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

Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations ☒ Yes ☐ No

Part VI

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	0	

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

2011

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 CHFFA 2007A	52-1643828	13033FQ37	05-01-2007	790,998,316	CONSTRUCT & EQUIP FACILITY		X		X		X
B CHFFA 2008A	52-1643828	13033F2L3	05-14-2008	329,041,638	REFUND - 5/21/02, 2/17/04, 5/01/07		X		X		X
C CSCDA 2008BC	68-0164610	130795TD9	05-14-2008	291,999,417	CONSTRUCT & EQUIP FACILITY		X		X		X
D CSCDA 2011A	68-0164610	1307952Q9	02-10-2011	271,589,951	CONSTRUCT & EQUIP FACILITY		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	0		66,210,000		0		0	
2	Amount of bonds defeased	0		0		0		0	
3	Total proceeds of issue	857,735,124		329,041,638		306,625,587		276,906,636	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	55,398,317		0		31,655,776		0	
6	Proceeds in refunding escrow	0		0		0		0	
7	Issuance costs from proceeds	0		0		0		0	
8	Credit enhancement from proceeds	0		0		0		0	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	759,620,124		0		262,221,018		72,400,202	
11	Other spent proceeds	584,502		329,041,638		11,427,232		0	
12	Other unspent proceeds	42,132,181		0		1,321,561		204,506,434	
13	Year of substantial completion	2011							
		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
2	Are there any lease arrangements that may result in private business use of bond-financed property?	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	
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X				X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X				X		X	
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	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	0 930 %		0 %		0 570 %		0 280 %	
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 %				0 030 %		0 050 %	
6	Total of lines 4 and 5	0 930 %				0 600 %		0 330 %	
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	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	0		0		0			
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	0		0		0		0	
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

Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations ☐ Yes ☒ No

Part VI

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	0	

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

2011

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 2011C	68-0164610	1307954U8	12-22-2011	38,777,964	REFUNDING - 1999		X		X		X
B CHFFA 2011D	52-1643828	13033LVW4	12-22-2011	331,759,643	REFUNDING - 1998 AND 1999		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	0		0					
2	Amount of bonds defeased	0		0					
3	Total proceeds of issue	38,777,964		331,942,116					
4	Gross proceeds in reserve funds	0		0					
5	Capitalized interest from proceeds	0		0					
6	Proceeds in refunding escrow	38,777,964		65,070,000					
7	Issuance costs from proceeds	0		0					
8	Credit enhancement from proceeds	0		0					
9	Working capital expenditures from proceeds	0		0					
10	Capital expenditures from proceeds	0		0					
11	Other spent proceeds	0		124,025,000					
12	Other unspent proceeds	0		142,847,116					
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					
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III

Private Business Use

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

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?								
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?								
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government <div></div>	0 %		0 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government <div></div>								
6	Total of lines 4 and 5								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?								

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X				
2	Is the bond issue a variable rate issue?		X		X				
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X				
b	Name of provider	0		0					
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X		X				
b	Name of provider	0		0					
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X		X				
6	Did the bond issue qualify for an exception to rebate?		X		X				

Part V

Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations ☐ Yes ☒ No

Part VI

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	0	

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2011

Open to Public Inspection

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) MANPOWER TEMPORARY SERVICES	SEE PART V	505,711	SEE PART V		No
(2) TEICHERT LAND	SEE PART V	248,447	SEE PART V		No
(3) JENIFER P NEWELL	SEE PART V	60,356	SEE PART V		No
(4) MORAG M THOMSON	SEE PART V	20,083	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 NARENDRA PATHIPATI, TRUSTEE OF SUTTER HEALTH SACRAMENTO SIERRA REGION (SHSSR), IS AN OFFICER OF TEICHERT, INCORPORATED STONEBRIDGE (TEICHERT LAND) IS AN AFFILIATE OF TEICHERT INC DURING THE YEAR, SHSSR PAID TEICHERT LAND FOR SERVICES RENDERED 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 HELEN MACLEOD THOMSON, TRUSTEE OF SUTTER HEALTH SACRAMENTO SIERRA REGION (SHSSR) HAS A SISTER IN-LAW WHO IS A PER DIEM RN AT SUTTER DAVIS HOSPITAL WHICH IS A 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

2011

Open to Public
Inspection

Name of the organization SUTTER HEALTH SACRAMENTO SIERRA REGION	Employer identification number 94-1156621
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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, COMMUNITY AND AFFORDABILITY

Identifier	Return Reference	Explanation
EXEMPT PURPOSE ACHIEVEMENTS	FORM 990, PART III, LINE 4A	<p>SUTTER HEALTH SACRAMENTO SIERRA REGION SERVES SACRAMENTO, PLACER, YOLO, SOLANO, YUBA, AND SUTTER COUNTIES WITH COMPREHENSIVE HEALTH CARE. WE STRIVE TO PROVIDE ACCESS TO PRIMARY CARE PHYSICIANS AND SPECIALTY SERVICES IN EACH OF OUR COMMUNITIES, AND HAVE A NETWORK OF OVER 1,000 PHYSICIANS LOCALLY AND OVER 3,500 THROUGHOUT THE SUTTER HEALTH SYSTEM. DURING 2011 THE NUMBER OF PATIENT DAYS WAS 317,293. SUTTER AUBURN FAITH HOSPITAL SUTTER AUBURN FAITH HOSPITAL IS CURRENTLY LICENSED FOR 78 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, 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, EMERGENCY MEDICINE, ENDOSCOPY, 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 ENSURE 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:</p> <ul style="list-style-type: none">* 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 & 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 CARE GIVERS TO ENJOY SOME FREE TIME TO THEMSELVES. THE STAFF IS SUPPORTED BY ITS VALUABLE TEAM OF VOLUNTEERS AND COMPLETED BY PERSONAL CARE AIDES. R & 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 & 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.

Identifier	Return Reference	Explanation
EXEMPT PURPOSE ACHIEVEMENTS	FORM 990, PART III, LINE 4A	<p>UTPATIENT 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 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 PLACER COUNTY ELEMENTARY SCHOOLS TO IMPLEMENT HEALTHTEACHER, TO PROVIDE HEALTH EDUCATION CURRICULUM TO APPROXIMATELY 57,000 PUBLIC SCHOOL STUDENTS TWELVE SCHOOL DISTRICTS HAVE SIGNED UP FOR HEALTHTEACHER'S COMPREHENSIVE K-12 ONLINE HEALTH EDUCATION LESSON PLANS THE PARTNERSHIP BENEFITS OVER 100 SCHOOLS IN PLACER COUNTY AND NEVADA COUNTY * 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	FORM 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 REFERRALS.</p>

Identifier	Return Reference	Explanation
EXEMPT PURPOSE ACHIEVEMENTS	FORM 990, PART III, LINE 4A	ENCE SY STEM - ADULT HEALTH ADVISOR THE RESOURCE CENTER IS STAFFED WEEKDAYS BY VOLUNTEERS PHONE AND MAILING SERVICE IS AVAILABLE * SUTTER DAVIS HOSPITAL AUXILIARY - VOLUNTEERS CO NTRIBUTE MANY HOURS OF SERVICE TO THE HOSPITAL EACH YEAR THROUGH DIRECT PATIENT CONTACT SE RVICES TO THE MORE TRADITIONAL VOLUNTEER ROLES SUCH AS WORKING AT THE INFORMATION DESK AND GIFT SHOP

Identifier	Return Reference	Explanation
EXEMPT PURPOSE ACHIEVEMENTS	FORM 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 823 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 HELI STOP * 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</p>

Identifier	Return Reference	Explanation
EXEMPT PURPOSE ACHIEVEMENTS	FORM 990, PART III, LINE 4A	<p>NT 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/IGU 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>

Identifier	Return Reference	Explanation
EXEMPT PURPOSE ACHIEVEMENTS	FORM 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> <ul style="list-style-type: none">* INTERIM CARE PROGRAM* T-3 PROGRAM (TRIAGE, TRANSPORT, TREATMENT)* SERIAL INEBRIATE PROGRAM <p>PROJECT FIT 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 N</p>

Identifier	Return Reference	Explanation
EXEMPT PURPOSE ACHIEVEMENTS	FORM 990, PART III, LINE 4A	<p>URSING 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 PROVIDES THE SERIAL INEBRIATE PROGRAM THIS PROGRAM ADDRESSES HEALTH, SAFETY AND HOUSING NEEDS OF CHRONIC HOMELESS ADULTS LIVING ON THE STREETS OF SACRAMENTO SUTTER MEDICAL CENTER SACRAMENTO'S NAVIGATOR PROGRAM PARTNERED WITH SACRAMENTO SELF HELP HOUSING TO PROVIDE HOUSING AND TREATMENT AND RECOVERY SERVICES TO ENABLE SELF-SUFFICIENCY MANY GRADUATES HAVE REGAINED HOUSING AND EMPLOYMENT IN ORDER TO QUALIFY FOR THE SIP PROGRAM, INDIVIDUALS HAVE BEEN ARRESTED, TAKEN TO DE-TOX CENTERS OR EMERGENCY DEPARTMENTS MORE THAN 25 TIMES IN A 12-MONTH TIME-FRAME 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
EXEMPT PURPOSE ACHIEVEMENTS	FORM 990, PART III, LINE 4A	<p>SUTTER ROSEVILLE MEDICAL CENTER 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 328 BEDS, PROVIDES RESIDENTS OF SOUTHERN PLACER AND NORTHEASTERN SACRAMENTO COUNTIES WITH COMPREHENSIVE COMMUNITY HEALTH CARE THE FACILITY HAS AN EXPANDED HELIPAD ONSITE FOR QUICK ACCESS TO THE HOSPITAL'S LEVEL II TRAUMA CENTER OTHER SERVICES AVAILABLE AT SUTTER ROSEVILLE MEDICAL CENTER INCLUDE INPATIENT AND OUTPATIENT SURGERY RESPIRATORY THERAPY OBSTETRICS AND PERINATAL CARE SUTTER REHABILITATION INSTITUTE NEO NATAL INTENSIVE CARE LABORATORY PEDIATRICS CARDIOPULMONARY SERVICES ONCOLOGY ACUTE REHABILITATION FAMILY BIRTH CENTER MEDICAL LIBRARY ACCESS SUTTER CANCER CENTER HOME HEALTH AND HOSPICE CARE CARDIAC CATHETERIZATION LABORATORY NUTRITIONAL SUPPORT SERVICES TELEMETRY PASTORAL CARE LEVEL II TRAUMA CENTER PATIENT AND COMMUNITY EDUCATION CARDIAC REHABILITATION SENIOR SERVICES DIAGNOSTIC IMAGING HOME INFUSION THERAPY IV THERAPY CRITICAL CARE SUB-ACUTE UNIT SOCIAL SERVICES BREAST HEALTH CENTER 24-HOUR EMERGENCY TREATMENT NUCLEAR MEDICINE (NATIONALLY RECOGNIZED) BARIATRIC SERVICES WOUND CARE CENTER SUTTER ROSEVILLE MEDICAL CENTER'S MISSION IS TO IMPROVE THE HEALTH AND WELL-BEING OF THE PEOPLE LIVING IN THE COMMUNITIES IT SERVES SUTTER ROSEVILLE MEDICAL CENTER STRIVES CONTINUOUSLY TO IDENTIFY THE HEALTH CARE NEEDS OF THESE COMMUNITIES AND RESPOND BY PROVIDING WELLNESS, PREVENTIVE, CURATIVE AND RESTORATIVE PROGRAMS AND SERVICES CONSISTENT WITH THE STATED VALUES AND VISION OF THE HOSPITAL COMMUNITY BENEFIT PROGRAMS SUTTER ROSEVILLE MEDICAL CENTER HAS A HISTORY OF SUPPORTING PROGRAMS AND SERVICES ADDRESSING THE NEEDS OF THE RESIDENTS IN SOUTH PLACER COUNTY THE HOSPITAL IN COLLABORATION WITH SUTTER AUBURN FAITH HOSPITAL, HAS CREATED A COMMUNITY ADVISORY BOARD AND COMMUNITY PARTNERSHIPS COMMITTEE (A SUB-COMMITTEE OF THE ADVISORY GROUP) IN ORDER TO IDENTIFY AND ADDRESS THE NEEDS IN PLACER COUNTY SOME OF THE PROGRAMS SUPPORTED BY SRMC INCLUDE *</p> <p>* 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 *</p> <p>* 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 *</p> <p>* THE SENIOR RECREATION AND RESPITE PROGRAM (R & R) IS DESIGNED TO MEET THE NEEDS OF OLDER ADULTS WITH MEMORY OR PHYSICAL IMPAIRMENT THE PROGRAM PROVIDES RECREATIONAL, SOCIAL AND EDUCATIONAL ACTIVITIES FOR THE PARTICIPANTS, AND RESPITE FOR CAREGIVERS TO ENJOY SOME FREE TIME TO THEMSELVES THE STAFF IS SUPPORTED BY ITS VALUABLE TEAM OF VOLUNTEERS AND COMPLETED BY PERSONAL CARE AIDS R & R MEETS ONCE A WEEK IN AUBURN, AND FOUR DAYS A WEEK IN LINCOLN *</p> <p>* 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 *</p> <p>* 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</p>

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EXEMPT PURPOSE ACHIEVEMENTS	FORM 990, PART III, LINE 4A	LDREN 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 PARTNERED PLACER COUNTY ELEMENTARY SCHOOLS TO IMPLEMENT HEALTHTEACHER, TO PROVIDE HEALTH EDUCATION CURRICULUM TO APPROXIMATELY 57,000 PUBLIC SCHOOL STUDENTS TWELVE SCHOOL DISTRICTS HAVE SIGNED UP FOR HEALTHTEACHER'S COMPREHENSIVE K-12 ONLINE HEALTH EDUCATION LESSON PLANS THE PARTNERSHIP BENEFITS OVER 100 SCHOOLS IN PLACER COUNTY AND NEVADA COUNTY 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

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EXEMPT PURPOSE ACHIEVEMENTS	FORM 990, PART III, LINE 4A	<p>SUTTER SOLANO MEDICAL CENTER SUTTER SOLANO MEDICAL CENTER (SSMC) IS A 102 LICENSED BED ACUTE CARE HOSPITAL IN VALLEJO, CALIFORNIA, BETWEEN SACRAMENTO AND SAN FRANCISCO THE NOT-FOR -PROFIT, COMMUNITY-BASED FACILITY IS FULLY ACCREDITED BY THE JOINT COMMISSION AND PROVIDES A FULL-RANGE OF GENERAL, EMERGENCY AND MEDICAL/SURGICAL SPECIALTIES THE CARE TEAM AT SSM C INCLUDES 290 STAFF MEMBERS, 690 EMPLOYEES AND 100 VOLUNTEERS SSMC AFFILIATED WITH SUTTE R HEALTH IN 1984 AND THIS ENSURED ITS ABILITY TO CONTINUE PROVIDING AND IMPROVING HEALTHCA RE AND WELLNESS SERVICES TO THE COMMUNITY MISSION STATEMENT WE ENHANCE THE HEALTH AND WEL L-BEING OF PEOPLE IN THE COMMUNITIES WE SERVE, THROUGH A NOT-FOR-PROFIT COMMITMENT TO COMP ASSION AND EXCELLENCE IN HEALTH CARE SERVICES HOSPITAL SERVICES SSMC'S EMERGENCY DEPARTME NT IS STAFFED 24-HOURS A DAY, 7 DAYS A WEEK BY BOARD-CERTIFIED EMERGENCY MEDICAL PHYSICIAN S AND NURSES WHO SPECIALIZE IN EMERGENCY MEDICINE - ADULT AND PEDIATRIC SSMC IS ONE OF TH E ONLY FACILITIES IN THE AREA WITH A HELICOPTER LANDING ZONE FOR ACCESS TO TRANSFER PATIEN TS 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/DELI VER/RECOVERY (LDR) SUITES AND A VARIETY OF PRENATAL CLASSES IN ADDITION TO THE ACUTE CARE FACILITY, SSMC OPERATES A CANCER CENTER, FULLY ACCREDITED BY THE COMMISSION ON CANCER OF THE AMERICAN COLLEGE OF SURGEONS COMPREHENSIVE CANCER SERVICES INCLUDE CHEMOTHERAPY, INFU SION THERAPY, LABORATORY AND PATHOLOGY, GENETIC TESTING, PAIN MANAGEMENT AND RADIATION THE RAPY PROGRAM SERVICE ACCOMPLISHMENTS SSMC'S SOCIAL WORK SERVICE AND DISCHARGE PLANNERS PL AY KEY ROLES IN HELPING PATIENTS LOCATE THE NECESSARY SERVICES AND EQUIPMENT FOR CARE AFTE R HOSPITALIZATION SSMC'S SURGICAL SERVICES ARE PERFORMED ON BOTH AN INPATIENT AND OUTPATI ENT BASIS AND INCLUDE THE LATEST TECHNIQUES IN SUCH AREAS AS CARDIAC, ORTHOPEDIC, GENERAL VASCULAR, ENDOSCOPIC AND OPHTHALMIC SURGERY OTHER HOSPITAL SERVICES INCLUDE INPATIENT RE HABILITATION SERVICES, DIAGNOSTIC IMAGING SERVICES, RADIATION ONCOLOGY, LABORATORY, DIETAR Y AND INFUSION THERAPY CANCER SERVICES AVAILABLE INCLUDE PREVENTION, SCREENING, EDUCATION , LECTURES, THE CANCER RESOURCE LIBRARY, AND TREATMENT INCLUDING SOPHISTICATED PROGRAMS SU CH AS PROSTATE SEED BRACHYTHERAPY, INTENSITY MODULATED RADIATION THERAPY, RESPIRATORY GAIT ING COMMUNITY BENEFIT PROGRAMS SSMC PARTNERS WITH LA CLINICA DE LA RAZA'S NORTH VALLEJO C LINIC 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 AL L AS NON-URGENT CONDITIONS CAN NOW BE TREATED EARLY, BEFORE THEY ESCALATE INTO MORE SERIOU S 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 REPRES ENTATIVES FROM BUSINESS, GOVERNMENT, SERVICE PROVIDERS, ETC FOR THE PURPOSES OF CREATING HEALTHIER COMMUNITIES IN SOLANO COUNTY SSMC SUPPORTS COALITION EFFORTS TO PROVIDE A COMMU NITY HEALTH OUTREACH SYSTEM THAT PROVIDES OUTREACH WORKERS AND PUBLIC HEALTH NURSES TO HEL P THE COMMUNITY ACCESS HEALTH SERVICES AND ASSIST RESIDENTS IN LEADING HEALTHIER LIVES SS MC WAS ALSO A FOUNDER, AS WELL AS A LEADER, IN DEVELOPING THE SOLANO PARTNERSHIP HEALTHPLA N (NOW PARTNERSHIP HEALTHPLAN OF CALIFORNIA), A MEDI-CAL MANAGED CARE ORGANIZATION THAT HA S PROVIDED IMPROVED ACCESS TO MEDI-CAL ENROLLEES SSMC HAS A TRADITION OF PROVIDING CHARIT Y CARE AND UNCOMPENSATED CARE TO THOSE IN ITS COMMUNITY WHO LACK THE FINANCIAL MEANS TO PA Y 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 * COLLABORATING WITH OTHER COMMUNITY PARTNERS IN RESPONDING TO IDENTIFIED NEEDS TO IMPROVE ACCESS TO HE ALTH CARE SERVICES, ESPECIALLY FOR VULNERABLE POPULATIONS, INCLUDING THE UNINSURED, UNDERI NSURED AND AT-RISK MOTHERS * CONTINUE TO PROVIDE SERVICES AND WORK COLLABORATIVELY WITH O THER SOLANO COUNTY AGENCIES TO ADDRESS PREVENTION, DETECTION AND TREATMENT OF CANCER, A MA JOR RECURRING HEALTH ISSUE IDENTIFIED IN THE COMMUNITY * COLLABORATE WITH OTHER SOLANO CO UNTY AGENCIES TO EXPAND SERVICES TO INCLUDE PRIMARY CARE OTHER COMMUNITY OFFERINGS INCLUD E NUMEROUS INFORMATIONAL LECTURES, SCREENING AND HEALTH EVENTS, SUPPORT GROUPS, WALK-A- THO NS 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 SA CRAMENTO IN AMADOR COUNTY THE HOSPITAL WAS ESTABLISHED IN THE MID-1800'S AND BECAME AFFIL IATED WITH SUTTER HEALTH IN 1993 AS ONE OF AMADOR COUNTY'S LARGEST EMPLOYER, SUTTER AMADO R HOSPITAL EMPLOY S OVER 320 INDIVIDUALS THE PATIENTS ARE SERVED BY A MEDICAL STAFF OF MOR E THAN 125 ACTIVE MEDICAL STAFF PHYSICIANS AND AN</p>

Identifier	Return Reference	Explanation
EXEMPT PURPOSE ACHIEVEMENTS	FORM 990, PART III, LINE 4A	<p>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 SLEEP DISORDERS CENTER 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
EXEMPT PURPOSE ACHIEVEMENTS	FORM 990, PART III, LINE 4A	<p>SUTTER SENIOR CARE/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 286 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">* PROVIDING HIGH QUALITY, COMPREHENSIVE, WELL COORDINATED CARE* PROVIDING SUPPORT TO HELP PRESERVE THE COMMUNITY RESIDENCE, FAMILY RELATIONSHIPS AND LIFESTYLE OF FRAIL ELDERS ENROLLED IN THE PROGRAM (PARTICIPANTS)* MAXIMIZING COMMUNICATION AND COORDINATION BETWEEN CARE PROVIDERS TO PROACTIVELY ANTICIPATE PROBLEMS AND TAKE STEPS TO KEEP PARTICIPANTS AS HEALTHY AS POSSIBLE* PREVENTING AND REDUCING INSTITUTIONALIZATION -- HOSPITALIZATION AND SHORT AS WELL AS LONG-TERM NURSING HOME PLACEMENT -- TO THE MAXIMUM EXTENT POSSIBLE <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 MEDICAL THE PMPM PAYMENT IS SOMETIMES REFERRED TO A "CAPITATED" PAYMENT THIS MEANS THAT WE CANNOT BILL MEDICARE, MEDICAL 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 MEDICAL PAY A MONTHLY PAYMENT BASED ON THE PMPM PAYMENT WE RECEIVE FROM MEDICAL</p>

Identifier	Return Reference	Explanation
EXEMPT PURPOSE ACHIEVEMENTS	FORM 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:</p> <ul style="list-style-type: none">* 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) <p>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 THE</p>

Identifier	Return Reference	Explanation
EXEMPT PURPOSE ACHIEVEMENTS	FORM 990, PART III, LINE 4A	IR PLAN OF CARE

Identifier	Return Reference	Explanation
DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS	FORM 990, PART VI, QUESTIONS 6 & 7A	THIS CORPORATION IS AN AFFILIATE OF SUTTER HEALTH, A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION. SUTTER HEALTH IS THE SOLE MEMBER WITH THE RIGHT TO ELECT AT LEAST A MAJORITY OF THE MEMBERS OF THE BOARD OF DIRECTORS.

