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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

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

C Name of organization
SUTTER WEST BAY HOSPITALS

Doing Business As

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

City or town, state or province, country, and ZIP or foreign postal code
SAN FRANCISCO, CA 94120

D Employer identification number
94-0562680

E Telephone number
(916) 286-6665

G Gross receipts $ 1,691,210,053

F Name and address of principal officer
MICHAEL COHILL
PO BOX 7999
SAN FRANCISCO, CA 94120

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW SUTTERHEALTH ORG

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

L Year of formation 1854

M State of legal domicile CA

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	27
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	21
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	8,415
6	Total number of volunteers (estimate if necessary)	**6**	1,228
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	2,093,243
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	296,991

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	27,848,587	29,978,182
9	Program service revenue (Part VIII, line 2g)	1,569,977,771	1,507,113,696
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,289,745	18,113,121
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,323,474	3,897,333
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,610,439,577	1,559,102,332
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,654,996	1,750,207
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	788,424,176	799,647,156
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶689,953		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	605,287,903	806,028,142
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,395,367,075	1,607,425,505
19	Revenue less expenses Subtract line 18 from line 12	215,072,502	-48,323,173

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,655,166,060	1,783,161,518
21	Total liabilities (Part X, line 26)	479,935,456	665,509,264
22	Net assets or fund balances Subtract line 21 from line 20	1,175,230,604	1,117,652,254

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2014-10-28

John Gates CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
DEBRA HEISKALA				P00649485

Firm's name ▶ ERNST & YOUNG US LLP — Firm's EIN ▶

Firm's address ▶ 4370 LA JOLLA VILLAGE DR STE 500
SAN DIEGO, CA 92122

Phone no (916) 286-6665

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 1,504,784,257 including grants of $ 1,750,207) (Revenue $ 1,507,113,696)

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** ▶ 1,504,784,257

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see 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? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		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? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**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? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	954		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	8,415		
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" to line 3b, provide an explanation in Schedule O* . . .	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for 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 as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	27		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	21		
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**		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

▶ HENRY YU PO BOX 7999
SAN FRANCISCO, CA 94120 (415) 600-3850

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								71,858	15,639,225	3,954,844

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 2,187

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization 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
ARAMARK, 2500 WARRENVILLE ROAD DOWNERS GROVE IL 60515	FACILITY MANAGEMENT	17,324,381
SANTA ROSA CONSULTING, PO BOX 347747 PITTSBURG PA 15251	CONSULTING SERVICES	11,344,425
PACIFIC INPATIENT MEDICAL GROUP IN, PO BOX 1230 SUISUN CITY CA 94585	MEDICAL SERVICES	7,241,780
ANGELICA, DEPt 6777 LOS ANGELES CA 90084	LAUNDRY SERVICES	5,585,501
HERRERO CONTRACTORS, 2100 OAKDALE AVE SAN FRANCISCO CA 94124	CONSTRUCTION	4,944,041

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 ▶ 163

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	50,734			
	d	Related organizations . . .	1d	11,132,362			
	e	Government grants (contributions)	1e	12,364,129			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	6,430,957			
	g	Noncash contributions included in lines 1a-1f $		8,781			
	h	**Total.** Add lines 1a-1f . . . . . ▶		29,978,182			
Program Service Revenue			Business Code				
	2a	PATIENT SERVICE REVENUE	622110	1,489,171,297	1,489,171,297		
	b	CA PACIFIC ADVANCED IMAGING	621512	1,887,636	1,887,636		
	c	SAN FRAN ENDOSCOPY CENTER	621498	5,297,868	5,297,868		
	d	PRESIDIO SURGERY CENTER LLC	621493	7,168,643	7,168,643		
	e	RENTAL TO AFFILIATES		3,588,252	3,588,252		
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		1,507,113,696			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		7,852,504		472	7,852,032
	4	Income from investment of tax-exempt bond proceeds . . ▶		0			
	5	Royalties . . . . . ▶		23,631			23,631
		(i) Real / (ii) Personal					
	6a	Gross rents: 12,255,910					
	b	Less rental expenses: 13,145,975					
	c	Rental income or (loss): -890,065 / 0					
	d	Net rental income or (loss) . . . . . ▶		-890,065		-33	-890,032
		(i) Securities / (ii) Other					
	7a	Gross amount from sales of assets other than inventory: 127,179,907 / 2,009,063					
	b	Less cost or other basis and sales expenses: 116,153,820 / 2,774,533					
	c	Gain or (loss): 11,026,087 / -765,470					
	d	Net gain or (loss) . . . . . ▶		10,260,617		465	10,260,152
Other Revenue	8a	Gross income from fundraising events (not including $ 50,734 of contributions reported on line 1c) See Part IV, line 18 . . a	25,561				
	b	Less direct expenses . . . b	30,893				
	c	Net income or (loss) from fundraising events . . ▶		-5,332			-5,332
	9a	Gross income from gaming activities See Part IV, line 19 . . . a	3,375				
	b	Less direct expenses . . . b	2,500				
	c	Net income or (loss) from gaming activities . . ▶		875			875
	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	64,534		64,534	
	b	UBI - PARKING	812930	2,031,879		2,031,879	
	c	CAFETERIA	900099	3,372,225			3,372,225
	d	All other revenue		-700,414		-4,074	-696,340
	e	**Total.** Add lines 11a–11d . . . . . ▶		4,768,224			
	12	**Total revenue.** See Instructions . . . . . ▶		1,559,102,332	1,507,113,696	2,093,243	19,917,211

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,749,204	1,749,204		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	1,003	1,003		
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	5,129,269		5,129,269	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	316,129	316,129		
7 Other salaries and wages	503,800,250	488,367,616	15,432,634	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	62,979,347	60,563,980	2,415,367	
9 Other employee benefits	185,163,103	176,318,906	8,844,197	
10 Payroll taxes	42,259,058	40,686,072	1,572,986	
11 Fees for services (non-employees)				
a Management	6,784,375	5,025,320	1,755,137	3,918
b Legal	1,939,504	88,537	1,850,967	
c Accounting	196,948	153,559	43,389	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	589,430		589,430	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	106,524,666	105,015,717	1,508,949	
12 Advertising and promotion	1,583,151	1,566,714	16,437	
13 Office expenses	18,633,304	18,241,080	389,828	2,396
14 Information technology	26,514,701	5,014,059	21,500,642	
15 Royalties . .	0			
16 Occupancy	15,611,993	15,427,312	184,681	
17 Travel	1,272,306	962,852	308,113	1,341
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	868,027	823,816	44,211	
20 Interest	10,263,348	10,263,348		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	157,372,127	157,131,226	240,901	
23 Insurance	10,642,030	10,371,153	270,877	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a FEDERAL TAXES	200,600	200,600		
b PURCHASED SERVICES	145,439,087	129,531,467	15,782,877	124,743
c REPAIRS & MAINTENANCE	25,914,925	25,599,612	315,313	
d MEDICAL SUPPLIES	142,417,656	142,417,656		
e All other expenses	133,259,964	108,947,319	23,755,090	557,555
25 **Total functional expenses.** Add lines 1 through 24e	1,607,425,505	1,504,784,257	101,951,295	689,953
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		41,464,225	2	30,845,261
	3	Pledges and grants receivable, net		2,716,042	3	2,185,188
	4	Accounts receivable, net		199,945,289	4	219,029,254
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		15,593,146	8	16,667,720
	9	Prepaid expenses and deferred charges		5,404,842	9	4,476,583
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,118,214,018			
	b	Less accumulated depreciation	10b 861,769,914	1,142,380,883	10c	1,256,444,104
	11	Investments—publicly traded securities		167,689,664	11	172,566,815
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		7,032,608	13	7,435,368
	14	Intangible assets		2,980,359	14	2,980,359
	15	Other assets See Part IV, line 11		69,959,002	15	70,530,866
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,655,166,060	16	1,783,161,518
Liabilities	17	Accounts payable and accrued expenses		228,492,483	17	235,061,681
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		238,014,566	20	420,048,236
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other 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		0	23	0
	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		13,428,407	25	10,399,347
	26	**Total liabilities.** Add lines 17 through 25		479,935,456	26	665,509,264
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,150,304,030	27	1,092,627,539
	28	Temporarily restricted net assets		24,926,574	28	25,024,715
	29	Permanently restricted net assets		0	29	0
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,175,230,604	33	1,117,652,254
	34	Total liabilities and net assets/fund balances		1,655,166,060	34	1,783,161,518

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,559,102,332
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,607,425,505
3	Revenue less expenses Subtract line 2 from line 1	3	-48,323,173
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,175,230,604
5	Net unrealized gains (losses) on investments	5	1,886,699
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-11,141,876
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,117,652,254

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RT REV MARC H ANDRUS TRUSTEE	1.00 0.00	X						0	0	0
WILLIAM L BRUNETTI TRUSTEE	1.00 1.00	X						0	0	0
MICHAEL COHILL REGIONAL PRESIDENT, WEST BAY	40.00 4.00	X		X				0	1,644,927	278,172
THEODORE DEIKEL TRUSTEE	1.00 1.00	X						0	0	0
THOMAS J DIETZ PHD TRUSTEE	1.00 1.00	X						0	0	0
PETER JACOBI TRUSTEE	1.00 7.00	X						0	27,500	0
RONALD H KAUFMAN TRUSTEE	1.00 1.00	X						0	0	0
SARAH KREVANS COO, SUTTER HEALTH	1.00 40.00	X						0	2,264,199	372,873
STEVEN E LEVENBERG DO TRUSTEE	1.00 1.00	X						0	0	0
THOMAS E LINCOLN TRUSTEE	1.00 1.00	X						0	0	0
ALASTAIR A MACTAGGART TRUSTEE	1.00 1.00	X						0	0	0
ANTHONY W MILES TRUSTEE	1.00 1.00	X						0	0	0
SCOTT MINICK TRUSTEE	1.00 1.00	X						0	0	0
TIMOTHY MURPHY MD TRUSTEE	1.00 0.00	X						0	0	0
CYNTHIA NESTLE TRUSTEE	1.00 1.00	X						0	0	0
DENNIS J O'CONNELL TRUSTEE	1.00 1.00	X						0	0	0
STEVEN H OLIVER TRUSTEE	1.00 1.00	X						0	0	0
ROBERT W OSORIO MD TRUSTEE	1.00 1.00	X						0	0	0
MICHAEL ROKEACH MD TRUSTEE/CHIEF OF STAFF	5.00 4.00	X						45,833	0	0
ROBERT A ROSENFELD TRUSTEE, VICE CHAIR	1.00 1.00	X		X				0	0	0
TERRI SLAGLE MD TRUSTEE	1.00 0.00	X						26,025	0	0
LEO C H SOONG TRUSTEE, CHAIR FIN & PLANNING	1.00 1.00	X		X				0	0	0
ROBERT M TOMASELLO TRUSTEE, CHAIR	1.00 5.00	X		X				0	0	0
MICHAEL N VALAN MD TRUSTEE	1.00 1.00	X						0	0	0
ANTHONY G WAGNER TRUSTEE	1.00 1.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
RICHARD C WATTS TRUSTEE	1 0 9 0	X						0	0	0
DEBORAH D WYATT MD TRUSTEE	1 0 1 0	X						0	0	0
MICHAEL DUNCHEON VP, REG COUNSEL, WEST BAY	40 0 0 0			X				0	541,856	90,759
JOHN GATES REGIONAL VP FINANCE, WEST BAY	40 0 0 0			X				0	1,090,615	103,106
WARREN BROWNER MD CEO, SAN FRANCISCO HOSP, SWBH	40 0 0 0				X			0	1,033,801	314,990
GRANT DAVIES CEO, NORTH BAY HOSPITALS	40 0 0 0				X			0	818,070	159,566
TONI BRAYER MD REGIONAL VP & CMO, WEST BAY	40 0 0 0					X		0	701,162	113,519
MARK KIMBELL CPMC FOUNDATION DIRECTOR	40 0 0 0					X		0	532,049	90,368
ALLEN PONT MD VP MEDICAL AFFAIRS, WEST BAY	40 0 0 0					X		0	758,006	64,357
MICHAEL PURVIS CAO, SMCSR	40 0 0 0					X		0	513,665	87,910
CRAIG VERCRUYSSE REGIONAL CIO, WEST BAY	40 0 0 0					X		0	497,216	65,169
PATRICK FRY PRESIDENT & CEO, SH (FORMER)	0 0 40 0						X	0	3,989,362	2,020,826
MARTIN BROTMAN MD SVP, SH (FORMER)	0 0 40 0						X	0	1,226,797	193,229

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SUTTER WEST BAY HOSPITALS

Employer identification number
94-0562680

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

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

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

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

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

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

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

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

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

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

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

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

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

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

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? **11g(i)**		
(ii) A family member of a person described in (i) above? **11g(ii)**		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(see instructions))**	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(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 monetary support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** 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—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** 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—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test		
Return Reference	Explanation	

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SUTTER WEST BAY HOSPITALS

Employer identification number
94-0562680

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

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

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

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

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

		(a) Current year	(b) Prior year	(b) (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

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

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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	0	166,584,897		166,584,897
b Buildings	0	761,727,518	496,128,365	265,599,153
c Leasehold improvements	0	46,579,322	37,299,705	9,279,617
d Equipment	0	488,375,900	324,799,843	163,576,057
e Other	0	654,946,381	3,542,001	651,404,380
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,256,444,104

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	0
INSURANCE LIABILITIES	4,988,703
OTHER LIABILITIES	3,153,382
3RD PARTY SETTLEMENTS	2,257,262
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	10,399,347

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
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, THE LEGAL ENTITY, 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 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, 2013 AND 2012, THERE WERE NO SUCH UNCERTAIN TAX POSITIONS

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

▶ **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SUTTER WEST BAY HOSPITALS

Employer identification number
94-0562680

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶							

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 TREE LIGHTING (event type)	(c) Other events 0 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	69,480	6,815	0	76,295
	2 Less Contributions	50,734			50,734
	3 Gross income (line 1 minus line 2)	18,746	6,815	0	25,561
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	2,950	1,438		4,388
	6 Rent/facility costs	8,400			8,400
	7 Food and beverages	8,758			8,758
	8 Entertainment				
	9 Other direct expenses	9,347			9,347
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(30,893)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-5,332

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

11

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

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

13 Indicate the percentage of gaming activity operated in

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

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

Name ▶ .....

Address ▶ .....

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

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

c If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SUTTER WEST BAY HOSPITALS

Employer identification number
94-0562680

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☐ 100% ☐ 150% ☐ 200% ☑ Other 400 %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other ____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			29,958,144	0	29,958,144	1 860 %
b Medicaid (from Worksheet 3, column a)			277,620,388	191,051,591	86,568,797	5 390 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			13,815,001	7,006,835	6,808,166	0 420 %
d **Total** Financial Assistance and Means-Tested Government Programs			321,393,533	198,058,426	123,335,107	7 670 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	48	122,621	2,933,565	453,648	2,479,917	0 150 %
f Health professions education (from Worksheet 5)	25	245	33,460,872	5,369,096	28,091,776	1 750 %
g Subsidized health services (from Worksheet 6)	17	37,689	36,564,762	31,785,007	4,779,755	0 300 %
h Research (from Worksheet 7)	2	1,147	19,443,296	430,874	19,012,422	1 180 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	49	5,479	5,685,802	707,290	4,978,512	0 310 %
j **Total.** Other Benefits	141	167,181	98,088,297	38,745,915	59,342,382	3 690 %
k **Total.** Add lines 7d and 7j	141	167,181	419,481,830	236,804,341	182,677,489	11 360 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support	4	24	6,623		6,623	
4	Environmental improvements						
5	Leadership development and training for community members	1		3,524		3,524	
6	Coalition building	4	2,027	62,747		62,747	
7	Community health improvement advocacy	3		30,846		30,846	
8	Workforce development	8	132	193,350		193,350	0 010 %
9	Other						
10	**Total**	20	2,183	297,090		297,090	0 010 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1			No
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	25,277,949		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	298,674,509
6	Enter Medicare allowable costs of care relating to payments on line 5	6	394,264,736
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-95,590,227
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
9

Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

A

Name of hospital facility or facility reporting group _____

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) _____

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)				
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	**1**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? 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**	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**	Yes	
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) SEE SECTION C			
b	☑ Other website (list url) SEE SECTION C			
c	☑ Available upon request from the hospital facility			
d	☐ Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)			
a	☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☑ Execution of the implementation strategy			
c	☐ Participation in the development of a community-wide plan			
d	☐ Participation in the execution of a community-wide plan			
e	☐ Inclusion of a community benefit section in operational plans			
f	☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	☑ Prioritization of health needs in its community			
h	☑ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	☐ Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	**7**	Yes	
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**8a**		No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	**8b**		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $_____			

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**9**	Yes	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 400 % If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**		No
If "Yes," indicate the FPG family income limit for eligibility for discounted care __% If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	**12**	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☑ Income level			
b ☐ Asset level			
c ☑ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☑ Medicaid/Medicare			
g ☑ State regulation			
h ☑ Residency			
i ☐ Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?	**13**	Yes	
14 Included measures to publicize the policy within the community served by the hospital facility?	**14**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted on the hospital facility's website			
b ☐ The policy was attached to billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients on admission to the hospital facility			
f ☑ The policy was available upon request			
g ☑ Other (describe in Part VI)			
Billing and Collections			
15 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?	**15**	Yes	
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			
17 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 individual's eligibility under the facility's FAP?	**17**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- **a** ☑ Notified individuals of the financial assistance policy on admission
- **b** ☑ Notified individuals of the financial assistance policy prior to discharge
- **c** ☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- **d** ☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19 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?	**19**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

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

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☑ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☑ Other (describe in Part VI)			
21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group NOVATO COMMUNITY HOSPITAL

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 7

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)				
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	**1**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? 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**	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**	Yes	
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) SEE SECTION C			
b	☑ Other website (list url) SEE SECTION C			
c	☑ Available upon request from the hospital facility			
d	☐ Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)			
a	☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☑ Execution of the implementation strategy			
c	☐ Participation in the development of a community-wide plan			
d	☐ Participation in the execution of a community-wide plan			
e	☐ Inclusion of a community benefit section in operational plans			
f	☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	☑ Prioritization of health needs in its community			
h	☑ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	☐ Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	**7**		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**8a**		No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	**8b**		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**9**	Yes	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 400 % If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**		No
If "Yes," indicate the FPG family income limit for eligibility for discounted care __% If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	**12**	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☑ Income level			
b ☐ Asset level			
c ☑ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☑ Medicaid/Medicare			
g ☑ State regulation			
h ☑ Residency			
i ☐ Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?	**13**	Yes	
14 Included measures to publicize the policy within the community served by the hospital facility?	**14**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted on the hospital facility's website			
b ☐ The policy was attached to billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients on admission to the hospital facility			
f ☑ The policy was available upon request			
g ☑ Other (describe in Part VI)			
Billing and Collections			
15 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?	**15**	Yes	
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			
17 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 individual's eligibility under the facility's FAP?	**17**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- **a** ☑ Notified individuals of the financial assistance policy on admission
- **b** ☑ Notified individuals of the financial assistance policy prior to discharge
- **c** ☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- **d** ☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19 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?	**19**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

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

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☑ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☑ Other (describe in Part VI)			
21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group SUTTER LAKESIDE HOSPITAL

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 8

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)				
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	**1**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA 2013			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? 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**	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**	Yes	
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) SEE SECTION C			
b	☑ Other website (list url) SEE SECTION C			
c	☑ Available upon request from the hospital facility			
d	☐ Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)			
a	☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☑ Execution of the implementation strategy			
c	☐ Participation in the development of a community-wide plan			
d	☐ Participation in the execution of a community-wide plan			
e	☐ Inclusion of a community benefit section in operational plans			
f	☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	☑ Prioritization of health needs in its community			
h	☑ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	☐ Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	**7**	Yes	
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**8a**		No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	**8b**		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**9**	Yes	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	**10**	Yes	
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			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**		No
If "Yes," indicate the FPG family income limit for eligibility for discounted care __% If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	**12**	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☑ Income level			
b ☐ Asset level			
c ☑ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☑ Medicaid/Medicare			
g ☑ State regulation			
h ☑ Residency			
i ☐ Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?	**13**	Yes	
14 Included measures to publicize the policy within the community served by the hospital facility?	**14**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted on the hospital facility's website			
b ☐ The policy was attached to billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients on admission to the hospital facility			
f ☑ The policy was available upon request			
g ☑ Other (describe in Part VI)			
Billing and Collections			
15 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?	**15**	Yes	
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			
17 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 individual's eligibility under the facility's FAP?	**17**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- **a** ☑ Notified individuals of the financial assistance policy on admission
- **b** ☑ Notified individuals of the financial assistance policy prior to discharge
- **c** ☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- **d** ☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19 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?	**19**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

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

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☑ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☑ Other (describe in Part VI)			
21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group SUTTER MEDICAL CENTER SANTA ROSA

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 9

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)				
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	**1**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? 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**	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**	Yes	
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) SEE SECTION C			
b	☑ Other website (list url) SEE SECTION C			
c	☑ Available upon request from the hospital facility			
d	☐ Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)			
a	☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☑ Execution of the implementation strategy			
c	☐ Participation in the development of a community-wide plan			
d	☐ Participation in the execution of a community-wide plan			
e	☐ Inclusion of a community benefit section in operational plans			
f	☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	☑ Prioritization of health needs in its community			
h	☑ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	☐ Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	**7**		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**8a**		No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	**8b**		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

			Yes	No
Financial Assistance Policy				
9	Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**9**	Yes	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	**10**	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for free care 300 % If "No," explain in Part VI the criteria the hospital facility used			
11	Used FPG to determine eligibility for providing *discounted* care?	**11**		No
	If "Yes," indicate the FPG family income limit for eligibility for discounted care __% If "No," explain in Part VI the criteria the hospital facility used			
12	Explained the basis for calculating amounts charged to patients?	**12**	Yes	
	If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a	☑ Income level			
b	☐ Asset level			
c	☑ Medical indigency			
d	☐ Insurance status			
e	☐ Uninsured discount			
f	☑ Medicaid/Medicare			
g	☑ State regulation			
h	☑ Residency			
i	☐ Other (describe in Part VI)			
13	Explained the method for applying for financial assistance?	**13**	Yes	
14	Included measures to publicize the policy within the community served by the hospital facility?	**14**	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☐ The policy was posted on the hospital facility's website			
b	☐ The policy was attached to billing invoices			
c	☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d	☐ The policy was posted in the hospital facility's admissions offices			
e	☐ The policy was provided, in writing, to patients on admission to the hospital facility			
f	☑ The policy was available upon request			
g	☑ Other (describe in Part VI)			
Billing and Collections				
15	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?	**15**	Yes	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency			
b	☐ Lawsuits			
c	☐ Liens on residences			
d	☐ Body attachments			
e	☐ Other similar actions (describe in Section C)			
17	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 individual's eligibility under the facility's FAP?	**17**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency			
b	☐ Lawsuits			
c	☐ Liens on residences			
d	☐ Body attachments			
e	☐ Other similar actions (describe in Section C)			

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- **a** ☑ Notified individuals of the financial assistance policy on admission
- **b** ☑ Notified individuals of the financial assistance policy prior to discharge
- **c** ☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- **d** ☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19 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?	**19**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