Identifier	Return Reference	Explanation
DESCR CLASSES OF PERSONS, DECISIONS REQUIRING APPR & TYPE OF VOTING RIGHTS	FORM 990, PART VI, QUESTION 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>

Identifier	Return Reference	Explanation
DESCRIBE THE PROCESS USED BY MGMT &/OR GOVERNING BODY TO REVIEW FORM 990	FORM 990, PART VI, QUESTION 11B	SUTTER HEALTH, A RELATED TAX-EXEMPT ORGANIZATION, 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, LEGAL, AND HUMAN RESOURCES. A NATIONAL ACCOUNTING FIRM PREPARES AND/OR REVIEWS THE RETURN. A COMPLETED RETURN IS THEN REVIEWED BY THE TAX DEPARTMENT, THE AFFILIATE, AND THE CFO BEFORE THE RETURN IS FILED. A COPY OF THE FORM 990 HAS BEEN PROVIDED TO ALL MEMBERS OF THE GOVERNING BODY BEFORE FILING THE FORM.

Identifier	Return Reference	Explanation
DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST	FORM 990, PART VI, QUESTION 12	EMPLOYEES ARE EDUCATED ON THE CONFLICT OF INTEREST POLICY AND THE NEED TO MAKE DISCLOSURE AS PART OF ANNUAL COMPLIANCE EDUCATION. IN ADDITION, ANNUALLY A DISCLOSURE STATEMENT IS COMPLETED BY ALL DIRECTORS AND OFFICERS THAT INCLUDES AN ACKNOWLEDGEMENT THAT THEY HAVE READ THE CONFLICT OF INTEREST POLICY. 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 INDIVIDUAL 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 INDIVIDUAL TO NOT PARTICIPATE DURING RELATED PRESENTATIONS AND DISCUSSIONS. IN ALL CIRCUMSTANCES INVOLVING AN ACTUAL CONFLICT, THE INTERESTED INDIVIDUAL SHALL REFRAIN FROM VOTING ON ANY MATTER RELATED TO THE TRANSACTION.

Identifier	Return Reference	Explanation
PROCESS FOR DETERMINING COMPENSATION	FORM 990, PART VI, QUESTION 15	<p>THE COMPENSATION COMMITTEE OF THE SUTTER HEALTH BOARD OF DIRECTORS RETAINS ULTIMATE DISCRETIONARY AUTHORITY OVER ALL ELEMENTS OF COMPENSATION TO ENSURE 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. OFFICERS AND KEY EMPLOYEES OF THIS ORGANIZATION WHO ARE SUTTER HEALTH EMPLOYEES UNDERGO A REVIEW AND COMPENSATION COMMITTEE APPROVAL, AND SUCH APPROVAL IS RECORDED IN THE MINUTES.</p>

Identifier	Return Reference	Explanation
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 THE GOVERNING DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC AT THIS TIME

Identifier	Return Reference	Explanation
HOURS PER WEEK DEVOTED TO RELATED ORGANIZATION	FORM 990, PART VII	THE FOLLOWING BOARD MEMBER OF THE ORGANIZATION IS A FULL-TIME EMPLOYEE (40 HOURS PER WEEK) OF SUTTER HEALTH AND THEIR SUTTER HEALTH SALARY IS REPORTED HEREIN THIS INDIVIDUAL RECEIVES NO COMPENSATION FOR THEIR SERVICE AS BOARD MEMBER OF THIS ORGANIZATION PATRICK FRY

Identifier	Return Reference	Explanation
OTHER CHANGES IN FUND BALANCE	FORM 990, PART XI, LINE 5	CHANGE IN UNREALIZED GAIN/(LOSS) ON INVESTMENTS \$ (12,606,803) K-1 ORDINARY INCOME (534,199) K-1 SECTION 1231 GAIN (4,267) PARTNERSHIP LOSS ON BOOKS 521,139 EQUITY TRANSFERS (NET) (207,994,147) OTHER CHANGES IN FUND BALANCE (260) ----- (220,618,537)

Identifier	Return Reference	Explanation
SCHEDULE K SUPPLEMENTAL INFORMATION	SCHEDULE K, PART VI	<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 CERTAIN SUBSIDIARY ORGANIZATIONS THE OUTSTANDING BOND LIABILITY ALLOCATED TO THIS ORGANIZATION IS REPORTED ON FORM 990, PART X, BALANCE SHEET WITH THE EXCEPTION OF PART (F), THE SCHEDULE K FOR THIS ORGANIZATION IS REPORTING INFORMATION FOR THE ENTIRE BOND ISSUE</p> <p>PART II, LINE 7 ISSUANCE COSTS WERE FUNDED THROUGH EQUITY CONTRIBUTIONS SHSSR SPECIFIC (1) PART I, COLUMN (E) THE FILING ORGANIZATION RECEIVED BOND PROCEEDS IN THE AMOUNTS OF \$73,535,053 FROM THE 2003AB ISSUE, \$27,083,893 FROM THE 2004CD ISSUE, \$54,143,730 FROM THE 2005A ISSUE AND \$11,634,720 FROM THE 2005BC ISSUE (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 ORIGINAL "NEW MONEY" BONDS (1) PART I, LINE D, COLUMN (F) THE INITIAL BONDS ISSUED IN 2005 REFUNDED 1995 CERTIFICATES AND 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 ORIGINAL REFUNDING BONDS (2) PART I, COLUMN (E) THE FILING ORGANIZATION RECEIVED BOND PROCEEDS IN THE AMOUNTS OF \$94,562,588 FROM THE 2007A ISSUE, \$155,359,968 FROM THE 2008A BOND ISSUE, \$121,940,351 FROM THE 2008BC ISSUE AND \$271,589,951 FROM THE 2011A ISSUE (2) PART I, LINE B, COLUMN (F) THE REFUNDING OCCURRED VIA THE REPAYMENT OF A DRAW ON A TAXABLE LINE OF CREDIT, DRAWN IN SEVERAL INSTALLMENTS BETWEEN APRIL 7 AND APRIL 11, 2008, USED TO REFUND THE 2007, 2004 AND 2002 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 EXPANSION 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 (3) PART I, COLUMN (E) THE FILING ORGANIZATION RECEIVED BOND PROCEEDS IN THE AMOUNTS OF \$25,715,036 FROM THE 2011C ISSUE AND \$60,474,453 FROM THE 2011D ISSUE</p>

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

2011

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) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

Part III

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

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

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) HEALTH VENTURES INC 350 HAWTHORNE ST OAKLAND, CA 94609 94-2918780	HEALTH SERVICE	CA	NA	C CORP			

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 related organization(s)

c

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

d

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

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

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

j

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

k

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

l

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

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

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

r

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

Yes

Yes

No

No

No

No

No

No

No

No

Yes

No

No

Yes

Yes

Yes

Yes

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) 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	
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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) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	g Section 512 (b)(13) controlled organization	
ADOLESCENT TREATMENT CENTERS INC 390 40TH STREET OAKLAND, CA 94609 68-0088443	HEALTHCARE	CA	501(C)(3)	3	SUTTER EBH	Yes	
ALTA BATES SUMMIT FOUNDATION 3012 SUMMIT STREET 3RD FLOOR OAKLAND, CA 94609 51-0160184	FUNDRAISING	CA	501(C)(3)	11a - I	SUTTER EBH	Yes	
CALIFORNIA PACIFIC MEDICAL CTR FOUND 2015 STEINER STREET 2ND FLOOR SAN FRANCISCO, CA 94115 94-2728423	FUNDRAISING	CA	501(C)(3)	11a - I	SUTTER WBH	Yes	
DELTA MEMORIAL HOSPITAL FOUNDATION 3901 LONE TREE WAY ANTIOCH, CA 94509 94-2417022	FUNDRAISING	CA	501(C)(3)	11a - I	SUTTER EBH	Yes	
EAST BAY PERINATAL CENTER 350 HAWTHORNE AVE OAKLAND, CA 94609 51-0172285	HEALTHCARE	CA	501(C)(3)	3	SUTTER EBH	Yes	
EDEN MEDICAL CENTER 20103 LAKE CHABOT ROAD CASTRO VALLEY, CA 94546 94-2948100	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
MARIN COMMUNITY HEALTH 250 BON AIRE ROAD GREENBRAE, CA 94904 94-2994751	SUPPORTING OR	CA	501(C)(3)	11b - II	SUTTER HLTH	Yes	
MILLS-PENINSULA HEALTH SERVICES 1501 TROUSDALE DRIVE BURLINGAME, CA 94010 94-1156265	HOSPITAL	CA	501(C)(3)	3	PAMF	Yes	
MILLS-PENINSULA HOSPITAL FOUNDATION 1501 TROUSDALE DRIVE BURLINGAME, CA 94010 23-7288765	FUNDRAISING	CA	501(C)(3)	11a - I	MPHS	Yes	
PALO ALTO MEDICAL FOUNDATION 2350 EL CAMINO REAL MOUNTAIN VIEW, CA 94040 94-1156581	HEALTHCARE	CA	501(C)(3)	3	SUTTER HLTH	Yes	
SAMUEL MERRITT UNIVERSITY 450 30TH STREET 2840 OAKLAND, CA 94609 94-2992642	UNIVERSITY	CA	501(C)(3)	2	SUTTER EBH	Yes	
SUTTER AUBURN FAITH HOSPITAL FOUNDATION 11815 EDUCATION ST AUBURN, CA 95602 94-2594966	FUNDRAISING	CA	501(C)(3)	7	SUTTER SSR	Yes	
SUTTER CENTRAL VALLEY HOSPITALS 1800 COFFEE ROAD SUITE 76 MODESTO, CA 95355 94-1080917	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
SUTTER COAST HOSPITAL 800 E WASHINGTON BLVD CRESCENT CITY, CA 95531 94-2988520	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
SUTTER DAVIS HOSPITAL FOUNDATION PO BOX 1617 DAVIS, CA 95617 68-0217870	FUNDRAISING	CA	501(C)(3)	11a - I	SUTTER SSR	Yes	
SUTTER EAST BAY HOSPITALS 3012 SUMMIT STREET 3RD FLOOR OAKLAND, CA 94609 94-1196176	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
SUTTER EAST BAY MEDICAL FOUNDATION 3687 MT DIABLO BLVD 200 LAFAYETTE, CA 94549 94-2690415	HEALTHCARE	CA	501(C)(3)	3	SUTTER HLTH	Yes	
SUTTER GOULD MEDICAL FOUNDATION 600 COFFEE ROAD MODESTO, CA 95355 94-1682256	HEALTHCARE	CA	501(C)(3)	3	SUTTER HLTH	Yes	
SUTTER HEALTH 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 94-2788907	SUPPORTING OR	CA	501(C)(3)	11c III-FI	NA		No
SUTTER HEALTH PACIFIC 91-2301 FT WEAVER RD EWA BEACH, HI 96706 99-0298651	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	(g) Section 512 (b)(13) controlled organization	
SUTTER INSURANCE SERVICES CORPORATION 745 FORT STREET SUITE 800 HONOLULU, HI 96813 99-0289310	INSURANCE SER	HI	501(C)(3)	11b - II	SUTTER HLTH	Yes	
SUTTER MEDICAL CENTER FOUNDATION PO BOX 160727 SACRAMENTO, CA 95816 94-2788906	FUNDRAISING	CA	501(C)(3)	7	SUTTER SSR	Yes	
SUTTER MEDICAL CENTER CASTRO VALLEY 20130 LAKE CHABOT RD 103 CASTRO VALLEY, CA 94546 77-0146047	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
SUTTER MEDICAL FOUNDATION 2800 L STREET 7TH FLOOR SACRAMENTO, CA 95816 68-0273974	HEALTH CARE	CA	501(C)(3)	11b - II	SUTTER HLTH	Yes	
SUTTER ROSEVILLE MEDICAL CTR FOUNDATION ONE MEDICAL PLAZA ROSEVILLE, CA 95661 68-0040113	FUNDRAISING	CA	501(C)(3)	7	SUTTER SSR	Yes	
SUTTER SOLANO CHARITABLE FOUNDATION 300 HOSPITAL DRIVE VALLEJO, CA 94589 94-2668262	FUNDRAISING	CA	501(C)(3)	7	SUTTER SSR	Yes	
SUTTER VISITING NURSE ASSOC AND HOSPICE 1900 POWELL ST 300 EMERYVILLE, CA 94608 94-6068843	HEALTH CARE	CA	501(C)(3)	9	SUTTER HLTH	Yes	
SUTTER WEST BAY HOSPITALS 2333 BUCHANAN STREET SAN FRANCISCO, CA 94115 94-0562680	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
SUTTER WEST BAY MEDICAL FOUNDATION 2015 STEINER STREET 1ST FLOOR SAN FRANCISCO, CA 94115 94-2948131	HEALTHCARE	CA	501(C)(3)	3	SUTTER HLTH	Yes	
TRACY HOSPITAL FOUNDATION 1420 N TRACY BLVD TRACY, CA 95376 68-0318845	FUNDRAISING	CA	501(C)(3)	11a - I	SUTTER CVH	Yes	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of- year assets (\$)	(h) Disproportionate allocations?		(i) Code V- UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MAGNETIC IMAGING AF 175 LENNON WLN CK, CA 94598 94-2953833	PATIENT CARE	CA	NA	N/A								
SURG CTR OF ABSMC 3875 TELEGRAPH OAKLAND, CA 94609 47-0946086	OUTPATIENT SURG	CA	NA	N/A								
ALTA CT SERVICES LP 175 LENNON WLN CK, CA 94598 94-3083464	PATIENT CARE	CA	NA	N/A								
CALIFORNIA PACIFIC ADV IMAGING LLC PO BOX 6102 NOVATO, CA 94948 56-2311840	MRI JOINT VENTURE	CA	NA	N/A								
SAN FRANCISCO ENDOSCOPY CENTER LLC 3000 RIVERCHASE BIRMINGHAM, AL 35244 91-2160588	ENDOSCOPY JV	CA	NA	N/A								
PRESIDIO SURGERY CENTER LLC 1635 DIVISADERO SF, CA 94115 32-0144060	AMBULATORY SURG	CA	NA	N/A								
SUTTER FAIRFIELD SURGERY CTR 2700 LOW CT FAIRFIELD, CA 94533 30-0233892	SURGERY	CA	NA	N/A								
TWIN CITIES SURGICAL HOSPITAL LLC 250 S WACKER CHICAGO, IL 60606 35-2182617	SURGERY	CA	NA	N/A								

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

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1)	EDEN MEDICAL CENTER	P	10,238	FMV
(2)	SUTTER CENTRAL VALLEY HOSPITALS	P	2,432,304	FMV
(3)	SUTTER EAST BAY HOSPITALS	L	69,471	FMV
(4)	SUTTER VISITING NURSE ASSOC AND HOSPICE	L	175,126	FMV
(5)	SUTTER VISITING NURSE ASSOC AND HOSPICE	O	5,745,975	FMV
(6)	SUTTER MEDICAL FOUNDATION	P	14,590,381	FMV
(7)	SUTTER MEDICAL CENTER FOUNDATION	B	1,395,157	FMV
(8)	SUTTER DAVIS HOSPITAL FOUNDATION	B	235,050	FMV
(9)	SUTTER AUBURN FAITH HOSPITAL FOUNDATION	B	321,020	FMV
(10)	SUTTER ROSEVILLE MEDICAL CENTER FOUNDATION	B	624,617	FMV
(11)	SUTTER SOLANO MEDICAL CENTER FOUNDATION	B	76,228	FMV
(12)	SUTTER MEDICAL CENTER FOUNDATION	C	4,701,756	FMV
(13)	SUTTER DAVIS HOSPITAL FOUNDATION	C	81,605	FMV
(14)	SUTTER AUBURN FAITH HOSPITAL FOUNDATION	C	1,347,542	FMV
(15)	SUTTER ROSEVILLE MEDICAL CENTER FOUNDATION	C	2,163,988	FMV
(16)	SUTTER SOLANO MEDICAL CENTER FOUNDATION	C	127,393	FMV

Sutter Health and Affiliates
Combined Financial Statements
and
Other Financial Information

Year ended December 31, 2011 and 2010

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Sutter Health and Affiliates
Combined Financial Statements
and
Other Financial Information

Year ended December 31, 2011 and 2010

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Report of Independent Auditors

The Board of Directors
Sutter Health and Affiliates

We have audited the accompanying combined balance sheets of Sutter Health and Affiliates as of December 31, 2011 and 2010, and the related combined statements of operations and changes in net assets, and cash flows for the years then ended. These financial statements are the responsibility of Sutter Health and Affiliates' management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. We were not engaged to perform an audit of Sutter Health and Affiliates' internal control over financial reporting. Our audits included consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Sutter Health and Affiliates' internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the combined financial statements referred to above present fairly, in all material respects, the combined financial position of Sutter Health and Affiliates at December 31, 2011 and 2010, and the combined results of their operations and changes in their net assets, and their cash flows for the years then ended in conformity with United States generally accepted accounting principles.

As discussed in Note 2 to the combined financial statements, Sutter Health and Affiliates have elected to change the presentation of the provision for bad debts associated with patient service revenue by reclassifying the provision from operating expenses to a deduction from patient service revenues in the combined financial statements at December 31, 2011 and 2010.

Ernst & Young LLP

March 20, 2012

Sutter Health and Affiliates

Combined Balance Sheets

(Dollars in millions)

	December 31,	
	2011	2010
Assets		
Current assets		
Cash and cash equivalents	\$ 289	\$ 356
Short-term investments	2,914	2,167
Patient accounts receivable (net of allowance for doubtful accounts of \$310 in 2011 and \$277 in 2010)	1,076	1,058
Other receivables	240	244
Securities lending receivable	—	172
Inventories	87	89
Other	70	68
Total current assets	4,676	4,154
Non-current investments	1,133	939
Property, plant and equipment, net	5,668	5,227
Other	343	473
	\$ 11,820	\$ 10,793
Liabilities and net assets		
Current liabilities		
Accounts payable	\$ 275	\$ 261
Accrued salaries and related benefits	469	472
Other accrued expenses	458	419
Securities lending collateral payable	—	176
Current portion of long-term obligations	368	71
Total current liabilities	1,570	1,399
Non-current liabilities		
Long-term obligations, less current portion	3,042	2,422
Other	680	639
Net assets		
Unrestricted controlling	6,128	5,950
Unrestricted noncontrolling	56	41
Temporarily restricted	219	225
Permanently restricted	125	117
	6,528	6,333
	\$ 11,820	\$ 10,793

See accompanying notes.

Sutter Health and Affiliates

Combined Statements of Operations and Changes in Net Assets

(Dollars in millions)

	Year ended December 31,	
	2011	2010
Unrestricted net assets		
Operating revenues		
Patient service revenues	\$ 8,128	\$ 7,858
Provision for bad debts	(375)	(332)
Patient service revenues less provision for bad debts	7,753	7,526
Capitation revenues	992	940
Contributions	11	10
Other	323	308
Total operating revenues	9,079	8,784
Operating expenses		
Salaries and employee benefits	4,107	4,001
Purchased services	1,929	1,716
Supplies	1,001	968
Depreciation and amortization	460	424
Capitated purchased services	273	216
Rentals and leases	126	124
Interest	84	67
Insurance	28	25
Other	374	558
Total operating expenses	8,382	8,099
Income from operations	697	685
Investment income	156	124
Change in net unrealized gains and losses on investments classified as trading	(170)	112
Income	683	921
Less income attributable to noncontrolling interests	(49)	(43)
Income attributable to Sutter Health	634	878

Sutter Health and Affiliates

Combined Statements of Operations and Changes in Net Assets (continued)

(Dollars in millions)

	Year ended December 31,	
	2011	2010
Unrestricted net assets (continued)		
Unrestricted controlling net assets		
Income attributable to Sutter Health	\$ 634	\$ 878
Change in net unrealized gains and losses on investments classified as other-than-trading	(11)	3
Net assets released from restrictions for equipment acquisition	22	9
Donated long-lived assets	—	2
Pension-related changes other than net periodic pension cost	(478)	35
Transfers with unrelated entities, net	—	16
Other	11	5
Increase in unrestricted controlling net assets	178	948
Unrestricted noncontrolling net assets		
Income attributable to noncontrolling interests	49	43
Distributions	(47)	(40)
Contributed capital	4	2
Other	9	—
Increase in unrestricted noncontrolling net assets	15	5
Temporarily restricted net assets		
Contributions	52	40
Investment income	6	7
Change in net unrealized gains and losses on investments	(13)	10
Net assets released from restrictions	(44)	(35)
Other	(7)	(1)
(Decrease) increase in temporarily restricted net assets	(6)	21
Permanently restricted net assets		
Contributions	10	3
Investment income	—	1
Change in net unrealized gains and losses on investments	(1)	1
Other	(1)	(1)
Increase in permanently restricted net assets	8	4
Increase in net assets	195	978
Net assets, beginning of year	6,333	5,355
Net assets, end of year	\$ 6,528	\$ 6,333

See accompanying notes.

Sutter Health and Affiliates

Combined Statements of Cash Flows

(Dollars in millions)

	Year ended December 31,	
	2011	2010
Operating activities		
Increase in net assets	\$ 195	\$ 978
Adjustments to reconcile increase in net assets to net cash provided by operating activities		
Gain on sale of business unit	(27)	—
Depreciation and amortization	435	407
Amortization of bond issuance (premium) discount	(3)	(3)
Change in net unrealized gains and losses on investments	195	(126)
Provision for doubtful accounts	375	332
Restricted contributions and investment income	(68)	(51)
Loss on impairment of property, plant and equipment	20	16
Loss on impairment of goodwill	1	—
Loss on disposal of property, plant and equipment	4	1
Net changes in operating assets and liabilities		
Patient accounts receivable and other receivables	(217)	(445)
Inventories and other assets	160	(85)
Accounts payable and accrued expenses	(126)	93
Other non-current liabilities	41	71
Net cash provided by operating activities	<u>985</u>	<u>1,188</u>
Investing activities		
Purchases of property, plant and equipment	(898)	(851)
Proceeds from disposal of property, plant and equipment	1	1
(Purchases) and sales or maturities of investments, net	(1,136)	(362)
Gain on sale of business unit	27	—
Other	(23)	(2)
Net cash used in investing activities	<u>(2,029)</u>	<u>(1,214)</u>

Sutter Health and Affiliates

Combined Statements of Cash Flows (continued)

(Dollars in millions)

	Year ended December 31,	
	2011	2010
Financing activities		
Payments of long-term obligations	\$ (25)	\$ (28)
Payments for bond redemption	(172)	(39)
Proceeds from issuance of long-term obligations	1,101	10
Bond issuance costs	(11)	—
Bond issuance premium (discount), net	16	—
Restricted contributions and investment income	68	51
Net cash provided by (used in) financing activities	977	(6)
Net decrease in cash and cash equivalents	(67)	(32)
Cash and cash equivalents at beginning of year	356	388
Cash and cash equivalents at end of year	<u>\$ 289</u>	<u>\$ 356</u>
Supplementary disclosures of cash flow information		
Cash paid during the year for interest (net of capitalized interest costs of \$77 in 2011 and \$58 in 2010)	<u>\$ 72</u>	<u>\$ 68</u>

See accompanying notes.

Sutter Health and Affiliates

Notes to Combined Financial Statements

December 31, 2011 and 2010

(Dollars in millions)

1. ORGANIZATION

Sutter Health is a California not-for-profit multi-provider integrated health care delivery system headquartered in Sacramento, California, which includes a centralized support group and various health care-related businesses operating primarily in five geographic regions, principally in Northern California. Sutter Health and its affiliates and subsidiaries provide health care, education, research and administration services.

The five geographic regions include acute care and psychiatric hospitals, skilled nursing facilities, medical foundations, fundraising foundations and a variety of other specialized health care service providers. These entities are commonly referred to as the Affiliates. Most acute care hospitals provide a full range of medical services (e.g., surgical, intensive care, emergency room, and obstetrics). All emergency rooms provide emergency care, regardless of a patient's ability to pay. Sutter Health and its Affiliates also serve their communities with programs including health education, health libraries, school-based clinics, home health care, hospice care, adult day care, prenatal clinics, community clinics, immunization services, and training health professionals.

2 ACCOUNTING POLICIES

Basis of Combination The combined financial statements include the accounts of Sutter Health and its controlled affiliates and subsidiaries (Sutter). All significant intercompany accounts and transactions have been eliminated in combination.

Use of Estimates The preparation of financial statements in conformity with United States (U.S.) generally accepted accounting principles requires management to make estimates and assumptions that affect the amounts reported in the combined financial statements and accompanying notes. Actual results could differ from those estimates.

Cash Equivalents Cash equivalents include all highly liquid investments with original maturities of 90 days or less, including money market accounts with limited market risk. Financial instruments that potentially subject Sutter to concentrations of credit risk include cash equivalents and investments. Sutter places certain of its cash in banks that are federally insured in limited amounts and in investment-grade debt instruments, many of which are backed by the U.S. Government or other government agencies. Cash equivalents are stated at fair market value.

Sutter Health and Affiliates

Notes to Combined Financial Statements (continued)

(Dollars in millions)

2 ACCOUNTING POLICIES (continued)

Investments Investments consist principally of corporate debt and equity securities, U S Government and agency securities, and foreign government and corporate debt securities, all of which are designated as either trading or other-than-trading and carried at fair market value. Certain investments are held in trust. These include assets held by trustees in accordance with the indentures relating to long-term obligations. In addition, certain investments are designated by the appropriate Sutter governing boards for future capital improvements.

Patient Accounts Receivable 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. These allowances are estimated based upon an evaluation of historical payments, negotiated contracts and governmental reimbursements. Sutter's allowance for doubtful accounts for self-pay patients was 90% of self-pay accounts receivable at December 31, 2011 and 2010. Adjustments and changes in estimates are recorded in the period in which they are determined. Significant concentrations of gross patient accounts receivable are as follows:

	December 31,	
	2011	2010
Medicare	25%	28%
Medi-Cal	21%	20%

During 2011 and 2010, 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 may change by a material amount in the near term.

Sutter Health and Affiliates

Notes to Combined Financial Statements (continued)

(Dollars in millions)

2 ACCOUNTING POLICIES (continued)

Securities Lending Sutter has participated in securities lending transactions with its custodian whereby Sutter lent a portion of its investments to various brokers in exchange for collateral for the securities loaned, usually on a short-term basis. At December 31, 2010, the market value of the securities on loan was \$172. In January 2011, management terminated its participation in the program.

Inventories Inventories, which consist principally of medical and other supplies, are stated on the basis of cost determined by the first-in, first-out method, which is not in excess of market.

Property, Plant and Equipment Property, plant and equipment are stated on the basis of cost, or in the case of donated items, on the basis of fair market value at the date of donation, less depreciation and any impairment write-downs. Equipment includes medical equipment, furniture and fixtures, software, and internally-developed software. Routine maintenance and repairs are charged to expense as incurred. Expenditures that increase values, change capacities or extend useful lives are capitalized, as is interest on amounts borrowed to finance constructed assets during the construction phase.

Depreciation is computed by the straight-line method over the estimated useful lives of the assets, which range from 3 to 40 years for buildings and improvements and leasehold improvements and from 3 to 20 years for equipment. Amortization of equipment under capital leases is included in depreciation and amortization expense.

Asset Impairment Sutter routinely evaluates the carrying value of its long-lived assets for impairment. The evaluations address the estimated recoverability of the assets' carrying value, which is principally determined based on projected net cash flows generated by the underlying tangible assets. When the carrying value of an asset exceeds estimated recoverability, asset impairment is recognized.

Sutter Health and Affiliates

Notes to Combined Financial Statements (continued)

(Dollars in millions)

2 ACCOUNTING POLICIES (continued)

Other Assets Goodwill represents the excess of purchase price over the fair market value of net assets acquired. Goodwill and other intangible assets acquired in business combinations that have indefinite useful lives are subject to impairment tests. Sutter performs impairment tests at the reporting unit level annually or when events occur that require an evaluation to be performed. If the carrying value of goodwill is determined to be impaired, or if the carrying value of a business that is to be sold or otherwise disposed of exceeds its fair value, then the carrying value is reduced, including any allocated goodwill, to fair value. Estimates of fair value are based on appraisals, established market prices for comparative assets or internal estimates of future net cash flows based on projected performance, depending on circumstances. Sutter reported additions in goodwill of \$22 for 2011. There were no material changes in goodwill for 2010.

Unamortized financing costs associated with the issuance of long-term bonds are amortized ratably over the estimated average period the bonds will be outstanding.

Other Liabilities Other non-current liabilities consist of (i) insurance liabilities, including estimated liabilities for professional liability losses, employee health and workers' compensation, (ii) the portion of estimated third-party settlements not expected to be settled within a year, (iii) other postretirement benefits liabilities, and (iv) certain other liabilities.

Risk Management Sutter is self-insured for workers' compensation and employee health for most affiliates. Also, affiliates are insured by a wholly owned self-insured captive insurance company for professional liability claims and comprehensive general liability. The provisions for estimated workers' compensation, employee health, and professional liability and comprehensive general liability claims include estimates of the ultimate costs for both uninsured reported claims and claims incurred-but-not-reported (IBNR), in accordance with actuarial projections or paid claims lag models based on past experience. Such claim reserves are based on the best data available to Sutter, however, these estimates are subject to a significant degree of inherent variability. Accordingly, there is at least a reasonable possibility that a material change to the estimated reserves will occur in the near term. Such estimates are continually monitored and reviewed, and as reserves are adjusted, the differences are reflected in current operations. While the ultimate amount of workers' compensation, employee health, and professional liability and comprehensive general liability claims is dependent on future developments, management is of the opinion that the associated liabilities recognized in the accompanying combined financial statements are adequate to cover such claims.

Sutter Health and Affiliates

Notes to Combined Financial Statements (continued)

(Dollars in millions)

2 ACCOUNTING POLICIES (continued)

Sutter has entered into reinsurance, stop loss, and excess policy agreements with independent insurance companies to limit its losses on workers' compensation, employee health, professional liability and comprehensive general liability claims

Workers' compensation liabilities were \$197 and \$155 discounted using a rate of 2.2% and 3.0%, as of December 31, 2011 and 2010, respectively. Sutter has other workers' compensation plans administered at certain affiliates that are discounted using rates ranging from 1.3% to 3.0% and 2.4% to 3.0%, as of December 31, 2011 and 2010, respectively, with reserves amounting to \$35 and \$55, respectively. Employee health liabilities were \$36 and \$43, and were recorded on an undiscounted basis in accrued salaries and employee benefits. Professional liabilities were \$101 and \$103 discounted at a rate of 1.3% and 1.6% as of December 31, 2011 and 2010, respectively. Management is not aware of any potential professional liability claims whose settlement would have a material adverse effect on Sutter's combined financial position.

In lieu of a security deposit requirement, most of Sutter's self-insured workers' compensation plans paid assessment charges to participate in California Self Insurers' Alternative Security Program, which provided coverage of \$119 and \$105 as of December 31, 2011 and 2010, respectively.

Asset Retirement Obligations Sutter has recorded an estimated liability of \$47 and \$54 at December 31, 2011 and 2010, respectively, related to the fair value of costs for asbestos abatement that will result from Sutter's current plans to renovate and/or demolish certain acute care facilities.

Contingencies Estimated losses from contingencies are recorded when they are probable and reasonably estimable.

Net Assets Net resources that are not restricted by donors are included in unrestricted net assets. Gifts of long-lived operating assets, such as property, plant or equipment, are reported as unrestricted net assets and excluded from income. Resources restricted by donors for a specified time or purpose are reported as temporarily restricted net assets.

Sutter Health and Affiliates

Notes to Combined Financial Statements (continued)

(Dollars in millions)

2 ACCOUNTING POLICIES (continued)

When the specific purposes are met, either through passage of a stipulated time period or when the purpose for restriction is accomplished, they are released to other operating revenues in the combined statement of operations and changes in net assets. Resources temporarily restricted by donors for additions to property, plant and equipment are initially reported as temporarily restricted net assets and are transferred to unrestricted net assets when expended. Donor-imposed restrictions, which stipulate that the resources be maintained permanently, are reported as permanently restricted net assets.

Investment income related to temporarily or permanently restricted net assets is classified as either temporarily restricted or unrestricted based on the intent of the donor, or is added to permanently restricted net assets if required by the donor.

Patient Service Revenues and Patient Service Revenues less Provision for Bad Debts

Patient service revenues are reported at the estimated net realizable amounts from patients, third-party payers and others for services rendered, including estimated retroactive adjustments under reimbursement programs with third-party payers. 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 government agencies. Sutter had no changes in its charity care or uninsured discount policies in 2011.

Sutter adopted the accounting standard addressing the presentation of the provision for bad debts in 2011, and as such, patient service revenues less provision for bad debts are reported net of the provision for bad debts on the combined statement of operations and changes in net assets. Sutter's self-pay write-offs were \$308 for 2011 and \$280 for 2010. The increase in write-offs was the result of negative trends experienced in the collection of amounts from self-pay patients in 2011. The provision for bad debts for 2010 was reclassified as a reduction of patient service revenues.

Patient services revenues, net of contractual allowances and discounts as of December 31, are as follows:

	Year ended December 31,	
	2011	2010
Government	\$ 2,779	\$ 2,903
Contracted	5,062	4,670
Self-pay and others	287	285
	<u>\$ 8,128</u>	<u>\$ 7,858</u>

Sutter Health and Affiliates

Notes to Combined Financial Statements (continued)

(Dollars in millions)

2 ACCOUNTING POLICIES (continued)

Purchased Services Purchased services expense is made up of a wide variety of contracted and other purchased services, including medical group compensation, other professional fees, and repairs and maintenance. Medical group compensation is accrued by Sutter according to professional services agreements between affiliated medical foundations and their contracted medical groups.

Capitated Services Sutter has agreements with various Health Maintenance Organizations (HMOs) to provide medical services to subscribing participants. Under these agreements, Sutter receives monthly capitation payments based on the number of each HMO's participants that are covered by the contract, regardless of services provided by Sutter. Certain of these agreements also contain provisions whereby additional amounts may be due or paid. Sutter accrues costs for out-of-area services when services are rendered under these contracts, including estimates of IBNR claims and amounts receivable/payable under risk-sharing arrangements. The IBNR accrual is an estimate of the cost of services for which Sutter is responsible.

Advertising Sutter expenses advertising costs as incurred. Advertising expense (included in other operating expenses) was \$23 in 2011 and \$19 in 2010.

Research and Development Sutter expenses research and development costs as incurred. Research and development expense (included in other operating expenses) was \$46 in 2011 and \$44 in 2010.

Income Taxes Sutter Health and most affiliates have been determined to be exempt organizations by the Internal Revenue Service, (pursuant to Internal Revenue Code Section 501(c) (3)), and the California Franchise Tax Board (pursuant to California Revenue and Taxation Code 23701(d)) and, generally, are not subject to taxes on income.

Certain activities of Sutter are subject to income taxes, however, such activities are not significant to the combined financial statements. With respect to its for-profit subsidiaries and taxable activities, Sutter records income taxes using the liability method under which deferred tax assets and liabilities are determined based on the differences between the financial accounting and tax bases of assets and liabilities. Deferred tax assets or liabilities at the end of each period are determined using the currently enacted tax rate expected to apply to taxable income in the periods that the deferred tax asset or liability is expected to be realized or settled.

Sutter Health and Affiliates

Notes to Combined Financial Statements (continued)

(Dollars in millions)

2 ACCOUNTING POLICIES (continued)

Sutter recognizes the tax benefit from uncertain tax positions only if it is more likely than not that the tax positions will be sustained on examination by the tax authorities, based on the technical merits of the position. The tax benefit is measured based on the largest benefit that has a greater than 50% likelihood of being realized upon ultimate settlement. Sutter recognizes interest and penalties related to income tax matters in operating expenses. At December 31, 2011 and 2010, there were no such uncertain tax positions.

Performance Indicator “Income” or “Income attributable to Sutter Health” as reflected in the accompanying combined statements of operations and changes in net assets are performance indicators. Performance indicators include changes in unrestricted net assets other than contributions of long-lived assets, changes in net unrealized gains and losses on investments classified as other-than-trading, retirement plans and post-retirement benefits actuarial gains and losses and prior service costs, discontinued operations, cumulative effects of changes in accounting principles and extraordinary items.

Adoption of New Accounting Pronouncements In September 2011, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2011-09, *Compensation — Retirement Benefits — Multiemployer Plans*, amending Accounting Standards Codification (ASC) 715-80, *Disclosures about an Employer’s Participation in a Multiemployer Plan*, which requires employers to provide additional separate disclosures for multiemployer pension plans and multiemployer other postretirement benefit plans. Sutter adopted ASU 2011-09 effective December 31, 2011, and the adoption of this guidance did not have a material impact on Sutter’s combined financial condition, results of operations, or cash flows.

In July 2011, the FASB issued ASU No. 2011-07, *Health Care Entities*, ASC 954, *Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities*, which amended ASC 954, *Health Care Entities*, to provide greater transparency regarding a health care entity’s net patient service revenue and the related allowance for doubtful accounts. ASU 2011-07 requires certain health care entities to change the presentation of the provision for bad debts associated with patient service revenue by reclassifying the provision from operating expenses to a deduction from patient service revenues and requires enhanced disclosures about patient service revenues and the policies for recognizing revenue and assessing bad debts. Sutter adopted ASU 2011-07 effective December 31, 2011.

Sutter Health and Affiliates

Notes to Combined Financial Statements (continued)

(Dollars in millions)

2 ACCOUNTING POLICIES (continued)

In May 2011, the FASB issued ASU No. 2011-04, *Fair Value Measurement*, ASC 820, *Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRSs*, which amended ASC 820, *Fair Value Measurement* to change the wording used to describe many of the requirements in U.S. GAAP for measuring fair value and for disclosing information about fair value measurements. Management is currently evaluating the potential impact of this guidance, which will be effective January 1, 2012, but does not expect it to have a material impact on the combined financial condition, results of operations, or cash flows.

In August 2010, the FASB issued ASU No. 2010-24, *Health Care Entities*, ASC 954, *Presentation of Insurance Claims and Related Insurance Recoveries*, which clarifies that a health care entity should not net insurance recoveries against a related claim liability. Additionally, the amount of the claim liability should be determined without consideration of insurance recoveries. Sutter adopted ASU 2010-24 effective January 1, 2011, and the adoption of this guidance did not have a material impact on Sutter's combined financial condition, results of operations, or cash flows.

In August 2010, the FASB issued ASU No. 2010-23, *Health Care Entities*, ASC 954, *Measuring Charity Care for Disclosures*, which requires that cost be used as a measurement for charity care disclosure purposes and that cost can be identified as the direct and indirect costs of providing the charity care. It also requires disclosure of the method used to identify or determine such costs. Sutter adopted ASU 2010-24 effective January 1, 2011, and the adoption of this guidance did not have a material impact on Sutter's combined financial condition, results of operations, or cash flows.

In February 2010, the FASB issued ASU No. 2010-09, *Subsequent Events: Amendments to Certain Recognition and Disclosure Requirements*, which amended ASC 855, *Subsequent Events*, requiring the evaluation of subsequent events through the date that the financial statements are issued. Sutter adopted ASU 2010-09 effective January 1, 2010, and the adoption of this guidance did not have a material impact on Sutter's combined financial condition, results of operations, or cash flows.

In January 2010, the FASB issued ASU No. 2010-06, *Improving Disclosures about Fair Value Measurement*, which amended ASC 820, *Fair Value Measurements and Disclosures*, to require new disclosures related to transfers in and out of Level 1 and 2 fair value measurements, including reasons for the transfers, and to require new disclosures related to activity in Level 3 fair value measurements. In addition, ASU 2010-06 clarifies existing disclosure requirements related to the level of disaggregation of

Sutter Health and Affiliates

Notes to Combined Financial Statements (continued)

(Dollars in millions)

2 ACCOUNTING POLICIES (continued)

classes of assets and liabilities, and provides further detail about inputs and valuation techniques used for fair value measurement. Sutter adopted ASU 2010-06 effective January 1, 2010, and the adoption did not have a material impact on the combined financial condition, results of operations, or cash flows.

Reclassifications Certain amounts in Sutter's 2010 combined financial statements have been reclassified to conform with the presentation of its 2011 combined financial statements. These reclassifications had no impact on previously reported income or net assets.

3. INVESTMENTS

Investments are held for the following uses:

	December 31,	
	2011	2010
Assets held in trust		
Principal, interest and other reserves held in trust		
under bond indentures	\$ 682	\$ 244
Internally designated	493	593
Investments	2,872	2,269
	4,047	3,106
Less short-term investments	(2,914)	(2,167)
Non-current investments	\$ 1,133	\$ 939

Investment income includes the following:

	Year ended December 31,	
	2011	2010
Interest and dividends	\$ 105	\$ 71
Investment fees	(10)	(9)
Net realized gain on sales of securities, including		
net loss from other-than-temporary impairment	94	95
	189	157
Amounts included in changes in restricted net		
assets	(6)	(8)
Interest earned on unspent bond project funds	(27)	(25)
Investment income	\$ 156	\$ 124

Sutter Health and Affiliates

Notes to Combined Financial Statements (continued)

(Dollars in millions)

3. INVESTMENTS (continued)

Sutter uses the specific identification method to compute realized gains and losses on all investments, except mutual funds, which are computed using the average cost method

4. FAIR VALUE MEASUREMENTS

Sutter accounts for certain assets and liabilities at fair value. A fair value hierarchy for valuation inputs has been established to prioritize the valuation inputs into three levels based on the extent to which inputs used in measuring fair value are observable in the market. Each fair value measurement is reported in one of the three levels, which is determined by the lowest level input that is significant to the fair value measurement in its entirety. These levels are:

Level 1: Quoted prices are available in active markets for identical assets or liabilities as of the measurement date.

Level 2: Pricing inputs are based on quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3: Pricing inputs are generally unobservable for the assets or liabilities and include situations where there is little, if any, market activity for the investment. The inputs into the determination of fair value require management's judgment or estimation of assumptions that market participants would use in pricing the assets or liabilities. The fair values are therefore determined using factors that involve judgment and interpretations including, but not limited to, private and public comparables, third party appraisals, discounted cash flow models, fund manager estimates and net asset valuations provided by the underlying private investment companies and/or their administrators.

Sutter Health and Affiliates

Notes to Combined Financial Statements (continued)

(Dollars in millions)

4. FAIR VALUE MEASUREMENTS (continued)

The fair value of Sutter's assets and liabilities measured on a recurring basis consists of the following

	December 31, 2011			
	Quoted Prices in Active Markets for Identical Instruments (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Balance at December 31, 2011
Liquid investments				
Cash equivalents	\$ 306	\$ —	\$ —	\$ 306
Equity securities				
U S equity securities	520	78	—	598
Foreign equity securities	414	19	—	433
Fixed income securities				
U S government securities	103	—	—	103
U S government agencies securities	14	123	—	137
U S state and local government securities	—	75	—	75
U S federal agency mortgage-backed securities	—	383	—	383
Foreign government securities	—	427	—	427
U S corporate securities	64	1,017	—	1,081
Foreign corporate securities	—	437	—	437
Other investments				
Multi-strategy hedge funds	—	—	52	52
Private equity funds	—	—	1	1
Commodity linked funds	—	—	14	14
	<u>\$ 1,421</u>	<u>\$ 2,559</u>	<u>\$ 67</u>	<u>\$ 4,047</u>

Sutter Health and Affiliates

Notes to Combined Financial Statements (continued)

(Dollars in millions)

4. FAIR VALUE MEASUREMENTS (continued)

	December 31, 2010			
	Quoted Prices in Active Markets for Identical Instruments (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Balance at December 31, 2010
Liquid investments				
Cash equivalents	\$ 310	\$ —	\$ —	\$ 310
Equity securities				
U S equity securities	532	48	—	580
Foreign equity securities	287	22	—	309
Fixed income securities				
U S government securities	76	—	—	76
U S government agencies securities	25	95	—	120
U S state and local government securities	—	65	—	65
U S federal agency mortgage-backed securities	—	298	—	298
Foreign government securities	—	400	—	400
U S corporate securities	75	639	—	714
Foreign corporate securities	—	127	—	127
Other investments				
Multi-strategy hedge funds	—	—	53	53
Commodity linked funds	41	—	13	54
	<u>\$ 1,346</u>	<u>\$ 1,694</u>	<u>\$ 66</u>	<u>\$ 3,106</u>

There were no material transfers to or from Levels 1, 2, or 3 during the years presented

As of December 31, 2011, the Level 2 and 3 instruments listed in the fair value hierarchy table above use the following valuation techniques and inputs

U S and Foreign Equity Securities The fair value of the U S and foreign equity securities classified as Level 2 is primarily determined using the calculated net asset value per share (NAV) These are primarily commingled funds that invest in domestic and foreign equity securities, whose underlying values are based on Level 1 inputs The fund managers receive prices from nationally recognized pricing services based on observable market transactions

Sutter Health and Affiliates

Notes to Combined Financial Statements (continued)

(Dollars in millions)

4. FAIR VALUE MEASUREMENTS (continued)

U S Government Agencies Securities The fair value of investments in U S government agencies securities classified as Level 2 is primarily determined using consensus pricing methods of observable market-based data. Significant observable inputs include quotes, spreads, and data points for yield curves.

U S State and Local Government Securities The fair value of U S state and local government securities classified as Level 2 is determined using a market approach. The inputs include yield benchmark curves, prepayment speeds, and observable market data such as institutional bids, dealer quotes, and two-sided markets.

U S Federal Agency Mortgage-backed Securities The fair value of U S federal agency mortgage-backed securities classified as Level 2 is primarily determined using matrices. These matrices utilize observable market data of bonds with similar features, prepayment speeds, credit ratings, and discounted cash flows. Additionally, observed market movements, tranche cash flows and benchmark yields are incorporated in the pricing models.