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

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☑ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☑ Other (describe in Part VI)			
21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**22**		No
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
LINE 3	CHNA INPUT FROM KEY ADVISORS REPRESENTING BROAD COMMUNITY INTERESTS CALIFORNIA PACIFIC MEDICAL CENTER (REPORTING GROUP A) IN CONDUCTING ITS MOST RECENT CHNA, CALIFORNIA PACIFIC MEDICAL CENTER, A FACILITY OF SUTTER WEST BAY HOSPITALS, DID TAKE INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY IN THE HOSPITAL'S SERVICE AREA THE COMMUNITY BENEFIT PARTNERSHIP WORKED COLLECTIVELY TO IDENTIFY THE COMMUNITY'S HEALTH NEEDS AND TO DEVELOP THE CHNA REPORT IN COLLABORATION WITH ACADEMIC PARTNERS, THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH AS WELL AS THE BROADER SAN FRANCISCO COMMUNITY, THE COMMUNITY BENEFIT PARTNERSHIP BUILT ON THE STRONG FOUNDATION OF YEARS WORKING ON THE PAST TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENTS AN OUTGROWTH OF THE BUILDING A HEALTHIER SAN FRANCISCO (BHSF) NEEDS ASSESSMENT PROCESS AND THE CHARITY CARE PROJECT (CCP), THE COMMUNITY BENEFIT PARTNERSHIP SEEKS TO HARNESS THE COMBINED ENERGY AND RESOURCES OF SAN FRANCISCO'S PRIVATE NONPROFIT HOSPITALS, CITY DEPARTMENTS (PUBLIC HEALTH AND HUMAN SERVICES), COMMUNITY CLINICS, HEALTH PLANS, NONPROFIT PROVIDERS AND ADVOCACY GROUPS TO IMPROVE THE HEALTH STATUS OF SAN FRANCISCO RESIDENTS THE COMMUNITY BENEFIT PARTNERSHIP WAS CONCEIVED IN 1999 TO COLLABORATIVELY IDENTIFY COMMUNITY HEALTH NEEDS AND SUPPORT COORDINATED DECISION-MAKING TO ADDRESS THE NEEDS IT IS WITH THIS SAME DETERMINATION THAT THE PARTNERS UNDERTOOK A COMMUNITY ORIENTED PROCESS - IN ALIGNMENT WITH THE VALUES EXPRESSED BY THE NEIGHBORHOOD RESIDENTS - FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT DURING 2012, A NUMBER OF OTHER COMMUNITY-BASED NEEDS ASSESSMENTS WERE UNDERWAY AT THE SAME TIME AS THE CHNA IN ORDER TO REDUCE DUPLICATION OF EFFORT, LEVERAGE RESOURCES, AND RESPECT COMMUNITY MEMBERS' TIME COMMITMENT TO THE PROCESS, THE CHNA PROCESS WAS COMBINED WITH THE DEPARTMENT OF PUBLIC HEALTH'S PROCESS TO COMPLETE A COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) AND ITS COMMUNITY HEALTH ASSESSMENT (CHA) THIS COMBINATION OF EFFORTS BROUGHT TOGETHER A NUMBER OF ADDITIONAL PARTNERS THAT ENRICHED THE INPUT THROUGH A VARIETY OF PERSPECTIVES AND CONTRIBUTIONS TO THE PROCESS SPECIFICALLY, THE COLLABORATING ORGANIZATIONS AND INDIVIDUALS INCLUDED - HOSPITAL AND ACADEMIC PARTNERS, WHO CONTINUED TO PARTNER WITH San Francisco Department of Public Health (SFDPH) ON SAN FRANCISCO'S CHA/CHIP LEADERSHIP COUNCIL, WHICH HAS GUIDED THE DEVELOPMENT AND WILL GUIDE THE IMPLEMENTATION OF SAN FRANCISCO'S CHIP - COMMUNITY STAKEHOLDERS - INCLUDING REPRESENTATIVES FROM SAN FRANCISCO'S NONPROFIT HOSPITALS, ACADEMIC INSTITUTIONS, HEALTH PLANS, THE AFRICAN AMERICAN HEALTH DISPARITIES PROJECT, SAN FRANCISCO HUMAN SERVICES AGENCY, AND SFDPH - COMMUNITY RESIDENTS AND MEMBERS OF THE LOCAL PUBLIC HEALTH SYSTEM - INCLUDING REPRESENTATIVES FROM K-12 EDUCATION, HIGHER EDUCATION, PHILANTHROPY, NONPROFIT AGENCIES, MINORITY HEALTH EQUITY COALITIONS, GOVERNMENT (INCLUDING THE SAN FRANCISCO MAYOR'S OFFICE AND HEALTH COMMISSION), HOSPITALS, AND MORE - HEALTH CONTENT EXPERTS ENGAGED WITH SFDPH AS WELL AS ITS HOSPITAL AND ACADEMIC PARTNERS TO REFINE PRIORITY GOALS, OBJECTIVES, MEASURES, AND STRATEGIES THAT HAVE COME TO FORM THE CURRENT CHIP A NUMBER OF CONSULTING FIRMS AND CONSULTANTS WERE INVOLVED THROUGHOUT THIS PROCESS, INCLUDING 1) HEARTBEETS, FOR COMMUNITY ENGAGEMENT, 2) CIRCLE POINT, FOR ONGOING COMMUNICATION WITH STAKEHOLDERS, 3) HARDER+COMPANY, FOR DATA COLLECTION AND ANALYSIS, AND 4) NANCY SHEMICK, MPA, FOR MEETING FACILITATION AND REPORT-WRITING A COMPREHENSIVE LISTING OF THE MEETING ATTENDEES AND INVITEES ARE AVAILABLE IN CPMC'S CHNA AT HTTP //WWW SUTTERHEALTH ORG/COMMUNITYBENEFIT/COMMUNITY -NEEDS-ASSESSMENT HT ML NOVATO COMMUNITY HOSPITAL (Hospital Facility #7) IN CONDUCTING ITS MOST RECENT CHNA, NOVATO COMMUNITY HOSPITAL, A FACILITY OF SUTTER WEST BAY HOSPITALS, DID TAKE INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY IN THE HOSPITAL'S SERVICE AREA THE THREE MARIN COUNTY NOT-FOR-PROFIT HOSPITALS (MARIN GENERAL HOSPITAL, NOVATO COMMUNITY HOSPITAL, AND KAISER PERMANENTE) WORKED TOGETHER WITH THE HEALTHY MARIN PARTNERSHIP (HMP) TO COMPLETE THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) CONSULTANTS FOR THE 2013 CHNA INCLUDED - HUMAN IMPACT PARTNERS - ROCHELLE EREMAN, MS, MPH, MARIN HEALTH AND HUMAN SERVICES DEPARTMENT EPIDEMIOLOGIST - ABINADER GROUP - CO HERNNDEZ, MFT - LYNN H BASKETT, MBA - WESTED INDIVIDUALS WITH SPECIAL KNOWLEDGE OF, OR EXPERTISE IN, PUBLIC HEALTH THAT PROVIDED INPUT INCLUDED - LARRY MEREDITH, PHD, DIRECTOR, MARIN COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT - ROCHELLE EREMAN, MS, MPH, COMMUNITY EPIDEMIOLOGY CHIEF, MARIN COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT - JENNIFER REINKS, PH D , FACULTY, FAMILY HEALTH OUTCOMES PROJECT, UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - TOM PETERS, PH D , PRESIDENT, MARIN COMMUNITY FOUNDATION AND FORMER DIRECTOR, MARIN COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT - MATHEW WILLIS, MD, MPH, MARIN COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT, PUBLIC HEALTH OFFICER - D J PIERCE, MARIN COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT, CHIEF OF DIVISION OF ALCOHOL, TOBACCO & OTHER DRUGS THESE PUBLIC HEALTH EXPERTS PARTICIPATED IN KEY INFORMANT INTERVIEWS LARRY MEREDITH, PHD, JENNIFER REINKS, PHD, AND MATHEW WILLIS, M D ALSO PARTICIPATED IN THE HMP-COORDINATED COMMUNITY CONVENING AND MS EREMAN WAS A CONSULTANT TO THE CHNA WORK GROUP AND PROCESS FROM APRIL 23, 2012 TO JUNE 11, 2012 SELMA ABINADER OF ABINADER GROUP CONDUCTED 25 PHONE INTERVIEWS OF STAKEHOLDERS SELECTED BY HMP LEADERSHIP STAKEHOLDERS WERE HMP LEADERSHIP AND REPRESENTATIVES FROM HOSPITAL AND HEALTH ORGANIZATIONS, PUBLIC HEALTH EXPERTS, FUNDING INSTITUTIONS, GOVERNMENT, BUSINESS, EDUCATION, AND COMMUNITY BASED AGENCIES KEY INFORMANTS, COMMUNITY PHYSICIANS AND THOSE PARTICIPATING IN THE HMP-COORDINATED COMMUNITY CONVENING INCLUDED 44 MARIN COUNTY RESIDENTS AND LEADERS REPRESENTING KEY POPULATIONS (MEDICALLY-UNDERSERVED, LOW-INCOME, MINORITY AND CHRONIC DISEASE) FOCUS GROUPS WERE CONDUCTED BETWEEN APRIL 16 AND MAY 9, 2012 BY THE COUNTY OF MARIN DEPARTMENT OF HEALTH AND HUMAN SERVICES THEY WERE HELD IN MARIN CITY, NOVATO, CANAL, SAN GERONIMO, WEST MARIN, WHISTLESTOP AND THE YOUTH LEADERSHIP INSTITUTE A TOTAL OF 103 ENGLISH AND 50 SPANISH RESPONSES WERE OBTAINED FOCUS GROUP PARTICIPANTS WERE SURVEYED ABOUT - IMPORTANT HEALTH ISSUES THEY, THEIR FAMILIES, AND THEIR COMMUNITIES FACED - WHAT THEY SAW AS HEALTHY AND UNHEALTHY ABOUT THEIR COMMUNITIES - WHAT THEY WOULD CHANGE TO MAKE THEIR COMMUNITIES HEALTHIER ADDITIONAL DETAILS ON KEY INFORMANTS, COLLABORATIVE PARTNERS AND FOCUS GROUPS CAN BE FOUND IN NOVATO COMMUNITY HOSPITAL'S CHNA AT HTTP //WWW SUTTERHEALTH ORG/COMMUNITYBENEFIT/COMMUNITY -NEEDS-ASSESSMENT HT ML SUTTER LAKESIDE HOSPITAL (Hospital Facility #8) IN CONDUCTING ITS MOST RECENT CHNA, SUTTER LAKESIDE HOSPITAL, A FACILITY OF SUTTER WEST BAY HOSPITALS, DID TAKE INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY IN THE HOSPITAL'S SERVICE AREA THREE PRIMARY METHODS OF COLLECTING INPUT FROM THE COMMUNITY WERE USED IN THE ASSESSMENT - COMMUNITY SURVEY, FOCUS GROUPS AND KEY INFORMANT INTERVIEWS KEY INFORMANT INTERVIEWS TELEPHONE INTERVIEWS USING A STRUCTURED SET OF QUESTIONS (WITH ADDITIONAL, PERSONALIZED QUESTIONS TO OBTAIN MORE IN-DEPTH INFORMATION) WERE CONDUCTED WITH 16 INDIVIDUALS WHOSE PERCEPTIONS AND EXPERIENCE WERE INTENDED TO INFORM THE ASSESSMENT THE INTERVIEWS PROVIDED AN INFORMED PERSPECTIVE FROM THOSE WORKING DIRECTLY WITH THE PUBLIC, INCREASED AWARENESS ABOUT AGENCIES AND SERVICES, OFFERED INPUT ABOUT GAPS AND POSSIBLE DUPLICATION IN SERVICES, AND SOLICITED IDEAS ABOUT RECOMMENDED STRATEGIES AND SOLUTIONS THE INTERVIEWS ALSO FOCUSED THE NEEDS ASSESSMENT ON PARTICULAR ISSUES OF CONCERN WHERE INDIVIDUALS WITH CERTAIN EXPERTISE COULD CONFIRM OR DISPUTE PATTERNS IN THE DATA AND IDENTIFY DATA AND OTHER STUDIES THE COLLABORATIVE MIGHT NOT OTHERWISE BE AWARE OF KEY INFORMANTS INTERVIEWED INCLUDE THE FOLLOWING - DAVID SANTOS, VICE PRESIDENT OF OPERATIONS, ST HELENA HOSPITAL CLEAR LAKE - DENISE RUSHING, SUPERVISOR, LAKE COUNTY BOARD OF SUPERVISORS - DENNIS FAY, EXECUTIVE DIRECTOR, COMMUNITY CARE MANAGEMENT CORPORATION - DIANE PEGE, MD, VICE PRESIDENT, MEDICAL AFFAIRS, SUTTER LAKESIDE HOSPITAL - KIMBERLY TANGERMANN, MANAGER, LIVE WELL & KONOCTI WELLNESS CENTER, ST HELENA HOSPITAL CLEAR LAKE - LINDA MORRIS, DEPUTY DIRECTOR, CLINICAL SERVICES, LAKE COUNTY BEHAVIORAL HEALTH DEPARTMENT - LYN SCURI, HEALTH PLANNER, PARTNERSHIP HEALTH PLAN - MARK BUEHNERKEMPER, OPTOMETRIST, LAKE COUNTY RESIDENT - MERYL FEATHERSTONE, TRIBAL HEALTH - MONTE WINTERS, SPRING VALLEY RESIDENT - ROB BROWN, SUPERVISOR, LAKE COUNTY BOARD OF SUPERVISORS - ROBERT GARDNER, M D , MEDICAL DIRECTOR, LUCERNE COMMUNITY CLINIC - SIRI NELSON, CHIEF EXECUTIVE OFFICER, SUTTER LAKESIDE HOSPITAL - STEPHANIE LILLY, DIRECTOR OF PROGRAMS, LAKE FAMILY RESOURCE CENTER -
LINE 4	CHNA HOSPITAL COLLABORATORS CALIFORNIA PACIFIC MEDICAL CENTER (REPORTING GROUP A) A COMPLETE LISTING OF HOSPITALS AND PARTNERS WHO COLLABORATED ON THE CHNA IS AVAILABLE FOR DOWNLOAD AT HTTP //WWW SUTTERHEALTH ORG/COMMUNITYBENEFIT/COMMUNITY -NEEDS-ASSESSMENT HT ML NOVATO COMMUNITY HOSPITAL THE THREE MARIN COUNTY NOT-FOR-PROFIT HOSPITALS, MARIN GENERAL HOSPITAL, NOVATO COMMUNITY HOSPITAL, AND KAISER PERMANENTE, WORKED TOGETHER WITH THE HEALTHY MARIN PARTNERSHIP TO COMPLETE THE CHNA SUTTER LAKESIDE HOSPITAL THE COLLABORATIVE INCLUDED THE TWO LAKE COUNTY HOSPITALS, ST HELENA CLEAR LAKE AND SUTTER LAKESIDE SUTTER MEDICAL CENTER SANTA ROSA SUTTER MEDICAL CENTER OF SANTA ROSA, IN COLLABORATION WITH LOCAL PARTNERS KAISER PERMANENTE, ST JOSEPH'S HEALTH SYSTEM AND THE SONOMA COUNTY DEPARTMENT OF HEALTH SERVICES CONDUCTED A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN 2013
LINES 5A & 5B	CHNA AVAILABILITY ONLINE CALIFORNIA PACIFIC MEDICAL CENTER (REPORTING GROUP A) - HOSPITAL FACILITY'S WEBSITE HTTP //WWW CPMC ORG/ABOUT/COMMUNITY/ - OTHER WEBSITE HTTP //WWW SUTTERHEALTH ORG/COMMUNITYBENEFIT/COMMUNITY -NEEDS-ASSESSMENT HT ML NAVATO COMMUNITY HOSPITAL - HOSPITAL FACILITY'S WEBSITE HTTP //WWW NOVATOCOMMUNITY ORG/ABOUT/COMMUNITY_BENEFITS HTML - OTHER WEBSITE HTTP //WWW SUTTERHEALTH ORG/COMMUNITYBENEFIT/COMMUNITY -NEEDS-ASSESSMENT HT ML SUTTER LAKESIDE HOSPITAL - HOSPITAL FACILITY'S WEBSITE HTTP //WWW SUTTERLAKESIDE ORG/ABOUT/ - OTHER WEBSITE HTTP //WWW SUTTERHEALTH ORG/COMMUNITYBENEFIT/COMMUNITY -NEEDS-ASSESSMENT HT ML SUTTER MEDICAL CENTER SANTA ROSA - HOSPITAL FACILITY'S WEBSITE HTTP //WWW SUTTERSANTAROSA ORG/RELATIONS/COMMUNITY_BENEFITS HTML - OTHER WEBSITE HTTP //WWW SUTTERHEALTH ORG/COMMUNITYBENEFIT/COMMUNITY -NEEDS-ASSESSMENT HT ML
LINE 7	COMMUNITY NEEDS UNADDRESSED BY SUTTER WEST BAY HOSPITALS CALIFORNIA PACIFIC MEDICAL CENTER (REPORTING GROUP A) ALTHOUGH NO HOSPITAL CAN ADDRESS ALL ASPECTS OF THE HEALTH NEEDS PRESENT IN ITS COMMUNITY, CPMC PLANS TO ADDRESS ALL THREE OF THE PRIORITIES IDENTIFIED IN THE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT AS A MEMBER OF SFHIP (SAN FRANCISCO HEALTH IMPROVEMENT PARTNERSHIP), CPMC WILL CONTINUE TO WORK IN COLLABORATION WITH OTHER LOCAL HOSPITALS AND HEALTH PLANS TO IDENTIFY GAPS IN SERVICE AND TO DETERMINE WHERE EFFORTS SHOULD BE COLLECTIVELY REDIRECTED IN ORDER TO MOST EFFECTIVELY IMPROVE THE HEALTH OF SAN FRANCISCO RESIDENTS FOR MORE INFORMATION ABOUT SFHIP, PLEASE VISIT WWW SFHIP ORG CPMC IS COMMITTED TO SERVING THE COMMUNITY BY ADHERING TO ITS MISSION, USING ITS SKILLS AND CAPABILITIES, AND REMAINING A STRONG ORGANIZATION SO THAT IT CAN CONTINUE TO PROVIDE A WIDE RANGE OF COMMUNITY BENEFITS NAVATO COMMUNITY HOSPITAL NO HOSPITAL CAN ADDRESS ALL OF THE HEALTH NEEDS PRESENT IN ITS COMMUNITY NOVATO COMMUNITY HOSPITAL (NCH) IS COMMITTED TO SERVING THE COMMUNITY BY ADHERING TO ITS MISSION, USING ITS SKILLS AND CAPABILITIES, AND REMAINING A STRONG ORGANIZATION SO THAT IT CAN CONTINUE TO PROVIDE A WIDE RANGE OF COMMUNITY BENEFITS THE FOLLOWING HEALTH NEEDS IDENTIFIED IN THE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT ARE NOT ADDRESSED BY NOVATO COMMUNITY HOSPITAL AT THIS TIME - SUBSTANCE ABUSE (ALCOHOL AND OTHER DRUGS) - SOCIOECONOMIC STATUS - CANCER - HEART DISEASE NCH DOES NOT HAVE SUFFICIENT RESOURCES (FINANCIAL AND PERSONNEL), NOR THE EXPERTISE, TO ADDRESS THESE NEEDS HOWEVER, IT IS IMPORTANT TO NOTE THAT OTHER FACILITIES AND ORGANIZATIONS IN THE COMMUNITY ARE ADDRESSING THESE NEEDS, AS NOTED IN THE COMMUNITY ASSETS IDENTIFIED IN THE CHNA AT HTTP //WWW NOVATOCOMMUNITY ORG/ABOUT/NCH_2013CHNAREPORT PDF SUTTER LAKESIDE HOSPITALS ALTHOUGH NO HOSPITAL CAN ADDRESS ALL ASPECTS OF THE HEALTH NEEDS PRESENT IN ITS COMMUNITY, SUTTER LAKESIDE HOSPITAL PLANS TO ADDRESS ALL FOUR OF THE PRIORITIES IDENTIFIED IN THE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT SUTTER LAKESIDE HOSPITAL IS COMMITTED TO SERVING THE COMMUNITY BY ADHERING TO ITS MISSION, USING ITS SKILLS AND CAPABILITIES, AND REMAINING A STRONG ORGANIZATION SO THAT IT CAN CONTINUE TO PROVIDE A WIDE RANGE OF COMMUNITY BENEFITS SUTTER MEDICAL CENTER SANTA ROSA NO HOSPITAL CAN ADDRESS ALL OF THE HEALTH NEEDS PRESENT IN ITS COMMUNITY SUTTER MEDICAL CENTER OF SANTA ROSA IS COMMITTED TO SERVING THE COMMUNITY BY ADHERING TO ITS MISSION, USING ITS SKILLS AND CAPABILITIES, AND REMAINING A STRONG ORGANIZATION SO THAT IT CAN CONTINUE TO PROVIDE A WIDE RANGE OF COMMUNITY BENEFITS THIS IMPLEMENTATION STRATEGY DOES NOT INCLUDE SPECIFIC PLANS TO ADDRESS THE FOLLOWING SIGNIFICANT HEALTH NEEDS THAT WERE IDENTIFIED IN THE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT BARRIERS OF HEALTHY AGING IN RECENT YEARS, SUTTER MEDICAL CENTER HAS PARTNERED ON SEVERAL INITIATIVES TO ADDRESS THE BARRIERS TO HEALTH AGING, MOST NOTABLY A GRANT TO PRESERVE THE COUNTY'S ONLY ADULT DAY HEALTH CARE CENTER AND SEVERAL FINANCIAL AND STAFF TIME COMMITMENTS TO DEVELOP AND IMPLEMENT "A MATTER OF BALANCE," A FALLS PREVENTION PROGRAM AT THIS TIME, WE DO NOT HAVE THE BANDWIDTH TO COMMIT SIGNIFICANT RESOURCES TO ADDRESS THIS ISSUE THERE ARE MANY LOCAL AGENCIES THAT, IN PARTNERSHIP WITH EACH OTHER AND THE COUNTY, HAVE DEVELOPED MANY PROGRAMS AND SERVICES TARGETING HEALTHY AGING (I E AGING IN PLACE) WE WILL CONTINUE TO MAKE MODEST FINANCIAL COMMITMENTS TO SUPPORT THESE LOCAL PROGRAMS DISPARITIES IN EDUCATIONAL ATTAINMENT SEEN AS ONE OF THE MANY SOCIAL DETERMINANTS OF HEALTH, ATTAINING AT LEAST A HIGH SCHOOL DIPLOMA IS VITAL TO THE HEALTH AND PROSPERITY OF COMMUNITIES BUT THIS ISSUE IS SIGNIFICANTLY OUTSIDE THE SCOPE OF SERVICES AND EXPERTISE OF OUR ORGANIZATION THE GOOD NEWS IS THAT THERE ARE SEVERAL LOCAL INITIATIVES (E G CRADLE TO CAREER AND SCHOOLS OF HOPE) THAT ARE AGGRESSIVELY ADDRESSING THIS DISPARITY AND HAVE AMBITIOUS GOALS TO IMPROVE THE STATUS OF EDUCATIONAL ATTAINMENT, PARTICULARLY IN UNDERSERVED COMMUNITIES THE HEALTH ACTION COUNCIL IS ACTIVELY WORKING TO ADDRESS THIS ISSUE ADVERSE CHILDHOOD EXPOSURE TO STRESS (ACES) THOUGH THERE ARE A COUPLE OF PROMISING STUDIES THAT DEMONSTRATE A LINK BETWEEN CHILDHOOD TRAUMA AND LONG-TERM HEALTH IMPACT, THERE IS A LACK OF EVIDENCE-BASED APPROACH FOR ADDRESSING THE PROBLEM THE HOSPITAL SIMPLY DOES NOT HAVE THE FINANCIAL OR HUMAN RESOURCES TO TAKE A LEADERSHIP ROLE IN DEVELOPING AND PILOTING PROGRAMS AND STRATEGIES FOR PREVENTING OR TREATING CHILDHOOD STRESS TOBACCO USE AT THIS TIME, SUTTER MEDICAL CENTER DOES NOT HAVE THE RESOURCES TO DEVELOP A FORMAL PROGRAM TO ADDRESS TOBACCO ADDICTION BUT THERE ARE TWO STRATEGIES THAT WE HAVE IMPLEMENTED THAT WE HOPE WILL HELP MANY OF OUR PATIENTS AND EMPLOYEES STOP SMOKING FIRST, THE FAMILY MEDICINE RESIDENTS USE MOTIVATIONAL INTERVIEWING WHICH IS A COLLABORATIVE, PERSON-CENTERED FORM OF GUIDING TO ELICIT AND STRENGTHEN MOTIVATION FOR CHANGE FOR THEIR TOBACCO-ADDICTED PATIENTS SECOND, THE HOSPITAL HAS RECENTLY BECOME A SMOKE-FREE CAMPUS WHICH HAS PROVIDED THE OPPORTUNITY FOR ENCOURAGING AND SUPPORTING TREATMENT SERVICE OPTIONS FOR EMPLOYEES AND PATIENTS WHO SMOKE LUNG, BREAST AND COLORECTAL CANCER AWARENESS AND EARLY DETECTION ARE THE KEYS TO REDUCING THE MORBIDITY AND MORTALITY OF CANCER THE HOSPITAL IS NOT ADDRESSING THIS ISSUE BECAUSE OUR AFFILIATE PARTNER, SUTTER PACIFIC MEDICAL FOUNDATION, INVESTS CONSIDERABLE RESOURCES IN OUR COMMUNITY TO RAISE AWARENESS OF CANCER SCREENING ADDITIONALLY, THE FOUNDATION PROVIDES MANY FREE CANCER SCREENING SERVICES TO UNINSURED PEOPLE AND DOES CONSIDERABLE OUTREACH TO OUR LATINO COMMUNITY
LINE 12H	BASIS FOR CALCULATING AMOUNTS CHARGED TO PATIENTS SUTTER WEST BAY HOSPITALS ADDITIONAL FACTORS USED IN DETERMINING AMOUNTS CHARGED TO PATIENTS INCLUDES HOUSEHOLD SIZE, WHICH IS PART OF THE FEDERAL POVERTY GUIDELINES
LINE 14G	MEASURES USED TO PUBLICIZE THE FACILITY'S FINANCIAL ASSISTANCE POLICY SUTTER WEST BAY HOSPITAL FACILITIES USED THE FOLLOWING PRACTICE TO PUBLICIZE THE FINANCIAL ASSISTANCE POLICIES 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 ORGANIZATION USES AN INCOME VALIDATION TOOL TO ALERT PATIENTS THAT THEY MAY BE ELIGIBLE FOR CHARITY CARE
LINE 20D	AMOUNTS CHARGED TO FAP-ELIGIBLE INDIVIDUALS SUTTER WEST BAY HOSPITAL FACILITIES USED THE FOLLOWING PRACTICE FOR CHARGING 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