Foreign Government Securities The fair value of investments in foreign government securities classified as Level 2 is primarily determined using discounted cash flow models, incorporating option-adjusted spread (OAS) features as appropriate. In the OAS and non-OAS pricing models, critical inputs include benchmark curves and spread parameters, and issue-specific factors.

U S and Foreign Securities The fair value of the investment in U S and foreign corporate securities classified as Level 2 is primarily determined using techniques that are consistent with the market approach. Significant observable inputs include reported trades, dealer quotes, security specific characteristics, and multiple sources of spread data points in developing yield curves.

Hedge Fund Investments, Private Equity and Commodity Linked Funds The fair value of hedge fund investments, private equity and commodity linked funds classified as Level 3 is determined using the calculated NAV. The values for underlying investments are fair value estimates determined either internally or by an external fund manager based on recent filings, operating results, balance sheet stability, growth and other business and market sector fundamentals. Due to the significant unobservable inputs present in these valuations, Sutter classifies all such investments as Level 3.

Sutter Health and Affiliates

Notes to Combined Financial Statements (continued)

(Dollars in millions)

4. FAIR VALUE MEASUREMENTS (continued)

The change in the balance of Level 3 financial assets and liabilities measured on a recurring basis consists of the following

	Multi-Strategy Hedge Funds	Private Equity Funds	Commodity Linked Funds	Total
Balance at December 31, 2009	\$ 52	\$ —	\$ 11	\$ 63
Total net realized and unrealized gains, included in income attributable to Sutter Health	4	—	2	6
Purchases, issuances, and settlements, net	(3)	—	—	(3)
Balance at December 31, 2010	53	—	13	66
Total net realized and unrealized gains, included in income attributable to Sutter Health	(1)	—	1	—
Purchases	—	1	—	1
Balance at December 31, 2011	<u>\$ 52</u>	<u>\$ 1</u>	<u>\$ 14</u>	<u>\$ 67</u>
Change in unrealized gains on investments held as of December 31, 2010	<u>\$ 4</u>	<u>\$ —</u>	<u>\$ 2</u>	<u>\$ 6</u>
Change in unrealized gains (losses) on investments held as of December 31, 2011	<u>\$ (1)</u>	<u>\$ —</u>	<u>\$ 1</u>	<u>\$ —</u>

Sutter Health and Affiliates

Notes to Combined Financial Statements (continued)

(Dollars in millions)

4. FAIR VALUE MEASUREMENTS (continued)

Certain investments report fair value using a calculated NAV or its equivalent. The following table and explanations identify attributes relating to the nature and risk of such investments.

December 31, 2011					
	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period (if currently eligible)	
Level 2					
Commingled funds – equity securities	\$ 97	\$ –	Daily, Monthly, Quarterly	1-60 days	
Commingled funds – debt securities	31	–	Weekly	None	
Total Level 2	128	–			
Level 3					
Multi-strategy hedge funds	52	–	Quarterly	60-65 days	
Private equity funds	1	4	None	None	
Commodity linked funds	14	–	Monthly	5 days	
Total Level 3	67	4			
Total Level 2 and Level 3	\$ 195	\$ 4			

December 31, 2010					
	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period (if currently eligible)	
Level 2					
Commingled funds – equity securities	\$ 70	\$ –	Daily, Monthly, Quarterly	3-60 days	
Commingled funds – debt securities	50	–	Weekly, Monthly	0-10 days	
Total Level 2	120	–			
Level 3					
Multi-strategy hedge funds	53	–	Quarterly	60-65 days	
Private equity funds	–	5	None	None	
Commodity linked funds	13	–	Monthly	5 days	
Total Level 3	66	5			
Total Level 2 and Level 3	\$ 186	\$ 5			

Sutter Health and Affiliates

Notes to Combined Financial Statements (continued)

(Dollars in millions)

4. FAIR VALUE MEASUREMENTS (continued)

Commingled Funds – Equity Securities This class includes investments in commingled funds that invest primarily in domestic or foreign equity securities and attempt to match the returns of specific equity indices. A redemption limitation of 10% quarterly gate withdrawals with 60 days notice has been imposed for investments representing approximately 25% of the value of this class. Approximately 65% of the value of this class is redeemable monthly, with a notice period of 6 to 30 days. Other investments representing approximately 10% of this class are redeemable daily with 1 to 3 days notice.

Commingled Funds – Debt Securities This class includes investments in commingled funds that invest primarily in foreign and domestic debt and fixed income securities, of which the majority are traded in over-the-counter markets. These funds are redeemable weekly.

Multi-Strategy Hedge Funds This class includes investments in hedge funds that pursue diversification of both domestic and foreign fixed income and equity securities through multiple investment strategies. The primary objective for these funds is to maximize returns while limiting volatility by allocating capital to external portfolio managers selected for expertise in one or more investment strategies which may include, but are not limited to, long/short equity, event driven, relative value, and global asset allocation. A redemption limitation has been imposed for investments representing approximately 27% of the value of this class. These funds have a three-year lock-up and become available by September 30, 2012. The remaining 73% of the value of the multi-strategy hedge funds are available for redemption with a notice period of 60 to 65 days.

Private Equity Funds This class includes private equity funds that specialize in providing capital to a variety of investment groups, including but not limited to venture capital, leveraged buyout, mezzanine debt, distressed debt, and other strategies, which may include land, water processing, and alternative energy. There is no provision for redemptions during the life of these funds. Distributions from each fund will be received as the underlying investments of the funds are liquidated over the next 2 to 15 years.

Commodity Linked Funds This class includes commodity linked funds that pursue long-only fully collateralized commodity futures strategies to provide diversification and inflation protection. These funds are redeemable monthly with five days notice before month end.

The investments included above are not expected to be sold at amounts that are different from NAV.

Sutter Health and Affiliates

Notes to Combined Financial Statements (continued)

(Dollars in millions)

5. PROPERTY, PLANT AND EQUIPMENT

Property, plant and equipment consist of the following

	December 31,	
	2011	2010
Land improvements	\$ 116	\$ 90
Leasehold improvements	224	179
Buildings and improvements	4,406	3,829
Equipment	2,783	2,467
	7,529	6,565
Less amortization and accumulated depreciation	(3,986)	(3,606)
	3,543	2,959
Land	586	582
Construction-in-progress	1,539	1,686
	\$ 5,668	\$ 5,227

6. OTHER ASSETS

Other assets consist of the following

	December 31,	
	2011	2010
Reinsurance recoveries receivable	\$ 64	\$ 50
Cost report settlements	37	45
Non-current portion of notes receivable	43	40
Non-current portion of pledges receivable	36	37
Goodwill, net	50	29
Unamortized financing costs	21	12
Prepaid pension asset	—	170
Trust receivable	57	52
Other	35	38
	\$ 343	\$ 473

Sutter Health and Affiliates

Notes to Combined Financial Statements (continued)

(Dollars in millions)

7. LONG-TERM OBLIGATIONS

Long-term obligations consist of the following

	December 31,	
	2011	2010
Hospital revenue bonds and Certificates of Participation under the Sutter Health Master Indenture of Trust, fixed interest at 3.0% to 6.0%, due from 2012 to 2048 (net of premium of \$40 and \$27 at December 31, 2011 and 2010, respectively)	\$ 3,395	\$ 2,477
Various collateralized and unsecured obligations	9	10
Obligations under capital leases	6	6
	3,410	2,493
Less current portion	(368)	(71)
	\$ 3,042	\$ 2,422

The aggregate estimated fair market values of Sutter's long-term obligations at December 31, 2011 and 2010, of \$3,489 and \$2,253, respectively, were established using discounted cash flow analyses based on (i) the current market yield to maturity for similar types of publicly traded debt issues, and (ii) Sutter's current incremental borrowing rates for all other debt instruments.

The central financing vehicle of credit for Sutter is the Obligated Group. Sutter and certain affiliates are members of the Sutter Health Obligated Group, and the assets of such affiliates are subject to the indebtedness of the Obligated Group. Although the Obligated Group is not a legal entity, members of the Obligated Group are jointly and severally liable for repayment of the tax-exempt obligations issued through the California Health Facilities Financing Authority (CHFFA) and California Statewide Communities Development Authority (CSCDA) bonds. The related financing documents and various other debt agreements contain certain restrictive covenants requiring compliance by all members, including a pledge of gross revenue.

In December 2011, approximately \$37 of Series C CSCDA revenue bonds and \$310 Series D CHFFA revenue bonds were issued on behalf of Sutter. The proceeds of these borrowings were used to finance or refinance a portion of capital expenditures at certain health care and related facilities owned by the Obligated Group.

Sutter Health and Affiliates

Notes to Combined Financial Statements (continued)

(Dollars in millions)

7. LONG-TERM OBLIGATIONS (continued)

In December 2011, a tax exempt obligation issue (Series A CHFFA revenue bonds issued in 2000) and a portion of another tax exempt obligation issue (Series A CHFFA revenue bonds issued in 1999) totaling \$124 were redeemed with a portion of the bond proceeds issued in December 2011, which did not result in a gain or loss. In addition, a portion of the bond proceeds issued in December 2011 were used to redeem or prepay a portion of three tax exempt obligation issues (Series C CHFFA revenue bonds issued in 1997, Series A CHFFA revenue bonds issued in 1998 and CSCDA certificates of participation delivered in 1999) totaling \$104 in February 2012, which did not result in a gain or loss.

In February 2011, \$275 of Series A CSCDA revenue bonds and \$475 Series B CHFFA revenue bonds were issued on behalf of Sutter. The proceeds of these borrowings were used to finance or reimburse the cost of a portion of capital expenditures at certain health care and related facilities owned by the Obligated Group.

In February 2011, a portion of two tax exempt obligation issues (Series C CHFFA revenue bonds issued in 1997 and CSCDA certificates of participation delivered in 1999) totaling \$48 of par value were redeemed or prepaid, which did not result in a gain or loss.

In January 2010, four tax-exempt obligation issues (CSCDA certificates of participation delivered in 1993, Series A City of Modesto Health Facility revenue bonds issued in 1993, Series A CHFFA revenue bonds issued in 1997 and Series B City of Modesto Insured Health Facility revenue bonds issued in 1997) totaling \$39 of par value were redeemed or prepaid, which did not result in a gain or loss.

In February 2012, the remaining portion of four tax exempt obligation issues (Series C CHFFA revenue bonds issued in 1997, Series A CHFFA revenue bonds issued in 1998, Series A CHFFA revenue bonds issued in 1999 and CSCDA certificates of participation delivered in 1999) totaling \$242 were redeemed or prepaid, which did not result in a gain or loss.

Sutter Health and Affiliates

Notes to Combined Financial Statements (continued)

(Dollars in millions)

7. LONG-TERM OBLIGATIONS (continued)

Aggregate payments of long-term obligations, excluding capital leases, various collateralized and unsecured obligations, and bond premiums, are as follows as of December 31, 2011

2012	\$	363
2013		14
2014		15
2015		17
2016		43
Thereafter		2,903
	\$	<u>3,355</u>

Sutter has an available \$400 revolving line of credit with a syndicate of banks with no outstanding borrowings as of December 31, 2011

8. LEASES

Sutter leases various buildings, office space and equipment. The leases expire at various times and contain certain contingent rental provisions, guarantees and various renewal options. These leases are classified as either capital leases, which were not material as of December 31, 2011 and 2010, or operating leases based on the terms of the respective agreements. Operating leases for certain acute care facilities are leased from various municipalities and the lease agreements require Sutter to make specified capital improvements to the municipalities' facilities at various times.

Future minimum payments, by year and in the aggregate, under noncancellable operating leases with terms of one year or more at inception consist of the following as of December 31, 2011

	Lease Payments	Sublease Receipts	Net Lease Payments
2012	\$ 85	\$ 2	\$ 83
2013	77	2	75
2014	68	1	67
2015	58	1	57
2016	52	1	51
Thereafter	192	1	191
	<u>\$ 532</u>	<u>\$ 8</u>	<u>\$ 524</u>

Sutter Health and Affiliates

Notes to Combined Financial Statements (continued)

(Dollars in millions)

9. NET ASSETS AND CONTRIBUTIONS

Sutter receives donations through its philanthropic affiliates from the generosity of donors supporting certain programs and services. Donations with a restriction included in temporarily and permanently restricted net assets were maintained for the following purposes:

	December 31,	
	2011	2010
Temporarily restricted		
Capital projects and medical equipment	\$ 118	\$ 104
Time restricted under trust agreements	13	25
Research and education	45	48
Other	43	48
	<u>\$ 219</u>	<u>\$ 225</u>
Permanently restricted – endowment	<u>\$ 125</u>	<u>\$ 117</u>

Unconditional promises to give cash or other assets are reported at fair market value at the date the promises are received. Conditional promises to give and indications of intentions to give are reported at fair market value when the conditions are met. Conditional promises were not material at December 31, 2011 and 2010.

As of December 31, 2011, pledges receivable (included in other receivables and other assets) consisted of the following unconditional promises to give:

Pledges due in 2012	\$ 19
Pledges due 2013-2016	27
Pledges due after 2016	23
Less allowance for uncollectible pledges	(2)
Less discount on pledges receivable	(13)
	<u>\$ 54</u>

Endowments In September 2008, California Senate Bill No. 1329 was signed into law, enacting the Uniform Prudent Management of Institutional Funds Act (UPMIFA). UPMIFA eliminates the concept of “historic dollar value” and allows an institution to spend or accumulate as the board determines is prudent for the uses, benefits, purposes and duration of the endowment fund unless the gift instrument states a particular spending rate or formula. California’s version of UPMIFA also includes a rebuttable provision that spending greater than 7% of the average fair market value (calculated at least quarterly over a minimal period of three years) is presumed to be imprudent.

Sutter Health and Affiliates

Notes to Combined Financial Statements (continued)

(Dollars in millions)

9. NET ASSETS AND CONTRIBUTIONS (continued)

In accordance with UPMIFA, Sutter considers the following factors when appropriating or accumulating an endowment fund (1) general economic conditions, (2) effects of inflation and deflation, (3) the purposes of the institution and the endowment fund, (4) expected total return from income and appreciation of investments, (5) Sutter's other resources, (6) the duration and preservation of the endowment fund and (7) Sutter's investment policies

From time to time, the fair value of assets associated with individual endowment funds may fall below the level that the donor or UPMIFA requires Sutter to retain as a fund of perpetual duration. Deficiencies of this nature that are reported in unrestricted net assets were not material as of December 31, 2011 and 2010. These deficiencies resulted from unfavorable investment market fluctuations.

Sutter has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets. Under this policy, as approved by the Board of Trustees, the endowment assets are invested in a manner that is intended to produce results that exceed the price and yield results while assuming a moderate level of investment risk.

To satisfy its long-term rate-of-return objectives, Sutter relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). Sutter targets a diversified asset allocation that places a great emphasis on equity-based investments to achieve its long-term return objectives within prudent risk constraints.

The endowment net asset composition by type of fund consists of the following:

	December 31, 2011			
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted endowment funds	\$ 4	\$ 19	\$ 125	\$ 148
Board-designated funds	9	—	—	9
Total funds	\$ 13	\$ 19	\$ 125	\$ 157

Sutter Health and Affiliates

Notes to Combined Financial Statements (continued)

(Dollars in millions)

9. NET ASSETS AND CONTRIBUTIONS (continued)

	December 31, 2010			
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Donor-restricted endowment funds	\$ 8	\$ 29	\$ 117	\$ 154
Board-designated funds	12	—	—	12
Total funds	<u>\$ 20</u>	<u>\$ 29</u>	<u>\$ 117</u>	<u>\$ 166</u>

The changes in endowment net assets are as follows

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Balance at December 31, 2009	\$ 14	\$ 21	\$ 113	\$ 148
Investment return				
Investment income	1	1	1	3
Net appreciation (realized and unrealized)	8	10	1	19
Total investment return	<u>9</u>	<u>11</u>	<u>2</u>	<u>22</u>
Contributions	—	—	3	3
Appropriation of endowment assets for expenditure	(3)	(3)	—	(6)
Other changes				
Other	—	—	(1)	(1)
Balance at December 31, 2010	<u>20</u>	<u>29</u>	<u>117</u>	<u>166</u>
Investment return				
Investment income	1	2	—	3
Net appreciation (realized and unrealized)	(5)	(6)	(1)	(12)
Total investment return	<u>(4)</u>	<u>(4)</u>	<u>(1)</u>	<u>(9)</u>
Contributions	—	—	10	10
Appropriation of endowment assets for expenditure	(3)	(3)	—	(6)
Other changes				
Other	—	(3)	(1)	(4)
Balance at December 31, 2011	<u>\$ 13</u>	<u>\$ 19</u>	<u>\$ 125</u>	<u>\$ 157</u>

Sutter Health and Affiliates

Notes to Combined Financial Statements (continued)

(Dollars in millions)

10. PATIENT SERVICE AND CAPITATION REVENUES

Sutter has agreements with third-party payers that provide for payments to Sutter at amounts different from its established rates. A summary of the payment arrangements with major third-party payers follows:

- *Medicare* – Inpatient acute care services and outpatient services rendered to Medicare program beneficiaries are paid at prospectively determined rates per diagnosis. These rates vary according to a patient classification system that is based on clinical, diagnostic and other factors. Certain inpatient nonacute services and medical education costs related to Medicare beneficiaries are paid based on a cost reimbursement methodology. Sutter is reimbursed for cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by Sutter and audits thereof by the Medicare fiscal intermediary. Sutter's classification of patients under the Medicare program and the appropriateness of their admission are subject to an independent review. Sutter's Medicare cost reports have been audited by the Medicare fiscal intermediary generally through December 31, 2006.
- *Medi-Cal* – Inpatient and outpatient services rendered to Medi-Cal program beneficiaries are reimbursed either under contracted rates or reimbursed for cost reimbursable items at a tentative rate with final settlement determined after submission of annual cost reports by Sutter and audits thereof by Medi-Cal. Sutter's Medi-Cal cost reports have been audited generally through December 31, 2008.

Adjustments from the finalization of prior-year cost reports from both Medicare and Medi-Cal resulted in an increase to patient service revenues of \$7 in 2011 and \$9 in 2010.

Sutter Health and Affiliates

Notes to Combined Financial Statements (continued)

(Dollars in millions)

10. PATIENT SERVICE AND CAPITATION REVENUES (continued)

Gross patient charges, including charges related to capitated patients, from the Medicare and Medi-Cal programs accounted for the following percentages of Sutter's gross patient service revenues

	Year ended December 31,	
	2011	2010
Medicare	40%	40%
Medi-Cal	17%	17%

The healthcare industry is subject to voluminous and complex laws and regulations of federal, state and local governments. Compliance with such laws and regulations can be subject to future government review and interpretation as well as regulatory actions unknown or unasserted at this time. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, government healthcare program participation requirements, reimbursement laws and regulations, anti-kickback and anti-referral laws and false claims prohibitions, and in the case of tax-exempt hospitals, the requirements of tax-exemption. In recent years, government activity has increased with respect to investigations and allegations concerning possible violations of reimbursement, false claims, anti-kickback and anti-referral statutes and regulations by healthcare providers. Sutter also operates an Ethics and Compliance Program, which reviews compliance with government healthcare program requirements and investigates allegations of non-compliance received from internal and external sources. From time to time findings may result in repayment of monies previously received from government payers and/or disclosure of such overpayments, including, but not limited to, disclosure to Centers for Medicare & Medicaid Services and its contracted agents, or the Office of Inspector General - Department of Health and Human Services. As a result, there is at least a reasonable possibility that the recorded estimates may change by a material amount in the near term.

Sutter also has entered into payment agreements with certain commercial insurance carriers, HMOs and preferred provider organizations. The basis for payment to Sutter under these agreements includes capitated arrangements, prospectively determined rates per diagnosis, discounts from established charges and prospectively determined daily rates.

Sutter Health and Affiliates

Notes to Combined Financial Statements (continued)

(Dollars in millions)

10. PATIENT SERVICE AND CAPITATION REVENUES (continued)

Sutter, in the ordinary course of business, enters into various incentive-based risk sharing agreements with managed care payers and other providers. These agreements require retroactive settlement based on data that may not be available or finalized until all claims are processed. Settlement amounts have been estimated for such risk-based incentives based on available information. However, it is reasonably possible that these estimates may change in the near term.

The State of California enacted legislation for a quality assurance fee program for hospitals to obtain federal matching funds for Medi-Cal. The proceeds of the quality assurance fee program and the federal matching funds are to be redistributed to California hospitals that treat Medi-Cal patients to fund certain Medi-Cal coverage expansions. In December 2011, the Centers for Medicare and Medicaid Services (CMS) approved a 6-month program covering January 1, 2011 through June 30, 2011 (the “6-month Program”). Supplemental payments for the 6-month Program of \$141 are included in patient services revenues and fees of \$85 are included in other expenses for 2011. As of December 31, 2011, a receivable of \$21 is included in other receivables for the supplemental managed care payments expected to be received in the second quarter of 2012.

In December 2010, CMS approved a 21-month program covering April 2009 through December 31, 2010 (the “21-month Program”). Supplemental payments for the 21-month Program of \$339 are included in patient service revenues and fees of \$251 are included in other expenses for 2010. As of December 31, 2010, a receivable of \$66 is included in other receivables for the supplemental managed care payments to be received and \$3 is included in accounts payable for the pledge to the California Health Foundation Trust. Sutter recorded additional supplemental payments totaling \$13 for the 21-month Program in 2011.

In September 2011, a 30-month program was established for the period from July 1, 2011 through December 31, 2013 (the “30-month Program”). The 30-month Program has not received final approval.

Sutter Health and Affiliates

Notes to Combined Financial Statements (continued)

(Dollars in millions)

11. COMMUNITY BENEFIT EXPENSE

Services for the poor and underserved include traditional charity care which covers health care services provided to persons who meet certain criteria and cannot afford to pay, as well as the unpaid 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 provided to persons who cannot afford health care because of inadequate resources and are uninsured or underinsured, 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 makes to community agencies to fund charitable activities.

Sutter provides charity care services to patients at the estimated cost of \$140 in 2011 and \$121 in 2010.

The following is a summary of Sutter's estimated costs of providing services to the poor and broader community as of December 31, 2011:

Services for the poor and underserved

Traditional charity care	\$ 140
Unpaid costs of public programs	
Medi-Cal	416
Other public programs	38
Other benefits for the poor and underserved	32
Total services for the poor and underserved	<u>626</u>

Benefits for the broader community

Nonbilled services	24
Education and research	97
Cash and in-kind donations	7
Other community benefits	2
Total benefits for the broader community	<u>130</u>
	<u>\$ 756</u>

Sutter Health and Affiliates

Notes to Combined Financial Statements (continued)

(Dollars in millions)

12. RETIREMENT PLANS AND POSTRETIREMENT BENEFITS

Sutter sponsors and participates in various employee benefit plans, including a noncontributory defined benefit plan (the “Retirement Plan”) and several contributory defined contribution plans. Sutter’s total retirement benefit expense was \$186 in 2011 and \$182 in 2010.