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **29**

	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

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

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

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

Form and Line Reference	Explanation
PART I, LINE 3A & 3C	FPG FAMILY INCOME LIMIT FOR FREE CARE ELIGIBILITY SUTTER WEST BAY HOSPITALS USE THE FOLLOWING INCOME LIMITS FOR FREE CARE ELIGIBILITY * CALIFORNIA PACIFIC MEDICAL CENTER, 400%, * NOVATO COMMUNITY HOSPITAL, 400%, * SUTTER LAKESIDE HOSPITAL, 200%, AND * SUTTER MEDICAL CENTER SANTA ROSA, 300% FINANCIAL ASSISTANCE ELIGIBILITY CRITERIA CALIFORNIA PACIFIC MEDICAL CENTER (REPORTING GROUP A) TO BE ELIGIBLE FOR FREE CARE THE ORGANIZATION USES THE FEDERAL POVERTY GUIDELINES (FPG) FOR FAMILY INCOMES THAT ARE AT OR BELOW 400% OF FPG IN ADDITION, THE FOLLOWING DISCOUNTS APPLY TO UNINSURED PATIENTS - SPECIAL CIRCUMSTANCES CHARITY CARE FOR UNINSURED PATIENTS WHO DO NOT MEET THE FINANCIAL ASSISTANCE CRITERIA SET FORTH BY THE ORGANIZATION, A COMPLETE OR PARTIAL WRITE-OFF IN CIRCUMSTANCES INCLUDING BUT NOT LIMITED TO BANKRUPTCY, HOMELESSNESS, DECEASED, ELIGIBLE FOR MEDICARE/MEDI-CAL, OR IF A COLLECTION AGENCY IDENTIFIES A PATIENT MEETING THE ORGANIZATION'S CHARITY CARE ELIGIBILITY CRITERIA - CATASTROPHIC CHARITY CARE PARTIAL WRITE-OFF WHEN THE FINANCIAL RESPONSIBILITY EXCEEDS 15% OF THE PATIENT'S FAMILY INCOME PATIENTS THAT MEET THE CRITERIA WILL RECEIVE A FULL WRITE-OFF OF UNDISCOUNTED CHARGES THAT EXCEED 15% 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 400% OF FPG - UNINSURED PATIENT DISCOUNT A WRITE-OFF OF A PORTION OF COVERED SERVICES NO GREATER THAN THE CURRENT AVERAGE COMMERCIAL FEE-FOR-SERVICE DISCOUNT WITH MANAGED CARE PAYERS FOR PATIENTS WHOSE BENEFITS UNDER INSURANCE OR A GOVERNMENT PROGRAM HAVE BEEN EXHAUSTED PRIOR TO ADMISSION - PROMPT PAYMENT DISCOUNT PARTIAL WRITE-OFF AVAILABLE TO UNINSURED PATIENTS WHO PAY PROMPTLY, CONSISTING OF AT LEAST A 20% DISCOUNT FOR THOSE WHO PAY WITHIN 30 DAYS OF FINAL BILLING NOVATO COMMUNITY HOSPITAL TO BE ELIGIBLE FOR FREE CARE THE ORGANIZATION USES THE FEDERAL POVERTY GUIDELINES (FPG) FOR FAMILY INCOMES THAT ARE AT OR BELOW 400% OF FPG IN ADDITION, THE FOLLOWING DISCOUNTS APPLY TO UNINSURED PATIENTS - SPECIAL CIRCUMSTANCES CHARITY CARE FOR UNINSURED PATIENTS WHO DO NOT MEET THE FINANCIAL ASSISTANCE CRITERIA SET FORTH BY THE ORGANIZATION, A COMPLETE OR PARTIAL WRITE-OFF IN CIRCUMSTANCES INCLUDING BUT NOT LIMITED TO BANKRUPTCY, HOMELESSNESS, DECEASED, ELIGIBLE FOR MEDICARE/MEDI-CAL, OR IF A COLLECTION AGENCY IDENTIFIES A PATIENT MEETING THE ORGANIZATION'S CHARITY CARE ELIGIBILITY CRITERIA - CATASTROPHIC CHARITY CARE PARTIAL WRITE-OFF WHEN THE FINANCIAL RESPONSIBILITY EXCEEDS 15% OF THE PATIENT'S FAMILY INCOME PATIENTS THAT MEET THE CRITERIA WILL RECEIVE A FULL WRITE-OFF OF UNDISCOUNTED CHARGES THAT EXCEED 15% 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 400% OF FPG - UNINSURED PATIENT DISCOUNT A WRITE-OFF OF A PORTION OF COVERED SERVICES NO GREATER THAn THE CURRENT AVERAGE COMMERCIAL FEE-FOR-SERVICE DISCOUNT WITH MANAGED CARE PAYERS FOR PATIENTS WHOSE BENEFITS UNDER INSURANCE OR A GOVERNMENT PROGRAM HAVE BEEN EXHAUSTED PRIOR TO ADMISSION - PROMPT PAYMENT DISCOUNT PARTIAL WRITE-OFF AVAILABLE TO UNINSURED PATIENTS WHO PAY PROMPTLY, CONSISTING OF AT LEAST A 10% DISCOUNT FOR THOSE WHO PAY WITHIN 30 DAYS OF FINAL BILLING SUTTER LAKESIDE HOSPTIAL 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 CHARITY CARE IS A PARTIAL WRITE-OFF OF THE HOSPITAL'S UNDISCOUNTED CHARGES FOR COVERED SERVICES AVAILABLE TO PATIENTS WHOSE FAMILY INCOMES ARE BETWEEN 201% AND 400% OF FEDERAL POVERTY GUIDELINES 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 15% OF THE PATIENT'S FAMILY INCOME PATIENTS THAT MEET THE CRITERIA WILL RECEIVE A FULL WRITE-OFF OF UNDISCOUNTED CHARGES THAT EXCEED 15% OF THEIR FAMILY INCOME - HIGH MEDICAL COST CHARITY CARE (FOR INSURED PATIENTS) FULL OR PARTIAL WRITE-OFF OF THE HOSPITAL'S UNDISCOUNTED CHARGES FOR COVERED SERVICES HIGH MEDICAL COST CHARITY CARE IS NOT AVAILABLE FOR PATIENTS RECEIVING SERVICES THAT ARE ALREADY DISCOUNTED - UNINSURED PATIENT DISCOUNT A WRITE-OFF OF A PORTION OF COVERED SERVICES NO GREATER THAN THE CURRENT AVERAGE COMMERCIAL FEE-FOR-SERVICE DISCOUNT WITH MANAGED CARE PAYERS FOR PATIENTS WHOSE BENEFITS UNDER INSURANCE OR A GOVERNMENT PROGRAM HAVE BEEN EXHAUSTED PRIOR TO ADMISSION - PROMPT PAYMENT DISCOUNT PARTIAL WRITE-OFF AVAILABLE TO UNINSURED PATIENTS WHO PAY PROMPTLY, CONSISTING OF A 15% TO 10% DISCOUNT FOR THOSE WHO PAY WITHIN 30 OR 60 DAYS OF FINAL BILLING SUTTER MDICAL CENTER SANTA ROSA TO BE ELIGIBLE FOR FREE CARE THE ORGANIZATION USES THE FEDERAL POVERTY GUIDELINES (FPG) FOR FAMILY INCOMES THAT ARE AT OR BELOW 300% OF FPG PARTIAL CHARITY CARE IS A PARTIAL WRITE-OFF OF THE HOSPITAL'S UNDISCOUNTED CHARGES FOR COVERED SERVICES AVAILABLE TO PATIENTS WHOSE FAMILY INCOME ARE BETWEEN 301% AND 400% OF FPG IN ADDITION, THE FOLLOWING DISCOUNTS APPLY TO UNINSURED PATIENTS - SPECIAL CIRCUMSTANCES CHARITY CARE FOR UNINSURED PATIENTS WHO DO NOT MEET THE FINANCIAL ASSISTANCE CRITERIA SET FORTH BY THE ORGANIZATION, A COMPLETE OR PARTIAL WRITE-OFF IN CIRCUMSTANCES INCLUDING BUT NOT LIMITED TO BANKRUPTCY, HOMELESSNESS, DECEASED, ELIGIBLE FOR MEDICARE/MEDI-CAL, OR IF A COLLECTION AGENCY IDENTIFIES A PATIENT MEETING THE ORGANIZATION'S CHARITY CARE ELIGIBILITY CRITERIA - CATASTROPHIC CHARITY CARE PARTIAL WRITE-OFF WHEN THE FINANCIAL RESPONSIBILITY EXCEEDS 15% OF THE PATIENT'S FAMILY INCOME PATIENTS THAT MEET THE CRITERIA WILL RECEIVE A FULL WRITE-OFF OF UNDISCOUNTED CHARGES THAT EXCEED 15% OF THEIR FAMILY INCOME - HIGH MEDICAL COST CHARITY CARE (FOR INSURED PATIENTS) PARTIAL WRITE-OFF OF THE HOSPITAL'S UNDISCOUNTED CHARGES FOR PATIENTS WHOSE FAMILY INCOME IS LESS THAN 350% OF FPG, MEDICAL EXPENSES EXCEED 10% OF THE PATIENT'S FAMILY INCOME, AND THE PATIENT'S INSURE HAS NOT PROVIDED A DISCOUNT - UNINSURED PATIENT DISCOUNT A WRITE-OFF OF A PORTION OF COVERED SERVICES NO GREATER THAN THE CURRENT AVERAGE COMMERCIAL FEE-FOR-SERVICE DISCOUNT WITH MANAGED CARE PAYERS FOR PATIENTS WHOSE BENEFITS UNDER INSURANCE OR A GOVERNMENT PROGRAM HAVE BEEN EXHAUSTED PRIOR TO ADMISSION - PROMPT PAYMENT DISCOUNT PARTIAL WRITE-OFF AVAILABLE TO UNINSURED PATIENTS WHO PAY PROMPTLY, CONSISTING OF AT LEAST A 10% DISCOUNT FOR THOSE WHO PAY WITHIN 30 DAYS OF FINAL BILLING
PART I, LINE 7	COSTING METHODOLOGY COSTING METHODOLOGY USED COST TO CHARGE RATIO UTILIZING WORKSHEET 2 METHODOLOGY

Form and Line Reference	Explanation
PART I, LINE 7G	CALIFORNIA PACIFIC MEDICAL CENTER THE AMOUNT OF COSTS ASSOCIATED WITH PHYSICIAN CLINICS IS $11,563,655
PART II	COMMUNITY BUILDING ACTIVITIES CALIFORNIA PACIFIC MEDICAL CENTER CALIFORNIA PACIFIC MEDICAL CENTER (CPMC) FUNDS THE FOLLOWING PROGRAMS THAT HELP ADDRESS THE ROOT CAUSES OF HEALTH PROBLEMS AND IMPACT THE HEALTH AND WELL-BEING IN THE COMMUNITIES WE SERVE (ALSO KNOWN AS COMMUNITY-BUILDING ACTIVITIES) THESE PROGRAMS HELP SUPPORT COMMUNITY ASSETS BY OFFERING THE EXPERTISE AND RESOURCES OF SUTTER HEALTH BUILDING THE SAN FRANCISCO WORKFORCE, ESPECIALLY BY CREATING OPPORTUNITIES FOR YOUTH, IS A MAJOR FOCUS FOR CPMC IN 2013, CPMC PROVIDED WORK-READINESS TRAINING AND CAREER EXPLORATION EXPERIENCES TO ABOUT 180 INDIVIDUALS THROUGH ITS COMMUNITY WORKFORCE PROGRAMS THESE PARTNERSHIPS HELP EDUCATE AND INSPIRE UNDERSERVED YOUTH TO PURSUE HEALTH CAREERS THEY INCLUDE GALILEO HEALTH ACADEMY OFFERS TWO 12-WEEK SPEAKER SERIES THAT TAKE PLACE IN THE SPRING AND FALL OF THE ACADEMIC YEAR FOR HIGH SCHOOL JUNIORS TWICE A WEEK, CPMC EMPLOYEES PROVIDE LECTURES, DEMONSTRATIONS, TOURS AND ACTIVITIES TO ENHANCE STUDENTS' UNDERSTANDING OF THE COMPLEXITIES AND OPPORTUNITIES IN A MODERN, COMPREHENSIVE ACUTE CARE MEDICAL CENTER CPMC ALSO PROVIDES SIX-WEEK SUMMER INTERNSHIPS FOR GALILEO STUDENTS TO GAIN EXPERIENCE WORKING IN A HOSPITAL ENVIRONMENT YEAR UP PLACES LOW-INCOME YOUNG ADULTS BETWEEN THE AGES OF 18 AND 24 INTO INFORMATION TECHNOLOGY INTERNSHIPS AT CPMC ENABLING PATIENTS TO VOTE IS A PROGRAM THAT PROVIDES PATIENTS WITH THE OPPORTUNITY TO VOTE IN THE ELECTIONS VOLUNTEERS ASSIST IN PROMOTING THIS PROGRAM THROUGHOUT CPMC OVER THE COURSE OF SEVERAL DAYS VOLUNTEERS ALSO FAX BALLOT REQUESTS TO CITY HALL, PICK-UP ABSENTEE BALLOTS, DISTRIBUTE BALLOTS TO PATIENTS, COLLECTING BALLOTS AT THE END OF THE DAY, AND DROPPING OFF BALLOTS AT POLLING SITES, AND CITY HALL, FOR TABULATION IN A TIMELY MANNER PROJECT HOMELESS CONNECT IS SAN FRANCISCO'S SIGNATURE PROGRAM TO PROVIDE SERVICES TO ITS HOMELESS POPULATION THE MISSION OF PROJECT HOMELESS CONNECT IS TO PROVIDE A SINGLE LOCATION WHERE NONPROFIT MEDICAL AND SOCIAL SERVICES PROVIDERS COLLABORATE TO SERVE THE HOMELESS OF SAN FRANCISCO WITH COMPREHENSIVE, HOLISTIC SERVICES CPMC VOLUNTEERS HELP PROJECT HOMELESS CONNECT PROVIDE MEDICAL AND SOCIAL SERVICES TO SAN FRANCISCO'S MOST IMPOVERISHED RESIDENTS, INCLUDING PRIMARY MEDICAL CARE, EYE EXAMS, WHEELCHAIR REPAIR, DENTAL TREATMENT, SUBSTANCE ABUSE CONNECTIONS, AND EVEN ACUPUNCTURE AND MASSAGE CPMC'S CHILD DEVELOPMENT CENTER IS PART OF THE FIRST 5 CALIFORNIA COALITIONS FIRST 5 CALIFORNIA REPRESENTS AN IMPORTANT PART OF OUR STATE'S EFFORT TO NURTURE AND PROTECT OUR MOST PRECIOUS RESOURCE - OUR CHILDREN FIRST 5 CALIFORNIA'S SERVICES AND SUPPORT ARE DESIGNED TO ENSURE THAT MORE CHILDREN ARE BORN HEALTH AND REACH THEIR FULL POTENTIAL CPMC'S VOLUNTEER DEPARTMENT PARTNERS WITH COMMUNITY AGENCIES TO PROVIDE INTERNSHIPS FOR AT-RISK YOUTH IN 2013, CPMC PARTNERED WITH JEWISH VOCATIONAL SERVICES HEALTH CARE BRIDGE, SAN FRANCISCO UNIFIED SCHOOL DISTRICT WORKABILITY PROGRAM, LIFE LEARNING ACADEMY AND CITY ARTS AND TECH HIGH SCHOOL JVS FOSTER YOUTH HEALTHCARE CAREER EXPLORATION PROGRAM A CPMC EMPLOYEE SPENDS TIME PREPARING AND GIVING TOURS OF OUR ST LUKE'S CAMPUS TO PROGRAM PARTICIPANTS THE PROGRAM IS FOR 17 - 21 YEAR OLDS WHO ARE CONSIDERING A FUTURE HEALTH CARE CAREER, OFFERING 1) 3 UNITS OF CREDIT AT CITY COLLEGE OF SF WITH OVERVIEW OF HEALTH CARE CAREERS AND MEDICAL TERMINOLOGY, 2) WEEKLY WORKSHOPS AT JVS TO BUILD COMPUTER, ACADEMIC, AND JOB READINESS SKILLS, 3) A PAID INTERNSHIP IN A HEALTH CARE SETTING, 4) CONNECTIONS WITH EMPLOYERS WHO CAN GET PARTICIPANTS STARTED IN A NEW CAREER LIFE LEARNING ACADEMY THIS PROGRAM MENTORS A LIFE LEARNING ACADEMY HIGH SCHOOL STUDENT ON-HALF HOUR PER WEEK FOR 12 WEEKS THE NATIONAL COUNCIL ON AGING SENIOR COMMUNITY SERVICE PROGRAM CREATED IN 1965, Senior Community Service Employment Program (SCSEP) IS THE NATION'S OLDEST PROGRAM TO HELP LOW-INCOME, UNEMPLOYED INDIVIDUALS AGED 55+ FIND WORK A CPMC EMPLOYEE SPENDS TIME SUPPORTING TWO PROGRAM PARTICIPANTS NOVATO COMMUNITY HOSPITAL NOVATO COMMUNITY HOSPITAL (NCH) FUNDS THE FOLLOWING PROGRAM THAT HELPS ADDRESS THE ROOT CAUSES OF HEALTH PROBLEMS AND IMPACT THE HEALTH AND WELL-BEING IN THE COMMUNITIES WE SERVE (ALSO KNOWN AS COMMUNITY-BUILDING ACTIVITIES) THESE PROGRAMS HELP SUPPORT COMMUNITY ASSETS BY OFFERING THE EXPERTISE AND RESOURCES OF SUTTER HEALTH - IN 1995, THE HEALTHY MARIN PARTNERSHIP WAS FORMED IN RESPONSE TO CALIFORNIA SENATE BILL 697, A LEGISLATIVE MANDATE REQUIRING NOT-FOR-PROFIT HOSPITALS TO COMPLETE A COMMUNITY NEEDS ASSESSMENT EVERY THREE YEARS NCH PARTICIPATES IN THIS PARTNERSHIP, ALONG WITH OTHER KEY STAKEHOLDERS, TO PRODUCE THE COMMUNITY HEALTH NEEDS ASSESSMENT SUTTER LAKESIDE HOSPTAL SUTTER LAKESIDE HOSPITAL FUNDS THE FOLLOWING PROGRAMS THAT HELP ADDRESS THE ROOT CAUSES OF HEALTH PROBLEMS AND IMPACT THE HEALTH AND WELL-BEING IN THE COMMUNITIES WE SERVE (ALSO KNOWN AS COMMUNITY-BUILDING ACTIVITIES) THESE PROGRAMS HELP SUPPORT COMMUNITY ASSETS BY OFFERING THE EXPERTISE AND RESOURCES OF SUTTER HEALTH SUTTER LAKESIDE HOSPITAL STAFF MEMBERS ARE ASSIGNED TO COMMUNITY BOARDS, PANELS, COMMITTEES, AND GROUPS SUTTER LAKESIDE HOSPITAL SUPPORTED A LOCAL COMMUNITY HEALTH FAIR WITH A FIRST AID BOOTH AND HEALTH TESTING SUPPLIES (GLUCOSE TEST TRIPS, GLOVES, SWABS AND EQUIPMENT) SUTTER MEDICAL CENTER SANTA ROSA SUTTER MEDICAL CENTER OF SANTA ROSA FUNDS THE FOLLOWING PROGRAMS THAT HELP ADDRESS THE ROOT CAUSES OF HEALTH PROBLEMS AND IMPACT THE HEALTH AND WELL-BEING IN THE COMMUNITIES WE SERVE (ALSO KNOWN AS COMMUNITY-BUILDING ACTIVITIES) THESE PROGRAMS HELP SUPPORT COMMUNITY ASSETS BY OFFERING THE EXPERTISE AND RESOURCES OF SUTTER HEALTH REDWOOD EMPIRE FOOD BANK THE FOOD BANK IS THE PRIMARY SOURCE OF FOOD FOR THE POOR AND HUNGRY IN THEIR COMMUNITY IT SERVES AS A DISTRIBUTION CENTER TO HUNDREDS OF NEIGHBORHOOD FOOD PANTRIES AND KITCHENS THROUGHOUT SONOMA COUNTY SUTTER MEDICAL CENTER OF SANTA ROSA SUPPORTS THE COMPACT FOR SUCCESS PROGRAM FOR ELSIE ALLEN HIGH SCHOOL COMPACT FOR SUCCESS IS A PROGRAM DESIGNED TO SUPPORT STUDENTS FROM LOW SOCIOECONOMIC STATUS BACKGROUNDS IN GRADUATING HIGH SCHOOL, ATTENDING AND COMPLETING COLLEGE, AND PREPARING FOR COMMUNITY LEADERSHIP SUTTER MEDICAL CENTER OF SANTA ROSA PROVIDES STAFF TIME TO COVERED SONOMA COVERED SONOMA IS A COMMUNITY-WIDE COLLABORATIVE DESIGNED TO IDENTIFY AND PROVIDE ACCESS TO HEALTH INSURANCE FOR ALL ELIGIBLE UNINSURED PEOPLE IN SONOMA COUNTY IN ADDITION, STAFF TIME IS PROVIDED FOR THE SONOMA HEALTH ALLIANCE, A COMMUNITY COLLABORATIVE TO PROMOTE IMPROVED COMMUNITY HEALTH AND WORK TOWARDS AN EFFECTIVE, SUSTAINABLE AND COORDINATED HEALTH CARE DELIVERY SYSTEM THE HEALTHCARE WORKFORCE DEVELOPMENT ROUNDTABLE IS A GROUP THAT PROMOTES THE INTEREST IN HEALTH PROFESSIONS AND CREATES OPPORTUNITIES TO PURSUE HEALTH CAREERS FOR DIVERSE POPULATIONS IN SONOMA COUNTY THIS PROGRAM IS A PARTNERSHIP WITH SANTA ROSA JUNIOR COLLEGE AND HAS BEEN AWARDED MULTIPLE GRANTS OVER THE YEARS TO CONTINUE ITS IMPORTANT OUTREACH, RECRUITMENT AND SUPPORT EFFORTS SMCSR CONTINUES TO PROVIDE LEADERS TO THIS EFFORT, BOTH IN STRATEGIC PLANNING AND PROVIDING OPPORTUNITIES FOR STUDENTS TO SHADOW STAFF IN A VARIETY OF HEALTH PROFESSIONS WITH THE HOSPITAL SETTING TODAY, THIS PARTNERSHIP HAS GROWN INTO A ROBUST CONTINUUM OF PROGRAMS AND SERVICES TARGETING HIGH SCHOOL AND COLLEGE STUDENTS OF COLOR

Form and Line Reference	Explanation
PART III, LINE 2	METHODOLOGY FOR CALCULATING BAD DEBT (AT COST) THE RATIO OF PATIENT CARE COST TO CHARGES IS APPLIED TO THE BAD DEBT ATTRIBUTABLE TO PATIENT ACCOUNTS TO CALCULATE THE ESTIMATED COST OF BAD DEBT ATTRIBUTABLE TO PATIENT ACCOUNTS THAT IS REPORTED ON LINE 2 DISCOUNTS AND PAYMENTS ON PATIENT ACCOUNTS ARE RECORDED AS AN ADJUSTMENT TO REVENUE, NOT BAD DEBT EXPENSE
PART III, LINE 3	METHODOLOGY FOR DETERMINING THE AMOUNT OF BAD DEBT LIKELY ATTRIBUTABLE TO CHARITY CARE AMOUNTS MAY BE INCLUDED IN BAD DEBT PENDING A CHARITY CARE DETERMINATION UPON ELIGIBILITY THESE AMOUNTS WOULD BE RECLASSIFIED AS CHARITY CARE

Form and Line Reference	Explanation
PART III, LINE 4	AUDIT FOOTNOTE 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 AUDIT FOOTNOTE THE ORGANIZATION IS AN AFFILIATE OF SUTTER HEALTH WHICH UNDERWENT A SYSTEM-WIDE AUDIT THE AUDIT REPORT DOES NOT INCLUDE A BAD DEBT EXPENSE FOOTNOTE PROVISION FOR BAD DEBTS IS LISTED ON A SEPARATE LINE ITEM IN THE FINANCIAL STATEMENTS THE AUDIT DOES INCLUDE FOOTNOTES FOR PATIENT ACCOUNTS RECEIVABLE AND PATIENT SERVICE REVENUES LISTED BELOW PATIENT ACCOUNTS RECEIVABLE AUDIT FOOTNOTE SUTTER'S PRIMARY CONCENTRATION OF CREDIT RISK IS PATIENT ACCOUNTS RECEIVABLE, WHICH CONSIST OF AMOUNTS OWED BY VARIOUS GOVERNMENTAL AGENCIES, INSURANCE COMPANIES AND PRIVATE PATIENTS SUTTER MANAGES THE RECEIVABLES BY REGULARLY REVIEWING ITS PATIENT ACCOUNTS AND CONTRACTS AND BY PROVIDING APPROPRIATE ALLOWANCES FOR UNCOLLECTIBLE AMOUNTS 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% AND 89% OF SELF-PAY ACCOUNTS RECEIVABLE AT DECEMBER 31, 2013 AND 2012 RESPECTIVELY 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 MEDICARE 33% AS OF 12/31/13 29% AS OF 12/31/12 MEDI-CAL 21% AS OF 12/31/13 23% AS OF 12/31/12 DURING 2013 AND 2012, 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 THE ESTIMATION MAY CHANGES BY A MATERIAL AMOUNT IN THE NEAR TERM PATIENT SERVICE REVENUES FOOTNOTE PATIENT SERVICE REVENUES ARE REPORTED AT THE ESTIMATED NET REALIZABLE AMOUNTS FROM PATIENTS, THIRD-PARTY 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 GOVERNMENTAL AGENCIES PATIENT SERVICE REVENUES LESS PROVISION FOR BAD DEBTS ARE REPORTED NET OF THE PROVISION FOR BAD DEBTS ON THE CONSOLIDATED STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS SUTTER'S SELF-PAY WRITE-OFFS WERE $375 MILLION AND $370 MILLION FOR 2013 AND 2012, RESPECTIVELY
PART III, LINE 7	MEDICARE COSTS MEDICARE COST REPORTS THAT THE ORGANIZATION FILES DO NOT INCLUDE ALL OF THE COSTS REQUIRED TO TREAT MEDICARE PATIENTS

Form and Line Reference	Explanation
PART III, LINE 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
PART III, LINE 9B	DEBT COLLECTION POLICY 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