Sutter’s measurement date for plan assets, pension obligations and net periodic pension cost associated with the Retirement Plan is December 31. The changes in benefit obligations and plan assets for the Retirement Plan are as follows:

	December 31,	
	2011	2010
Projected benefit obligation at beginning of year	\$ 1,806	\$ 1,561
Service cost	146	117
Interest cost	109	99
Plan amendments	—	1
Actuarial loss	222	89
Benefits paid	(67)	(61)
Projected benefit obligation at measurement date	\$ 2,216	\$ 1,806
Fair value of plan assets at beginning of year	\$ 1,976	\$ 1,668
Actual (loss) gain on plan assets	(95)	249
Employer contributions	400	120
Benefits paid	(67)	(61)
Fair value of plan assets at measurement date	\$ 2,214	\$ 1,976
Net (accrued) prepaid benefit cost at end of year	\$ (2)	\$ 170

The accumulated benefit obligation for the Retirement Plan was \$1,867 and \$1,536 at December 31, 2011 and 2010, respectively.

Included in net assets at December 31, 2011 and 2010 are the following amounts that have not yet been recognized in net periodic benefit cost: unrecognized prior service costs of \$20 and \$26, respectively, and unrecognized actuarial losses of \$668 and \$191, respectively. The amounts included in net assets that are expected to be recognized in net periodic benefit cost during the year ended December 31, 2012, are \$51 for actuarial loss and \$6 for prior service cost.

Sutter Health and Affiliates

Notes to Combined Financial Statements (continued)

(Dollars in millions)

12. RETIREMENT PLANS AND POSTRETIREMENT BENEFITS (continued)

The benefits expected to be paid from the Retirement Plan in each of the next five years, and in the aggregate for the next five years are as follows

2012	\$	73
2013		84
2014		94
2015		108
2016		123
2017-2021		834
	\$	<u>1,316</u>

The actuarial assumptions used by the Retirement Plan are as follows

	December 31,	
	2011	2010
Weighted average discount rates for calculating pension expense	5.7%	6 0%
Weighted average discount rates for calculating projected benefit obligation	5.0%	5 7%
Weighted average rates of compensation increase for calculating pension expense	5.3%	5 3%
Weighted average rates of compensation increase for calculating projected benefit obligation	5.3%	5 3%
Expected long-term rates of return on plan assets for calculating pension expense	8.2%	8 5%

The components of the Retirement Plan's net periodic benefit cost are as follows

	Year ended December 31,	
	2011	2010
Service cost	\$ 146	\$ 117
Interest cost	109	99
Expected return on plan assets	(159)	(140)
Amortization of actuarial loss	—	7
Amortization of prior service cost	6	6
	<u>\$ 102</u>	<u>\$ 89</u>

Sutter Health and Affiliates

Notes to Combined Financial Statements (continued)

(Dollars in millions)

12. RETIREMENT PLANS AND POSTRETIREMENT BENEFITS (continued)

In addition to the Retirement Plan, Sutter also has noncontributory postretirement health benefit plans (the “Health Plans”) Sutter’s measurement date for plan assets, retiree medical obligations and net periodic retiree medical cost associated with the Health Plans is December 31 The changes in benefit obligations for the Health Plans are as follows

	December 31,	
	2011	2010
Projected benefit obligation at beginning of year	\$ 186	\$ 170
Prior period benefit cost (credit)	2	(3)
Service cost	9	8
Interest cost	10	10
Actuarial (gain) loss	(2)	6
Other change in benefit obligation	2	—
Benefits paid	(7)	(5)
Projected benefit obligation at measurement date	<u>\$ 200</u>	<u>\$ 186</u>
Fair value of plan assets at beginning of year	\$ 77	\$ 67
Actual (loss) gain on plan assets	(3)	10
Employer contributions	17	5
Benefits paid	(7)	(5)
Fair value of plan assets at measurement date	<u>\$ 84</u>	<u>\$ 77</u>
Net accrued benefit cost at end of year	<u>\$ (116)</u>	<u>\$ (109)</u>

An additional contribution to the Health Plans was made in February 2012 for the 2011 plan year of \$13

The current portion of the net accrued benefit cost recorded was \$1 and \$1 at December 31, 2011 and 2010, respectively

Included in net assets at December 31, 2011 and 2010 are the following amounts that have not yet been recognized in net periodic benefit cost unrecognized prior service costs of \$24 and \$26, respectively, and unrecognized actuarial losses of \$16 and \$6, respectively The amount included in net assets that is expected to be recognized in net periodic benefit cost during the year ended December 31, 2012 is approximately \$6 for prior service cost

Sutter Health and Affiliates

Notes to Combined Financial Statements (continued)

(Dollars in millions)

12. RETIREMENT PLANS AND POSTRETIREMENT BENEFITS (continued)

The benefits expected to be paid from the Health Plans in each of the next five years, and in the aggregate for the next five years are as follows

2012	\$	9
2013		11
2014		13
2015		15
2016		17
2017-2021		102
	\$	<u>167</u>

The actuarial assumptions used by the Health Plans are as follows

	December 31,	
	2011	2010
Weighted average discount rates for calculating retiree medical expense	5.2%-5.6%	5 5%-5 9%
Weighted average discount rates for calculating projected benefit obligation	4.5%-4.8%	5 2%-5 6%
Expected long-term rates of return on plan assets for calculating retiree medical expense	8.2%	8 5%

The components of the Health Plans' net periodic benefit cost are as follows

	Year ended December 31,	
	2011	2010
Service cost	\$ 9	\$ 8
Interest cost	10	10
Expected return on plan assets	(8)	(6)
Amortization of prior service cost	6	5
	<u>\$ 17</u>	<u>\$ 17</u>

Sutter's projected medical cost trend rate related to the Health Plans for 2012 through 2013 is 8 0%. The assumed medical cost trend rate is expected to gradually decrease in subsequent years to 4 8% in 2019 and thereafter. A one-percentage-point change in assumed health care cost trend rates would not have a material effect on Sutter's combined financial statements.

Sutter Health and Affiliates

Notes to Combined Financial Statements (continued)

(Dollars in millions)

12. RETIREMENT PLANS AND POSTRETIREMENT BENEFITS (continued)

The assets of the Retirement Plan and the Health Plans are under a single master trust (the “Master Trust”) with oversight from the Pension and Investment Committee of the Board of Directors. Management of the assets is governed by the application of modern portfolio theory, resulting in asset class diversification and mean-variance optimization. Sutter’s investment strategy for the Master Trust’s assets is to balance the liquidity needs of the Master Trust with the long-term return goals necessary to satisfy future obligations.

The target asset allocation seeks to reduce volatility while capturing the equity premium from the capital markets over the long-term and maintaining security of principal to meet near-term expenses and obligations. Periodically an asset allocation study is completed. As a result of the latest study, the weighted average target asset allocation compared to actual asset allocations at December 31, 2011 and 2010, by major asset category are as follows:

Major Asset Category	Target Allocation 2011	Percentage of Actual Plan Assets at December 31,	
		2011	2010
Cash and cash equivalents	1%	1%	2%
Equity securities	59%	65%	69%
Fixed income securities	20%	21%	19%
Other investments - alternative	15%	10%	9%
Real estate investments	5%	3%	1%
Total	100%	100%	100%

Equity securities are comprised of U.S. and foreign equity securities, common and collective trusts and commingled funds. The equity security’s target asset allocation of 59% is further comprised of 26% domestic large capitalization, 6% domestic small capitalization and 27% international.

The Master Trust’s portfolio return assumption of 8.2% for 2011 and 8.5% for 2010 was based on the weighted-average return of comparative market indices for the major asset classes represented in the portfolio, net of administrative expenses.

Sutter Health and Affiliates

Notes to Combined Financial Statements (continued)

(Dollars in millions)

12. RETIREMENT PLANS AND POSTRETIREMENT BENEFITS (continued)

A fair value hierarchy has been established with three levels that prioritize the valuation inputs into each level (see Note 4). The fair value of the Master Trust's assets measured on a recurring basis consists of the following:

	December 31, 2011			
	Quoted Prices in Active Markets for Identical Instruments (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Balance at December 31, 2011
Liquid investments				
Cash equivalents	\$ 149	\$ —	\$ —	\$ 149
Equity securities				
U S equity securities	781	—	—	781
Foreign equity securities	556	—	—	556
Common collective trusts and commingled funds	—	146	—	146
Fixed income securities				
U S government and agencies securities	81	20	—	101
U S federal agency mortgage-backed securities	—	55	—	55
Foreign government securities	—	153	—	153
U S corporate securities	—	76	—	76
Foreign corporate securities	—	48	—	48
Other investments				
Private equity funds	—	—	137	137
Real estate	—	—	67	67
Commodity linked funds	—	—	24	24
Accrued income	5	—	—	5
	<u>\$ 1,572</u>	<u>\$ 498</u>	<u>\$ 228</u>	<u>\$ 2,298</u>

Sutter Health and Affiliates

Notes to Combined Financial Statements (continued)

(Dollars in millions)

12. RETIREMENT PLANS AND POSTRETIREMENT BENEFITS (continued)

	December 31, 2010			
	Quoted Prices in Active Markets for Identical Instruments (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Balance at December 31, 2010
Liquid investments				
Cash equivalents	\$ 73	\$ —	\$ —	\$ 73
Equity securities				
U S equity securities	658	—	—	658
Foreign equity securities	415	—	—	415
Common collective trusts and commingled funds	—	357	—	357
Fixed income securities				
U S government and agencies securities	24	14	—	38
U S federal agency mortgage-backed securities	—	69	—	69
Foreign government securities	—	144	—	144
U S corporate securities	—	89	—	89
Foreign corporate securities	—	31	—	31
Other investments				
Private equity funds	—	—	110	110
Real estate	—	—	23	23
Commodity linked funds	16	—	25	41
Accrued income	5	—	—	5
	<u>\$ 1,191</u>	<u>\$ 704</u>	<u>\$ 158</u>	<u>\$ 2,053</u>

Included in the assets disclosed above are securities on loan of \$116 as of December 31, 2010. In addition to the assets disclosed above, the Master Trust held cash collateral for securities on loan of \$119 as of December 31, 2010. In January 2011, the Master Trust terminated its participation in the securities lending program.

Sutter Health and Affiliates

Notes to Combined Financial Statements (continued)

(Dollars in millions)

12. RETIREMENT PLANS AND POSTRETIREMENT BENEFITS (continued)

The change in the balance of Level 3 financial assets and liabilities measured on a recurring basis consists of the following

	Private Equity Funds	Real Estate Investments	Commodity Linked Funds	Total
Balance at December 31, 2009	\$ 84	\$ 53	\$ 21	\$ 158
Total net realized and unrealized gains	6	5	4	15
Purchases, issuances, and settlements, net	20	(35)	—	(15)
Balance at December 31, 2010	110	23	25	158
Total net realized and unrealized gains	6	4	(1)	9
Purchases	35	43	—	78
Sales	(14)	(3)	—	(17)
Balance at December 31, 2011	<u>\$ 137</u>	<u>\$ 67</u>	<u>\$ 24</u>	<u>\$ 228</u>
Change in unrealized gains (losses) on investments held as of December 31, 2010	<u>\$ 6</u>	<u>\$ (1)</u>	<u>\$ 4</u>	<u>\$ 9</u>
Change in unrealized gains (losses) on investments held as of December 31, 2011	<u>\$ 6</u>	<u>\$ 4</u>	<u>\$ (1)</u>	<u>\$ 9</u>

There were no transfers between levels during 2011

One affiliate participates in a multiemployer defined benefit retirement plan (the “Multiemployer Plan”) for certain contractual employees under several collective bargaining agreements. Prior to 2011, non-contractual employees of this same affiliate and a second affiliate were also participants under the Multiemployer Plan. However, effective January 1, 2011, participant benefits for the non-contractual employees at both affiliates were frozen. In addition to making contributions for the benefits of ongoing contractual employees by one affiliate, both affiliates will continue to make periodic contributions to the Multiemployer Plan as needed for participants eligible to receive benefits prior to the freeze date. The Multiemployer Plan’s name is the Retirement Plan for Hospital Employees, the employer identification number is 94-2995676 and the plan number is 001.

Sutter Health and Affiliates

Notes to Combined Financial Statements (continued)

(Dollars in millions)

12. RETIREMENT PLANS AND POSTRETIREMENT BENEFITS (continued)

The risks of participating in multiemployer plans are different from single-employer plans in the following aspects (a) assets contributed to the multiemployer plan by one employer may be used to provide benefits to employees of other participating employers, (b) if a participating employer stops contributing to the plan, the unfunded obligations of the plan may be borne by the remaining participating employers, and (c) if the affiliates choose to stop participating in the multiemployer plan, the affiliates may be required to pay the plan an amount based on the underfunded status of the plan, referred to as withdrawal liability

For the year ended December 31, 2011 and 2010, the combined contributions of the affiliates to the Multiemployer Plan are \$14 and \$30, respectively, which represented greater than 5% of the total contributions for each year. All applicable collective bargaining agreements have either expired or have an expiration date of December 31, 2012. The contribution for 2012 is expected to be approximately \$17 and contributions are expected to decrease slightly over the next several years. For the year ended December 31, 2011, the Multiemployer Plan's last actuarial certified zone status, as defined under the Pension Protection Act of 2006, is green.

Sutter maintains various defined contribution plans for eligible employees. Sutter's contributions to such plans were \$51 in 2011 and \$46 in 2010.

13. INCOME TAXES

Deferred income tax assets, which as of December 31, 2011 and 2010, were fully reserved, reflect the net tax effect of temporary differences between the carrying amounts of assets and liabilities for financial reporting and the amounts used for income tax purposes. As of December 31, 2011 and 2010, Sutter had deferred tax assets of \$9 and \$13, respectively, relating principally to net operating loss carryovers. As of December 31, 2011 and 2010, such deferred tax assets were offset by a valuation allowance of \$9 and \$13, respectively. The valuation allowance decreased by \$4 in 2011 and \$0 in 2010.

Federal net operating loss carryovers totaled \$22 at December 31, 2011, and will expire between 2012 and 2029. State of California net operating loss carryovers totaled \$7 at December 31, 2011, and will expire between 2012 and 2021.

Sutter Health and Affiliates

Notes to Combined Financial Statements (continued)

(Dollars in millions)

14. FUNCTIONAL CLASSIFICATION OF EXPENSES

The following is a functional classification of Sutter's expenses

	Year ended December 31,	
	2011	2010
Health services	\$ 7,617	\$ 7,363
General and administrative	765	736
	<u>\$ 8,382</u>	<u>\$ 8,099</u>

15. CONTINGENCIES AND COMMITMENTS

Contingencies Marin General Hospital (MGH), a former Sutter affiliate, operates an acute care hospital in Marin County pursuant to a lease with the Marin Healthcare District (the "Marin District") Prior to June 29, 2010, Sutter was the sole corporate member of MGH In accordance with a Settlement Agreement and Mutual Release and a separate Transfer Agreement (collectively, the "Transfer Agreements"), the Marin District became the sole member of MGH and re-acquired control of MGH on June 29, 2010 (the "Transfer Date") Accordingly, Sutter has no further obligation or responsibility for MGH or its operations other than certain obligations as agreed to in the Transfer Agreements

Over the course of 2009 and 2010, the Marin District issued a number of notices of default, alleging failures of performance of various aspects of the Transfer Agreements by MGH or Sutter Sutter also issued notices of default relative to the Marin District's failure to perform certain of its obligations under the Transfer Agreements Although the Transfer Agreements required that the parties exchange mutual releases at the closing of the Transfer, the Marin District declined to deliver an executed release and, therefore, Sutter did not deliver its executed release In August 2010, MGH filed a complaint against Sutter and three former MGH directors alleging breach of fiduciary duty, aiding and abetting breach of fiduciary duty, and violation of charitable trust laws Included in the complaint is an allegation that Sutter improperly removed \$120 from MGH as part of Sutter's equity cash transfer policy In December 2010, Sutter's motion to compel arbitration was heard and subsequently granted In 2011, pre-hearing summary judgment motions resulted in the dismissal of one of the former MGH directors Arbitration began in January 2012 with closing arguments scheduled for April 2012 The arbitrator will then take the matter under submission and subsequently issue a written decision

Sutter Health and Affiliates

Notes to Combined Financial Statements (continued)

(Dollars in millions)

15. CONTINGENCIES AND COMMITMENTS (continued)

In addition to the arbitration matter discussed above, the Marin District alleges that MGH breached a 1999 Settlement Agreement between the Marin District and MGH. MGH has notified Sutter of its belief that Sutter is responsible for, and must indemnify and defend, MGH in this action. Pursuant to an agreement between Sutter and the Marin District, the matter will also be resolved as part of the pending arbitration.

No estimates of liability or conclusions have been or can be reached relative to the potential impact of these disputes with the Marin District. This matter, if decided adversely, may result in financial liability material to Sutter's combined financial condition or results of operations.

Sutter and certain affiliates are named in three class action complaints alleging meal and rest period and other wage-hour violations on behalf of certain employees. These class action suits have been coordinated in the Alameda County Superior Court and a class certification date is set for July 15, 2012. Sutter and an affiliate received an additional class action complaint filed in Sacramento County in October 2010, alleging the inappropriate pay-out of vested vacation wages to employees who terminated their employment. These matters, if decided adversely, individually or in the aggregate, may result in liability material to Sutter's combined financial condition or results of operations.

In January 2007, a class action complaint was filed against Sutter alleging lack of accessibility to Sutter facilities for people with disabilities. In 2008, Sutter entered into a settlement agreement with the plaintiffs. The settlement agreement provides for an implementation period of ten years, ending July 2018. The settlement terms address (i) correction to certain physical barriers that may limit a disabled person's access to facilities, (ii) modification to or purchase of medical equipment to provide improved accessibility to medical equipment, and (iii) adoption of new policies and procedures to improve access to facilities. Assessment of physical barriers and potential modification is currently in progress and is expected to continue for several years. It is difficult to currently estimate the cost of these proposed modifications and there can be no assurance that the resolution of these matters will not adversely affect Sutter's combined financial position or results of operations.

Sutter Health and Affiliates

Notes to Combined Financial Statements (continued)

(Dollars in millions)

15. CONTINGENCIES AND COMMITMENTS (continued)

Like other healthcare organizations, many Sutter affiliates bill for anesthesia services on a unit of time basis. In February 2010, certain Sutter affiliates were served with a Qui Tam action pursuant to the California Insurance Frauds Prevention Act, alleging, among other things, that they fraudulently billed for anesthesia services by billing on a time basis. In May 2011, California's Insurance Commissioner intervened in the case alleging violation of California insurance code provisions, which allows, among other things, damages of three times the amount of each claim. In September 2011, the Court denied Sutter's motion to strike and demurrer and the parties have subsequently answered the complaint. Sutter filed a cross-complaint for declaratory relief in October 2011. While Sutter intends to vigorously defend this suit, no estimates of liability or conclusions have been or can be reached relative to this matter's impact and there can be no assurance that the resolution of this matter will not adversely affect Sutter's combined financial position or results of operations.

As a part of its compliance activities, Sutter undertook an internal compliance audit process related to certain physician arrangements of certain affiliates in each of the five regions. Sutter elected to make voluntary self-disclosures to the federal government (in accordance with federal self-disclosure guidelines) related to certain physician financial arrangements that may constitute potential violations of federal regulatory standards. These disclosures were made in October and November 2010 and November 2011, with additional disclosures being anticipated. In September 2011, the federal government notified Sutter of its acceptance into the self-disclosure protocol. Discussions have commenced between Sutter and the federal government regarding resolution of the matters detailed within the disclosures.

Enforcement remedies that may result from Sutter's voluntary disclosure could include payments to the government and/or the imposition of additional compliance requirements. At this time, management cannot accurately estimate the amounts of any payments or settlements that may result, or whether additional, related matters may arise. Although there can be no guarantee that any resulting payments or settlements will not be materially adverse in the aggregate, at the present time management does not expect any enforcement remedies regarding this matter to be material.

Sutter Health and Affiliates

Notes to Combined Financial Statements (continued)

(Dollars in millions)

15. CONTINGENCIES AND COMMITMENTS (continued)

Sutter also has ongoing procedures related to compensation paid to medical groups under professional services agreements by certain medical foundation affiliates. These procedures revealed discrepancies related to the calculation of amounts due under one affiliate's professional services agreement with the medical group. At this time, management cannot accurately estimate the payments or settlements, if any, that may result, or whether additional, related matters may arise. Although there can be no guarantee that resulting payments, if any, will not be materially adverse, at the present time, management does not expect any settlements regarding this matter to materially affect Sutter's combined financial position or results of operations.

Sutter West Bay Hospitals, doing business as Sutter Medical Center of Santa Rosa (SMCSR), leases its hospital and related facilities (collectively, the "Chanate Campus") from Sonoma County (the "County"). As part of the lease transaction, the parties entered into a Health Care Access Agreement, dated March 25, 1996 (the "HCAA").

The Chanate Campus must be replaced or retrofitted by December 31, 2014, to meet the applicable California seismic standards. Accordingly, SMCSR submitted a plan to the County to build a new SMCSR hospital, which would meet those seismic standards, as part of an integrated medical campus. In July 2009, the Sonoma County Board of Supervisors unanimously approved a resolution confirming that SMCSR's plan and new hospital would meet the terms of the HCAA.

In summer 2010, SMCSR received approval from the County to construct the new hospital. Construction commenced and is scheduled to be completed by December 31, 2014 at a cost of approximately \$284. Certain parties filed a lawsuit challenging the approval based on alleged noncompliance with the California Environmental Quality Act (CEQA). Recently, the Court ruled in favor of SMCSR's position, except for two issues that were returned to the Sonoma County Board of Supervisors for further action and clarification. The Sonoma County Board of Supervisors subsequently validated compliance with CEQA and applicable zoning ordinances. Plaintiffs are challenging the sufficiency of the action by the Sonoma County Board of Supervisors. Construction is proceeding on schedule.

Radiological Associates of Sacramento (RAS) alleged that certain Sutter affiliates wrongfully diverted patients from the RAS locations. RAS also alleged that it was forced to close its Davis imaging location as a result of alleged improper patient diversions. The complaint by RAS seeks compensatory damages, lost income, injunction, declaratory relief and attorneys' fees and costs. Arbitration in this matter occurred in April and May.

Sutter Health and Affiliates

Notes to Combined Financial Statements (continued)

(Dollars in millions)

15. CONTINGENCIES AND COMMITMENTS (continued)

2011 and the arbitrator issued a decision finding responsibility for some of the alleged diversions. The parties mediated the value of the alleged diversions and agreed upon a value that covers approximately 80% of the diversions. The remaining 20% is still being calculated.

RAS has also disputed a Sutter affiliate's right to make certain adjustments to the amounts RAS receives for certain services. This dispute settled on February 9, 2011 as to the methodology of payment issue and the amount will be determined upon final conclusion of the diversion dispute, discussed above.

An additional dispute between RAS and another Sutter affiliate relates to an agreement for RAS to provide MRI and radiation oncology technical services. The subject agreement expired according to its terms on March 31, 2009. The Sutter affiliate continued to send patients to RAS for these services and RAS continued to invoice at the contract rate until October 2009 when it began invoicing at full-billed charges. RAS additionally claims the right to retroactively invoice at full-billed charges as of April 1, 2009. RAS filed an action in Sacramento Superior Court in April 2011. The parties have agreed to suspend the discovery process pending negotiations.

No estimates of liability or conclusions have been or can be reached relative to the RAS matters discussed above and there can be no assurance that the resolution of these matters, individually or in the aggregate, will not adversely affect Sutter's combined financial position or results of operations.

Sutter and an affiliate were named in a class action complaint alleging that Sutter and the affiliate failed to disclose the charge differential between inpatient and outpatient CT Scans and failed to obtain informed consent by not disclosing the amount of radiation associated with CT Scans. The complaint sought a judgment for all sums paid by class members for CT Scans, as well as a release of liability for unpaid charges for CT Scans performed without informed consent. The court granted Sutter and the affiliate's motion challenging the legal sufficiency of the claims. This matter concluded with plaintiff executing a release of all claims against Sutter and the affiliate.

Sutter Health and Affiliates

Notes to Combined Financial Statements (continued)

(Dollars in millions)

15. CONTINGENCIES AND COMMITMENTS (continued)

Certain Sutter affiliates have received, and begun the process of responding to, a request to cooperate with the Department of Justice (the “DOJ”) in a national investigation to determine whether implantable automatic defibrillators provided to certain Medicare beneficiaries were provided in accordance with national coverage criteria. The DOJ’s investigation spans a time frame beginning in 2003 and extending to present. This investigation is in its early stages, and no final conclusions have been reached that the selected claims did not meet Medicare reimbursement criteria. No estimates of liability, if any, have been or can be reached relative to the impact of the investigation. However, there can be no assurance that the resolution of this investigation will not adversely affect Sutter’s combined financial position or results of operations.

Sutter management is aware of a security incident involving a stolen computer with limited data on approximately 4.25 million patients. Following a detailed internal review, Sutter determined that the stolen computer did not contain patient financial records, social security numbers, patients’ health plan identification numbers or medical records. However, the computer contained some personal information, including names, addresses and birthdates. For approximately 930,000 of the approximately 4.25 million patients, the computer contained some medical diagnoses and procedures used for billing purposes. The related affiliates have or are taking action to notify affected patients, and coordinating with relevant state and federal agencies with respect to this matter. There is no indication that the patient information involved in any of this matter has actually been inappropriately used or accessed. Penalties may be assessed by regulatory agencies, and Sutter received notice that it and certain affiliates are named in multiple state and federal class action lawsuits related to the stolen computer, claiming private class-wide damages for data breaches. Courts in California have not previously certified a class in this type of litigation and it is premature to estimate whether any civil liability will result from these or similar lawsuits. There can be no certainty whether this security incident will adversely affect Sutter’s financial position or financial results of operations in the future.

Sutter is involved in other litigation, as both plaintiff and defendant, and other routine labor matters, tax examinations and regulatory investigations and examinations arising in the ordinary course of business. In the opinion of management, after consultation with legal counsel, these matters should be resolved without a material adverse effect on Sutter’s combined financial position or results of operations. However, there can be no assurance that this will be the case.

Sutter Health and Affiliates

Notes to Combined Financial Statements (continued)

(Dollars in millions)

15. CONTINGENCIES AND COMMITMENTS (continued)

As of December 31, 2011, Sutter had approximately 47,000 employees, of which nearly 27,000 are full-time employees. Approximately 26% of these 47,000 employees are employed by 23 Sutter facilities and are represented by collective bargaining units. Of these employees, 38% are represented by collective bargaining agreements that will expire in the remainder of 2012. In addition, approximately 47% are represented by collective bargaining agreements that expired between 2007 and 2011 and are in the process of being negotiated. Employee strikes or other adverse labor actions may have a material adverse impact on Sutter's operations.

Commitments In 2008, the Eden Township Healthcare District (the "Eden District"), Sutter and Eden Medical Center (EMC) entered into certain agreements (the "2008 Agreements"). The 2008 Agreements addressed certain disputes that had arisen among the parties under related agreements entered into in 2004 (the "2004 Agreements"), concerning the Eden District's acquisition of San Leandro Hospital and its simultaneous lease to EMC. Pursuant to the 2008 Agreements, Sutter agreed to develop and construct a 130-bed replacement facility in Castro Valley, California (to be owned and operated by Sutter Medical Center, Castro Valley, a Sutter affiliate) on property adjacent to the existing EMC hospital. The 2008 Agreements also included an amended lease for San Leandro Hospital, wherein EMC received an option to purchase San Leandro Hospital and certain other properties (the "Option"). EMC exercised the Option to purchase San Leandro Hospital in July 2009, but the Eden District failed to convey title. In March 2010, Sutter and the Eden District further entered into a stipulated judgment pursuant to which the Eden District agreed to an arbitrator's award that required the Eden District to convey title of San Leandro Hospital to Sutter on or before March 31, 2010. The Eden District failed to convey title pursuant to the arbitrator's award, resulting in a series of additional legal disputes under the 2008 Agreements. In November 2010, the Alameda County Superior Court upheld the validity of the 2008 Agreements and the Eden District filed an appeal. Oral argument before the appellate court occurred on November 2, 2011. On December 21, 2011, the court of appeal affirmed the trial court's decision. Eden District filed a petition for review with the California Supreme Court on January 30, 2012.

Should the California Supreme Court grant review and issue a decision that invalidates the 2008 Agreements, certain of the Eden District's subsequent actions may negatively impact the ability of EMC to timely and effectively buy the San Leandro Hospital or transition its operations to Sutter Medical Center, Castro Valley upon its completion. There can be no assurance that the ultimate resolution of these matters will not adversely affect Sutter's financial condition or results of operations in the future.

Sutter Health and Affiliates

Notes to Combined Financial Statements (continued)

(Dollars in millions)

15. CONTINGENCIES AND COMMITMENTS (continued)

Sutter is required to remediate certain of its health care facilities to comply with earthquake retrofit requirements under a State of California law. During 2010, many of the hospitals have been reassessed and have received extensions to 2030, and Sutter is evaluating its facilities and is considering all options. Over half of Sutter's facilities are compliant, have received extensions, or extensions are pending making the facilities compliant until 2030. There are four facilities currently in the construction phase with estimated expenditures of capital of \$661 that will bring those facilities into compliance and an additional \$1,250 is expected to be spent on new construction projects or remediation projects to address seismic requirements over the next five years.

Sutter's capital allocation plan, which includes amounts for seismic retrofits, replacements, and relocations, is approximately \$5,400 (unaudited) from January 1, 2012 to December 31, 2016. Management and the Board of Directors evaluate Sutter's capital needs on an ongoing basis and are considering options given the current economic conditions.

16. SUBSEQUENT EVENT

Sutter has evaluated subsequent events and disclosed all material events through March 20, 2012, which is the date these financial statements of Sutter were issued.

Report of Independent Auditors on Other Financial Information

The Board of Directors
Sutter Health and Affiliates

We have audited the financial statements of Sutter Health as of and for the years ended December 31, 2011 and 2010, and have issued our report thereon dated March 20, 2012, which contained an unqualified opinion on those financial statements. Our audits were conducted for the purpose of forming an opinion on the combined financial statements as a whole. The accompanying combining financial statement schedules for Sutter Health and the Sutter Health - Obligated Group combined financial statements are presented for purposes of additional analysis and are not a required part of the combined financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the combined financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the combined financial statements or to the combined financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States. In our opinion, the information is fairly stated in all material respects in relation to the combined financial statements as a whole.

Ernst & Young LLP

March 20, 2012

Sutter Health and Affiliates
Combining Balance Sheet - Regions, Other and Sutter Health Support Services
December 31, 2011
(Dollars in millions)

	Sutter Health Central Valley Region	Sutter Health East Bay Region	Sutter Health Peninsula Coastal Region	Sutter Health Sacramento Sierra Region	Sutter Health West Bay Region	Other	Sutter Health Support Services	Adjustments and Eliminations	Combined
Assets									
Current assets									
Cash and cash equivalents	\$ 43	\$ 98	\$ 90	\$ 102	\$ 88	\$ 8	\$ 127	\$ (267)	\$ 289
Short-term investments	14	112	31	130	72	27	2,262	266	2,914
Patient accounts receivable, net	127	258	165	277	214	37	10	(12)	1,076
Other receivables	9	50	53	28	39	1	205	(145)	240
Inventories	11	20	11	27	14	2	1	1	87
Other	2	7	18	11	6	1	24	1	70
Total current assets	206	545	368	575	433	76	2,629	(156)	4,676
Non-current investments	67	304	128	259	295	-	79	1	1,133
Property, plant and equipment, net	453	519	1,468	1,270	1,047	35	875	1	5,668
Other	12	44	56	62	57	2	170	(60)	343
	<u>\$ 738</u>	<u>\$ 1,412</u>	<u>\$ 2,020</u>	<u>\$ 2,166</u>	<u>\$ 1,832</u>	<u>\$ 113</u>	<u>\$ 3,753</u>	<u>\$ (214)</u>	<u>\$ 11,820</u>
Liabilities and net assets									
Current liabilities									
Accounts payable	\$ 11	\$ 26	\$ 32	\$ 49	\$ 58	\$ 3	\$ 92	\$ 4	\$ 275
Accrued salaries and related benefits	52	64	79	78	92	13	91	-	469
Other accrued expenses	62	105	94	101	62	5	226	(197)	458
Current portion of long-term obligations	7	132	-	112	101	13	2	1	368
Total current liabilities	132	327	205	340	313	34	411	(192)	1,570
Non-current liabilities									
Long-term obligations, less current portion	313	466	767	956	239	13	290	(2)	3,042
Other	12	35	26	21	34	1	550	1	680
Net assets									
Unrestricted controlling	278	491	954	808	1,098	64	2,469	(34)	6,128
Unrestricted noncontrolling	-	4	-	3	6	-	30	13	56
Temporarily restricted	3	38	52	32	91	1	3	(1)	219
Permanently restricted	-	51	16	6	51	-	-	1	125
	<u>281</u>	<u>584</u>	<u>1,022</u>	<u>849</u>	<u>1,246</u>	<u>65</u>	<u>2,502</u>	<u>(21)</u>	<u>6,528</u>
	<u>\$ 738</u>	<u>\$ 1,412</u>	<u>\$ 2,020</u>	<u>\$ 2,166</u>	<u>\$ 1,832</u>	<u>\$ 113</u>	<u>\$ 3,753</u>	<u>\$ (214)</u>	<u>\$ 11,820</u>

Sutter Health and Affiliates
Combining Statement of Operations and Changes in Net Assets - Regions, Other and Sutter Health Support Services
Year ended December 31, 2011
(Dollars in millions)

	Sutter Health Central Valley Region	Sutter Health East Bay Region	Sutter Health Peninsula Coastal Region	Sutter Health Sacramento Sierra Region	Sutter Health West Bay Region	Other	Sutter Health Support Services	Adjustments and Eliminations	Combined
Unrestricted net assets:									
Operating revenues									
Patient service revenues	\$ 889	\$ 1,665	\$ 1,560	\$ 2,035	\$ 1,689	\$ 247	\$ 89	\$ (46)	\$ 8,128
Provision for bad debts	(88)	(110)	(43)	(72)	(50)	(10)	(1)	(1)	(375)
Patient service revenues less provision for bad debts	801	1,555	1,517	1,963	1,639	237	88	(47)	7,753
Capitation revenues	181	29	399	362	22	7	-	(8)	992
Contributions	-	2	3	1	2	2	-	1	11
Other	12	94	62	48	87	8	651	(639)	323
Total operating revenues	994	1,680	1,981	2,374	1,750	254	739	(693)	9,079
Operating expenses									
Salaries and employee benefits	370	879	602	962	808	173	381	(68)	4,107
Purchased services	245	323	728	549	363	37	194	(510)	1,929
Supplies	113	200	166	289	188	25	20	-	1,001
Depreciation and amortization	50	60	106	103	89	7	73	(28)	460
Capitated purchased services	58	15	89	113	8	-	-	(10)	273
Rentals and leases	5	14	25	36	29	6	12	(1)	126
Interest	13	16	26	34	12	1	(18)	-	84
Insurance	7	15	16	20	13	1	4	(48)	28
Other	35	68	42	78	63	13	90	(15)	374
Total operating expenses	896	1,590	1,800	2,184	1,573	263	756	(680)	8,382
Income (loss) from operations	98	90	181	190	177	(9)	(17)	(13)	697
Investment income	6	5	5	11	15	1	112	1	156
Change in net unrealized gains and losses on investments classified as trading	-	-	-	-	-	-	(170)	-	(170)
Income (loss)	104	95	186	201	192	(8)	(75)	(12)	683
Less income attributable to noncontrolling interests	-	(5)	-	(4)	(12)	-	(17)	(11)	(49)
Income (loss) attributable to Sutter Health	104	90	186	197	180	(8)	(92)	(23)	634

Sutter Health and Affiliates
Combining Statement of Operations and Changes in Net Assets - Regions, Other and Sutter Health Support Services (continued)
Year ended December 31, 2011
(Dollars in millions)

	Sutter Health Central Valley Region	Sutter Health East Bay Region	Sutter Health Peninsula Coastal Region	Sutter Health Sacramento Sierra Region	Sutter Health West Bay Region	Other	Sutter Health Support Services	Adjustments and Eliminations	Combined
Unrestricted net assets (continued):									
Unrestricted controlling net assets									
Income (loss) attributable to Sutter Health	\$ 104	\$ 90	\$ 186	\$ 197	\$ 180	\$ (8)	\$ (92)	\$ (23)	\$ 634
Change in net unrealized gains and losses on investments classified as other-than-trading	(5)	(5)	(4)	(16)	(23)	(2)	45	(1)	(11)
Net assets released from restriction for equipment acquisition	-	1	12	5	3	-	-	1	22
Donated long-lived assets	-	-	-	-	-	-	-	-	-
Pension-related changes other than net periodic pension cost	-	-	-	-	-	-	(478)	-	(478)
Transfers with related entities, net	(76)	(104)	(223)	(210)	(104)	16	701	-	-
Other	-	3	8	-	-	1	(18)	17	11
Increase (decrease) in unrestricted controlling net assets	23	(15)	(21)	(24)	56	7	158	(6)	178
Unrestricted noncontrolling net assets									
Income (loss) attributable to noncontrolling interests	-	5	-	4	12	-	17	11	49
Distributions	-	(5)	-	(4)	(11)	-	(28)	1	(47)
Contributed capital	-	-	-	-	-	-	4	-	4
Other	-	-	-	-	-	-	18	(9)	9
Increase (decrease) in unrestricted noncontrolling net assets	-	-	-	-	1	-	11	3	15
Temporarily restricted net assets:									
Contributions	-	3	18	5	23	-	2	1	52
Investment income (loss)	-	5	1	1	-	-	-	(1)	6
Change in net unrealized gains and losses on investments	-	(8)	(2)	(1)	(2)	-	-	-	(13)
Net assets released from restriction	-	(7)	(16)	(8)	(9)	-	(4)	-	(44)
Other	1	(2)	(5)	-	-	-	-	(1)	(7)
Increase (decrease) in temporarily restricted net assets	1	(9)	(4)	(3)	12	-	(2)	(1)	(6)
Permanently restricted net assets:									
Contributions	-	2	1	-	7	-	-	-	10
Change in net unrealized gains and losses on investments	-	(1)	-	-	-	-	-	-	(1)
Other	-	(1)	(1)	-	-	-	-	1	(1)
Increase (decrease) in permanently restricted net assets	-	-	-	-	7	-	-	1	8
Increase (decrease) in net assets	24	(24)	(25)	(27)	76	7	167	(3)	195
Net assets, beginning of year	257	608	1,047	876	1,170	58	2,335	(18)	6,333
Net assets, end of year	\$ 281	\$ 584	\$ 1,022	\$ 849	\$ 1,246	\$ 65	\$ 2,502	\$ (21)	\$ 6,528

Sutter Health and Affiliates
Combining Balance Sheet - Sutter Health Central Valley Region
December 31, 2011
(Dollars in millions)

	Sutter Central Valley Hospitals and Affiliate	Sutter Gould Medical Foundation	Adjustments and Eliminations	Combined
Assets				
Current assets				
Cash and cash equivalents	\$ 20	\$ 23	\$ -	\$ 43
Short-term investments	10	5	(1)	14
Patient accounts receivable, net	104	23	-	127
Other receivables	11	4	(6)	9
Inventories	9	2	-	11
Other	1	1	-	2
Total current assets	155	58	(7)	206
Non-current investments	64	2	1	67
Property, plant and equipment, net	318	135	-	453
Other	8	4	-	12
	<u>\$ 545</u>	<u>\$ 199</u>	<u>\$ (6)</u>	<u>\$ 738</u>
Liabilities and net assets				
Current liabilities				
Accounts payable	\$ 9	\$ 2	\$ -	\$ 11
Accrued salaries and related benefits	46	6	-	52
Other accrued expenses	35	33	(6)	62
Current portion of long-term obligations	4	3	-	7
Total current liabilities	94	44	(6)	132
Non-current liabilities				
Long-term obligations, less current portion	165	148	-	313
Other	12	-	-	12
Net assets				
Unrestricted controlling	271	7	-	278
Unrestricted noncontrolling	-	-	-	-
Temporarily restricted	3	-	-	3
Permanently restricted	-	-	-	-
	<u>274</u>	<u>7</u>	<u>-</u>	<u>281</u>
	<u>\$ 545</u>	<u>\$ 199</u>	<u>\$ (6)</u>	<u>\$ 738</u>

Sutter Health and Affiliates
Combining Statement of Operations and Changes in Net Assets - Sutter Health Central Valley Region
Year ended December 31, 2011
(Dollars in millions)

	Sutter Central Valley Hospitals and Affiliate	Sutter Gould Medical Foundation	Adjustments and Eliminations	Combined
Unrestricted net assets:				
Operating revenues				
Patient service revenues	\$ 685	\$ 211	\$ (7)	\$ 889
Provision for bad debts	(75)	(13)	-	(88)
Patient service revenues less provision for bad debts	610	198	(7)	801
Capitation revenues	82	100	(1)	181
Contributions	-	-	-	-
Other	10	7	(5)	12
Total operating revenues	702	305	(13)	994
Operating expenses				
Salaries and employee benefits	314	64	(8)	370
Purchased services	101	150	(6)	245
Supplies	94	19	-	113
Depreciation and amortization	37	14	(1)	50
Capitated purchased services	24	33	1	58
Rentals and leases	2	3	-	5
Interest	8	4	1	13
Insurance	6	1	-	7
Other	29	6	-	35
Total operating expenses	615	294	(13)	896
Income (loss) from operations	87	11	-	98
Investment income	6	-	-	6
Change in net unrealized gains and losses on investments classified as trading	-	-	-	-
Income (loss)	93	11	-	104
Less income attributable to noncontrolling interests	-	-	-	-
Income (loss) attributable to Sutter Health	93	11	-	104

Sutter Health and Affiliates
Combining Statements of Operations and Changes in Net Assets - Sutter Health Central Valley Region (continued)
Year ended December 31, 2011
(Dollars in millions)

	Sutter Central Valley Hospitals and Affiliate	Sutter Gould Medical Foundation	Adjustments and Eliminations	Combined
Unrestricted net assets (continued):				
Unrestricted controlling net assets				
Income (loss) attributable to Sutter Health	\$ 93	\$ 11	\$ -	\$ 104
Change in net unrealized gains and losses on investments classified as other-than-trading	(5)	-	-	(5)
Net assets released from restriction for equipment acquisition	-	-	-	-
Donated long-lived assets	-	-	-	-
Pension-related changes other than net periodic pension cost	-	-	-	-
Transfers with related entities, net	(57)	(19)	-	(76)
Other	-	-	-	-
Increase (decrease) in unrestricted controlling net assets	31	(8)	-	23
Unrestricted noncontrolling net assets				
Income (loss) attributable to noncontrolling interests	-	-	-	-
Distributions	-	-	-	-
Contributed capital	-	-	-	-
Other	-	-	-	-
Increase (decrease) in unrestricted noncontrolling net assets	-	-	-	-
Temporarily restricted net assets:				
Contributions	-	-	-	-
Investment income (loss)	-	-	-	-
Change in net unrealized gains and losses on investments	-	-	-	-
Net assets released from restriction	-	-	-	-
Other	1	-	-	1
Increase (decrease) in temporarily restricted net assets	1	-	-	1
Permanently restricted net assets:				
Contributions	-	-	-	-
Change in net unrealized gains and losses on investments	-	-	-	-
Other	-	-	-	-
Increase (decrease) in permanently restricted net assets	-	-	-	-
Increase (decrease) in net assets	32	(8)	-	24
Net assets, beginning of year	242	15	-	257
Net assets, end of year	\$ 274	\$ 7	\$ -	\$ 281

Sutter Health and Affiliates
Combining Balance Sheet - Sutter Health East Bay Region
December 31, 2011
(Dollars in millions)

	Sutter East Bay Hospitals and Affiliates	Sutter East Bay Medical Foundation	Eden Medical Center	Adjustments and Eliminations	Combined
Assets					
Current assets					
Cash and cash equivalents	\$ 83	\$ 4	\$ 12	\$ (1)	\$ 98
Short-term investments	112	-	-	-	112
Patient accounts receivable, net	189	7	61	1	258
Other receivables	55	1	5	(11)	50
Inventories	14	-	6	-	20
Other	6	-	1	-	7
Total current assets	459	12	85	(11)	545
Non-current investments	304	-	-	-	304
Property, plant and equipment, net	467	28	25	(1)	519
Other	33	2	9	-	44
	<u>\$ 1,263</u>	<u>\$ 42</u>	<u>\$ 119</u>	<u>\$ (12)</u>	<u>\$ 1,412</u>
Liabilities and net assets					
Current liabilities					
Accounts payable	\$ 22	\$ 1	\$ 4	\$ (1)	\$ 26
Accrued salaries and related benefits	47	1	16	-	64
Other accrued expenses	83	5	28	(11)	105
Current portion of long-term obligations	67	-	65	-	132
Total current liabilities	219	7	113	(12)	327
Non-current liabilities					
Long-term obligations, less current portion	466	-	-	-	466
Other	34	-	1	-	35
Net assets					
Unrestricted controlling	455	35	2	(1)	491
Unrestricted noncontrolling	4	-	-	-	4
Temporarily restricted	34	-	3	1	38
Permanently restricted	51	-	-	-	51
	<u>544</u>	<u>35</u>	<u>5</u>	<u>-</u>	<u>584</u>
	<u>\$ 1,263</u>	<u>\$ 42</u>	<u>\$ 119</u>	<u>\$ (12)</u>	<u>\$ 1,412</u>

Sutter Health and Affiliates
Combining Statement of Operations and Changes in Net Assets - Sutter Health East Bay Region
Year ended December 31, 2011
(Dollars in millions)