Form and Line Reference	Explanation
PART VI, LINE 2	NEEDS ASSESSMENT CALIFORNIA PACIFIC MEDICAL CENTER (REPORTING GROUP A) DURING 2013, A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) FOR THE CITY AND COUNTY OF SAN FRANCISCO WAS CONDUCTED BY CPMC, THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH, LOCAL NONPROFIT HOSPITALS AND ACADEMIC PARTNERS, AND MORE THAN 500 COMMUNITY RESIDENTS SERVING CALIFORNIA'S ONLY CONSOLIDATED CITY AND COUNTY AND A DIVERSE POPULATION OF 805,235 RESIDENTS, THE PARTNERS MADE EVERY EFFORT TO CREATE A COMMUNITY-ORIENTED PROCESS ALIGNED WITH THE FOLLOWING VALUES - TO FACILITATE ALIGNMENT OF SAN FRANCISCO'S PRIORITIES, RESOURCES, AND ACTIONS TO IMPROVE HEALTH AND WELL-BEING - TO ENSURE THAT HEALTH EQUITY IS ADDRESSED THROUGHOUT PROGRAM PLANNING AND SERVICE DELIVERY - TO PROMOTE COMMUNITY CONNECTIONS THAT SUPPORT HEALTH AND WELL-BEING THE MEMBERS OF THIS COMMUNITY BENEFIT PARTNERSHIP, WITH A LONG HISTORY OF SUCCESSFUL COLLABORATION, AGREED TO TACKLE A NEW REQUIREMENT UNDER THE AFFORDABLE CARE ACT TO IDENTIFY AND PRIORITIZE COMMUNITY HEALTH NEEDS THIS EFFORT IS NOT UNFAMILIAR TO SAN FRANCISCO'S NONPROFIT HOSPITALS, AS THEY HAVE UNDERGONE A SIMILAR PROCESS EVERY THREE YEARS SINCE CALIFORNIA SENATE BILL 697 WAS PASSED IN 1994, FOR MORE THAN A DECADE THIS COLLABORATIVE HAS CONDUCTED COLLECTIVE COMMUNITY NEEDS ASSESSMENTS HELPFUL TO THIS YEAR'S PROCESS WAS THE NUMBER OF SIMILAR EFFORTS BEING UNDERTAKEN TO ASSESS COMMUNITY HEALTH NEEDS AND IMPROVEMENT STRATEGIES, SUCH AS THE HEALTH CARE SERVICES MASTER PLAN AND ACCREDITATION FOR THE SAN FRANCISCO PUBLIC HEALTH DEPARTMENT TO LEVERAGE RESOURCES REQUIRED FOR THESE ENDEAVORS, THE COMMUNITY BENEFIT PARTNERSHIP MADE USE OF A COMMUNITY-DRIVEN PROCESS THAT ENGAGED MORE THAN 500 COMMUNITY RESIDENTS AND LOCAL PUBLIC HEALTH SYSTEM PARTNERS WHO IDENTIFIED THE FOLLOWING KEY HEALTH PRIORITIES FOR ACTION - ENSURE SAFE AND HEALTHY LIVING ENVIRONMENTS - INCREASE HEALTHY EATING AND PHYSICAL ACTIVITY - INCREASE ACCESS TO HIGH-QUALITY HEALTH CARE AND SERVICES FROM JULY 2011 UNTIL FEBRUARY 2013, THE PARTNERS ENGAGED IN A PROCESS TO A) AGREE ON DATA ELEMENTS AND INDICATORS TO BE COLLECTED B) DETERMINE THE PARTIES RESPONSIBLE TO COLLECT THOSE DATA C) AGREE ON METHODS TO SOLICIT AND INCORPORATE COMMUNITY INPUT D) SHARE FINDINGS E) IDENTIFY PRIORITIZATION CRITERIA TO BE USED F) CONDUCT THE PRIORITIZATION PROCESS G) GET COMMUNITY STAKEHOLDERS' INPUT ON STRATEGIES TO ADDRESS THE HEALTH NEEDS TO YIELD A REPRESENTATIVE AND TRANSPARENT ASSESSMENT PROCESS, THE COMMUNITY BENEFIT PARTNERSHIP SOUGHT TO ENGAGE A RANGE OF COMMUNITY RESIDENTS AND LOCAL PUBLIC HEALTH SYSTEM PARTNERS AT EACH STEP SPECIFICALLY - COMMUNITY RESIDENTS FROM EACH OF SAN FRANCISCO'S 21 NEIGHBORHOOD AREAS CAME TOGETHER FOR A DAY-LONG EVENT TO DISCUSS THEIR VIEWS OF HEALTH AND THEIR HOPES FOR SAN FRANCISCO'S HEALTH FUTURE THIS RESULTED IN ELEMENTS OF A COMMUNITY-GUIDED HEALTH VISION FOR THE CITY AND COUNTY OF SAN FRANCISCO - SFDPH CONVENED A 42-MEMBER TASK FORCE TO SUPPORT SAN FRANCISCO'S CHA AND A PARALLEL EFFORT, THE HEALTH CARE SERVICES MASTER PLAN (HCSMP) TASK FORCE MEMBERS REPRESENTED A RANGE OF COMMUNITY STAKEHOLDERS SUCH AS HOSPITALS/CLINICS, K-12 EDUCATION, SMALL BUSINESS, URBAN PLANNING, CONSUMER GROUPS, NONPROFITS REPRESENTING DIFFERENT ETHNIC MINORITY GROUPS, AND MORE TO ENSURE COMMUNITY PARTICIPATION IN THE HCSMP AND CHA PROCESSES, THE TASK FORCE MET A TOTAL OF 10 TIMES BETWEEN JULY 2011 AND MAY 2012 - FOUR OF THOSE IN DIFFERENT SAN FRANCISCO NEIGHBORHOODS - AND ENGAGED MORE THAN 100 COMMUNITY RESIDENTS IN DIALOGUE TO BETTER DETERMINE HOW TO IMPROVE THE HEALTH OF ALL SAN FRANCISCANS WITH A PARTICULAR FOCUS ON THE CITY/COUNTY'S MOST VULNERABLE POPULATIONS TO ENCOURAGE COMMUNITY DIALOGUE, TASK FORCE NEIGHBORHOOD MEETINGS TOOK PLACE IN THE EVENING, AND SFDPH PROVIDED INTERPRETATION SERVICES IN SPANISH AND CANTONESE - SAN FRANCISCO ENGAGED 224 COMMUNITY RESIDENTS IN FOCUS GROUPS AND INTERVIEWED 40 COMMUNITY STAKEHOLDERS TO LEARN MORE ABOUT SAN FRANCISCANS' DEFINITIONS OF HEALTH AND WELLNESS AS WELL AS THEIR PERCEPTIONS OF SAN FRANCISCO'S STRENGTHS VERSUS AREAS FOR HEALTH IMPROVEMENT FOCUS GROUPS TARGETED SAN FRANCISCO SUBPOPULATIONS (SENIORS AND PERSONS WITH DISABILITIES, TRANSGENDERED PEOPLE, MONOLINGUAL SPANISH SPEAKERS, AND TEENS) AND SPECIFIC NEIGHBORHOODS (BAYVIEW HUNTERS POINT, CHINATOWN, EXCELSIOR, MISSION, SUNSET/RICHMOND, AND TENDERLOIN) FOCUS GROUP PARTICIPANTS GREATLY INFORMED SAN FRANCISCO'S HEALTH VISION AS WELL AS THE COMMUNITY THEMES AND STRENGTHS ASSESSMENT - A 10-MEMBER DATA ADVISORY COMMITTEE COMPRISED OF LOCAL PUBLIC HEALTH SYSTEM PARTNERS, RESIDENTS, AND SFDPH STAFF OVERSAW THE SELECTION OF DATA INDICATORS FOR THE COMMUNITY HEALTH STATUS ASSESSMENT (CHSA) THIS BODY ALSO ENSURED THE INTEGRITY OF THE CHSA'S METHODOLOGY AND QUANTITATIVE DATA - IN JUNE 2013, THE CHIP AND CHNA WERE PUBLICLY LAUNCHED AT THE MAYOR'S BREAKFAST ATTENDED BY 400 COMMUNITY PARTNERS SECONDARY DATA WERE GATHERED WITH THE ASSISTANCE OF HARDER+COMPANY THE REPORT "COMMUNITY HEALTH STATUS ASSESSMENT CITY AND COUNTY OF SAN FRANCISCO" WAS COMPLETED IN JULY 2012 THE HEALTH INDICTORS, SELECTED BY MEMBERS OF THE LEADERSHIP GROUP WITHIN THE COALITION, AS WELL AS EACH INDICATOR'S DATA SOURCE, ARE ALSO INCLUDED IN THE REPORT THE PARTNERS CONDUCTED FOUR HEALTH ASSESSMENTS TO IDENTIFY COMMUNITY HEALTH NEEDS AND INFORM HEALTH PRIORITY SELECTION COMMUNITY THEMES AND STRENGTHS ASSESSMENT, LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT, FORCES OF CHANGE ASSESSMENT, AND A COMMISSIONED COMMUNITY HEALTH STATUS ASSESSMENT ONCE COLLECTED, SFDPH STAFF GROUPED DATA BY COMMON THEMES GROUPING LIKE DATA POINTS THE ENTIRE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT FOR CALIFORNIA PACIFIC MEDICAL CENTER IS AVAILABLE AT HTTP //WWW SUTTERHEALTH ORG/COMMUNITYBENEFIT/COMMUNITY-NEEDS-ASSESSMENT HT ML NOVATO COMMUNITY HOSPITAL NOVATO COMMUNITY HOSPITAL (NCH) AND HEALTHY MARIN PARTNERSHIP (HMP) HAVE CONDUCTED COMMUNITY NEEDS ASSESSMENTS SINCE 1995 TO COMPLY WITH THE CALIFORNIA OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT THE 2013 CHNA RESULTED IN A RE- EXAMINATION OF OUR PROCESS AND ATTENTION TO COMMUNITY INPUT, TRANSPARENCY, SUBJECT MATTER EXPERTISE AND DATA COLLECTION HMP CONDUCTED A COMMUNITY CONVENING OF MORE THAN 30 REPRESENTATIVES OF UNDERSERVED COMMUNITIES, PUBLIC HEALTH EXPERTS, AND COMMUNITY LEADERS THEY PRESENTED THE GROUP WITH EXTENSIVE DATA, KEY INFORMANT INTERVIEWS AND COMMUNITY FOCUS GROUPS RESULTS THE GROUP WAS ENGAGED IN A PROCESS TO EXAMINE AND DISCUSS THE INFORMATION AS A FINAL STEP THEY IDENTIFIED THE FOLLOWING MARIN COUNTY HEALTH NEEDS IN PRIORITY ORDER 1 MENTAL HEALTH 2 SUBSTANCE ABUSE 3 ACCESS TO HEALTH CARE/MEDICAL HOMES/HEALTH CARE COVERAGE 4 SOCIOECONOMIC STATUS (INCOME, EMPLOYMENT, EDUCATION LEVEL) 5 HEALTHY EATING AND ACTIVE LIVING (NUTRITION/HEALTHY FOOD/FOOD ACCESS/PHYSICAL ACTIVITY 6 SOCIAL SUPPORTS (FAMILY AND COMMUNITY SUPPORT SYSTEMS AND SERVICES, CONNECTEDNESS) 7 CANCER 8 HEART DISEASE THE NOVATO COMMUNITY HOSPITAL SERVICE AREA INCLUDES THE NORTHERN CALIFORNIA COUNTY OF MARIN AND PARTS OF SOUTHERN SONOMA COUNTY FOR PURPOSES OF THIS CHNA, ACTIVITIES WERE RESTRICTED TO RESIDENTS WITHIN THE BORDERS OF MARIN COUNTY THE COUNTY OF SONOMA IS ADDRESSED BY SUTTER MEDICAL CENTER OF SANTA ROSA MARIN'S THREE NOT-FOR-PROFIT HOSPITALS, MARIN GENERAL HOSPITAL, NOVATO COMMUNITY HOSPITAL AND KAISER PERMANENTE COLLABORATED WITH HMP TO COMPLETE THE CHNA THE PROCESS INCLUDED FOUR PRIMARY ACTIVITIES 1 KEY INFORMANT INTERVIEWS (PUBLIC HEALTH EXPERTS AND COMMUNITY LEADERS) 2 FOCUS GROUPS (UNDERSERVED COMMUNITIES IN ENGLISH AND SPANISH, WITH ADDITIONAL TRANSLATION AVAILABLE) 3 THE HMP COMMUNITY CONVENING (EXPERTS, LEADERS, AND RESIDENTS) 4 A COMPREHENSIVE DATA REVIEW OF 153 HEALTH INDICATORS FINDINGS WERE COMPARED TO STATE AND NATIONAL AVERAGES AND, WHEN POSSIBLE MAPPED BY CENSUS TRACTS TO SHOW VARIATIONS AMONG GEOGRAPHIC AREAS ACROSS THE COUNTY THE ENTIRE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT FOR NOVATO COMMUNITY HOSPITAL IS AVAILABLE AT HTTP //WWW SUTTERHEALTH ORG/COMMUNITYBENEFIT/COMMUNITY-NEEDS-ASSESSMENT HT ML SUTTER LAKESIDE HOSPITAL A COMMUNITY HEALTH NEEDS ASSESSMENT BUILDS THE FOUNDATION FOR ALL COMMUNITY HEALTH PLANNING, AND PROVIDES APPROPRIATE INFORMATION ON WHICH POLICYMAKERS, PROVIDER GROUPS, AND COMMUNITY ADVOCATES CAN BASE IMPROVEMENT EFFORTS, IT CAN ALSO INFORM FUNDERS ABOUT DIRECTING GRANT DOLLARS MOST APPROPRIATELY IN 2012-2013, A COLLABORATIVE THAT INCLUDED THE TWO LAKE COUNTY HOSPITALS, ST HELENA CLEAR LAKE AND SUTTER LAKESIDE, JOINED BY PUBLIC HEALTH AND OTHER LOCAL ORGANIZATIONS, RETAINED BARBARA AVED ASSOCIATES (BAA) TO UPDATE THE COMMUNITY HEALTH NEEDS ASSESSMENT BAA CONDUCTED IN 2010 THE PURPOSE OF THE STUDY WAS TO EXAMINE RELEVANT COMMUNITY HEALTH INDICATORS, IDENTIFY THE HIGHEST UNMET NEEDS AND PRIORITIZE AREAS FOR IMPROVING COMMUNITY HEALTH THE ASSESSMENT MEETS THE PROVISIONS IN THE PATIENT PROTECTION AND AFFORDABLE CARE ACT (ACA
PART VI, LINE 3	PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE SUTTER WEST BAY HOSPITALS FOLLOW 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 - 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) - PATIENTS WHO THE HOSPITAL IDENTIFIES MAY BE UNINSURED WITH A FINANCIAL ASSISTANCE APPLICATION SUBSTANTIALLY SIMILAR TO THE SUTTER HEALTH STANDARDIZED FINANCIAL ASSISTANCE APPLICATION, "STATEMENT OF FINANCIAL CONDITION" 2 EMERGENCY SERVICES IN THE CASE OF EMERGENCY SERVICES, HOSPITAL AFFILIATES SHALL PROVIDE THE ABOVE INFORMATION AS SOON AS PRACTICABLE AFTER STABILIZATION OF THE PATIENT'S EMERGENCY MEDICAL CONDITION OR UPON DISCHARGE 3 ALL OTHER TIMES UPON REQUEST, HOSPITAL AFFILIATES SHALL PROVIDE PATIENTS WITH INFORMATION ABOUT THEIR RIGHT TO REQUEST AN ESTIMATE OF THEIR FINANCIAL RESPONSIBILITY FOR SERVICES, THE SUTTER HEALTH STANDARDIZED FINANCIAL ASSISTANCE APPLICATION FORM, "STATEMENT OF FINANCIAL CONDITION" B POSTINGS AND OTHER NOTICES INFORMATION ABOUT FINANCIAL ASSISTANCE SHALL ALSO BE PROVIDED AS FOLLOWS 1 BY POSTING NOTICES IN A VISIBLE MANNER IN LOCATIONS WHERE THERE IS A HIGH VOLUME OF INPATIENT OR OUTPATIENT ADMITTING/REGISTRATION, INCLUDING BUT NOT LIMITED TO THE EMERGENCY DEPARTMENT, BILLING OFFICES, ADMITTING OFFICE, AND OTHER HOSPITAL OUTPATIENT SERVICE SETTINGS 2 BY POSTING INFORMATION ABOUT FINANCIAL ASSISTANCE ON THE SUTTER HEALTH WEBSITE AND EACH HOSPITAL AFFILIATE WEBSITE, IF ANY 3 BY INCLUDING INFORMATION ABOUT FINANCIAL ASSISTANCE IN BILLS THAT ARE SENT TO UNINSURED PATIENTS 4 BY INCLUDING LANGUAGE ON BILLS SENT TO UNINSURED PATIENTS AS SPECIFICALLY SET FORTH IN THE MANAGEMENT OF PATIENT ACCOUNTS RECEIVABLE, COLLECTION PRACTICES, HOSPITAL AFFILIATE THIRD-PARTY LIENS, AND AFFILIATE DISPUTE INITIATION POLICY (FINANCE POLICY 14-227) C APPLICATIONS PROVIDED AT DISCHARGE IF NOT PREVIOUSLY PROVIDED, HOSPITAL AFFILIATES SHALL PROVIDE UNINSURED PATIENTS WITH APPLICATIONS FOR MEDI-CAL, HEALTHY FAMILIES, CALIFORNIA CHILDREN'S SERVICES, OR ANY OTHER POTENTIALLY APPLICABLE GOVERNMENT PROGRAM AT THE TIME OF DISCHARGE D LANGUAGES ALL NOTICES/COMMUNICATIONS PROVIDED IN THIS SECTION SHALL BE AVAILABLE IN THE PRIMARY LANGUAGE(S) OF THE AFFILIATE'S SERVICE AREA AND IN A MANNER CONSISTENT WITH ALL APPLICABLE FEDERAL AND STATE LAWS AND REGULATIONS E 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

Form and Line Reference	Explanation
PART VI, LINE 4	CALIFORNIA PACIFIC MEDIICAL FOUNDATION (REPORTING GROUP A) THE HOSPITAL SERVICE AREA FOR CALIFORNIA PACIFIC MEDICAL CENTER INCLUDES ALL POPULATIONS RESIDING IN THE CITY AND COUNTY OF SAN FRANCISCO THERE ARE 12 HOSPITALS SERVING THE COMMUNITY THE TOTAL POPULATION OF CPMC'S HOSPITAL SERVICE AREA IS 805,235 48 5% OF THE POPULATION IS WHITE 15 1% IS LATINO 6 1% IS AFRICAN AMERICAN 33 7% IS ASIAN AND PACIFIC ISLANDER 0 5% IS NATIVE AMERICAN MEDIAN AGE IS 38 2 YEARS AVERAGE HOUSEHOLD INCOME IS $73,127 11 86% OF THE POPULATION IS LIVING IN POVERTY 15% OF CHILDREN ARE LIVING IN POVERTY 9 5% OF THE POPULATION IS UNEMPLOYED 11 53% OF THE POPULATION IS UNINSURED 27 59% IS LIVING UNDER 200% POVERTY LEVEL 24 78% IS LINGUISTICALLY ISOLATED AND 14 29% OF THE POPULATION HAS NO HIGH SCHOOL DIPLOMA (SOURCES HTTP //WWW COUNTYHEALTHRANKINGS ORG, HTTP //WWW CHNA ORG/KP, HTTP //WWW SFDPH ORG/DPH/FILES/REPORTS/POLICYPROCOFC/CHSA_10162012 PDF) AN IN-DEPTH VIEW OF THE DEMOGRAPHICS AND GEOGRAPHY OF THE SERVICE AREA IS AVAILABLE IN THE CALIFORNIA PACIFIC MEDICAL CENTER CHNA AT HTTP //WWW SUTTERHEALTH ORG/COMMUNITYBENEFIT/COMMUNITY-NEEDS-ASSESSMENT HT ML NOVATAO COMMUNITY HOSPITAL THE NOVATO COMMUNITY HOSPITAL SERVICE AREA INCLUDES THE NORTHERN CALIFORNIA COUNTY OF MARIN AND PARTS OF SOUTHERN SONOMA COUNTY FOR PURPOSES OF THIS STUDY, ACTIVITIES WERE RESTRICTED TO RESIDENTS WITHIN THE BORDERS OF MARIN COUNTY SUTTER MEDICAL CENTER OF SANTA ROSA ADDRESSES THE COUNTY OF SONOMA THERE ARE THREE HOSPITALS SERVING THE COMMUNITY THE NOVATO COMMUNITY HOSPITAL SERVICE AREA COMPRISES MARIN COUNTY UNINCORPORATED AREAS AND CITIES INCLUDING BELVEDERE, CORTE MADERA, FAIRFAX, LARKSPUR, MILL VALLEY, NOVATO, ROSS, SAN ANSELMO, SAN RAFAEL, SAUSALITO, AND TIBURON AND THE COASTAL TOWNS OF STINSON BEACH, BOLINAS, POINT REYES, INVERNESS, MARSHALL, AND TAMALES THE TOTAL POPULATION IN MARIN COUNTY IS 352,544 WHITES MAKE UP 81 94% OF MARIN COUNTY'S POPULATION 16 68% ARE LATINO 2 38% ARE AFRICAN AMERICAN 5 33% ARE ASIAN AND PACIFIC ISLANDER 0 36% ARE NATIVE AMERICAN (DATA SOURCE US CENSUS BUREAU, 2006-2010 AMERICAN COMMUNITY SURVEY 5-YEAR ESTIMATE KFH-SAN RAFAEL SERVICE AREA DATA) MEDIAN AGE IS 44 YEARS, WITH 15 47% OF THE POPULATION OVER THE AGE OF 65 91 68% OF THE POPULATION GRADUATED ON TIME FROM HIGH SCHOOL 9 22% OF CHILDREN LIVE IN POVERTY THE MEDIAN HOUSEHOLD INCOME IS $89,268 9 36% OF THE POPULATION HAVE NO HIGH SCHOOL DIPLOMA 8 6% OF THE POPULATION ARE MEDI-CAL/MEDI-CAID RECIPIENTS THE UNEMPLOYMENT RATE IS 6 16% 10 0% ARE UNINSURED, AND 11 33% LACK A SOURCE OF CONSISTENT PRIMARY CARE MARIN COUNTY IS A HEALTHY AND AFFLUENT COUNTY COMPARED TO CALIFORNIA, AND THE NATION, AS A WHOLE HOWEVER, A SUB-COUNTY GEOGRAPHIC QUANTITATIVE AND QUALITATIVE DATA ANALYSIS IDENTIFIES DISPARITIES IN SOCIOECONOMIC STATUS THAT LIMIT ACCESS TO HEALTH CARE AND THE CAPACITY OF SOME RESIDENTS TO MAKE CHOICES THAT CONTRIBUTE TO A HEALTHY LIFESTYLE AN IN-DEPTH VIEW OF THE DEMOGRAPHICS OF THE SERVICE AREA IS AVAILABLE IN THE NOVATO COMMUNITY HOSPITAL'S CHNA AT HTTP //WWW SUTTERHEALTH ORG/COMMUNITYBENEFIT/COMMUNITY-NEEDS-ASSESSMENT HT ML SUTTER LAKESIDE HOSPITALS SUTTER LAKESIDE HOSPITAL'S HOSPITAL SERVICE AREA IS DEFINED AS LAKE COUNTY THERE ARE TWO HOSPITALS SERVING THE COMMUNITY LAKE COUNTY IS LOCATED IN NORTHERN CALIFORNIA JUST TWO HOURS BY CAR FROM THE SAN FRANCISCO BAY AREA, THE SACRAMENTO VALLEY, OR THE PACIFIC COAST THE COUNTY'S ECONOMY IS BASED LARGELY ON TOURISM AND RECREATION, DUE TO THE ACCESSIBILITY AND POPULARITY OF ITS SEVERAL LAKES AND ACCOMPANYING RECREATIONAL AREAS IT IS PREDOMINANTLY RURAL, ABOUT 100 MILES LONG BY ABOUT 50 MILES WIDE, AND INCLUDES THE LARGEST NATURAL LAKE ENTIRELY WITHIN CALIFORNIA BORDERS LAKE COUNTY IS MOSTLY AGRICULTURAL, WITH TOURIST FACILITIES AND SOME LIGHT INDUSTRY MAJOR CROPS INCLUDE PEARS, WALNUTS AND, INCREASINGLY, WINE GRAPES DOTTED WITH VINEYARDS AND WINERIES, ORCHARDS AND FARM STANDS, AND SMALL TOWNS, THE COUNTY IS HOME TO CLEAR LAKE, CALIFORNIA'S LARGEST NATURAL FRESHWATER LAKE, KNOWN AS "THE BASS CAPITAL OF THE WEST," AND MT KONOCTI, WHICH TOWERS OVER CLEAR LAKE WITHIN LAKE COUNTY THERE ARE TWO INCORPORATED CITIES, THE COUNTY SEAT OF LAKEPORT AND THE CITY OF CLEARLAKE, THE LARGEST CITY, AND THE COMMUNITIES OF BLUE LAKES, CLEARLAKE OAKS, COBB, FINLEY, GLENHAVEN, HIDDEN VALLEY LAKE, KELSEYVILLE, LOCH LOMOND, LOWER LAKE, LUCERNE, NICE, MIDDLETOWN, SPRING VALLEY, ANDERSON SPRINGS, UPPER LAKE, AND WITTER SPRINGS LAKE COUNTY IS BORDERED BY MENDOCINO AND SONOMA COUNTIES ON THE WEST, GLENN, COLUSA AND YOLO COUNTIES ON THE EAST, AND NAPA COUNTY ON THE SOUTH THE TWO MAIN TRANSPORTATION CORRIDORS THROUGH THE COUNTY ARE STATE ROUTES 29 AND 20 STATE ROUTE 29 CONNECTS NAPA COUNTY WITH LAKEPORT AND STATE ROUTE 20 TRAVERSES CALIFORNIA AND PROVIDES CONNECTIONS TO HIGHWAY 101 AND INTERSTATE 5 ACCORDING TO CALIFORNIA LABOR MARKET DATA ABOUT COUNTY-TO-COUNTY COMMUTE PATTERNS (WHICH HAVE NOT BEEN UPDATED SINCE 2000), THE TOTAL NUMBER OF WORKERS THAT LIVE AND WORK IN LAKE IS 15,566 PERSONS THE TOTAL FOR WORKERS COMMUTING IN WAS 1,046, AND 4,320 WORKERS COMMUTED OUT ABOUT 67% OF PEOPLE WHO LIVE IN LAKE COUNTY ALSO WORK WITHIN THE COUNTY WHILE THE POPULATION SIZE OF LAKE COUNTY WAS ESTIMATED AT 64,394 RESIDENTS IN JULY 2012, THE POPULATION CAN SWELL WITH DAYTIME WORK COMMUTERS AND SEASONAL TOURISTS DEMOGRAPHICS - POPULATION CHANGE IS MOSTLY STATIC ESTIMATES OF ANNUAL PERCENT CHANGE BETWEEN JANUARY 2011 AND JANUARY 2012 SHOW ZERO GROWTH FOR THE COUNTY OVERALL - WITH 21% OF RESIDENTS OVER THE AGE OF 65, THE COUNTY HAS NEARLY TWICE THE PROPORTION OF OLDER RESIDENTS THAN CALIFORNIA AS A WHOLE THE OVER-AGE-60 GROUP IS ESTIMATED TO INCREASE 59% FROM 2010 TO 2030 THE ANTICIPATED SIGNIFICANT GROWTH IN THIS AGE GROUP WILL PUT A LARGER BURDEN ON THE HEALTH CARE SYSTEM AND LOCAL ECONOMY, WHICH MAY NOT HAVE SUFFICIENT COMMUNITY SERVICES OR TAX BASE TO SUPPORT IT - LAKE COUNTY'S POPULATION IS PROJECTED TO BECOME INCREASINGLY CULTURALLY DIVERSE IN COMING YEARS FOR EXAMPLE, THE HISPANIC POPULATION IS PROJECTED TO INCREASE SLIGHTLY MORE THAN 3-FOLD AND PERSONS IDENTIFYING AS MULTI-RACE BY ABOUT 2-FOLD FROM 2010 TO 2050 SOCIOECONOMIC FACTORS - RECOVERY FROM THE RECESSION HAS BEEN SLOW, 21 4% (UP FROM 17 9% IN 2008) OF LAKE COUNTY RESIDENTS, ONE-THIRD HIGHER THAN THE STATE AVERAGE, LIVED BELOW THE FEDERAL POVERTY LEVEL IN 2011 - ONE-THIRD OF THE POPULATION WAS REPORTED TO BE "FOOD INSECURE " AND, IN 2011, 61% OF STUDENTS ACROSS THE COUNTY WERE RECEIVING FREE-REDUCED PRICE LUNCHES THESE FINDINGS, HOWEVER, SHOWED SLIGHT IMPROVEMENT FROM THE PRIOR ASSESSMENT PERIOD - THE PROPORTION OF THE NON ELDERLY POPULATION (AGES 0-64) WHO WERE UNINSURED ALL OR PART OF THE YEAR IN LAKE COUNTY IS VERY SIMILAR TO THE STATEWIDE AVERAGE - THERE WERE FEWER UNINSURED CHILDREN IN LAKE COUNTY THAN IN CALIFORNIA IN 2009, BUT THE PERCENTAGE COVERED BY EMPLOYMENT-BASED INSURANCE, 44 5%, WAS LOWER THAN THE STATE AVERAGE - LAKE COUNTY HAS THE HIGHEST PERCENTAGE OF SENIORS COVERED BY A COMBINATION OF MEDICARE AND MEDI-CAL IN THE NORTHERN AND SIERRA COUNTIES REGION IT HAS THE SECOND LOWEST PERCENTAGE OF SENIORS THAT HAVE PRIVATE SUPPLEMENTAL COVERAGE IN ADDITION TO MEDICARE - MORE PEOPLE IN LAKE COUNTY, 86 3%, COMPARED TO CALIFORNIA, 80 7%, HAVE COMPLETED HIGH SCHOOL OR HIGHER - LAKE COUNTY'S OVERALL HIGH SCHOOL DROPOUT RATE IN 2011-12, 2 8%, WAS MORE FAVORABLE THAN THE STATEWIDE RATE OF 4 0%, BUT SLIGHTLY HIGHER THAN THE PRIOR SCHOOL YEAR NATIVE AMERICAN AND AFRICAN AMERICAN STUDENTS DROP OUT OF SCHOOL AT HIGHER RATES THAN THE OVERALL COUNTY AVERAGE AN IN-DEPTH VIEW OF THE DEMOGRAPHICS AND GEOGRAPHY OF THE SERVICE AREA IS AVAILABLE IN THE HOSPITAL CHNA AT HTTP //WWW SUTTERHEALTH ORG/COMMUNITYBENEFIT/COMMUNITY-NEEDS-ASSESSMENT HT ML SUTTER MEDICAL CENTER SANTA ROSA SUTTER MEDICAL CENTER OF SANTA ROSA'S HOSPITAL SERVICE AREA IS DEFINED AS SONOMA COUNTY THERE ARE THREE HOSPITALS SERVING THE COMMUNITY DEMOGRAPHIC OVERVIEW SONOMA COUNTY IS A LARGE, URBAN-RURAL COUNTY ENCOMPASSING 1,575 SQUARE MILES THE COUNTY'S TOTAL POPULATION IS CURRENTLY ESTIMATED AT 487,011 ACCORDING TO PROJECTIONS FROM THE CALIFORNIA DEPARTMENT OF FINANCE, COUNTY POPULATION IS PROJECTED TO GROW BY 8 3% TO 546,204 IN 2020 THIS RATE OF GROWTH IS LESS THAN THAT PROJECTED FOR CALIFORNIA AS A WHOLE (10 1%) GEOGRAPHIC DISTRIBUTION OF POPULATION SONOMA COUNTY RESIDENTS INHABIT NINE CITIES AND A LARGE UNINCORPORATED AREA, INCLUDING MANY GEOGRAPHICALLY ISOLATED COMMUNITIES THE MAJORITY OF THE COUNTY'S POPULATION RESIDES WITHIN ITS CITIES, THE LARGEST OF WHICH ARE CLUSTERED ALONG THE HIGHWAY 101 CORRIDOR SANTA ROSA IS THE LARGEST CITY WITH A POPULATION OF 168,841 AND IS THE SERVICE HUB FOR THE ENTIRE COUNTY AND THE LOCATION OF THE COUNTY'S THREE MAJOR HOSPITALS SONOMA COUNTY'S UNINCORPORATED AREAS ARE HOME TO 146,739 RESIDENTS, 30 1% OF THE TOTAL POPULATION A SIGNIFICANT NUM
PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH CALIFORNIA PACIFIC MEDICAL CENTER (REPORTING GROUP A) 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 2013 - 2015 IMPLEMENTATION STRATEGY FOR CALIFORNIA PACIFIC MEDICAL CENTER DEFINES A VARIETY OF PROGRAMS AND PARTNERSHIPS THAT ADDRESS IDENTIFIED PRIORITY HEALTH NEEDS AND IMPROVE THE OVERALL HEALTH OF THE COMMUNITY IT SERVES A FEW OF THOSE PROGRAMS AND PARTNERSHIPS ARE DESCRIBED BELOW CPMC'S ST LUKE'S HEALTH CARE CENTER (SLHCC) PROVIDES A FULL RANGE OF OBSTETRIC AND GYNECOLOGICAL CARE AT ITS WOMEN'S CENTER, WELL-BABY CARE, WELL-CHILD CARE, AND CARE FOR ILL OR INJURED CHILDREN AT ITS PEDIATRIC CLINIC, AND PRIMARY, ACUTE AND CHRONIC CARE AT ITS ADULT INTERNAL MEDICINE CLINIC FOR TEENAGERS AND ADULTS SLHCC'S CLINICIANS AND STAFF ARE BILINGUAL IN ENGLISH AND SPANISH, ENSURING CULTURALLY COMPETENT AND SENSITIVE CARE SLHCC IS ANTICIPATED TO IMPROVE ACCESS TO CARE FOR UNINSURED AND UNDERINSURED PATIENTS RESIDING IN COMMUNITIES SOUTH OF MARKET STREET IN SAN FRANCISCO CPMC'S KALMANOVITZ CHILD DEVELOPMENT CENTER (KCDC) PROVIDES DIAGNOSIS, EVALUATION, TREATMENT AND COUNSELING FOR CHILDREN AND ADOLESCENTS WITH LEARNING DISABILITIES AND DEVELOPMENTAL OR BEHAVIORAL PROBLEMS CAUSED BY PREMATURITY, AUTISM SPECTRUM DISORDER, EPILEPSY, DOWN SYNDROME, ATTENTION DEFICIT DISORDER, OR CEREBRAL PALSY ITS COMPREHENSIVE ASSESSMENTS AND ONGOING THERAPY PROGRAMS INCLUDE THE FOLLOWING DISCIPLINES DEVELOPMENTAL/BEHAVIORAL PEDIATRICS, PSYCHOLOGY AND PSYCHIATRY, SPEECH/LANGUAGE AND AUDITORY PROCESSING, OCCUPATIONAL THERAPY, BEHAVIOR MANAGEMENT CONSULTATIONS, EARLY INTERVENTION/ PARENT-INFANT PROGRAM, SOCIAL SKILLS GROUPS, FEEDING ASSESSMENT AND THERAPY, ASSESSMENT AND THERAPY FOR THE NEONATAL INTENSIVE CARE UNIT AND ASSESSMENT FOR THE FOLLOW-UP CLINIC, EDUCATIONAL ASSESSMENT, THERAPY AND TREATMENT BESIDES OPERATING ITS OWN CLINICS, KCDC ALSO EXTENDS ITS SERVICES TO A LARGE NUMBER OF AT-RISK CHILDREN BY PARTNERING WITH LOCAL SCHOOLS AND OTHER COMMUNITY ORGANIZATIONS, SUCH AS DE MARILLAC ACADEMY, IMMACULATE CONCEPTION ACADEMY, AND FIRST 5 SAN FRANCISCO KCDC IS ANTICIPATED TO IMPROVE ACCESS TO CARE FOR UNINSURED AND UNDERINSURED PATIENTS RESIDING IN SAN FRANCISCO BAYVIEW CHILD HEALTH CENTER (BCHC) OFFERS ROUTINE PREVENTATIVE AND URGENT PEDIATRIC CARE IN ONE OF SAN FRANCISCO'S MOST MEDICALLY UNDERSERVED NEIGHBORHOODS, AND ADDRESSES PREVALENT COMMUNITY HEALTH ISSUES SUCH AS WEIGHT CONTROL AND ASTHMA MANAGEMENT THE CENTER IS PARTICULARLY ATTUNED TO THE IMPACT OF COMMUNITY VIOLENCE AND CHILDHOOD TRAUMA ON CHILDREN'S MENTAL AND PHYSICAL HEALTH THE CLINIC ALSO OFFERS PSYCHOLOGICAL AND CASE MANAGEMENT SERVICES TO FAMILIES THROUGH A PARTNERSHIP WITH THE CENTER FOR YOUTH WELLNESS DENTAL SERVICES ARE PROVIDED ON SITE THROUGH A PARTNERSHIP WITH THE NATIVE AMERICAN HEALTH CENTER THE CLINIC IS A COLLABORATION BETWEEN CPMC, SUTTER PACIFIC MEDICAL FOUNDATION, AND CPMC FOUNDATION CPMC'S AFRICAN AMERICAN BREAST HEALTH (AABH) AND SISTER TO SISTER PROGRAMS OFFER WOMEN MAMMOGRAPHY SCREENING AND ALL THE SUBSEQUENT BREAST HEALTH DIAGNOSTIC TESTING AND TREATMENT THEY MAY NEED AT NO COST PARTNERSHIP ORGANIZATIONS, SUCH AS BAYVIEW HUNTERS POINT SENIOR CENTER, CALVARY HILL COMMUNITY CHURCH, GLIDE HEALTH SERVICES, SAN FRANCISCO FREE CLINIC, AND CLINIC BY THE BAY, REFER UNINSURED, UNDERINSURED, DISADVANTAGED AND AT-RISK WOMEN FOR MAMMOGRAPHY SERVICES CPMC'S BREAST CENTER AT THE ST LUKE'S CAMPUS PROMOTES BREAST HEALTH IN UNDERSERVED COMMUNITIES BY PARTNERING WITH NEIGHBORHOOD CLINICS AND COMMUNITY AGENCIES, INCLUDING SOUTHEAST HEALTH CENTER, MISSION NEIGHBORHOOD HEALTH CENTER, AND LATINA BREAST CANCER AGENCY CPMC'S COMING HOME HOSPICE PROVIDES 24-HOUR CARE FOR TERMINALLY ILL CLIENTS AND THEIR FAMILIES IN A CARING, HOMELIKE SETTING CPMC ENSURES THAT HIGH-QUALITY RESIDENTIAL HOSPICE CARE IS ACCESSIBLE TO TERMINALLY ILL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY, BY COVERING THE DIFFERENCE BETWEEN THE FULL COST OF PROVIDING THESE SERVICES AND PATIENT REVENUE A KEY PART OF CPMC'S MEDI-CAL PROGRAM IS THE MEDI-CAL MANAGED CARE PARTNERSHIP WITH NORTH EAST MEDICAL SERVICES (NEMS) COMMUNITY CLINIC AND SAN FRANCISCO HEALTH PLAN (SFHP), A LICENSED COMMUNITY HEALTH PLAN THAT PROVIDES AFFORDABLE HEALTH CARE COVERAGE TO OVER 80,000 LOW- AND MODERATE-INCOME FAMILIES WORKING TOGETHER WITH NEMS, CPMC SERVED AS THE HOSPITAL PARTNER FOR 16,000 OF THESE MEDI-CAL BENEFICIARIES IN 2012, WHICH WAS 22% OF SFHP'S TOTAL MEMBERSHIP CPMC PARTICIPATES IN HEALTHY SAN FRANCISCO (HSF), A CITYWIDE PROGRAM THAT MAKES HEALTH CARE SERVICES ACCESSIBLE AND AFFORDABLE FOR UNINSURED SAN FRANCISCO RESIDENTS THROUGH PARTNERSHIPS WITH NORTH EAST MEDICAL SERVICES (NEMS) COMMUNITY CLINIC AND BROWN & TOLAND MEDICAL GROUP, CPMC PROVIDES FREE HOSPITALIZATION AND SELECT SPECIALTY CARE TO HSF PARTICIPANTS WHO ARE ENROLLED WITH NEMS OR BROWN & TOLAND AS THEIR MEDICAL HOME LIONS EYE FOUNDATION AND CPMC PARTNER TOGETHER TO PROVIDE HIGHLY SPECIALIZED EYE CARE PROCEDURES FREE OF CHARGE TO PEOPLE WITHOUT INSURANCE OR FINANCIAL RESOURCES CPMC PARTNERS WITH OPERATION ACCESS AND THE SAN FRANCISCO ENDOSCOPY CENTER TO PROVIDE ACCESS TO DIAGNOSTIC SCREENINGS, SPECIALTY PROCEDURES, AND SURGICAL CARE AT NO COST FOR UNINSURED BAY AREA PATIENTS WHO HAVE LIMITED FINANCIAL RESOURCES CPMC PHYSICIANS VOLUNTEER THEIR TIME TO PROVIDE THESE FREE SURGICAL SERVICES, WHILE THE HOSPITAL DONATES THE USE OF ITS OPERATING ROOMS CPMC ALSO PROVIDES A GRANT TO SUPPORT OPERATION ACCESS'S OPERATING COSTS CPMC ANNUALLY SPONSORS A PROJECT HOMELESS CONNECT EVENT WHERE CPMC STAFF AND OTHER VOLUNTEERS HELP TO PROVIDE MEDICAL AND SOCIAL SERVICES TO SAN FRANCISCO'S HOMELESS, INCLUDING PRIMARY MEDICAL CARE, EYE EXAMS, WHEELCHAIR REPAIR, DENTAL TREATMENT, SUBSTANCE ABUSE CONNECTIONS, AND EVEN ACUPUNCTURE AND MASSAGE HEALTHFIRST IS A CENTER FOR HEALTH EDUCATION AND DISEASE PREVENTION AFFILIATED WITH CPMC'S ST LUKE'S HEALTH CARE CENTER IT CONCENTRATES ON BEST PRACTICES IN CHRONIC DISEASE MANAGEMENT AND PARTICULARLY ON INTEGRATING COMMUNITY HEALTH WORKERS (CHWS) INTO THE MULTIDISCIPLINARY HEALTH CARE TEAM CHWS PROVIDE HEALTH EDUCATION, ASSIST PATIENTS TO IMPROVE THEIR SELF-MANAGEMENT SKILLS, AND ENCOURAGE THEM TO RECEIVE TIMELY AND COMPREHENSIVE CARE CHWS TEACH COMMUNITY WORKSHOPS IN HEALTHY EATING TO PARENTS OF CHILDREN AT RISK FOR OBESITY IN THE SOUTH OF MARKET, MISSION, AND BAYVIEW HUNTERS POINT DISTRICTS THEY ALSO TEACH CLASSES ON NUTRITION DESIGNED TO MANAGE CHRONIC ADULT DIABETES CPMC OFFERS A VARIETY OF YOUTH-BASED SERVICES FOR YOUTH, INCLUDING - AT BAYVIEW CHILD HEALTH CENTER, A NUTRITIONIST IS AVAILABLE TO HELP CHILDREN LEARN TO EAT HEALTHIER THROUGH HEALTH EDUCATION AND WEIGHT MANAGEMENT PROGRAMS - CPMC FUNDS FITNESS CONSULTANTS AT WILLIAM MCKINLEY ELEMENTARY SCHOOL TO DEVELOP AND IMPLEMENT A LUNCHTIME RECESS WELLNESS PROGRAM THAT INCLUDES MODERATE TO VIGOROUS ACTIVITIES FOR STUDENTS, EMPHASIZING TEAM BUILDING, SPORTSMANSHIP SKILLS, AND CONFLICT RESOLUTION AS WELL AS INTRODUCING HEALTHY NUTRITION AND FITNESS CONCEPTS THE FITNESS CONSULTANTS PROVIDE TRAINING TO INTERNS, MCKINLEY TEACHERS, AND LUNCHTIME MONITORS TO IMPLEMENT THE PROGRAM FOR SUSTAINABILITY - CPMC'S HEALTH CHAMPIONS PROJECT HAS PARTNERED WITH DE MARILLAC ACADEMY SINCE 2004, CREATING A HEALTHIER SCHOOL COMMUNITY FOR THESE CHILDREN FROM UNDERSERVED, LOW-INCOME FAMILIES IN THE TENDERLOIN AND OTHER AT-RISK COMMUNITIES IN SAN FRANCISCO BY COMBINING NUTRITION EDUCATION, FOOD SHOPPING AND PREPARATION WITH HANDS-ON PHYSICAL ACTIVITIES LIKE MOUNTAIN BIKING AND ROPE CLIMBING, THE PROGRAM ESTABLISHES A CULTURE OF HEALTH CONSCIOUSNESS AMONG STUDENTS, FAMILIES, TEACHERS, AND STAFF CPMC'S COMMUNITY HEALTH GRANTS AND SPONSORSHIPS PROGRAM SUPPORTS ORGANIZATIONS THAT PROMOTE SAFE AND HEALTHY LIVING ENVIRONMENTS SOME EXAMPLES INCLUDE - APA FAMILY SUPPORT SERVICES PROVIDES IN-HOME SUPPORT SERVICES TO ASIAN/PACIFIC ISLANDER CHILDREN AND FAMILIES TO PREVENT CHILD ABUSE AND DOMESTIC VIOLENCE - THE CENTER FOR YOUTH WELLNESS OFFERS PEDIATRIC CARE THAT ADDRESSES THE ROOT CAUSES OF POOR OUTCOMES FOR CHILDREN AND YOUTH IN HIGH-RISK COMMUNITIES, BASED ON EMERGING DATA ON HOW EXPOSURE TO POVERTY, DOMESTIC AND COMMUNITY VIOLENCE AND OTHER EARLY LIFE STRE

Form and Line Reference	Explanation
PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH (CONTINUED) SUTTER LAKESIDE HOSPITAL 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 2013-2015 IMPLEMENTATION STRATEGY FOR SUTTER LAKESIDE HOSPITAL DEFINES A VARIETY OF PROGRAMS AND PARTNERSHIPS THAT ADDRESS IDENTIFIED PRIORITY HEALTH NEEDS AND IMPROVE THE OVERALL HEALTH OF THE COMMUNITY IT SERVES A FEW OF THOSE PROGRAMS AND PARTNERSHIPS ARE DESCRIBED BELOW SLH PROVIDES A FOOD BANK DONATION SITE WITH A WAGON IN THE HOSPITAL'S FRONT LOBBY COLLECTIONS ARE DELIVERED TO LOCAL FOOD BANK SUTTER LAKESIDE HOSPITAL IS IN THE PROCESS OF OBTAINING LICENSING TO OPEN A NEW COMMUNITY CLINIC ADJACENT TO THE HOSPITAL IN 2014 THE SUTTER LAKESIDE COMMUNITY CLINIC IS ANTICIPATED TO DIRECTLY RECRUIT AND RETAIN PRIMARY CARE PROVIDERS THE HOSPITAL WILL EVALUATE THE IMPACT OF THE CLINIC BASED ON THE NUMBER OF PROVIDERS RECRUITED TO THE AREA AND HOW LONG THEY STAY IN ADDITION, SUTTER LAKESIDE HOSPITAL PROVIDES CASH AND IN-KIND DONATIONS TO SEVERAL COMMUNITY GROUPS, INDIVIDUALS AND ORGANIZATIONS IN SUPPORT OF THE PROGRAMS THAT IMPROVE OVERALL COMMUNITY HEALTH IN 2013, SUTTER LAKESIDE HOSPITAL CONTRIBUTED APPROXIMATELY $58,000 IN CASH AND IN-KIND SUPPORT SUTTER MEDICAL CENTER SANTA ROSA 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 2013-2015 IMPLEMENTATION STRATEGY FOR SUTTER MEDICAL CENTER OF SANTA ROSA DEFINES A VARIETY OF PROGRAMS AND PARTNERSHIPS THAT ADDRESS IDENTIFIED PRIORITY HEALTH NEEDS AND IMPROVE THE OVERALL HEALTH OF THE COMMUNITY IT SERVES A FEW OF THOSE PROGRAMS AND PARTNERSHIPS ARE DESCRIBED BELOW A SURVEY OF THE RESIDENTS' PATIENTS AT THE COMMUNITY HEALTH CENTER PARTNER REVEALED THAT MORE THAN 60% OF THEIR PATIENTS EXPERIENCE REGULAR FOOD INSECURITY AND OFTEN NEED TO MAKE UNHEALTHY FOOD CHOICES BASED ON AFFORDABILITY, OR DON'T EAT AT ALL SUTTER MEDICAL CENTER OF SANTA ROSA ENTERED INTO A PARTNERSHIP WITH THE REDWOOD EMPIRE FOOD BANK TO BE A FOOD DROP-OFF LOCATION ONCE A WEEK EACH MONDAY, PATIENTS OF THE VISTA CLINIC ARE INVITED TO COME AND PICK UP ONE BOX OF HEALTHY, FRESH FOOD FOR THEIR FAMILIES PATIENTS ARE ALSO EDUCATED ABOUT OTHER FOOD PROGRAMS AND FOOD STAMP EXCHANGES AT FARMERS MARKETS SUTTER MEDICAL CENTER OF SANTA ROSA SPONSORS A THREE-YEAR TRAINING PROGRAM FOR MEDICAL SCHOOL GRADUATES DESIRING TO BE PRIMARY CARE DOCTORS THE TRAINING IS PROVIDED BY SUTTER PHYSICIANS WHO ARE ALSO ADJUNCT PROFESSORS WITH OUR PARTNER, THE UCSF MEDICAL SCHOOL RESIDENTS ARE TRAINED IN THE HOSPITAL AND IN THE CLINIC SETTING BY CARING FOR PATIENTS UNDER THE CLINICAL SUPERVISION OF FACULTY SUTTER HAS BEEN SPONSORING THE PROGRAM SINCE 1996 BUT IT HAS EXISTED IN OUR COMMUNITY FOR MORE THAN 40 YEARS FUELING THE PRIMARY CARE PIPELINE IN SONOMA COUNTY IS VITAL TO THE HEALTH AND WELL-BEING OF OUR COMMUNITY THE COST OF LIVING IS QUITE HIGH AND WITHOUT THIS PROGRAM, IT WOULD BE VERY DIFFICULT TO RECRUIT FAMILY PHYSICIANS THE SANTA ROSA FAMILY MEDICINE RESIDENCY PROGRAM PARTNERS WITH REDWOOD COALITION FOR HEALTH CARE, TO STAFF THEIR SANTA ROSA COMMUNITY HEALTH CENTER VISTA CLINIC WITH 36 FAMILY MEDICINE RESIDENTS, SUPERVISED BY FACULTY PHYSICIANS THIS PARTNERSHIP ESSENTIALLY OFFERS FREE PHYSICIAN STAFFING TO A CLINIC THAT WOULD OTHERWISE HAVE TO HIRE STAFF PHYSICIANS, PROVIDING A SIGNIFICANTLY INCREASED CAPACITY THAT THE CLINIC WOULD NOT BE ABLE TO SUSTAIN ON ITS OWN THE HOMELESS YOUTH MOBILE VAN IS A PARTNERSHIP BETWEEN THE SANTA ROSA FAMILY MEDICINE RESIDENCY, SANTA ROSA COMMUNITY HEALTH CENTERS AND SOCIAL ADVOCATES FOR YOUTH (SAY) ONCE PER MONTH, TWO TO THREE RESIDENT PHYSICIANS, A VOLUNTEER COMMUNITY PRECEPTOR, A MEDICAL ASSISTANT AND AN HIV TESTING AND OUTREACH WORKER GO TO THE SHELTER RUN BY SAY IN A VAN EQUIPPED WITH TWO TREATMENT ROOMS AND MEDICAL SUPPLIES WE OFFER BASIC URGENT CARE SERVICES, SUCH AS TREATMENT OF SKIN INFECTIONS AND RASHES, ASSESSMENTS OF WOUNDS AND ABRASIONS, GENERAL HEALTH SCREENING, HIV TESTING, REFERRALS FOR FULL STD TESTING, FAMILY PLANNING SERVICES, TESTING AND TREATMENT OF URINARY TRACT INFECTIONS, SCREENING FOR DIABETES, ETC WHEN WE CANNOT TREAT PATIENTS AT THE VAN WE REFER THEM TO BROOKWOOD HEALTH CENTER FOR MORE COMPREHENSIVE CARE WE ALSO OFFER INITIAL MENTAL HEALTH CONSULTATIONS AND HAVE EVEN SEEN PATIENTS FOR PRENATAL AND POSTPARTUM VISITS IN ADDITION TO THESE SERVICES, WE SPEND TIME HANGING OUT WITH THE YOUTH AND WORKING TO BUILD RAPPORT AND A LONGER PARTNERSHIP IN ADDITION, OUR HIV OUTREACH TEAM OFFERS RAPID TESTING AND OUR MEDICAL ASSISTANT ENROLLS PATIENTS IN FPACT AND PROVIDES INFORMATION ON MEDI-CAL THE FAMILY MEDICINE RESIDENTS SERVE MANY MEDICALLY FRAGILE AND POOR SENIORS WHO CANNOT GET INTO THE CLINIC FOR APPOINTMENTS IN ORDER TO REDUCE ACCESS BARRIERS AND REDUCE UNNECESSARY ED VISITS OR HOSPITALIZATIONS, THE RESIDENTS MAKE REGULAR HOME VISITS TO THEIR HOMEBOUND PATIENTS PREGNANCY AND CHILDBIRTH ARE TWO CRITICAL WINDOWS IN WHICH WOMEN ARE MOST RECEPTIVE TO MAKING POSITIVE CHANGES AROUND SUBSTANCE USE DRUG-FREE BABIES (DFB) IS OUR MAIN REFERRAL SOURCE FOR CONNECTING MOTHERS/MOTHERS-TO-BE WITH COUNTY SUBSTANCE RECOVERY RESOURCES (RESIDENTIAL AND NON-RESIDENTIAL) POSSIBLE PARTICIPANTS GIVE CONSENT FOR US TO MAKE A PHONE REFERRAL WE PROVIDE DFB WITH PATIENT CONTACT INFORMATION AND ENCOURAGE DFB STAFF TO MEET WITH PATIENTS AT THE HOSPITAL TO EXPEDITE ENTRY TO SERVICES AT THE INITIAL MEETING, DFB STAFF CONDUCTS A FULL INTAKE UTILIZING AN INDUSTRY STANDARD COMPREHENSIVE AOD INTAKE TOOL FROM THERE THEY CONSIDER CLIENT NEEDS, POSSIBLE FUNDING STREAM AND PROGRAM OPENINGS DFB IS FUNDED THROUGH A PARTNERSHIP WITH SONOMA COUNTY FIRST FIVE COMMISSION SUTTER MEDICAL CENTER OF SANTA ROSA'S SOCIAL WORK STAFF SITS ON A LOCAL ADVISORY COMMITTEE THAT HELPS TO PLAN LOCAL INTERVENTIONS THE SONOMA COUNTY TASK FORCE ON THE HOMELESS CONVENED A WORK GROUP IN 2010 FOR THE COORDINATION OF HEALTH CARE SERVICES FOR HOMELESS PEOPLE IN OUR COMMUNITY ALL OF THE HOSPITALS SEE A HIGH PERCENTAGE OF HOMELESS PEOPLE IN THE ED AND IN THE HOSPITAL BED PROVIDING GOOD TRANSITIONS OF CARE FOR THIS POPULATION IS VERY CHALLENGING THE GROUP WORKS TO DEVELOP PROCESSES AND "WRAP AROUND" SERVICES WITH THE GOAL OF REDUCING UNSAFE DISCHARGES FROM THE HOSPITAL TO THE STREET, AND TO WORK COLLABORATIVELY TO COORDINATE MEDICAL, MENTAL HEALTH, AND SUBSTANCE USE DISORDERS SERVICES FOR HOMELESS PATIENTS SUTTER MEDICAL CENTER OF SANTA ROSA SUPPORTS THESE EFFORTS BY COMMITTING PROFESSIONAL STAFF TIME MONTHLY TO ATTEND MEETINGS AND PARTICIPATE IN PLANNING PROGRAMS AND SERVICES ADDITIONALLY, SUTTER PROVIDES SIGNIFICANT FINANCIAL SUPPORT TO OPERATE THE COUNTY'S ONLY MEDICAL RESPITE SHELTER THAT PROVIDES A SAFE TRANSITION FOR HOMELESS PATIENTS FROM HOSPITAL TO COMMUNITY LIVING THAT ALLOWS EXTENDED CONVALESCENCE NOT TYPICALLY ALLOWED IN TRADITIONAL SHELTER SETTINGS IN THE PREVIOUS TWO COMMUNITY HEALTH NEEDS ASSESSMENTS, SONOMA COUNTY IDENTIFIED ORAL HEALTH, PARTICULARLY FOR CHILDREN, AS ONE OF OUR MOST SIGNIFICANT COMMUNITY HEALTH CHALLENGES AND ONE OF OUR TOP PRIORITIES SEVERAL LOCAL EFFORTS EMERGED INCLUDING THE TASK FORCE WHICH WAS CONVENED IN 2011 TO IDENTIFY SPECIFIC STRATEGIES THAT COULD BE DEVELOPED, IMPLEMENTED, AND SHOW MEASURABLE IMPACT IN THREE TO FIVE YEARS SUTTER MEDICAL CENTER OF SANTA ROSA PARTICIPATES BY ASSIGNING SENIOR COMMUNITY BENEFIT STAFF TO THE TASK FORCE
PART VI, LINE 6	AFFILIATED HEALTH CARE SYSTEM SUTTER WEST BAY HOSPITALS ARE AFFILIATED WITH SUTTER HEALTH, A NOT-FOR-PROFIT NETWORK OF ALMOST 50,000 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 AN AVERAGE OF MORE THAN $3 MILLION IN CHARITY CARE PER WEEK IN 2013, OUR NETWORK OF PHYSICIAN ORGANIZATIONS, HOSPITALS AND OTHER HEALTH CARE PROVIDERS INVESTED $901 MILLION IN HEALTH CARE PROGRAMS, SERVICES AND BENEFITS FOR THE POOR AND UNDERSERVED THIS INCLUDES - THE COST OF PROVIDING CHARITY CARE, - THE UNPAID COSTS OF PARTICIPATING IN MEDI-CAL, AND - INVESTMENTS IN MEDICAL RESEARCH, HEALTH EDUCATION AND COMMUNITY-BASED PUBLIC BENEFIT PROGRAMS SUCH AS SCHOOL-BASED CLINICS AND PRENATAL CARE FOR PATIENTS SUTTER HEALTH'S COMMITMENT TO DELIVERING CHARITY CARE TO PATIENTS CONTINUED TO GROW, REACHING ANOTHER ALL-TIME HIGH OF $166 MILLION IN 2013

Form and Line Reference	Explanation
PART VI, LINE 7	STATE FILING OF COMMUNITY BENEFIT REPORT CALIFORNIA