	Sutter East Bay Hospitals and Affiliates	Sutter East Bay Medical Foundation	Eden Medical Center	Adjustments and Eliminations	Combined
Unrestricted net assets:					
Operating revenues					
Patient service revenues	\$ 1,269	\$ 64	\$ 351	\$ (19)	\$ 1,665
Provision for bad debts	(63)	(4)	(43)	-	(110)
Patient service revenues less provision for bad debts	1,206	60	308	(19)	1,555
Capitation revenues	-	29	-	-	29
Contributions	2	-	1	(1)	2
Other	82	14	8	(10)	94
Total operating revenues	1,290	103	317	(30)	1,680
Operating expenses					
Salaries and employee benefits	699	21	178	(19)	879
Purchased services	202	60	68	(7)	323
Supplies	164	5	31	-	200
Depreciation and amortization	47	4	9	-	60
Capitated purchased services	-	15	-	-	15
Rentals and leases	10	4	2	(2)	14
Interest	14	1	2	(1)	16
Insurance	13	-	3	(1)	15
Other	54	2	12	-	68
Total operating expenses	1,203	112	305	(30)	1,590
Income (loss) from operations	87	(9)	12	-	90
Investment income	4	-	1	-	5
Change in net unrealized gains and losses on investments classified as trading	-	-	-	-	-
Income (loss)	91	(9)	13	-	95
Less income attributable to noncontrolling interests	(5)	-	-	-	(5)
Income (loss) attributable to Sutter Health	86	(9)	13	-	90

Sutter Health and Affiliates
Combining Statement of Operations and Changes in Net Assets - Sutter Health East Bay Region (continued)
Year ended December 31, 2011
(Dollars in millions)

	Sutter East Bay Hospitals and Affiliates	Sutter East Bay Medical Foundation	Eden Medical Center	Adjustments and Eliminations	Combined
Unrestricted net assets (continued):					
Unrestricted controlling net assets					
Income (loss) attributable to Sutter Health	\$ 86	\$ (9)	\$ 13	\$ -	\$ 90
Change in net unrealized gains and losses on investments classified as other-than-trading	(5)	-	-	-	(5)
Net assets released from restriction for equipment acquisition	1	-	-	-	1
Donated long-lived assets	-	-	-	-	-
Pension-related changes other than net periodic pension cost	-	-	-	-	-
Transfers with related entities, net	(104)	18	(17)	(1)	(104)
Other	-	-	3	-	3
Increase (decrease) in unrestricted controlling net assets	(22)	9	(1)	(1)	(15)
Unrestricted noncontrolling net assets					
Income (loss) attributable to noncontrolling interests	5	-	-	-	5
Distributions	(5)	-	-	-	(5)
Contributed capital	-	-	-	-	-
Other	-	-	-	-	-
Increase (decrease) in unrestricted noncontrolling net assets	-	-	-	-	-
Temporarily restricted net assets:					
Contributions	3	-	-	-	3
Investment income (loss)	5	-	-	-	5
Change in net unrealized gains and losses on investments	(8)	-	-	-	(8)
Net assets released from restriction	(7)	-	-	-	(7)
Other	(1)	-	(2)	1	(2)
Increase (decrease) in temporarily restricted net assets	(8)	-	(2)	1	(9)
Permanently restricted net assets:					
Contributions	2	-	-	-	2
Change in net unrealized gains and losses on investments	(1)	-	-	-	(1)
Other	(1)	-	-	-	(1)
Increase (decrease) in permanently restricted net assets	-	-	-	-	-
Increase (decrease) in net assets	(30)	9	(3)	-	(24)
Net assets, beginning of year	574	26	8	-	608
Net assets, end of year	\$ 544	\$ 35	\$ 5	\$ -	\$ 584

Sutter Health and Affiliates
Combining Balance Sheet - Sutter Health Peninsula Coastal Region
December 31, 2011
(Dollars in millions)

	Mills-Peninsula Health Services and Affiliates	Palo Alto Medical Foundation	Palo Alto Medical Foundation Research Institute	Adjustments and Eliminations	Combined
Assets					
Current assets					
Cash and cash equivalents	\$ 30	\$ 44	\$ 16	\$ -	\$ 90
Short-term investments	10	-	21	-	31
Patient accounts receivable, net	65	100	-	-	165
Other receivables	22	59	8	(36)	53
Inventories	8	2	-	1	11
Other	3	15	-	-	18
Total current assets	138	220	45	(35)	368
Non-current investments	31	55	41	1	128
Property, plant and equipment, net	756	688	24	-	1,468
Other	9	38	10	(1)	56
	<u>\$ 934</u>	<u>\$ 1,001</u>	<u>\$ 120</u>	<u>\$ (35)</u>	<u>\$ 2,020</u>
Liabilities and net assets					
Current liabilities					
Accounts payable	\$ 14	\$ 19	\$ -	\$ (1)	\$ 32
Accrued salaries and related benefits	25	53	1	-	79
Other accrued expenses	23	67	38	(34)	94
Current portion of long-term obligations	-	-	-	-	-
Total current liabilities	62	139	39	(35)	205
Non-current liabilities					
Long-term obligations, less current portion	502	263	1	1	767
Other	9	15	2	-	26
Net assets					
Unrestricted controlling	326	584	44	-	954
Unrestricted noncontrolling	-	-	-	-	-
Temporarily restricted	29	-	24	(1)	52
Permanently restricted	6	-	10	-	16
	<u>361</u>	<u>584</u>	<u>78</u>	<u>(1)</u>	<u>1,022</u>
	<u>\$ 934</u>	<u>\$ 1,001</u>	<u>\$ 120</u>	<u>\$ (35)</u>	<u>\$ 2,020</u>

Sutter Health and Affiliates
Combining Statement of Operations and Changes in Net Assets - Sutter Health Peninsula Coastal Region
Year ended December 31, 2011
(Dollars in millions)

	Mills-Peninsula Health Services and Affiliates	Palo Alto Medical Foundation	Palo Alto Medical Foundation Research Institute	Adjustments and Eliminations	Combined
Unrestricted net assets:					
Operating revenues					
Patient service revenues	\$ 492	\$ 1,087	\$ -	\$ (19)	\$ 1,560
Provision for bad debts	(11)	(31)	-	(1)	(43)
Patient service revenues less provision for bad debts	481	1,056	-	(20)	1,517
Capitation revenues	54	345	-	-	399
Contributions	2	-	2	(1)	3
Other	37	23	8	(6)	62
Total operating revenues	574	1,424	10	(27)	1,981
Operating expenses					
Salaries and employee benefits	275	334	11	(18)	602
Purchased services	87	643	4	(6)	728
Supplies	57	108	1	-	166
Depreciation and amortization	53	52	1	-	106
Capitated purchased services	9	80	-	-	89
Rentals and leases	5	24	-	(4)	25
Interest	17	9	-	-	26
Insurance	4	12	-	-	16
Other	17	23	1	1	42
Total operating expenses	524	1,285	18	(27)	1,800
Income (loss) from operations	50	139	(8)	-	181
Investment income	-	2	3	-	5
Change in net unrealized gains and losses on investments classified as trading	-	-	-	-	-
Income (loss)	50	141	(5)	-	186
Less income attributable to noncontrolling interests	-	-	-	-	-
Income (loss) attributable to Sutter Health	50	141	(5)	-	186

Sutter Health and Affiliates
Combining Statements of Operations and Changes in Net Assets - Sutter Health Peninsula Coastal Region (continued)
Year ended December 31, 2011
(Dollars in millions)

	Mills-Peninsula Health Services and Affiliates	Palo Alto Medical Foundation	Palo Alto Medical Foundation Research Institute	Adjustments and Eliminations	Combined
Unrestricted net assets (continued):					
Unrestricted controlling net assets					
Income (loss) attributable to Sutter Health	\$ 50	\$ 141	\$ (5)	\$ -	\$ 186
Change in net unrealized gains and losses on investments classified as other-than-trading	-	-	(4)	-	(4)
Net assets released from restriction for equipment acquisition	5	-	7	-	12
Donated long-lived assets	-	-	-	-	-
Pension-related changes other than net periodic pension cost	-	-	-	-	-
Transfers with related entities, net	(88)	(111)	(24)	-	(223)
Other	-	-	8	-	8
Increase (decrease) in unrestricted controlling net assets	(33)	30	(18)	-	(21)
Unrestricted noncontrolling net assets					
Income (loss) attributable to noncontrolling interests	-	-	-	-	-
Distributions	-	-	-	-	-
Contributed capital	-	-	-	-	-
Other	-	-	-	-	-
Increase (decrease) in unrestricted noncontrolling net assets	-	-	-	-	-
Temporarily restricted net assets:					
Contributions	13	-	5	-	18
Investment income (loss)	1	-	1	(1)	1
Change in net unrealized gains and losses on investments	-	-	(2)	-	(2)
Net assets released from restriction	(7)	-	(9)	-	(16)
Other	-	-	(5)	-	(5)
Increase (decrease) in temporarily restricted net assets	7	-	(10)	(1)	(4)
Permanently restricted net assets:					
Contributions	-	-	1	-	1
Change in net unrealized gains and losses on investments	-	-	-	-	-
Other	-	-	-	(1)	(1)
Increase (decrease) in permanently restricted net assets	-	-	1	(1)	-
Increase (decrease) in net assets	(26)	30	(27)	(2)	(25)
Net assets, beginning of year	387	554	105	1	1,047
Net assets, end of year	\$ 361	\$ 584	\$ 78	\$ (1)	\$ 1,022

Sutter Health and Affiliates
Combining Balance Sheet - Sutter Health Sacramento Sierra Region
December 31, 2011
(Dollars in millions)

	Sutter Health Sacramento Sierra Region and Affiliates	Sutter Medical Foundation and Subsidiaries	Roseville Endoscopy Center LLC	Adjustments and Eliminations	Combined
Assets					
Current assets					
Cash and cash equivalents	\$ 58	\$ 44	\$ -	\$ -	\$ 102
Short-term investments	129	1	-	-	130
Patient accounts receivable, net	225	51	1	-	277
Other receivables	23	12	-	(7)	28
Inventories	23	4	-	-	27
Other	8	2	-	1	11
Total current assets	466	114	1	(6)	575
Non-current investments	257	2	-	-	259
Property, plant and equipment, net	1,051	219	-	-	1,270
Other	47	16	-	(1)	62
	<u>\$ 1,821</u>	<u>\$ 351</u>	<u>\$ 1</u>	<u>\$ (7)</u>	<u>\$ 2,166</u>
Liabilities and net assets					
Current liabilities					
Accounts payable	\$ 44	\$ 5	\$ -	\$ -	\$ 49
Accrued salaries and related benefits	65	13	-	-	78
Other accrued expenses	71	36	-	(6)	101
Current portion of long-term obligations	110	2	-	-	112
Total current liabilities	290	56	-	(6)	340
Non-current liabilities					
Long-term obligations, less current portion	916	40	-	-	956
Other	15	6	-	-	21
Net assets					
Unrestricted controlling	563	245	3	(3)	808
Unrestricted noncontrolling	-	3	(2)	2	3
Temporarily restricted	31	1	-	-	32
Permanently restricted	6	-	-	-	6
	<u>600</u>	<u>249</u>	<u>1</u>	<u>(1)</u>	<u>849</u>
	<u>\$ 1,821</u>	<u>\$ 351</u>	<u>\$ 1</u>	<u>\$ (7)</u>	<u>\$ 2,166</u>

Sutter Health and Affiliates
Combining Statement of Operations and Changes in Net Assets - Sutter Health Sacramento Sierra Region
Year ended December 31, 2011
(Dollars in millions)

	Sutter Health Sacramento Sierra Region and Affiliates	Sutter Medical Foundation and Subsidiaries	Roseville Endoscopy Center LLC	Adjustments and Eliminations	Combined
Unrestricted net assets:					
Operating revenues					
Patient service revenues	\$ 1,572	\$ 500	\$ 8	\$ (45)	\$ 2,035
Provision for bad debts	(49)	(23)	-	-	(72)
Patient service revenues less provision for bad debts	1,523	477	8	(45)	1,963
Capitation revenues	182	181	-	(1)	362
Contributions	1	-	-	-	1
Other	46	47	-	(45)	48
Total operating revenues	1,752	705	8	(91)	2,374
Operating expenses					
Salaries and employee benefits	825	174	2	(39)	962
Purchased services	246	334	-	(31)	549
Supplies	252	36	1	-	289
Depreciation and amortization	72	31	-	-	103
Capitated purchased services	38	81	-	(6)	113
Rentals and leases	19	23	-	(6)	36
Interest	27	7	-	-	34
Insurance	14	6	-	-	20
Other	70	14	-	(6)	78
Total operating expenses	1,563	706	3	(88)	2,184
Income (loss) from operations	189	(1)	5	(3)	190
Investment income	11	-	-	-	11
Change in net unrealized gains and losses on investments classified as trading	-	-	-	-	-
Income (loss)	200	(1)	5	(3)	201
Less income attributable to noncontrolling interests	-	(2)	-	(2)	(4)
Income (loss) attributable to Sutter Health	200	(3)	5	(5)	197

Sutter Health and Affiliates
Combining Statement of Operations and Changes in Net Assets - Sutter Health Sacramento Sierra Region (continued)
Year ended December 31, 2011
(Dollars in millions)

	Sutter Health Sacramento Sierra Region and Affiliates	Sutter Medical Foundation and Subsidiaries	Roseville Endoscopy Center LLC	Adjustments and Eliminations	Combined
Unrestricted net assets (continued):					
Unrestricted controlling net assets					
Income (loss) attributable to Sutter Health	\$ 200	\$ (3)	\$ 5	\$ (5)	\$ 197
Change in net unrealized gains and losses on investments classified as other-than-trading	(16)	-	-	-	(16)
Net assets released from restriction for equipment acquisition	5	-	-	-	5
Donated long-lived assets	-	-	-	-	-
Pension-related changes other than net periodic pension cost	-	-	-	-	-
Transfers with related entities, net	(208)	(2)	-	-	(210)
Other	-	-	(5)	5	-
Increase (decrease) in unrestricted controlling net assets	(19)	(5)	-	-	(24)
Unrestricted noncontrolling net assets					
Income (loss) attributable to noncontrolling interests	-	2	-	2	4
Distributions	-	(1)	(3)	-	(4)
Contributed capital	-	-	-	-	-
Other	-	-	2	(2)	-
Increase (decrease) in unrestricted noncontrolling net assets	-	1	(1)	-	-
Temporarily restricted net assets:					
Contributions	4	1	-	-	5
Investment income (loss)	1	-	-	-	1
Change in net unrealized gains and losses on investments	(1)	-	-	-	(1)
Net assets released from restriction	(7)	(1)	-	-	(8)
Other	-	-	-	-	-
Increase (decrease) in temporarily restricted net assets	(3)	-	-	-	(3)
Permanently restricted net assets:					
Contributions	-	-	-	-	-
Change in net unrealized gains and losses on investments	-	-	-	-	-
Other	-	-	-	-	-
Increase (decrease) in permanently restricted net assets	-	-	-	-	-
Increase (decrease) in net assets	(22)	(4)	(1)	-	(27)
Net assets, beginning of year	622	253	2	(1)	876
Net assets, end of year	\$ 600	\$ 249	\$ 1	\$ (1)	\$ 849

Sutter Health and Affiliates
Combining Balance Sheet - Sutter Health West Bay Region
December 31, 2011
(Dollars in millions)

	Sutter West Bay Hospitals and Affiliates	Sutter Pacific Medical Foundation	Adjustments and Eliminations	Combined
Assets				
Current assets				
Cash and cash equivalents	\$ 83	\$ 4	\$ 1	\$ 88
Short-term investments	72	-	-	72
Patient accounts receivable, net	201	13	-	214
Other receivables	38	3	(2)	39
Inventories	14	-	-	14
Other	5	1	-	6
Total current assets	413	21	(1)	433
Non-current investments	295	-	-	295
Property, plant and equipment, net	1,029	18	-	1,047
Other	53	4	-	57
	<u>\$ 1,790</u>	<u>\$ 43</u>	<u>\$ (1)</u>	<u>\$ 1,832</u>
Liabilities and net assets				
Current liabilities				
Accounts payable	\$ 54	\$ 4	\$ -	\$ 58
Accrued salaries and related benefits	88	4	-	92
Other accrued expenses	56	7	(1)	62
Current portion of long-term obligations	101	-	-	101
Total current liabilities	299	15	(1)	313
Non-current liabilities				
Long-term obligations, less current portion	239	-	-	239
Other	33	1	-	34
Net assets				
Unrestricted controlling	1,071	27	-	1,098
Unrestricted noncontrolling	6	-	-	6
Temporarily restricted	91	-	-	91
Permanently restricted	51	-	-	51
	<u>1,219</u>	<u>27</u>	<u>-</u>	<u>1,246</u>
	<u>\$ 1,790</u>	<u>\$ 43</u>	<u>\$ (1)</u>	<u>\$ 1,832</u>

Sutter Health and Affiliates
Combining Statement of Operations and Changes in Net Assets - Sutter Health West Bay Region
Year ended December 31, 2011
(Dollars in millions)

	Sutter West Bay Hospitals and Affiliates	Sutter Pacific Medical Foundation	Adjustments and Eliminations	Combined
Unrestricted net assets:				
Operating revenues				
Patient service revenues	\$ 1,578	\$ 130	\$ (19)	\$ 1,689
Provision for bad debts	(48)	(2)	-	(50)
Patient service revenues less provision for bad debts	1,530	128	(19)	1,639
Capitation revenues	-	21	1	22
Contributions	2	-	-	2
Other	83	31	(27)	87
Total operating revenues	1,615	180	(45)	1,750
Operating expenses				
Salaries and employee benefits	775	51	(18)	808
Purchased services	269	117	(23)	363
Supplies	181	7	-	188
Depreciation and amortization	84	5	-	89
Capitated purchased services	-	8	-	8
Rentals and leases	22	10	(3)	29
Interest	11	1	-	12
Insurance	11	2	-	13
Other	60	5	(2)	63
Total operating expenses	1,413	206	(46)	1,573
Income (loss) from operations	202	(26)	1	177
Investment income	15	-	-	15
Change in net unrealized gains and losses on investments classified as trading	-	-	-	-
Income (loss)	217	(26)	1	192
Less income attributable to noncontrolling interests	(12)	-	-	(12)
Income (loss) attributable to Sutter Health	205	(26)	1	180

Sutter Health and Affiliates
Combining Statement of Operations and Changes in Net Assets - Sutter Health West Bay Region (continued)
Year ended December 31, 2011
(Dollars in millions)

	Sutter West Bay Hospitals and Affiliates	Sutter Pacific Medical Foundation	Adjustments and Eliminations	Combined
Unrestricted net assets (continued):				
Unrestricted controlling net assets				
Income (loss) attributable to Sutter Health	\$ 205	\$ (26)	\$ 1	\$ 180
Change in net unrealized gains and losses on investments classified as other-than-trading	(23)	-	-	(23)
Net assets released from restriction for equipment acquisition	3	-	-	3
Donated long-lived assets	-	-	-	-
Pension-related changes other than net periodic pension cost	-	-	-	-
Transfers with related entities, net	(128)	24	-	(104)
Other	-	1	(1)	-
Increase (decrease) in unrestricted controlling net assets	57	(1)	-	56
Unrestricted noncontrolling net assets				
Income (loss) attributable to noncontrolling interests	12	-	-	12
Distributions	(11)	-	-	(11)
Contributed capital	-	-	-	-
Other	-	-	-	-
Increase (decrease) in unrestricted noncontrolling net assets	1	-	-	1
Temporarily restricted net assets:				
Contributions	23	-	-	23
Investment income (loss)	-	-	-	-
Change in net unrealized gains and losses on investments	(2)	-	-	(2)
Net assets released from restriction	(9)	-	-	(9)
Other	-	-	-	-
Increase (decrease) in temporarily restricted net assets	12	-	-	12
Permanently restricted net assets:				
Contributions	7	-	-	7
Change in net unrealized gains and losses on investments	-	-	-	-
Other	-	-	-	-
Increase (decrease) in permanently restricted net assets	7	-	-	7
Increase (decrease) in net assets	77	(1)	-	76
Net assets, beginning of year	1,142	28	-	1,170
Net assets, end of year	\$ 1,219	\$ 27	\$ -	\$ 1,246

Sutter Health and Affiliates
Combining Balance Sheet - Other
December 31, 2011
(Dollars in millions)

	Sutter Coast Hospital	Sutter Health Pacific	Sutter Care at Home	Adjustments and Eliminations	Combined
Assets					
Current assets					
Cash and cash equivalents	\$ -	\$ 1	\$ 7	\$ -	\$ 8
Short-term investments	20	-	8	(1)	27
Patient accounts receivable, net	10	3	24	-	37
Other receivables	-	-	1	-	1
Inventories	1	-	1	-	2
Other	-	-	-	1	1
Total current assets	31	4	41	-	76
Non-current investments	-	-	-	-	-
Property, plant and equipment, net	20	6	9	-	35
Other	1	-	1	-	2
	<u>\$ 52</u>	<u>\$ 10</u>	<u>\$ 51</u>	<u>\$ -</u>	<u>\$ 113</u>
Liabilities and net assets					
Current liabilities					
Accounts payable	\$ 1	\$ -	\$ 2	\$ -	\$ 3
Accrued salaries and related benefits	4	1	9	(1)	13
Other accrued expenses	1	-	3	1	5
Current portion of long-term obligations	13	-	-	-	13
Total current liabilities	19	1	14	-	34
Non-current liabilities					
Long-term obligations, less current portion	13	-	-	-	13
Other	1	1	-	(1)	1
Net assets					
Unrestricted controlling	19	8	36	1	64
Unrestricted noncontrolling	-	-	-	-	-
Temporarily restricted	-	-	1	-	1
Permanently restricted	-	-	-	-	-
	<u>19</u>	<u>8</u>	<u>37</u>	<u>1</u>	<u>65</u>
	<u>\$ 52</u>	<u>\$ 10</u>	<u>\$ 51</u>	<u>\$ -</u>	<u>\$ 113</u>

Sutter Health and Affiliates
Combining Statement of Operations and Changes in Net Assets - Other
Year ended December 31, 2011
(Dollars in millions)

	Sutter Coast Hospital	Sutter Health Pacific	Sutter Care at Home	Adjustments and Eliminations	Combined
Unrestricted net assets:					
Operating revenues					
Patient service revenues	\$ 71	\$ 18	\$ 159	\$ (1)	\$ 247
Provision for bad debts	(7)	-	(3)	-	(10)
Patient service revenues less provision for bad debts	64	18	156	(1)	237
Capitation revenues	-	-	7	-	7
Contributions	-	-	1	1	2
Other	1	-	7	-	8
Total operating revenues	65	18	171	-	254
Operating expenses					
Salaries and employee benefits	37	12	123	1	173
Purchased services	15	4	19	(1)	37
Supplies	7	1	17	-	25
Depreciation and amortization	4	1	3	(1)	7
Capitated purchased services	-	-	-	-	-
Rentals and leases	1	-	5	-	6
Interest	-	-	-	1	1
Insurance	1	-	1	(1)	1
Other	3	1	9	-	13
Total operating expenses	68	19	177	(1)	263
Income (loss) from operations	(3)	(1)	(6)	1	(9)
Investment income	-	-	1	-	1
Change in net unrealized gains and losses on investments classified as trading	-	-	-	-	-
Income (loss)	(3)	(1)	(5)	1	(8)
Less income attributable to noncontrolling interests	-	-	-	-	-
Income (loss) attributable to Sutter Health	(3)	(1)	(5)	1	(8)