Additional Data

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

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

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

	Name and address	Type of Facility (describe)
1	CALIFORNIA PACIFIC MEDICAL CENTER 2323 SACRAMENTO STREET SAN FRANCISCO,CA 94115	OUTPATIENT SERVICES-PSYCHIATRY
2	CALIFORNIA PACIFIC MEDICAL CENTER 1625 VAN NESS AVENUE SAN FRANCISCO,CA 94115	OUTPATIENT SERVICES-PSYCHIATRY
3	CALIFORNIA PACIFIC MEDICAL CENTER 1580 VALENCIA STREET SUITE 440 SAN FRANCISCO,CA 94115	OUTPATIENT SERVICES-PSYCHIATRY
4	CALIFORNIA PACIFIC MEDICAL CENTER 3838 CALIFORNIA STREET SUITE 106 SAN FRANCISCO,CA 94115	OUTPATIENT SERVICES-PSYCHIATRY
5	CALIFORNIA PACIFIC MEDICAL CENTER 101 NORTH EL CAMINO SUITE 1 SAN MATEO,CA 94402	OUTPATIENT SERVICES-PSYCHIATRY
6	SUTTER MED CTR SANTA ROSA-PERINATAL CTR 3327 CHANATE ROAD SANTA ROSA,CA 95404	OUTPATIENT SERVICES-PSYCHIATRY
7	SMC SANTA ROSA-SPORTS & ORTHOPEDIC REHAB 4729 HORN AVENUE SUITE A SANTA ROSA,CA 95405	OUTPATIENT SERVICES-PSYCHIATRY
8	TERRA LINDA HEALTH PLAZA 4000 CIVIC CENTER DRIVE SAN RAFAEL,CA 94903	OUTPATIENT SERVICES-PSYCHIATRY
9	PHYSICAL THERAPY & SPORT FITNESS 100 ROWLAND WAY NOVATO,CA 94945	OUTPATIENT SERVICES-PSYCHIATRY
10	CALIFORNIA PACIFIC MEDICAL CENTER 2351 CLAY STREET 4TH FLOOR SAN FRANCISCO,CA 94115	OUTPATIENT SERVICES-PSYCHIATRY
11	CALIFORNIA PACIFIC MEDICAL CENTER 2323 SACRAMENTO STREET SAN FRANCISCO,CA 94115	OUTPATIENT SERVICES-PSYCHIATRY
12	CALIFORNIA PACIFIC MEDICAL CENTER 2340 CLAY STREET SUITE 114A SAN FRANCISCO,CA 94115	OUTPATIENT SERVICES-PSYCHIATRY
13	CALIFORNIA PACIFIC MEDICAL CENTER 2351 CLAY STREET SUITE 600 SAN FRANCISCO,CA 94115	OUTPATIENT SERVICES-PSYCHIATRY
14	CALIFORNIA PACIFIC MEDICAL CENTER 2340 CLAY STREET 4TH FLOOR SAN FRANCISCO,CA 94115	OUTPATIENT SERVICES-PSYCHIATRY
15	CALIFORNIA PACIFIC MEDICAL CENTER 2340 CLAY STREET 5TH FLOOR SAN FRANCISCO,CA 94115	OUTPATIENT SERVICES-PSYCHIATRY
16	CALIFORNIA PACIFIC MEDICAL CENTER 2360 CLAY STREET SAN FRANCISCO,CA 94115	OUTPATIENT SERVICES-PSYCHIATRY
17	CALIFORNIA PACIFIC MEDICAL CENTER 2100 WEBSTER STREET SUITE 103 SAN FRANCISCO,CA 94115	OUTPATIENT SERVICES-PSYCHIATRY
18	CALIFORNIA PACIFIC MEDICAL CENTER 2351 CLAY STREET SUITE 150 SAN FRANCISCO,CA 94115	OUTPATIENT SERVICES-PSYCHIATRY
19	SUTTER LAKESIDE FAMILY MEDICAL CLINIC 5176 HILL ROAD EAST LAKEPORT,CA 95453	OUTPATIENT SERVICES-PSYCHIATRY
20	SUTTER LAKESIDE OUTPATIENT DRAW STATION 5132 HILL ROAD EAST LAKEPORT,CA 95453	OUTPATIENT SERVICES-PSYCHIATRY
21	SUTTER LAKESIDE UPPER LAKE COMM CLINIC 750 OLD LUCERNE ROAD UPPER LAKE,CA 95485	OUTPATIENT SERVICES-PSYCHIATRY
22	DIAGNOSTIC CENTER 165 ROWLAND WAY NAVATO,CA 94945	OUTPATIENT SERVICES-PSYCHIATRY
23	SURGERY TRANSFUSION SERVICES 180 ROWLAND WAY NOVATO,CA 94945	OUTPATIENT SERVICES-PSYCHIATRY
24	IMAGING SERVICES 1375 SUTTER STREET SAN FRANCISCO,CA 94119	OUTPATIENT SERVICES-PSYCHIATRY
25	SAN FRANCISCO ENDOSCOPY CENTER 3468 CALIFORNIA STREET SAN FRANCISCO,CA 94118	OUTPATIENT SERVICES-PSYCHIATRY
26	PRESIDIO SURGERY CENTER 1635 DIVISADERA STREET SUITE 200 SAN FRANCISCO,CA 94115	OUTPATIENT SERVICES-PSYCHIATRY
27	CALIFORNIA PACIFIC ADVANCED IMAGING 504 REDWOOD BLVD 300 NOVATO,CA 94949	OUTPATIENT SERVICES-PSYCHIATRY
28	CALIFORNIA PACIFIC MEDICAL CENTER 2351 CLAY STREET 100 SAN FRANCISCO,CA 94115	OUTPATIENT SERVICES-PSYCHIATRY
29	CALIFORNIA PACIFIC MEDICAL CENTER 2351 CLAY STREET 502 SAN FRANCISCO,CA 94115	OUTPATIENT SERVICES-PSYCHIATRY

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SUTTER WEST BAY HOSPITALS

Employer identification number
94-0562680

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated 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 . . . . . ▶ 42

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated 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.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS COMMUNITY HEALTH PROGRAM GRANTEES SIGN A CONTRACT WITH AFFILIATE OUTLINING TERMS AND CONDITIONS OF RECEIVING GRANT FUNDS SPECIFYING OBJECTIVES AND OUTCOMES EACH AGENCY RECEIVING THE COMMUNITY HEALTH GRANTS ARE REQUIRED TO PREPARE AND SUBMIT OUTCOME-BASED REPORTS AT SIX-MONTHS AND TWELVE-MONTHS AGENCIES RECEIVING SPONSORSHIP FUNDS GO THROUGH A DIFFERENT PROCESS, THEY ARE REQUESTED TO PROVIDE THE PURPOSE OF THE EVENT PRIOR TO SPONSORSHIP AS WELL AS A BRIEF SUMMARY OF THE OUTCOMES OF EVENT SOON AFTER THE EVENT

Additional Data

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PATIENT ASSISTANCE FOUNDATION 2100 WEBSTER ST STE 100 SAN FRANCISCO,CA 94115	94-2944137	501(C)(3)	500,000				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
REGENTS OF THE UNIV OF CALIFORNIA BERKELEY 417-L UNIVERSITY HALL 7360 BERKELEY,CA 94720	94-6002123	501(C)(3)	274,088				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
THE CENTER FOR YOUTH WELLNESS 1329 EVANS AVENUE SAN FRANCISCO,CA 94124	45-2527627	501(C)(3)	200,000				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
ASIANWEEK FOUNDATION 564 MARKET ST SAN FRANCISCO,CA 94104	20-1719535	501(C)(3)	52,500				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
CHINESE COMMUNITY HEALTH (CHINESE HOSPITAL) 845 JACKSON ST SAN FRANCISCO,CA 94133	94-0382780	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
SAN FRANCISCO CHILD ABUSE PREVENTION CTR 1757 WALLER ST SAN FRANCISCO,CA 94117	94-2455072	501(C)(3)	30,697				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
AMBULATORY SURGERY ACCESS COALITION 115 SANSOME ST SAN FRANCISCO,CA 94104	94-3180356	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
APA FAMILY SUPPORT SERVICES 10 NOTTINGHAM PL SAN FRANCISCO,CA 94133	94-3164091	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
ASIAN & PACIFIC ISLANDER WELLNESS CENTER 730 POLK ST SAN FRANCISCO,CA 94109	94-3096109	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
DE MARILLAC ACADEMY 175 GOLDEN GATE AVE SAN FRANCISCO,CA 94102	94-3390330	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
KIMOCHI INC 1715 BUCHANAN ST SAN FRANCISCO,CA 94115	23-7117402	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
LATINA BREAST CANCER AGENCY 4271 MISSION ST SAN FRANCISCO,CA 94112	01-0628124	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
MARCH OF DIMES 101 MONTGOMERY ST STE 300 SAN FRANCISCO,CA 94104	13-1846366	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
SAN FRANCISCO LGBT COMMUNITY CENTER 1800 MARKET ST SAN FRANCISCO,CA 94102	94-3236718	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
TIDES CENTERBODY POSITIVE 1833 FILLMORE ST 3RD FL SAN FRANCISCO,CA 94115	94-3213100	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
SAN FRANCISCO MEDICAL CENTER OUTPATIENT 229 7TH ST SAN FRANCISCO,CA 94103	23-7304921	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
SHANTI 730 POLK ST 3RD FL SAN FRANCISCO,CA 94109	94-2297147	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
NOVATO HEALTH PARTNERSHIP 1015 SEVENTH ST NOVATO,CA 94945	68-0112169	501(C)(3)	22,258				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
INSTITUTE ON AGING 3575 GEARY BLVD SAN FRANCISCO,CA 94118	94-2978977	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
MAITRI 401 DUBOCE AVE SAN FRANCISCO,CA 94177	94-3189198	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
SELF-HELP FOR THE ELDERLY 407 SANSOME ST SAN FRANCISCO,CA 94111	94-1750717	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
MENDOCINO LAKE COMMUNITY COLLEGE 1000 HENSLEY CREEK RD UKIAH,CA 95482	94-6002711	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
CURRY SENIOR CENTER 333 TURK ST SAN FRANCISCO,CA 94102	23-7362588	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
MISSION NEIGHBORHOOD CENTERS 362 CAPP ST SAN FRANCISCO,CA 94110	94-2284365	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
NAACP DBA SAN FRANCISCO NAACP 1290 FILLMORE ST SAN FRANCISCO,CA 94115	23-7177411	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
SAN FRANCISCO PROJECT HOMELESS CONNECT 25 VAN NESS AVE STE 340 SAN FRANCISCO,CA 94102	20-4331462	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
HOMEWARD BOUND OF MARIN 1385 HAMILTON PKY NOVATO,CA 94949	68-0011405	501(C)(3)	14,400				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
SAN FRANCISCO COMMUNITY CLINIC CONSORTIUM 1550 BRYANT ST SAN FRANCISCO,CA 94103	94-2897258	501(C)(3)	12,000				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 RED CROSS 85 SECOND ST 8TH FL SAN FRANCISCO,CA 94105	94-3045430	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
CONARD HOUSE INC 1385 MISSION ST SAN FRANCISCO,CA 94103	94-1489356	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
EPISCOPAL CHARITIES 1055 TAYLOR ST SAN FRANCISCO,CA 94108	94-3345498	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
GLIDE FOUNDATION 330 ELLIS ST SAN FRANCISCO,CA 94102	94-1156481	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
ON LOK INC 1333 BUSH ST SAN FRANCISCO,CA 94109	94-2162549	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
CITY OF SANTA ROSA (AMGEN TOUR) PO BOX 1086 SANTA ROSA,CA 95402	94-6000428	GOVERNMENT	8,545				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
MARIN COMMUNITY CLINICS 1177 E FRANCISCO BLVD STE B SAN RAFAEL,CA 94901	94-2237120	501(C)(3)	8,545				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
SAN FRANCISCO LGBT PRIDE CELEBRATION COMMITTEE INC 1841 MARKET ST 4TH FL SAN FRANCISCO,CA 94103	94-3006693	501(C)(3)	8,000				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
MARCH OF DIMES PO BOX 1657 WILKESBARRE,PA 18703	13-1846366	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

(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
MARCH OF DIMES 1050 SANSOME ST 4TH FL SAN FRANCISCO,CA 94111	13-1846366	501(C)(3)	7,000				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
NORTH BAY LEADERSHIP COUNCIL 775 BAYWOOD DR STE 101 PETALUMA,CA 94954	68-0234040	501(C)(3)	6,409				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
NORTH BAY CHILDREN'S CENTER 932 C ST NOVATO,CA 94949	94-3024246	501(C)(3)	5,982				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
GUM MOON RESIDENCE HALL 940 WASHINGTON ST SAN FRANCISCO,CA 94108	94-1156357	501(C)(3)	5,780				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
NORTH OF MARKET TENDERLOIN COMMUITY BENEFIT DIST 134A GOLDEN GATE AVE SAN FRANCISCO,CA 94109	20-3828997	501(C)(3)	5,500				GENERAL SUPPORT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SUTTER WEST BAY HOSPITALS

Employer identification number
94-0562680

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☑ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of 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 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**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 accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported as deferred in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 1A	RELEVANT INFORMATION REGARDING COMPENSATION ITEMS 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 DISCRETIONAL SPENDING EXECUTIVES RECEIVE ACCESS TO DISCRETIONARY SPENDING ACCESSED AMOUNTS ARE INCLUDED IN OTHER REPORTABLE COMPENSATION IN 2013 THREE EMPLOYEES USED DISCRETIONARY SPENDING FOR PERKFLEX PURPOSES
PART I, LINE 3	SUPPLEMENTAL COMPENSATION INFORMATION 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 SEE SCHEDULE O NARRATIVE FOR PART VI, LINE 15 FOR A FULL DESCRIPTION OF THE COMPENSATION APPROVAL PROCESS COMPLETED BY SUTTER HEALTH
PART I, LINE 4B	NONQUALIFIED RETIREMENT PLAN 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
PART I, LINE 7	NON-FIXED PAYMENTS 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

Additional Data

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

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				
TONI BRAYER MD REGIONAL VP & CMO, WEST BAY	(I)	0	0	0	0	0	0	0
	(II)	474,320	163,645	63,197	91,980	21,539	814,681	195,630
MARTIN BROTMAN MD SVP, SH (FORMER)	(I)	0	0	0	0	0	0	0
	(II)	516,150	544,112	166,535	173,931	19,298	1,420,026	681,492
WARREN BROWNER MD CEO, SAN FRANCISCO HOSP, SWBH	(I)	0	0	0	0	0	0	0
	(II)	552,011	380,047	101,743	294,727	20,263	1,348,791	445,671
MICHAEL COHILL REGIONAL PRESIDENT, WEST BAY	(I)	0	0	0	0	0	0	0
	(II)	703,968	718,603	222,356	256,516	21,656	1,923,099	696,352
GRANT DAVIES CEO, NORTH BAY HOSPITALS	(I)	0	0	0	0	0	0	0
	(II)	540,438	214,280	63,352	137,627	21,939	977,636	246,119
MICHAEL DUNCHEON VP, REG COUNSEL, WEST BAY	(I)	0	0	0	0	0	0	0
	(II)	359,239	152,306	30,311	71,883	18,876	632,615	174,415
PATRICK FRY PRESIDENT & CEO, SH (FORMER)	(I)	0	0	0	0	0	0	0
	(II)	1,568,936	1,958,195	462,231	1,986,744	34,082	6,010,188	2,310,942
JOHN GATES REGIONAL VP FINANCE, WEST BAY	(I)	0	0	0	0	0	0	0
	(II)	602,582	196,871	291,162	84,396	18,710	1,193,721	191,359
MARK KIMBELL CPMC FOUNDATION DIRECTOR	(I)	0	0	0	0	0	0	0
	(II)	379,531	125,781	26,737	72,483	17,885	622,417	125,781
SARAH KREVANS COO, SUTTER HEALTH	(I)	0	0	0	0	0	0	0
	(II)	909,010	875,587	479,602	348,316	24,557	2,637,072	1,312,940
ALLEN PONT MD VP MEDICAL AFFAIRS, WEST BAY	(I)	0	0	0	0	0	0	0
	(II)	282,170	146,450	329,386	58,667	5,690	822,363	276,051
MICHAEL PURVIS CAO, SMCSR	(I)	0	0	0	0	0	0	0
	(II)	343,088	144,390	26,187	73,383	14,527	601,575	163,288
CRAIG VERCRUYSSE REGIONAL CIO, WEST BAY	(I)	0	0	0	0	0	0	0
	(II)	341,227	128,257	27,732	47,394	17,775	562,385	150,069

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SUTTER WEST BAY HOSPITALS

Employer identification number
94-0562680

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CHFFA 2007A	52-1643828	13033FQ37	05-01-2007	790,998,316	CONSTRUCT & EQUIP FACILITY		X		X		X
B	CHFFA 2008A	52-1643828	13033F2L3	05-14-2008	329,041,638	CONSTRUCT & REFUNDING - 5/1/07		X		X		X
C	CHFFA 2011D	52-1643828	13033LVW4	12-22-2011	331,759,643	CONSTRUCT & REFUNDING 1998 AND 199		X		X		X
D	CHFFA 2013A	52-1643828	13033LW52	04-24-2013	187,683,000	CONSTRUCT & EQUIP FACILITY		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0	92,525,000	0	0
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	858,547,387	329,041,638	334,386,501	489,226,568
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	55,398,317	0	0	0
6	Proceeds in refunding escrows	0	0	65,070,000	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	783,091,871	0	0	372,937,981
11	Other spent proceeds	20,057,199	329,041,638	124,025,000	0
12	Other unspent proceeds	0	0	145,291,501	116,288,587
13	Year of substantial completion	2011			

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		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		X
c	Are there any research agreements that may result in private business use of bond-financed property?	X		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		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 ▶	0 790 %		1 830 %		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 ▶	0 030 %		0 030 %					
6	Total of lines 4 and 5	0 790 %		1 860 %					
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?	X			X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X		X		X	
b	Exception to rebate?								
c	No rebate due?								
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		X
4a	Has the organization or the governmental issuer entered into a qualified 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 the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (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?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
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, INCLUDING THE ORGANIZATION THE OUTSTANDING BOND LIABILITY ALLOCATED TO THIS ORGANIZATION IS REPORTED ON FORM 990, PART X, BALANCE SHEET AND PART VI HEREIN WITH THE EXCEPTION OF THIS PORTION OF PART VI, THE SCHEDULE K FOR THIS ORGANIZATION IS REPORTING INFORMATION FOR THE ENTIRE BOND ISSUE PART II, LINE 7 ISSUANCE COSTS WERE FUNDED THROUGH EQUITY CONTRIBUTIONS
SWBH SPECIFIC	PART I, COLUMN (E) THE FILING ORGANIZATION RECEIVED BOND PROCEEDS IN THE AMOUNTS OF $165,813,667 FROM THE 2007A ISSUE, $55,943,275 FROM THE 2008A ISSUE, $47,567,042 FROM THE 2011D ISSUE AND $187,683,000 FROM THE 2013A ISSUE PART I, LINE B, COLUMN (F) THE REFUNDING OCCURRED VIA THE REPAYMENT OF A DRAW ON A TAXABLE LINE OF CREDIT, DRAWN IN SEVERAL INSTALLMENTS BETWEEN APRIL 7 AND APRIL 11, 2008, USED TO REFUND THE 2007 ISSUE THE REFUNDED BONDS ISSUED IN 2007 WERE USED TO REFUND BONDS ISSUED IN 1996 THAT WERE USED TO REFUND BONDS ISSUED IN 1985, 1989, 1990, AND 1991 PART III THE CHFFA 2011D AND CHFFA 2013A BONDS ARE "NEW MONEY" BONDS FOR CONSTRUCTION NOT YET COMPLETED

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SUTTER WEST BAY HOSPITALS

Employer identification number
94-0562680

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

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

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? 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 assistance	(d) Type of assistance	(e) Purpose 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) ANDREE S HEST	SEE PART V	202,816	SEE PART V		No
(2) RUTH M LINCOLN	SEE PART V	113,313	SEE PART V		No
(3) PEDIATRIX MEDICAL GROUP	SEE PART V	1,627,194	SEE PART V		No
(4) BROWN TOLLAND MEDICAL GROUP	SEE PART v	931,093	SEE PART V		No

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART IV	DESCRIPTION OF BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS DEBORAH WYATT, TRUSTEE AND TOM LINCOLN, TRUSTEE OF SUTTER WEST BAY HOSPITALS (SWBH) EACH HAVE A FAMILY MEMBER WHO WORKS FOR SWBH TERRI SLAGLE, DIRECTOR OF SWBH IS ALSO A SHAREHOLDER PHYSICIAN OF PEDIATRIX MEDICAL GROUP DURING THE YEAR, PEDIATRIX MEDICAL GROUP PROVIDED SERVICES TO SWBH VIA AN ARMS-LENGTH AGREEMENT TERRI SLAGLE IS ALSO A SHAREHOLDER OF BROWN TOLLAND MEDICAL GROUP (BTMG) DURING THE YEAR BTMG PROVIDED SERVICES TO SWBH VIA AN ARMS-LENGTH AGREEMENT

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SUTTER WEST BAY HOSPITALS

Employer identification number
94-0562680

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

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	EXEMPT PURPOSE ACHIEVEMENTS GENERAL DESCRIPTION SUTTER WEST BAY HOSPITALS WAS FORMED JANUA RY 1, 2010 IT CONSISTS OF FOUR HOSPITALS CALIFORNIA PACIFIC MEDICAL CENTER, NOVATO COMMU NITY HOSPITAL, SUTTER MEDICAL CENTER SANTA ROSA, AND LAKESIDE HOSPITAL THERE WERE A TOTAL OF 218,965 PATIENT DAYS FOR 2013 CALIFORNIA PACIFIC MEDICAL CENTER (CPMC) IS ONE OF THE LARGEST PRIVATE, COMMUNITY BASED, NOT-FOR-PROFIT, TEACHING MEDICAL CENTERS IN CALIFORNIA CPMC IS A TERTIARY REFERRAL CENTER PROVIDING ACCESS TO LEADING EDGE MEDICINE WHILE DELIVER ING THE BEST POSSIBLE PERSONALIZED CARE IT PROVIDES A WIDE VARIETY OF SERVICES, INCLUDING ACUTE, POST-ACUTE AND OUTPATIENT HOSPITAL CARE, HOSPICE SERVICES, PREVENTIVE AND COMPLEME NTARY CARE, AND HEALTH EDUCATION CPMC IS COMPRISED OF THE FOUR OLDEST HOSPITALS IN SAN FR ANCISCO THE DAVIES CAMPUS, FORMERLY DAVIES MEDICAL CENTER, WAS FOUNDED IN 1854 TO HELP SA N FRANCISCO'S GERMAN-SPEAKING IMMIGRANTS FIND WORK, SHELTER, FOOD, CLOTHING AND HEALTH CAR E THE PACIFIC CAMPUS WAS FOUNDED IN 1857 AND WAS THE FIRST MEDICAL SCHOOL IN THE AMERICAN WEST THE CALIFORNIA CAMPUS WAS FOUNDED IN 1875 AS THE PACIFIC DISPENSARY FOR WOMEN AND C HILDREN, A HOSPITAL RUN BY WOMEN, FOR WOMEN FINALLY, THE ST LUKE'S CAMPUS HAS BEEN PROVI DING QUALITY HEALTH SERVICES TO ALL SAN FRANCISCANS FOR OVER 130 YEARS TOGETHER THE DAVIE S, CALIFORNIA, PACIFIC AND ST LUKE'S CAMPUSES COMPRISE CPMC'S 1,258 LICENSED ACUTE CARE B EDS AND 25 RESIDENTIAL BEDS NOVATO COMMUNITY HOSPITAL (NOVATO) HAS SERVED THE NORTHERN MA RIN AND SOUTHERN SONOMA COMMUNITIES SINCE 1961 IN 1985, THE HOSPITAL BECAME AN AFFILIATE OF SUTTER THE NOVATO FACILITY IS LOCATED AT 180 ROWLAND WAY AND IS A 47-BED ACUTE CARE HO SPITAL NOTED FOR ITS ORTHOPEDIC SURGERY PROGRAM SUTTER MEDICAL CENTER OF SANTA ROSA (SMCS R) HAS A LONG HISTORY IN SONOMA COUNTY DATING BACK TO 1866 WHEN THE FIRST HOSPITAL OPENED IN 1996, SMCSR BECAME AN AFFILIATE OF SUTTER HEALTH A NEW STATE-OF-THE ART MEDICAL FACIL ITY WILL OPEN 5 MILES NORTH OF THE CURRENT HOSPITAL IN OCTOBER 2014 WITH A FULL RANGE OF F IVE-STAR PERSONALIZED CARE SERVICES SUTTER LAKESIDE HOSPITAL (LAKESIDE) IS A 25-BED CRITI CAL ACCESS HOSPITAL AND IS ONE OF ONLY TWO HOSPITALS THAT SERVE THE 64,000 RESIDENTS OF LA KE COUNTY IN 1992, THE HOSPITAL AFFILIATED WITH SUTTER HEALTH LAKESIDE PROVIDES A WIDE V ARIETY OF SERVICES, INCLUDING ACUTE, POST-ACUTE AND OUTPATIENT HOSPITAL CARE, SURGICAL SER VICES, PREVENTIVE CARE, AND HEALTH EDUCATION 2013 PATIENT ACTIVITY EMERGENCY ROOM IP (ADM ITTED) 16,689 EMERGENCY ROOM OP (NOT ADMITTED) 122,463 TOTAL ER VISITS 139,152 ACUTE DISCH ARGES (INCL PSYCH, REHAB) 38,019 SNF DISCHARGES 1,606 ALZHEIMER DISCHARGES 6 SUB ACUTE DI SCHARGES 54 TOTAL DISCHARGES 39,685 DELIVERIES 7,921 TRANSPLANTS 274 SUTTER WEST BAY HOSPI TALS MISSION STATEMENT WE ENHANCE THE WELL BEING OF PEOPLE IN THE COMMUNITIES WE SERVE THR OUGH OUR COMMITMENT TO COMPASSION, EXCELLENCE, INNOVATION AND A FULL CONTINUUM OF HEALTH C ARE SERVICES CLINICAL PROGRAMS INCLUDE - ASTHMA EDUCATION PROGRAM - BREAST FEEDING CENTE RS - BREAST HEALTH CENTERS - CALIFORNIA PACIFIC MEDICAL CENTER RESEARCH INSTITUTE - CANCER RECOVERY PROGRAMS - COMING HOME HOSPICE - COMMUNITY BENEFITS PROGRAMS (DETAILED BELOW) - COMMUNITY HEALTH RESOURCE CENTER - COMPREHENSIVE STROKE CENTER - DIABETES EDUCATION PROGRA M - END-STAGE ORGAN FAILURE/TRANSPLANTATION PROGRAMS (HEART, KIDNEY, LIVER, PANCREAS) - FO RBES NORRIS MDA/ALDS CENTER - HAND CLINIC - HOSPITALIST PROGRAM - INSTITUTE FOR HEALTH AND HEALING - IRENE SWINDELLS ALZHEIMER'S RESIDENTIAL CARE CENTER - LION'S EYE CLINIC - LOW V ISION REHABILITATION CENTER - MUSCULAR DYSTROPHY ASSOCIATION NEUROMUSCULAR CLINIC - PACIFI C VISION FOUNDATION - PALLIATIVE CARE PROGRAM - PEDIATRIC SPECIALTY SERVICES - REHABILITAT ION SERVICES (ACUTE AND OUTPATIENT) - SIBLING CENTER - SMITH KETTLEWELL EYE RESEARCH INSTI TUTE (THEY ARE INDEPENDENT OF CPMC) - SUB-ACUTE CARE PROGRAM - TELEMEDICINE SERVICE (STRO KE) - VISITING NURSES AND HOSPICE OF SAN FRANCISCO - WHITNEY NEWBORN ICU FOLLOW-UP CLINIC - WOMEN'S HEALTH RESOURCE CENTER - WOMEN'S SERVICES CLINICAL SERVICE OFFERINGS INCLUDE - AIDS & HIV SERVICES - ALZHEIMER'S - ARTHRITIS - BARIATRIC SURGERY SERVICES - CANCER SERVIC ES - CARDIOVASCULAR SERVICES - CLINICAL LABORATORY - COMPLEMENTARY MEDICINE - COMPREHENSIV E STROKE SERVICES - CRITICAL CARE SERVICES - DIABETES SERVICES (ADULT & PEDIATRIC) - DIAGN OSTIC SERVICES/LABORATORIES - DIALYSIS SERVICES - EMERGENCY SERVICES - EPILEPSY - GASTROEN TEROLOGY DISEASE SERVICES - HOME HEALTH & HOSPICE - INTERVENTIONAL ENDOSCOPY SERVICES - KA LMONOVITZ CHILD DEVELOPMENT CENTERS - MEDICAL TRANSPORT SERVICES - MICROSURGERY AND LIMB S ALVAGE SERVICES - NEONATAL INTENSIVE CARE - NEUROLOGY - NEURO-ONCOLOGY SURGERY - NUCLEAR M EDICINE - NUTRITION AND WEIGHT MANAGEMENT - OBSTETRICS & GYNECOLOGY - OCCUPATIONAL HEALTH - OPHTHALMOLOGY - ORGAN TRANSPLANTATION - ORTHOPEDICS - OTOLARYNGOLOGY - OUTPATIENT CLINIC S & SERVICES - PATHOLOGY - PEDIATRIC EMERGENCY DEP

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	ARTMENT - PEDIATRIC SERVICES/PROGRAMS - PERIOPERATIVE SERVICES (OR AND POST-ANESTHESIA REC OVERY UNIT) - PHARMACY - PHYSICAL MEDICINE & REHABILITATION SERVICES - PSYCHIATRY - RADIOL OGY & DIAGNOSTIC IMAGING - RESPIRATORY CARE - RESIDENCY TRAINING AND FELLOWSHIP PROGRAMS - SURGICAL SERVICES/ AMBULATORY SURGERY - URGENT CARE CENTER - VENTRICULAR ASSIST DEVICE (V AD) PROGRAM - WOMEN'S HEALTH PROGRAMS - WOUND CARE NON-CLINICAL SERVICES INCLUDE - ADMINI STRATIVE SERVICES - CHAPLAINCY SERVICES - CHARITY CARE PROGRAM - COMMUNITY HEALTH RESOURCE CENTER - CONTINUING MEDICAL EDUCATION - INTERPRETER SERVICES - PATIENT SERVICES - RESEARC H INSTITUTE - SURGICAL TRAINING CENTER - VOLUNTEER SERVICES - WEB NURSERY - CALIFORNIA PAC IFIC MEDICAL CENTER FOUNDATION - NOVATO COMMUNITY HOSPITAL DEVELOPMENT OFFICE - SUTTER LAK ESIDE FOUNDATION

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	EXEMPT PURPOSE ACHIEVEMENTS CONTINUED COMMUNITY BENEFITS THE FOUR MEDICAL CENTERS IN SUTTE R WEST BAY HOSPITALS (SWBH) PLAY INTEGRAL ROLES IN PROVIDING DIRECT HEALTH CARE SERVICES A S WELL AS MONETARY GRANTS OR SPONSORSHIPS TO NON-PROFIT ORGANIZATIONS TO ADDRESS THE COMMU NITY HEALTH NEEDS OF VULNERABLE, UNDERINSURED, AND UNINSURED POPULATIONS IN THEIR COMMUNIT IES THE HOSPITALS' COMMUNITY BENEFIT REPRESENTATIVES WORK COLLABORATIVELY AND IN PARTNERS HIPS WITH A BROAD AND DIVERSE NETWORK OF COMMUNITY-BASED NON-PROFITS, CITY AND COUNTY AGEN CIES, PHY SICIANS, AND NEIGHBORHOOD GROUPS TO IDENTIFY LOCAL NEEDS, FORMULATE COMMUNITY BEN EFIT PLANS, AND TAKE APPROPRIATE FUNDING ACTIONS WHILE SUTTER WEST BAY REGIONAL MANAGEMEN T SETS OVERALL GOALS FOR COMMUNITY BENEFITS, EACH OF THE AFFILIATES MEDICAL CENTER ADMINIS TRATORS ARE RESPONSIBLE FOR IDENTIFY ING HOW LOCAL NEEDS ARE TO BE ADDRESSED IN FISCAL YEA R 2013, SUTTER WEST BAY HOSPITALS PROVIDED A REGIONAL TOTAL OF $135 2 MILLION IN COST OF S ERVICES AND BENEFITS FOR THE POOR AND UNDERSERVED $29 9 MILLION IN TRADITIONAL CHARITY CA RE, $86 6 MILLION IN THE UNPAID COSTS OF MEDICAID, $6 8 MILLION IN COSTS FOR OTHER MEANS-T ESTED PROGRAMS, AND $11 9 MILLION IN OTHER BENEFITS FOR THE POOR AND UNDERSERVED IN ADDIT ION, SUTTER WEST BAY HOSPITALS PROVIDED AN ADDITIONAL $54 1 MILLION IN BENEFITS TO THE BRO ADER COMMUNITY, FOR A TOTAL OF $189 3 MILLION IN QUANTIFIABLE COMMUNITY BENEFIT IN ADDITI ON, THE FOLLOWING ARE HIGHLIGHTS BY HOSPITAL OF QUANTIFIABLE COMMUNITY BENEFITS CALIFORNI A PACIFIC MEDICAL CENTER (CPMC) IN 2013, CPMC PROVIDED $124 1 MILLION IN COST OF SERVICES AND BENEFITS FOR THE POOR AND UNDERSERVED AND $43 3 MILLION IN BENEFITS TO THE BROADER COM MUNITY, FOR A TOTAL OF $167 4 MILLION IN QUANTIFIABLE COMMUNITY BENEFITS CPMC SUSTAINS RO BUST MEDICAL, NURSING, AND ALLIED HEALTH PROFESSIONS RESIDENCY PROGRAMS AS WELL AS A RESEA RCH INSTITUTE THAT PROVIDES SIGNIFICANT COMMUNITY BENEFIT CPMC IS A MEMBER OF THE SAN FRA NCISCO CHARITY CARE PARTNERSHIP AND SAN FRANCISCO HEALTH IMPROVEMENT PARTNERSHIP (SFHIP) C ONSORTIUMS LED BY THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH THESE CONSORTIUMS CONSIST OF REPRESENTATIVES FROM ALL OF THE CITY'S HOSPITALS AND OTHER HEALTHCARE-RELATED NON-PROF IT STAKEHOLDERS CONSORTIUM MEMBERS CONDUCT A TRI-ANNUAL COMMUNITY NEEDS ASSESSMENT, AS RE QUIRED BY THE STATE AND FEDERAL GOVERNMENTS, AND COORDINATE EFFORTS TO ADDRESS THE CITY'S HEALTH DISPARITIES IN SPECIFIC AT-RISK NEIGHBORHOODS OR VULNERABLE POPULATIONS THE 2013-2 015 COMMUNITY NEEDS ASSESSMENT IDENTIFIED THREE COMMUNITY HEALTH PRIORITIES, THESE PRIORIT IES GUIDE CPMC'S COMMUNITY BENEFITS STRATEGY 1 INCREASE ACCESS TO HIGH-QUALITY HEALTH CA RE AND SERVICES - CPMC MANAGES OR FUNDS MANY PROGRAMS FOCUSED ON IMPROVING ACCESS TO CARE, INCLUDING THE FOLLOWING - ST LUKE'S HEALTH CARE CENTER (ADULT, PEDIATRIC, AND WOMEN'S C LINICS) - KALMANOVITZ CHILD DEVELOPMENT CENTER (COMPREHENSIVE DEVELOPMENTAL ASSESSMENT AND TREATMENT PROGRAMS FOR INFANTS, PRESCHOOLERS, SCHOOL-AGE CHILDREN, AND FAMILIES) - BAYVIE W CHILD HEALTH CENTER (PRIMARY CARE FOR LOW-INCOME CHILDREN) - AFRICAN AMERICAN AND SISTER TO SISTER BREAST HEALTH PROGRAMS, AND ST LUKE'S BREAST HEALTH PARTNERSHIPS (CANCER SCREE NING AND PREVENTION) - COMING HOME HOSPICE (24-HOUR CARE FOR TERMINALLY ILL CLIENTS AND TH EIR FAMILIES REGARDLESS OF ABILITY TO PAY) - MANAGED MEDI-CAL PARTNERSHIP WITH NORTH EAST MEDICAL SERVICES (PROVIDE AND TAKE RISK FOR INPATIENT AND SELECT OUTPATIENT SERVICES FOR A LMOST 18,000 MEDI-CAL AND HEALTHY KIDS MEMBERS) - HEALTHY SAN FRANCISCO (PROVIDE FREE HOSP ITALIZATION AND SELECT SPECIALTY CARE TO HSF PARTICIPANTS WHO ARE ENROLLED IN NORTH EAST M EDICAL SERVICES OR BROWN & TOLAND AS THEIR MEDICAL HOME) - LIONS EYE CLINIC (OUTPATIENT CO MPLEX EYE SERVICES FOR LOW-INCOME INDIVIDUALS) - OPERATION ACCESS (FREE DIAGNOSTIC SCREENI NGS, SPECIALTY PROCEDURES, AND SURGICAL CARE TO LOW-INCOME UNINSURED) - PROJECT HOMELESS C ONNECT (MEDICAL AND SOCIAL SERVICES TO THE HOMELESS) 2 INCREASE HEALTHY EATING AND PHY SIC AL ACTIVITY - CPMC MANAGES OR FUNDS PROGRAMS THAT AIM TO INCREASE HEALTHY EATING AND PHY SI CAL ACTIVITY AMONG LOW-INCOME POPULATIONS, INCLUDING THE FOLLOWING - HEALTHFIRST A CENTE R FOR PREVENTION AND EDUCATION (MANAGEMENT OF CHRONIC DISEASES SUCH AS DIABETES THROUGH NU TRITION EDUCATION AND LIFESTY LE CHANGES) - COMMUNITY-BASED SERVICES FOR Y OUTH THAT FOCUS O N HEALTHY LIFESTYLES, SUCH AS BAYVIEW CHILD HEALTH CENTER'S NUTRITION SERVICES, WILLIAM MC KINLEY ELEMENTARY SCHOOL'S NOON HOUR WELLNESS PROGRAM, AND DE MARILLAC ACADEMY'S HEALTH CH AMPIONS PROGRAM 3 ENSURE SAFE AND HEALTHY LIVING ENVIRONMENTS - CPMC'S COMMUNITY HEALTH G RANTS AND SPONSORSHIPS PROGRAM SUPPORT ORGANIZATIONS THAT PROMOTE SAFE AND HEALTHY LIVING ENVIRONMENTS, INCLUDING THE FOLLOWING - APA FAMILY SUPPORT SERVICES (IN-HOME SUPPORT SERV ICES TO ASIAN/PACIFIC ISLANDER CHILDREN AND FAMILIES) - THE CENTER FOR Y OUTH WELLNESS (TRA UMA-INFORMED PEDIATRIC CARE THAT ADDRESSES THE ROO

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	T CAUSES OF POOR HEALTH OUTCOMES FOR CHILDREN AND YOUTH IN HIGH-RISK COMMUNITIES) - CHINAT OWN COMMUNITY DEVELOPMENT CENTER (NEIGHBORHOOD ADVOCATES, COMMUNITY ORGANIZERS, PLANNERS, DEVELOPERS, AND MANAGERS OF AFFORDABLE HOUSING) - SAN FRANCISCO CHILD ABUSE PREVENTION CEN TER AND THE CHILD ADVOCACY CENTER (SUPPORTIVE SERVICES TO CHILDREN AND FAMILIES, EDUCATION FOR CHILDREN, CAREGIVERS AND SERVICE PROVIDERS, AND ADVOCACY FOR SYSTEMS IMPROVEMENT AND COORDINATION) - KIMOCHI (CULTURALLY SENSITIVE, JAPANESE LANGUAGE-BASED PROGRAMS AND SERVIC ES TO SENIORS AND THEIR FAMILIES, INCLUDING TRANSPORTATION, REFERRAL AND OUTREACH, HEALTH AND CONSUMER EDUCATION SEMINARS, HEALTHY AGING AND SENIOR CENTER ACTIVITIES, SOCIAL SERVIC ES, CONGREGATE AND HOME-DELIVERED MEALS, IN-HOME SUPPORT SERVICES, ADULT SOCIAL DAY CARE, AND 24-HOUR RESIDENTIAL AND RESPITE CARE) SUTTER MEDICAL CENTER OF SANTA ROSA (SMCSR) SMCS R SERVES SONOMA COUNTY, AS WELL AS OTHER COUNTIES IN THE NORTH BAY IN 2013, SMCSR PROVIDE D A TOTAL OF NEARLY $9 7 MILLION IN QUANTIFIABLE COMMUNITY BENEFITS AND CASH TO THE BROADE R COMMUNITY WITH ACTIVITIES INCLUDING 1 MEDICAL EDUCATION - SMCSR OPERATES THE FAMILY MED ICINE RESIDENCY PROGRAM WHICH TRAINS PRIMARY CARE PHY SICIANS NEARLY 50% OF LOCAL FAMILY P HY SICIANS ARE GRADUATES OF THIS RESIDENCY PROGRAM, INCLUDING PHY SICIANS WHO STAFF COMMUNIT Y HEALTH CENTERS CARING FOR LOW-INCOME AND UNDERSERVED FAMILIES 2 CHILDREN'S HEALTH - SM CSR PROVIDES FINANCIAL SUPPORT TO THE HEALTHY KIDS OF SONOMA COUNTY, WHICH IS A COLLABORAT IVE THAT PROVIDES 2,300 LOW-INCOME CHILDREN WITH COMPREHENSIVE HEALTH INSURANCE 3 WORKFO RCE DEVELOPMENT -THE HEALTHCARE WORKFORCE DEVELOPMENT PROGRAM IS DESIGNED TO ENHANCE FUTUR E WORKFORCE DIVERSITY BY PROVIDING INTERNSHIP OPPORTUNITIES FOR HIGH SCHOOL AND COLLEGE ST UDENTS THROUGH COLLABORATION WITH LOCAL HEALTHCARE AND EDUCATION PARTNERS THE SUMMER HEAL TH CAREER INSTITUTE IS LOCATED AT SANTA ROSA JUNIOR COLLEGE 4 WOMEN'S HEALTH - ONE OF TH E PRIORITIES IS WOMEN'S HEALTH, THESE COMMUNITY BENEFIT ACTIVITIES ARE REPORTED BY SUTTER PACIFIC MEDICAL FOUNDATION, ANOTHER SUTTER WEST BAY HOSPITALS AFFILIATE, IN A DIFFERENT FO RM 990 SMCSR JUST COMPLETED AN IMPLEMENTATION PLAN BASED ON THE TRI-ANNUAL NEEDS ASSESSME NT DONE IN COLLABORATION WITH KEY STAKEHOLDERS IN THE LOCAL COMMUNITY THIS WAS THE FIRST NEEDS ASSESSMENT AND IMPLEMENTATION PROCESS COMPLETED UNDER THE NEW ACA GUIDELINES COMMUN ITY BENEFIT PROGRAMS INVOLVE COLLABORATION WITH A NETWORK OF COMMUNITY ORGANIZATIONS, COUN TY AGENCIES SUCH AS THE SONOMA DEPARTMENT OF HEALTH SERVICES, AND OTHER HOSPITALS IN THE A REA NOVATO COMMUNITY HOSPITAL (NOVATO) NOVATO COMMUNITY HOSPITAL SERVES MARIN COUNTY, AS WELL AS PORTIONS OF SOUTHERN SONOMA COUNTY IN 2013, NOVATO PROVIDED A TOTAL OF $267 THOUS AND IN QUANTIFIABLE COMMUNITY BENEFITS AND CASH TO THE BROADER COMMUNITY NOVATO IS A MEMB ER OF THE HEALTHY MARIN PARTNERSHIP A COLLABORATION OF THE THREE MARIN HOSPITALS - KAISER PERMANENTE SAN RAFAEL, MARIN GENERAL HOSPITAL, AND NOVATO COMMUNITY HOSPITAL THE GROUP WA S INITIALLY FORMED 15 Y EARS AGO TO RESPOND TO CALIFORNIA SB697, WHICH REQUIRES ALL NOT-FOR -PROFIT HOSPITALS TO CONDUCT A TRI-ANNUAL COMMUNITY NEEDS ASSESSMENT 2012 WAS THE FIRST Y EAR OF AN ACCOUNTABLE CARE ACT FEDERAL MANDATE THAT 501(C)3 HOSPITALS CONDUCT A TRI-ANNUAL COMMUNITY HEALTH NEEDS ASSESSMENT NCH AGAIN WORKED WITH ITS HOSPITAL PARTNERS AND HMP TO COMPLETE THIS MORE PRESCRIPTIVE FEDERAL REQUIREMENT THIS REPORT AND AN IMPLEMENTATION PL AN ARE FILED WITH THE IRS IN TAX Y EAR 2014 THE HOSPITALS HAVE AGREED TO CONTINUE THIS REL ATIONSHIP TO MAKE THE BEST USE OF THEIR COMMUNITY BENEFIT RESOURCES NCH WILL FILE ANNUAL PROGRESS REPORTS ON THE 2014 PLAN IN 2015 AND 2016

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	FORM 990, PART III, LINE 4A	EXEMPT PURPOSE ACHIEVEMENTS CONTINUED SUTTER LAKESIDE HOSPITAL (LAKESIDE) IN 2013, LAKESID E PROVIDED A TOTAL OF OVER $2 2 MILLION IN QUANTIFIABLE COMMUNITY BENEFITS AND CASH TO THE BROADER COMMUNITY THE POPULATION SERVED INCLUDES A HIGH PERCENTAGE OF FAMILIES WHOSE LOW INCOME AFFECTS THEIR ACCESS TO HEALTHCARE SUTTER LAKESIDE'S COMMUNITY BENEFITS STRATEGY INCLUDES PREVENTIVE CARE, CLINICAL EDUCATION, AND SUBSIDIZING HEALTH SERVICES LAKESIDE PR EVENTIVE CARE INCLUDES THE SPONSORING AND FUNDING OF PROGRAMS THAT PROVIDE FREE OR LOW-COS T PREVENTIVE CARE SCREENINGS AND TESTS, SUCH AS MAMMOGRAMS AND SEASONAL FLU VACCINATIONS LAKESIDE'S ROLE IN CLINICAL EDUCATION IS TO PROVIDE OPPORTUNITIES FOR STUDENTS FROM MULTIP LE CLINICAL PROGRAMS TO APPLY THEIR LEARNING UNDER THE GUIDANCE AND SUPERVISION OF LAKESID E'S STAFF FINALLY, LAKESIDE SUBSIDIZES THE OPERATING COSTS OF HEALTH SERVICES THAT ARE CR UCIAL TO THE HEALTH AND WELLBEING OF THE COMMUNITY, INCLUDING, EMERGENCY DEPARTMENT, RURAL HEALTH CLINIC, MOBILE HEALTH CLINIC, AND BIRTH CENTER CPMC RESEARCH INSTITUTE THE CALIFO RNIA PACIFIC MEDICAL CENTER AND ITS RESEARCH INSTITUTE (CPMCRI) HAVE MADE A MAJOR COMMITME NT OF SPACE AND FUNDING TO ENHANCE ITS RESEARCH PROGRAMS IN CLINICAL TRIALS, EPIDEMIOLOGY, BEHAVIORAL MEDICINE, PHARMACOKINETICS AND LABORATORY-BASED RESEARCH PROGRAMS APPROXIMATE LY 80 INVESTIGATORS, BOTH LABORATORY AND CLINICAL RESEARCHERS, INCLUDING MOLECULAR BIOLOGI STS, IMMUNOLOGISTS, PHARMACOLOGISTS, BIOCHEMISTS, PHYSICISTS, EPIDEMIOLOGISTS, BEHAVIORAL SCIENTISTS, BIOSTATISTICIANS, AND COMPUTER SCIENTISTS WORK WITHIN THE RESEARCH INSTITUTE A ND THE MEDICAL CENTER INNOVATIVE BIOMEDICAL RESEARCH IS CONDUCTED IN SUCH DIVERSE AREAS A S AGING, ARTHRITIS, EPILEPSY, DIABETES, NEUROBIOLOGY OF PAIN, CARDIOVASCULAR DISEASE, OSTE OPOROSIS, ORGAN TRANSPLANTATION, MECHANISMS OF DRUG ADDICTION, NEURODEGENERATIVE DISEASES (E G AMYOTROPHIC LATERAL SCLEROSIS), CANCER, AIDS, HEPATITIS AND OTHER INFECTIOUS DISEASE S SOME OF THESE SCIENTISTS ARE ENGAGED IN RESEARCH THAT WILL HELP US UNDERSTAND THE FUNCT ION OF CERTAIN HUMAN CELLS, GENES, PROTEINS AND OTHER FUNDAMENTAL STRUCTURES WITHIN OUR BO DIES LARGE MULTI-CENTER STUDIES-IN WOMEN'S HEALTH, AGING, COGNITIVE FUNCTION, CARDIOVASCU LAR DISEASE, BREAST CANCER PREVENTION, OSTEOPOROSIS, AND ARTHRITIS- INITIATED AT CPMCRI IN PARTNERSHIP WITH THE SAN FRANCISCO COORDINATING CENTER HAVE SIGNIFICANTLY ADVANCED RESEAR CH INTO COMMON, CHRONIC ILLNESSES OUR STUDIES ON LONGEVITY HAVE ACCUMULATED THE LARGEST, RICHEST DATASETS ABOUT AGING IN THE U S LARGE-COHORT STUDIES IN OSTEOPOROSIS AND BREAST C ANCER HAVE YIELDED SOME OF THE MOST POWERFUL DATASETS IN THE U S TO HELP IMPROVE THE TREA TMENT OF THESE ILLNESSES OVER 350 CLINICAL TRIALS, SPONSORED BY PHARMACEUTICAL, BIOTECHNO LOGY AND THE NATIONAL CANCER INSTITUTE, ARE CURRENTLY CONDUCTED AT THE MEDICAL CENTER THRO UGH THE CPMCRI OFFICE OF CLINICAL RESEARCH OUR SCIENTISTS RECEIVED MORE THAN $18 MILLION IN RESEARCH FUNDING IN 2013 CPMCRI PROMOTES ACTIVE PARTNERSHIPS BETWEEN CLINICIANS AND RE SEARCHERS, MERGING RESEARCH INSTITUTE INTERESTS WITH THE NEEDS OF THE MEDICAL CENTER AND T HE COMMUNITY OF PATIENTS THAT WE SERVE MAKING RESEARCH AN INTEGRAL FOUNDATION FOR IMPROVED PATIENT CARE AND ACCESS FOR OUR PATIENTS TO CUTTING EDGE THERAPIES THROUGH AN EXTENSIVE C LINICAL TRIAL PROGRAM WHEN ASSOCIATED WITH A RESEARCH PROGRAM, PHYSICIANS HAVE KNOWLEDGE AND ACCESS TO MORE EFFECTIVE TREATMENTS AND DIAGNOSTIC TECHNOLOGIES BECAUSE OF THIS EXPER TISE, PEER INSTITUTES ARE LEARNING FROM AND PARTNERING WITH OUR INVESTIGATORS IN NATIONAL AND INTERNATIONAL STUDIES AND PROGRAMS HEALTH EDUCATION AND TRAINING TWO OF THE FOUR SUTT ER WEST BAY HOSPITALS HAVE FORMAL HEALTH EDUCATION AND TRAINING PROGRAMS SUTTER MEDICAL C ENTER AT SANTA ROSA ESTABLISHED ITS FAMILY MEDICINE TRAINING PROGRAM IN 1938 THE SANTA RO SA FAMILY MEDICINE RESIDENCY IS A CRITICAL STRATEGIC HEALTHCARE ASSET THAT ADDRESSES THE G ROWING PHYSICIAN SHORTAGE IN SONOMA COUNTY THE RESIDENCY HAS BEEN THE LARGEST SINGLE SOUR CE OF FAMILY PHYSICIANS TO SONOMA COUNTY FOR OVER 80 YEARS, RESIDENCY GRADUATES COMPRISE N EARLY HALF OF FAMILY PHYSICIANS IN SONOMA COUNTY RESIDENCY GRADUATES FILL POSITIONS IN PR IVATE PRACTICES, COMMUNITY CLINICS, AND LARGE MEDICAL GROUPS SUCH AS SUTTER MEDICAL GROUP OF THE REDWOODS, THE PERMANENTE MEDICAL GROUP, LOCAL COMMUNITY HEALTH CENTERS, AND SONOMA COUNTY HEALTH SERVICES AND LEADERSHIP POSITIONS THROUGHOUT THE MEDICAL COMMUNITY THE THRE E YEAR PROGRAM IS AFFILIATED WITH THE UCSF DEPARTMENT OF FAMILY AND COMMUNITY MEDICINE CA LIFORNIA PACIFIC MEDICAL CENTER PROVIDES A MODEL OF SPECIALTY CARE BY BLENDING EXCELLENCE IN ACADEMICS AND RESEARCH WITH A FOCUS ON PATIENT-CENTERED CARE CPMC IS A MAJOR TEACHING AFFILIATE OF DARTMOUTH MEDICAL SCHOOL, PROVIDING CLERKSHIPS IN MEDICINE, PSYCHIATRY, NEURO LOGY, PEDIATRICS AND OBSTETRICS-GYNECOLOGY ADDITIONAL CLERKSHIPS (IN SURGERY AND OBSTETRI CS-GYNECOLOGY) ARE PROVIDED FOR STUDENTS FROM UCSF

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	MEDICAL STUDENTS FROM OTHER PRESTIGIOUS SCHOOLS ON OCCASION ARE GRANTED CLERKSHIPS IN DE PARTMENTS WHICH SPONSOR RESIDENCIES HERE. THE GRADUATE MEDICAL RESIDENCY TRAINING PROGRAMS OFFERED AT CPMC ARE OF THE HIGHEST CALIBER WITH CPMC'S PHYSICIANS EMBRACING THE ROLE OF E DUCATORS AS WELL AS CLINICIANS. RESIDENCIES EDUCATE PHYSICIANS IN SPECIFIC SPECIALTIES. CP MC HAS INDEPENDENT RESIDENCY AND FELLOWSHIP PROGRAMS IN INTERNAL MEDICINE, PSYCHIATRY, RAD IATION ONCOLOGY, OPHTHALMOLOGY, CARDIOVASCULAR DISEASES, GASTROENTEROLOGY, PULMONARY/CRITI CAL CARE MEDICINE, HEPATOLOGY/TRANSPLANT, ENDOCRINOLOGY, HAND SURGERY, KIDNEY TRANSPLANT, NEUROCRITICAL CARE, MRL, RETINA, OCULOPLASTIC SURGERY, MELANOMA SURGERY, AND SHOULDER SURG ERY. CPMC ALSO OFFERS TRAINING IN SURGERY, ORTHOPEDIC SURGERY, AND PLASTIC SURGERY TO UCSF RESIDENTS. IN ADDITION, CPMC IS A TRAINING SITE FOR OPERATING ROOM NURSING STUDENTS, OCCU PATIONAL THERAPISTS, PHYSICAL THERAPISTS AND SURGICAL TECHNOLOGISTS. IN ADDITION TO THE AF OREMENTIONED EDUCATIONAL PROGRAMS FOR MEDICAL STUDENTS (UNDERGRADUATE MEDICAL EDUCATION) A ND RESIDENTS/FELLOWS (GRADUATE MEDICAL EDUCATION), CPMC PROVIDES AN EXTENSIVE SELECTION OF CONTINUING MEDICAL EDUCATION THROUGH ITS NUMEROUS CONFERENCES FOR PHYSICIANS IN PRACTICE. CPMC'S PHYSICIANS ALSO PROVIDE OUTREACH PROGRAMS IN CONTINUING MEDICAL EDUCATION LOCALLY, REGIONALLY, AND NATIONALLY