Sutter Health and Affiliates
Combining Statement of Operations and Changes in Net Assets - Other (continued)
Year ended December 31, 2011
(Dollars in millions)

	Sutter Coast Hospital	Sutter Health Pacific	Sutter Care at Home	Adjustments and Eliminations	Combined
Unrestricted net assets (continued):					
Unrestricted controlling net assets					
Income (loss) attributable to Sutter Health	\$ (3)	\$ (1)	\$ (5)	\$ 1	\$ (8)
Change in net unrealized gains and losses on investments classified as other-than-trading	(1)	-	(1)	-	(2)
Net assets released from restriction for equipment acquisition	-	-	-	-	-
Donated long-lived assets	-	-	-	-	-
Pension-related changes other than net periodic pension cost	-	-	-	-	-
Transfers with related entities, net	7	1	8	-	16
Other	1	-	-	-	1
Increase (decrease) in unrestricted controlling net assets	4	-	2	1	7
Unrestricted noncontrolling net assets					
Income (loss) attributable to noncontrolling interests	-	-	-	-	-
Distributions	-	-	-	-	-
Contributed capital	-	-	-	-	-
Other	-	-	-	-	-
Increase (decrease) in unrestricted noncontrolling net assets	-	-	-	-	-
Temporarily restricted net assets:					
Contributions	-	-	-	-	-
Investment income (loss)	-	-	-	-	-
Change in net unrealized gains and losses on investments	-	-	-	-	-
Net assets released from restriction	-	-	-	-	-
Other	-	-	-	-	-
Increase (decrease) in temporarily restricted net assets	-	-	-	-	-
Permanently restricted net assets:					
Contributions	-	-	-	-	-
Change in net unrealized gains and losses on investments	-	-	-	-	-
Other	-	-	-	-	-
Increase (decrease) in permanently restricted net assets	-	-	-	-	-
Increase (decrease) in net assets	4	-	2	1	7
Net assets, beginning of year	15	8	35	-	58
Net assets, end of year	\$ 19	\$ 8	\$ 37	\$ 1	\$ 65

Sutter Health and Affiliates

Combined Balance Sheets - Sutter Health Obligated Group

(Dollars in millions)

	December 31,	
	2011	2010
Assets		
Current assets		
Cash and cash equivalents	\$ 248	\$ 325
Short-term investments	2,531	1,818
Patient accounts receivable, net	1,050	1,032
Other receivables	211	216
Securities lending receivable	—	162
Inventories	86	89
Other	67	66
Total current assets	4,193	3,708
Non-current investments	907	705
Property, plant and equipment, net	5,600	5,172
Other	295	430
	<u>\$ 10,995</u>	<u>\$ 10,015</u>
Liabilities and net assets		
Current liabilities		
Accounts payable	\$ 266	\$ 255
Accrued salaries and related benefits	460	464
Other accrued expenses	391	360
Securities lending collateral payable	—	166
Current portion of long-term obligations	367	71
Total current liabilities	1,484	1,316
Non-current liabilities		
Long-term obligations, less current portion	3,039	2,421
Other	577	528
Net assets		
Unrestricted controlling	5,782	5,629
Unrestricted noncontrolling	42	37
Temporarily restricted	58	72
Permanently restricted	13	12
	<u>5,895</u>	<u>5,750</u>
	<u>\$ 10,995</u>	<u>\$ 10,015</u>

Sutter Health and Affiliates

Combined Statements of Operations and Changes in Net Assets - Sutter Health Obligated Group

(Dollars in millions)

	Year ended December 31,	
	2011	2010
Unrestricted net assets		
Operating revenues		
Patient service revenues	\$ 7,892	\$ 7,666
Provision for bad debts	(368)	(326)
Patient service revenues less provision for bad debts	7,524	7,340
Capitation revenues	942	890
Contributions	5	5
Other	304	279
Total operating revenues	8,775	8,514
Operating expenses		
Salaries and employee benefits	3,977	3,887
Purchased services	1,792	1,596
Supplies	982	950
Depreciation and amortization	450	414
Capitated purchased services	252	194
Rentals and leases	115	115
Interest	83	65
Insurance	79	70
Other	333	504
Total operating expenses	8,063	7,795
Income from operations	712	719
Investment income	143	117
Change in net unrealized gains and losses on investments classified as trading	(159)	88
Income	696	924
Less income attributable to noncontrolling interests	(41)	(38)
Income attributable to Sutter Health	655	886

Sutter Health and Affiliates

Combined Statements of Operations and Changes in Net Assets - Sutter Health Obligated Group (continued)

(Dollars in millions)

	Year ended December 31,	
	2011	2010
Unrestricted net assets (continued)		
Unrestricted controlling net assets		
Income attributable to Sutter Health	\$ 655	\$ 886
Change in net unrealized gains and losses on investments classified as other-than-trading	(11)	3
Net assets released from restrictions for equipment acquisition	20	9
Donated long-lived assets	—	2
Pension-related changes other than net periodic pension cost	(478)	35
Transfers with related entities, net	(54)	(59)
Transfers with unrelated entities, net	—	16
Other	21	5
Increase in unrestricted controlling net assets	153	897
Unrestricted noncontrolling net assets:		
Income attributable to noncontrolling interests	41	38
Distributions	(39)	(34)
Contributed capital	—	2
Other	3	—
Increase in unrestricted noncontrolling net assets	5	6
Temporarily restricted net assets		
Contributions	14	15
Investment income	1	1
Change in net unrealized gains and losses on investments	(5)	3
Net assets released from restrictions	(18)	(10)
Other	(6)	1
(Decrease) increase in temporarily restricted net assets	(14)	10
Permanently restricted net assets		
Contributions	1	1
Other	—	(2)
Increase (decrease) in permanently restricted net assets	1	(1)
Increase in net assets	145	912
Net assets, beginning of year	5,750	4,838
Net assets, end of the year	\$ 5,895	\$ 5,750

Sutter Health and Affiliates

Combined Statements of Cash Flows - Sutter Health Obligated Group

(Dollars in millions)

	December 31,	
	2011	2010
Operating activities		
Increase in net assets	\$ 145	\$ 912
Adjustments to reconcile increase in net assets to net cash provided by operating activities		
Gain on sale of business unit	(27)	—
Depreciation and amortization	425	397
Amortization of bond issuance (premium) discount	(3)	(3)
Change in net unrealized gains and losses on investments	175	(94)
Provision for doubtful accounts	368	326
Restricted contributions and investment income	(16)	(17)
Loss on impairment of property, plant and equipment	20	16
Loss on impairment of goodwill	1	—
Loss on disposal of property, plant and equipment	4	1
Net changes in operating assets and liabilities		
Patient accounts receivable and other receivables	(219)	(430)
Inventories and other assets	159	(86)
Accounts payable and accrued expenses	(128)	97
Other non-current liabilities	49	58
Net cash provided by operating activities	953	1,177
Investing activities		
Purchases of property, plant and equipment	(875)	(840)
Proceeds from disposal of property, plant and equipment	1	1
(Purchases) and sales or maturities of investments, net	(1,090)	(327)
Gain on sale of business unit	27	—
Other	(15)	1
Net cash used in investing activities	(1,952)	(1,165)

Sutter Health and Affiliates

Combined Statements of Cash Flows - Sutter Health Obligated Group (continued)

(Dollars in millions)

	Year ended December 31,	
	2011	2010
Financing activities		
Payments of long-term obligations	\$ (25)	\$ (28)
Payments for bond redemption	(172)	(39)
Proceeds from issuance of long-term obligations	1,098	9
Bond issuance costs	(11)	—
Bond issuance premium (discount), net	16	—
Restricted contributions and investment income	16	17
Net cash provided by (used in) financing activities	<u>922</u>	<u>(41)</u>
Net decrease in cash and cash equivalents	(77)	(29)
Cash and cash equivalents at beginning of year	<u>325</u>	<u>354</u>
Cash and cash equivalents at end of year	<u>\$ 248</u>	<u>\$ 325</u>
Supplementary disclosures of cash flow information		
Cash paid during the year for interest (net of capitalized interest costs of \$77 in 2011 and \$58 in 2010)	\$ 71	\$ 76

Sutter Health and Affiliates
Combining Balance Sheet - Sutter Health Obligated Group
December 31, 2011
(Dollars in millions)

	Sutter Central Valley Hospitals	Sutter Gould Medical Foundation	Sutter East Bay Hospitals and Affiliates	Eden Medical Center	Mills- Peninsula Health Services	Palo Alto Medical Foundation for Health Care, Research and Education	Sutter Health Sacramento Sierra Region	Sutter Medical Foundation and Subsidiaries
Assets								
Current assets								
Cash and cash equivalents	\$ 19	\$ 23	\$ 55	\$ 12	\$ 25	\$ 60	\$ 52	\$ 44
Short-term investments	1	5	32	-	-	21	100	1
Patient accounts receivable, net	105	23	189	61	65	100	225	51
Other receivables	10	4	29	5	11	33	25	12
Inventories	9	2	14	6	8	3	23	4
Other	1	1	5	1	3	15	8	2
Total current assets	145	58	324	85	112	232	433	114
Non-current investments	64	2	236	-	20	97	249	2
Property, plant and equipment, net	316	135	460	25	756	712	1,051	219
Other	8	4	28	9	6	47	34	16
	<u>\$ 533</u>	<u>\$ 199</u>	<u>\$ 1,048</u>	<u>\$ 119</u>	<u>\$ 894</u>	<u>\$ 1,088</u>	<u>\$ 1,767</u>	<u>\$ 351</u>
Liabilities and net assets								
Current liabilities								
Accounts payable	\$ 9	\$ 2	\$ 19	\$ 4	\$ 13	\$ 19	\$ 44	\$ 5
Accrued salaries and related benefits	46	6	44	16	25	54	65	13
Other accrued expenses	35	33	62	28	23	71	71	36
Current portion of long-term obligations	4	3	67	65	-	-	110	2
Total current liabilities	94	44	192	113	61	144	290	56
Non-current liabilities								
Long-term obligations, less current portion	165	148	466	-	502	265	915	40
Other	12	-	13	1	7	17	16	6
Net assets								
Unrestricted controlling	260	7	370	2	323	628	544	245
Unrestricted noncontrolling	-	-	4	-	-	-	-	3
Temporarily restricted	2	-	-	3	1	24	2	1
Permanently restricted	-	-	3	-	-	10	-	-
	<u>262</u>	<u>7</u>	<u>377</u>	<u>5</u>	<u>324</u>	<u>662</u>	<u>546</u>	<u>249</u>
	<u>\$ 533</u>	<u>\$ 199</u>	<u>\$ 1,048</u>	<u>\$ 119</u>	<u>\$ 894</u>	<u>\$ 1,088</u>	<u>\$ 1,767</u>	<u>\$ 351</u>

Sutter Health and Affiliates
Combining Balance Sheet - Sutter Health Obligated Group (continued)
December 31, 2011
(Dollars in millions)

	Roseville Endoscopy Center LLC	Sutter West Bay Hospitals and Affiliates	Sutter Coast Hospital	Sutter Care at Home	Sutter Health Support Services	Adjustments and Eliminations	Combined
Assets							
Current assets							
Cash and cash equivalents	\$ -	\$ 76	\$ -	\$ 7	\$ 118	\$ (243)	\$ 248
Short-term investments	-	21	20	8	2,083	239	2,531
Patient accounts receivable, net	1	201	10	24	6	(11)	1,050
Other receivables	-	37	-	1	210	(166)	211
Inventories	-	14	1	1	1	-	86
Other	-	5	-	-	23	3	67
Total current assets	1	354	31	41	2,441	(178)	4,193
Non-current investments	-	157	-	-	79	1	907
Property, plant and equipment, net	-	1,029	20	9	865	3	5,600
Other	-	32	1	1	162	(53)	295
	<u>\$ 1</u>	<u>\$ 1,572</u>	<u>\$ 52</u>	<u>\$ 51</u>	<u>\$ 3,547</u>	<u>\$ (227)</u>	<u>\$ 10,995</u>
Liabilities and net assets							
Current liabilities							
Accounts payable	\$ -	\$ 53	\$ 1	\$ 2	\$ 92	\$ 3	\$ 266
Accrued salaries and related benefits	-	88	4	9	90	-	460
Other accrued expenses	-	56	1	3	186	(214)	391
Current portion of long-term obligations	-	101	13	-	1	1	367
Total current liabilities	-	298	19	14	369	(210)	1,484
Non-current liabilities							
Long-term obligations, less current portion	-	239	13	-	287	(1)	3,039
Other	-	27	1	-	478	(1)	577
Net assets							
Unrestricted controlling	3	980	19	36	2,390	(25)	5,782
Unrestricted noncontrolling	(2)	6	-	-	20	11	42
Temporarily restricted	-	22	-	1	3	(1)	58
Permanently restricted	-	-	-	-	-	-	13
	<u>1</u>	<u>1,008</u>	<u>19</u>	<u>37</u>	<u>2,413</u>	<u>(15)</u>	<u>5,895</u>
	<u>\$ 1</u>	<u>\$ 1,572</u>	<u>\$ 52</u>	<u>\$ 51</u>	<u>\$ 3,547</u>	<u>\$ (227)</u>	<u>\$ 10,995</u>

Sutter Health and Affiliates
Combining Statement of Operations and Changes in Net Assets - Sutter Health Obligated Group
Year ended December 31, 2011
(Dollars in millions)

	Sutter Central Valley Hospitals	Sutter Gould Medical Foundation	Sutter East Bay Hospitals and Affiliates	Eden Medical Center	Mills- Peninsula Health Services	Palo Alto Medical Foundation for Health Care, Research and Education	Sutter Health Sacramento Sierra Region	Sutter Medical Foundation and Subsidiaries
Unrestricted net assets:								
Operating revenues								
Patient service revenues	\$ 685	\$ 211	\$ 1,267	\$ 351	\$ 492	\$ 1,087	\$ 1,572	\$ 500
Provision for bad debts	(75)	(13)	(63)	(43)	(11)	(31)	(49)	(23)
Patient service revenues less provision for bad debts	610	198	1,204	308	481	1,056	1,523	477
Capitation revenues	81	100	-	-	54	345	182	181
Contributions	-	-	-	1	-	2	-	-
Other	10	7	27	8	37	31	47	47
Total operating revenues	701	305	1,231	317	572	1,434	1,752	705
Operating expenses								
Salaries and employee benefits	314	64	658	178	273	344	824	174
Purchased services	101	150	196	68	87	647	245	334
Supplies	94	19	163	31	57	109	252	36
Depreciation and amortization	37	14	45	9	53	53	71	31
Capitated purchased services	24	33	-	-	9	80	38	81
Rentals and leases	2	3	9	2	5	24	19	23
Interest	8	4	14	2	17	9	27	7
Insurance	6	1	13	3	4	12	13	6
Other	28	6	49	12	19	25	72	14
Total operating expenses	614	294	1,147	305	524	1,303	1,561	706
Income (loss) from operations	87	11	84	12	48	131	191	(1)
Investment income	5	-	2	1	1	5	9	-
Change in net unrealized gains and losses on investments classified as trading	-	-	-	-	-	-	-	-
Income (loss)	92	11	86	13	49	136	200	(1)
Less income attributable to noncontrolling interests	-	-	(5)	-	-	-	-	(2)
Income (loss) attributable to Sutter Health	92	11	81	13	49	136	200	(3)

Sutter Health and Affiliates
Combining Statement of Operations and Changes in Net Assets - Sutter Health Obligated Group (continued)
Year ended December 31, 2011
(Dollars in millions)

	Roseville Endoscopy Center LLC	Sutter West Bay Hospitals and Affiliates	Sutter Coast Hospital	Sutter Care at Home	Sutter Health Support Services	Adjustments and Eliminations	Combined
Unrestricted net assets:							
Operating revenues							
Patient service revenues	\$ 8	\$ 1,578	\$ 71	\$ 159	\$ 59	\$ (148)	\$ 7,892
Provision for bad debts	-	(48)	(7)	(3)	(1)	(1)	(368)
Patient service revenues less provision for bad debts	8	1,530	64	156	58	(149)	7,524
Capitation revenues	-	-	-	7	-	(8)	942
Contributions	-	-	-	1	-	1	5
Other	-	86	1	7	602	(606)	304
Total operating revenues	8	1,616	65	171	660	(762)	8,775
Operating expenses							
Salaries and employee benefits	2	770	37	123	374	(158)	3,977
Purchased services	-	267	15	19	189	(526)	1,792
Supplies	1	180	7	17	16	-	982
Depreciation and amortization	-	84	4	3	72	(26)	450
Capitated purchased services	-	-	-	-	-	(13)	252
Rentals and leases	-	22	1	5	11	(11)	115
Interest	-	11	-	-	(18)	2	83
Insurance	-	12	1	1	9	(2)	79
Other	-	57	3	9	56	(17)	333
Total operating expenses	3	1,403	68	177	709	(751)	8,063
Income (loss) from operations	5	213	(3)	(6)	(49)	(11)	712
Investment income	-	7	-	1	112	-	143
Change in net unrealized gains and losses on investments classified as trading	-	-	-	-	(159)	-	(159)
Income (loss)	5	220	(3)	(5)	(96)	(11)	696
Less income attributable to noncontrolling interests	-	(12)	-	-	(12)	(10)	(41)
Income (loss) attributable to Sutter Health	5	208	(3)	(5)	(108)	(21)	655

Sutter Health and Affiliates
Combining Statement of Operations and Changes in Net Assets - Sutter Health Obligated Group (continued)
Year ended December 31, 2011
(Dollars in millions)

	Sutter Central Valley Hospitals	Sutter Gould Medical Foundation	Sutter East Bay Hospitals and Affiliates	Eden Medical Center	Mills- Peninsula Health Services	Palo Alto Medical Foundation for Health Care, Research and Education	Sutter Health Sacramento Sierra Region	Sutter Medical Foundation and Subsidiaries
Unrestricted net assets (continued):								
Unrestricted controlling net assets								
Income (loss) attributable to Sutter Health	\$ 92	\$ 11	\$ 81	\$ 13	\$ 49	\$ 136	\$ 200	\$ (3)
Change in net unrealized gains and losses on investments classified as other-than-trading	(4)	-	(3)	-	-	(4)	(13)	-
Net assets released from restriction for equipment acquisition	-	-	-	-	5	7	5	-
Donated long-lived assets	-	-	-	-	-	-	-	-
Pension-related changes other than net periodic pension cost	-	-	-	-	-	-	-	-
Transfers with related entities, net	(57)	(19)	(110)	(17)	(88)	(135)	(208)	(2)
Other	1	-	-	3	(1)	8	-	-
Increase (decrease) in unrestricted controlling net assets	32	(8)	(32)	(1)	(35)	12	(16)	(5)
Unrestricted noncontrolling net assets								
Income (loss) attributable to noncontrolling interests	-	-	5	-	-	-	-	2
Distributions	-	-	(5)	-	-	-	-	(1)
Contributed capital	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-
Increase (decrease) in unrestricted noncontrolling net assets	-	-	-	-	-	-	-	1
Temporarily restricted net assets:								
Contributions	-	-	-	-	-	5	-	1
Investment income (loss)	-	-	-	-	-	1	-	-
Change in net unrealized gains and losses on investments	-	-	-	-	-	(2)	-	-
Net assets released from restriction	-	-	-	-	-	(9)	-	(1)
Other	-	-	-	(2)	1	(5)	-	-
Increase (decrease) in temporarily restricted net assets	-	-	-	(2)	1	(10)	-	-
Permanently restricted net assets:								
Contributions	-	-	-	-	-	1	-	-
Change in net unrealized gains and losses on investments	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-
Increase (decrease) in permanently restricted net assets	-	-	-	-	-	1	-	-
Increase (decrease) in net assets	32	(8)	(32)	(3)	(34)	3	(16)	(4)
Net assets, beginning of year	230	15	409	8	358	659	562	253
Net assets, end of year	\$ 262	\$ 7	\$ 377	\$ 5	\$ 324	\$ 662	\$ 546	\$ 249

Sutter Health and Affiliates
Combining Statement of Operations and Changes in Net Assets - Sutter Health Obligated Group (continued)
Year ended December 31, 2011
(Dollars in millions)

	Roseville Endoscopy Center LLC	Sutter West Bay Hospitals and Affiliates	Sutter Coast Hospital	Sutter Care at Home	Sutter Health Support Services	Adjustments and Eliminations	Combined
Unrestricted net assets (continued):							
Unrestricted controlling net assets							
Income (loss) attributable to Sutter Health	\$ 5	\$ 208	\$ (3)	\$ (5)	\$ (108)	\$ (21)	\$ 655
Change in net unrealized gains and losses on investments classified as other-than-trading	-	(9)	(1)	(1)	23	1	(11)
Net assets released from restriction for equipment acquisition	-	2	-	-	-	1	20
Donated long-lived assets	-	-	-	-	-	-	-
Pension-related changes other than net periodic pension cost	-	-	-	-	(478)	-	(478)
Transfers with related entities, net	-	(135)	7	8	701	1	(54)
Other	(5)	-	1	-	(4)	18	21
Increase (decrease) in unrestricted controlling net assets	-	66	4	2	134	-	153
Unrestricted noncontrolling net assets:							
Income (loss) attributable to noncontrolling interests	-	12	-	-	12	10	41
Distributions	(3)	(11)	-	-	(20)	1	(39)
Contributed capital	-	-	-	-	-	-	-
Other	2	-	-	-	10	(9)	3
Increase (decrease) in unrestricted noncontrolling net assets	(1)	1	-	-	2	2	5
Temporarily restricted net assets:							
Contributions	-	6	-	-	2	-	14
Investment income (loss)	-	-	-	-	-	-	1
Change in net unrealized gains and losses on investments	-	(2)	-	-	-	(1)	(5)
Net assets released from restriction	-	(4)	-	-	(4)	-	(18)
Other	-	-	-	-	-	-	(6)
Increase (decrease) in temporarily restricted net assets	-	-	-	-	(2)	(1)	(14)
Permanently restricted net assets:							
Contributions	-	-	-	-	-	-	1
Change in net unrealized gains and losses on investments	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-
Increase (decrease) in permanently restricted net assets	-	-	-	-	-	-	1
Increase (decrease) in net assets	(1)	67	4	2	134	1	145
Net assets, beginning of year	2	941	15	35	2,279	(16)	5,750
Net assets, end of year	\$ 1	\$ 1,008	\$ 19	\$ 37	\$ 2,413	\$ (15)	\$ 5,895