Return Reference	Explanation
FORM 990, PART VI, LINES 6 & 7A	DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS 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

Return Reference	Explanation
FORM 990, PART VI, LINE 7B	DESCRIPTION OF CLASSES OF PERSONS, DECISIONS REQUIRING APPR & TYPE OF VOTING RIGHTS 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

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

Return Reference	Explanation
FORM 990, PART VI, LINE 12	DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST 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

Return Reference	Explanation
FORM 990, PART VI, LINE 15	PROCESS FOR DETERMINING COMPENSATION 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 LEADERS OF THIS ORGANIZATION WHO ARE SUTTER HEALTH EMPLOYEES UNDERGO A REVIEW AND COMPENSATION COMMITTEE APPROVAL, AND SUCH APPROVAL IS RECORDED IN THE MINUTES

Return Reference	Explanation
FORM 990, PART VI, LINE 19	AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMT TO GEN PUBLIC 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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN FUND BALANCE EQUITY TRANSFERS (NET) (8,724,735) PARTNERSHIP INCOME BOOKED ON RETURN 14,418,431 K-1 ORDINARY INCOME (14,362,953) K-1 INTEREST INCOME (107,087) K-1 ORDINARY DIVIDENDS (1,538,679) K-1 SHORT TERM CAPITAL GAIN 79,347 K-1 LONG TERM CAPITAL GAIN (1,466,074) K-1 RENTAL INCOME (125,436) K-1 OTHER INCOME 709,220 K-1 ROYALTY INCOME (23,631) K-1 1231 GAIN (277) ROUNDING (2) ---------- (11,141,876) ==========

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
SUTTER WEST BAY HOSPITALS

Employer identification number
94-0562680

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

(a) Name, address, and EIN (if applicable) 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
(1) CATHEDRAL HEIGHTS LLC PO BOX 7999 SAN FRANCISCO, CA 94120 20-0511266	RENTAL PROP	CA		303,174	SWBH

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 entity? 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) Disproprtionate 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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) HEALTH VENTURES INC 350 HAWTHORNE ST OAKLAND, CA 94609 94-2918780	HEALTH SERVICES	CA	NA	C CORP				Yes	
(2) CHARITABLE REMAINDER TRUSTS (5)	CRT	CA	N/A	TRUST				Yes	

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V?UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ADOLESCENT TREATMENT CENTERS INC 390 40TH STREET OAKLAND, CA 94609 68-0088443	HEALTHCARE	CA	501(C)(3)	3	SUTTER EBH	Yes	
(1) ALTA BATES SUMMIT FOUNDATION 3012 SUMMIT STREET 3RD FLOOR OAKLAND, CA 94609 51-0160184	FUNDRAISING	CA	501(C)(3)	7	SUTTER EBH	Yes	
(2) CALIFORNIA PACIFIC MEDICAL CTR FOUND 2015 STEINER STREET 2ND FLOOR SAN FRANCISCO, CA 94115 94-2728423	FUNDRAISING	CA	501(C)(3)	7	SUTTER WBH	Yes	
(3) DELTA MEMORIAL HOSPITAL FOUNDATION 3901 LONE TREE WAY ANTIOCH, CA 94509 94-2417022	FUNDRAISING	CA	501(C)(3)	11a - I	SUTTER EBH	Yes	
(4) EAST BAY PERINATAL CENTER 3012 SUMMIT STREET 3RD FLOOR OAKLAND, CA 94609 51-0172285	HEALTHCARE	CA	501(C)(3)	3	SUTTER EBH	Yes	
(5) EDEN MEDICAL CENTER 20103 LAKE CHABOT ROAD CASTRO VALLEY, CA 94546 94-2948100	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
(6) MEMORIAL HOSPITAL FOUNDATION 1800 COFFEE ROAD SUITE 76 MODESTO, CA 95355 94-2290244	FUNDRAISING	CA	501(C)(3)	11a - I	SUTTER CVH	Yes	
(7) MILLS-PENINSULA HEALTH SERVICES 1501 TROUSDALE DRIVE BURLINGAME, CA 94010 94-1156265	HOSPITAL	CA	501(C)(3)	3	PAMF	Yes	
(8) MILLS-PENINSULA HOSPITAL FOUNDATION 1501 TROUSDALE DRIVE BURLINGAME, CA 94010 23-7288765	FUNDRAISING	CA	501(C)(3)	7	MPHS	Yes	
(9) PALO ALTO MEDICAL FOUNDATION 2350 EL CAMINO REAL MOUNTAIN VIEW, CA 94040 94-1156581	HEALTHCARE	CA	501(C)(3)	3	SUTTER HLTH	Yes	
(10) SAMUEL MERRITT UNIVERSITY 450 30TH STREET 2840 OAKLAND, CA 94609 94-2992642	UNIVERSITY	CA	501(C)(3)	2	SUTTER EBH	Yes	
(11) SUTTER AUBURN FAITH HOSPITAL FOUNDATION 11815 EDUCATION ST AUBURN, CA 95602 94-2594966	FUNDRAISING	CA	501(C)(3)	7	SUTTER SSR	Yes	
(12) SUTTER CENTRAL VALLEY HOSPITALS 1800 COFFEE ROAD SUITE 76 MODESTO, CA 95355 94-1080917	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
(13) SUTTER COAST HOSPITAL 800 E WASHINGTON BLVD CRESCENT CITY, CA 95531 94-2988520	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
(14) SUTTER DAVIS HOSPITAL FOUNDATION PO BOX 1617 DAVIS, CA 95617 68-0217870	FUNDRAISING	CA	501(C)(3)	7	SUTTER SSR	Yes	
(15) SUTTER EAST BAY HOSPITALS 3012 SUMMIT STREET 3RD FLOOR OAKLAND, CA 94609 94-1196176	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
(16) SUTTER EAST BAY MEDICAL FOUNDATION 3687 MT DIABLO BLVD 200 LAFAYETTE, CA 94549 94-2690415	HEALTHCARE	CA	501(C)(3)	3	SUTTER HLTH	Yes	
(17) SUTTER GOULD MEDICAL FOUNDATION 600 COFFEE ROAD MODESTO, CA 95355 94-1682256	HEALTHCARE	CA	501(C)(3)	3	SUTTER HLTH	Yes	
(18) SUTTER HEALTH 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 94-2788907	SUPPORTING OR	CA	501(C)(3)	11c III-FI	NA		No
(19) 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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(21) SUTTER HEALTH PLAN 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 46-1183948	HEALTH PLAN	CA	PENDING	PENDING	SUTTER HLTH	Yes	
(1) SUTTER HEALTH SACRAMENTO SIERRA REGION PO BOX 160727 SACRAMENTO, CA 95816 94-1156621	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
(2) 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	
(3) SUTTER MEDICAL CENTER FOUNDATION PO BOX 160727 SACRAMENTO, CA 95816 94-2788906	FUNDRAISING	CA	501(C)(3)	7	SUTTER SSR	Yes	
(4) SUTTER MEDICAL CENTER CASTRO VALLEY 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 77-0146047	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
(5) SUTTER MEDICAL FOUNDATION 2800 L STREET 7TH FLOOR SACRAMENTO, CA 95816 68-0273974	HEALTHCARE	CA	501(C)(3)	11b - II	SUTTER HLTH	Yes	
(6) SUTTER ROSEVILLE MEDICAL CTR FOUNDATION ONE MEDICAL PLAZA ROSEVILLE, CA 95661 68-0040113	FUNDRAISING	CA	501(C)(3)	7	SUTTER SSR	Yes	
(7) SUTTER SOLANO CHARITABLE FOUNDATION 300 HOSPITAL DRIVE VALLEJO, CA 94589 94-2668262	FUNDRAISING	CA	501(C)(3)	7	SUTTER SSR	Yes	
(8) SUTTER VISITING NURSE ASSOC AND HOSPICE 1900 POWELL ST 300 EMERYVILLE, CA 94608 94-6068843	HEALTHCARE	CA	501(C)(3)	9	SUTTER HLTH	Yes	
(9) 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	
(10) 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) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of K-1 (Form 1065)	(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	SWBH	RELATED	1,887,636	994,892		No	0	Yes		51 000 %
SAN FRANCISCO ENDOSCOPY CENTER LLC 3000 RIVERCHASE BIRMINGHAM, AL 35244 91-2160588	ENDOSCOPY JV	CA	SWBH	RELATED	5,297,868	132,766		No	0	Yes		51 000 %
PRESIDIO SURGERY CENTER LLC 1635 DIVISADERO SF, CA 94115 32-0144060	AMBULATORY SURG	CA	SWBH	RELATED	7,170,388	4,425,530		No	0	Yes		51 000 %
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								
SUTTER AMADOR SURGERY CENTER LLC 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 46-1398093	SURGERY	CA	NA	N/A								
ROSEVILLE ENDOSCOPY CENTER LLC 4 MEDICAL PLAZA SUITE 210 ROSEVILLE, CA 95661 87-0710513	ENDOSCOPY JV	CA	NA	N/A								
MEMORIAL MEDICAL OFFICE BUILDING PRTNR I 1800 COFFEE RD SUITE 76 MODESTO, CA 95355 77-0287288	OFFICE RENTAL	CA	NA	N/A								
MEMORIAL MEDICAL OFFICE BUILDING PRTNR I 1800 COFFEE RD SUITE 76 MODESTO, CA 95355 77-0287288	OFFICE RENTAL	CA	NA	N/A								
SAN FRANCISCO PEDIATRIC VENTURE LLC 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 45-4474910	PATIENT CARE	CA	SWBH	RELATED	-400	452,900		No	0	Yes		50 000 %

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
SUTTER VISITING NURSE ASSOCIATION	J	182,165	FMV
SUTTER VISITING NURSE ASSOCIATION	K	358,428	FMV
SUTTER VISITING NURES ASSOCIATION	Q	25,283	FMV
EDEN MEDICAL CENTER	L	1,581,133	FMV
EDEN MEDICAL CENTER	M	262,966	FMV
MILLS-PENINSULA HEALTH SERVICES	M	766,942	FMV
SUTTER EAST BAY HOSPITALS	L	1,806,485	FMV
SUTTER EAST BAY HOSPITALS	M	2,150,311	FMV
SUTTER EAST BAY HOSPITALS	P	106,934	FMV
SUTTER EAST BAY HOSPITALS	Q	327,341	FMV
SUTTER MEDICAL CENTER CASTRO VALLEY	M	1,318,167	FMV
SUTTER VISITING NURES ASSOCIATION	J	358,428	FMV
SUTTER VISITING NURES ASSOCIATION	K	182,165	FMV
SUTTER VISITING NURES ASSOCIATION	P	25,283	FMV
CALIFORNIA PACIFIC MEDICAL CENTER FOUNDATION	C	11,061,931	FMV
SUTTER INSURANCE SERVICES CORPORATION	P	9,673,596	FMV

Sutter Health

We Plus You

Sutter Health and Affiliates

Consolidated Financial Statements
and
Supplementary Information

Year ended December 31, 2013 and 2012

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Sutter Health and Affiliates

Consolidated Financial Statements
and
Supplementary Information

Year ended December 31, 2013 and 2012

Contents (continued)

Supplementary Information (continued)

Report of Independent Auditors

The Board of Directors
Sutter Health and Affiliates

We have audited the accompanying consolidated financial statements of Sutter Health and Affiliates, which comprise the consolidated balance sheets as of December 31, 2013 and 2012, and the related consolidated statements of operations and changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

Auditor's Responsibility

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.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of Sutter Health and Affiliates at December 31, 2013 and 2012, and the consolidated results of their operations and changes in net assets, and their cash flows for the years then ended in conformity with U.S. generally accepted accounting principles.

Ernst & Young LLP

March 4, 2014

Sutter Health and Affiliates

Consolidated Balance Sheets

(Dollars in millions)

	December 31, 2013	2012
Assets		
Current assets:		
Cash and cash equivalents	**$ 344**	$ 438
Short-term investments	**3,908**	3,033
Patient accounts receivable (net of allowance for doubtful accounts of $314 in 2013 and $302 in 2012)	**1,196**	1,086
Other receivables	**218**	218
Inventories	**91**	92
Other	**63**	70
Total current assets	**5,820**	4,937
Non-current investments	**845**	794
Property, plant and equipment, net	**6,705**	6,275
Other	**845**	384
	$ 14,215	$ 12,390
Liabilities and net assets		
Current liabilities:		
Accounts payable	**$ 433**	$ 331
Accrued salaries and related benefits	**536**	504
Other accrued expenses	**476**	469
Current portion of long-term obligations	**16**	17
Total current liabilities	**1,461**	1,321
Non-current liabilities:		
Long-term obligations, less current portion	**3,764**	2,996
Other	**667**	711
Net assets:		
Unrestricted controlling	**7,846**	6,930
Unrestricted noncontrolling	**90**	71
Temporarily restricted	**257**	232
Permanently restricted	**130**	129
	8,323	7,362
	$ 14,215	$ 12,390

See accompanying notes

Sutter Health and Affiliates

Consolidated Statements of Operations and Changes in Net Assets

(Dollars in millions)

	Year ended December 31, 2013	2012
Unrestricted net assets:		
Operating revenues:		
Patient service revenues	**$ 8,771**	$ 8,612
Provision for bad debts	**(410)**	(376)
Patient service revenues less provision for bad debts	**8,361**	8,236
Capitation revenues	**939**	976
Contributions	**8**	10
Other	**341**	338
Total operating revenues	**9,649**	9,560
Operating expenses:		
Salaries and employee benefits	**4,470**	4,314
Purchased services	**2,354**	2,166
Supplies	**1,056**	1,015
Depreciation and amortization	**603**	469
Capitated purchased services	**250**	267
Rentals and leases	**140**	126
Interest	**78**	74
Insurance	**30**	26
Other	**690**	554
Total operating expenses	**9,671**	9,011
(Loss) income from operations	**(22)**	549
Investment income	**177**	105
Change in net unrealized gains and losses on investments classified as trading	**203**	137
Income	**358**	791
Less income attributable to noncontrolling interests	**(58)**	(56)
Income attributable to Sutter Health	**300**	735

Sutter Health and Affiliates

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

(Dollars in millions)

	Year ended December 31, 2013	2012
Unrestricted net assets (continued):		
Unrestricted controlling net assets:		
Income attributable to Sutter Health	**$ 300**	$ 735
Change in net unrealized gains and losses on investments classified as other-than-trading	**(25)**	6
Net assets released from restrictions for equipment acquisition	**7**	13
Pension-related changes other than net periodic pension cost	**634**	35
Other	**–**	13
Increase in unrestricted controlling net assets	**916**	802
Unrestricted noncontrolling net assets:		
Income attributable to noncontrolling interests	**58**	56
Distributions	**(55)**	(49)
Contributed capital	**1**	6
Other	**15**	2
Increase in unrestricted noncontrolling net assets	**19**	15
Temporarily restricted net assets:		
Contributions	**39**	34
Investment income	**6**	6
Change in net unrealized gains and losses on investments	**11**	13
Net assets released from restrictions	**(28)**	(41)
Other	**(3)**	1
Increase in temporarily restricted net assets	**25**	13
Permanently restricted net assets:		
Contributions	**1**	2
Investment income	**1**	1
Change in net unrealized gains and losses on investments	**2**	1
Other	**(3)**	–
Increase in permanently restricted net assets	**1**	4
Increase in net assets	**961**	834
Net assets, beginning of year	**7,362**	6,528
Net assets, end of year	**$ 8,323**	$ 7,362

See accompanying notes

Sutter Health and Affiliates

Consolidated Statements of Cash Flows

(Dollars in millions)

	Year ended December 31, 2013	2012
Operating activities		
Increase in net assets	**$ 961**	$ 834
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Depreciation and amortization	**509**	464
Amortization of bond issuance (premium) discount, net	**(10)**	(7)
Change in net unrealized gains and losses on investments	**(191)**	(157)
Provision for doubtful accounts	**410**	376
Restricted contributions and investment income	**(47)**	(43)
Loss on impairment of property, plant and equipment	**92**	3
Change in net postretirement benefits	**(486)**	(39)
Net loss on disposal of property, plant and equipment	**–**	2
Net changes in operating assets and liabilities:		
Patient accounts receivable and other receivables	**(520)**	(364)
Inventories and other assets	**14**	9
Accounts payable and accrued expenses	**131**	84
Other non-current liabilities	**(8)**	39
Net cash provided by operating activities	**855**	1,201
Investing activities		
Purchases of property, plant and equipment	**(1,023)**	(1,054)
Proceeds from disposal of property, plant and equipment	**7**	–
(Purchases) and sales or maturities of investments, net	**(735)**	377
Other	**(16)**	(26)
Net cash used in investing activities	**(1,767)**	(703)

Sutter Health and Affiliates

Consolidated Statements of Cash Flows (continued)

(Dollars in millions)

	Year ended December 31, 2013	2012
Financing activities		
Payments of long-term obligations	**$ (18)**	$ (22)
Payments for bond redemption	**–**	(502)
Proceeds from issuance of long-term obligations	**757**	120
Bond issuance costs	**(6)**	(2)
Bond issuance premium	**38**	14
Restricted contributions and investment income	**47**	43
Net cash provided by (used in) financing activities	**818**	(349)
Net (decrease) increase in cash and cash equivalents	**(94)**	149
Cash and cash equivalents at beginning of year	**438**	289
Cash and cash equivalents at end of year	**$ 344**	$ 438
Supplementary disclosures of cash flow information:		
Cash paid during the year for interest (net of capitalized interest costs of $86 in 2013 and $87 in 2012)	**$ 69**	$ 76

See accompanying notes

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, medical foundations, fundraising foundations and a variety of other specialized health care services. 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 Consolidation: The consolidated 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 consolidation.

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 consolidated 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, and investment-grade debt instruments, many of which are backed by the U.S. Government or other government agencies. 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. Cash equivalents are stated at fair market value.

(Dollars in millions)

2. ACCOUNTING POLICIES (continued)

Investments: Investments consist principally of U.S. 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% and 89% of self-pay accounts receivable at December 31, 2013 and 2012, respectively. 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,	
	2013	**2012**
Medicare	**33%**	29%
Medi-Cal	**21%**	23%

During 2013 and 2012, certain affiliates collected on accounts that were previously deemed uncollectible and reserved. Such recoveries are recognized in the period that cash is received and are not material. Due to the inherent variability in the estimation of future patient receivable collections, there is at least a reasonable possibility that the estimation may change by a material amount in the near term.

2. ACCOUNTING POLICIES (continued)

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. Sutter accrued obligations for property, plant and equipment of $96 and $86 for 2013 and 2012, respectively.

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.

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 to goodwill of $18 and $24 for 2013 and 2012, respectively.

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

2. ACCOUNTING POLICIES (continued)

Other Liabilities: Other non-current liabilities consist of (i) insurance liabilities, including estimated liabilities for professional liability and comprehensive general liability losses, 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. Workers' compensation liabilities were $207 and $218 discounted using a rate of 2.5% and 1.6% as of December 31, 2013 and 2012, respectively. Sutter has other workers' compensation programs administered at certain affiliates that are discounted using rates ranging from 1.3% to 2.5% as of December 31, 2013, and 0.8% to 1.9% as of December 31, 2012, with reserves amounting to $17 and $27, respectively. Employee health liabilities were $41 and $37 as of December 31, 2013 and 2012, respectively, and were recorded on an undiscounted basis in accrued salaries and employee benefits. Professional liabilities and comprehensive general liabilities were $105 and $99 discounted at a rate of 1.3% and 0.8% as of December 31, 2013 and 2012, respectively. Such claim reserves are based on the best data available to Sutter; however, these estimates are subject to a significant degree of inherent variability. 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. Management is of the opinion that the associated liabilities recognized in the accompanying consolidated financial statements are adequate to cover such claims.

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.

2. ACCOUNTING POLICIES (continued)

In lieu of a workers' compensation security deposit requirement, Sutter paid assessment charges to participate in the California Self Insurers' Alternative Security Program, which provided coverage of $241 and $121 as of December 31, 2013 and 2012, respectively.

Asset Retirement Obligations: Sutter has recorded an estimated other non-current liability of $41 and $45 at December 31, 2013 and 2012, 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.

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 consolidated 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 unrestricted, temporarily restricted, or permanently restricted, based on the intent of the donor.

(Dollars in millions)

2. ACCOUNTING POLICIES (continued)

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.

Patient service revenues less provision for bad debts are reported net of the provision for bad debts on the consolidated statement of operations and changes in net assets. Sutter's self-pay write-offs were $375 and $370 for 2013 and 2012, respectively.

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

	Year ended December 31, 2013	2012
Government	**$ 3,291**	$ 3,214
Contracted	**5,185**	5,152
Self-pay and others	**295**	246
	$ 8,771	$ 8,612

Other Revenue: The American Recovery and Reinvestment Act of 2009 included provisions for implementing health information technology under the Health Information Technology for Economic and Clinical Health Act (HITECH). The provisions were designed to increase the use of electronic health record (EHR) technology and establish the requirements for a Medi-Cal and Medicare incentive payment program beginning in 2011 for eligible providers that adopt and demonstrate meaningful use of certified EHR technology.

2. ACCOUNTING POLICIES (continued)

Sutter accounts for Medi-Cal and Medicare EHR incentive payments as a gain contingency. For the years ended December 31, 2013 and 2012, Medi-Cal incentives of $8 and $23, and Medicare incentives of $15 and $17, respectively, were recognized in other revenues upon demonstration of compliance with the meaningful use criteria. A portion of the income from incentive payments is subject to retrospective adjustment, as the incentive payments are calculated using Medicare cost report data that is subject to audit. Additionally, Sutter's compliance with meaningful use criteria is subject to audit by the federal government, which could result in changes to amounts previously recorded.

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 contracted medical groups.

Capitated Purchased 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 for which Sutter is responsible, when services are rendered under these contracts, including estimates of IBNR claims and amounts receivable/payable under risk-sharing arrangements.

Advertising: Sutter expenses advertising costs as incurred. Advertising expense (included in other operating expenses) was $18 and $20 in 2013 and 2012, respectively.

Research and Development: Sutter expenses research and development costs as incurred. Research and development expense (included in other operating expenses) was $41 and $42 in 2013 and 2012, respectively.

2. ACCOUNTING POLICIES (continued)

Income Taxes: Sutter Health, the legal entity, 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 consolidated financial statements. With respect to its 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 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, 2013 and 2012, there were no such uncertain tax positions.

Performance Indicator: "Income" and "Income attributable to Sutter Health" as reflected in the accompanying consolidated statements of operations and changes in net assets are performance indicators. Performance indicators include changes in unrestricted net assets other than net assets released from restrictions for equipment acquisition, changes in net unrealized gains and losses on investments classified as other-than-trading, and pension-related changes other than net periodic pension cost.

2. ACCOUNTING POLICIES (continued)

Adoption of New Accounting Pronouncements: In February 2013, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2013-04, *Liabilities (Topic 405), Obligations Resulting from Joint and Several Liability Arrangements for Which the Total Amount of the Obligation Is Fixed at the Reporting Date,* which requires an entity to measure obligations resulting from joint and several liability arrangements for which the total amount of the obligation within the scope of the guidance is fixed at the reporting date. The ASU also requires that the nature of the obligation be disclosed. The guidance is effective for fiscal year 2015, and management will consider the impact and adopt in a timely manner.

In October 2012, the FASB issued ASU No. 2012-05, *Statement of Cash Flows,* amending Accounting Standards Codification (ASC) 230, *Not-for-Profit Entities: Classification of the Sale Proceeds of Donated Financial Assets in the Statement of Cash Flows,* to clarify the statement of cash flow presentation of cash received from the sale of donated assets and to eliminate the diversity of presentation that currently occurs in practice. This guidance, became effective on June 15, 2013, and did not have a material impact on Sutter's consolidated financial condition, results of operations, or cash flows.

In July 2012, the FASB issued ASU No. 2012-02, *Testing Indefinite-Lived Intangible Assets for Impairment*, which will allow an entity to first assess qualitative factors to determine whether it is necessary to perform a quantitative impairment test. Under these amendments, an entity would not be required to calculate the fair value of an indefinite-lived intangible asset unless the entity determines, based on a qualitative assessment, that it is not more likely than not that the indefinite-lived intangible asset is impaired. Sutter adopted ASU 2012-02 effective January 1, 2012, and the adoption did not have a material impact on Sutter's consolidated financial condition, results of operations, or cash flows.

Reclassifications: Certain amounts in Sutter's 2012 consolidated financial statements have been reclassified to conform with the presentation of its 2013 consolidated financial statements. These reclassifications had no impact on previously reported income or net assets.

(Dollars in millions)

3. INVESTMENTS

Investments are held for the following uses:

	December 31, 2013	2012
Assets held in trust:		
Principal, interest and other reserves held in trust under bond indentures	**$ 332**	$ 312
Internally designated	**320**	318
Investments	**4,101**	3,197
	4,753	3,827
Less short-term investments	**(3,908)**	(3,033)
Non-current investments	**$ 845**	$ 794

Investment income includes the following:

	Year ended December 31, 2013	2012
Interest and dividends	**$ 90**	$ 95
Investment fees	**(15)**	(12)
Net realized gain on sales of securities, including net loss from other-than-temporary impairment	**121**	47
	196	130
Amounts included in changes in restricted net assets	**(7)**	(7)
Interest earned on unspent bond project funds	**(12)**	(18)
Investment income	**$ 177**	$ 105

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 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.

(Dollars in millions)

4. FAIR VALUE MEASUREMENTS (continued)

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

	December 31, 2013			
	Quoted Prices in Active Markets for Identical Instruments (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Balance
Liquid investments				
Cash equivalents	$ 209	$ –	$ –	$ 209
Equity securities				
U S equity	1,534	42	–	1,576
Foreign equity	715	–	–	715
Fixed income securities				
U S government	146	–	–	146
U S government agencies	–	103	–	103
U S state and local government	–	29	–	29
U S federal agency mortgage-backed	–	452	–	452
Foreign government	–	279	–	279
U S corporate	50	636	–	686
Foreign corporate	5	411	–	416
Other investments				
Multi-strategy hedge funds	–	33	67	100
Private equity funds	–	–	16	16
Commodity-linked funds	–	26	–	26
	$ 2,659	$ 2,011	$ 83	$ 4,753

(Dollars in millions)

4. FAIR VALUE MEASUREMENTS (continued)

	December 31, 2012			
	Quoted Prices in Active Markets for Identical Instruments (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Balance
		(Revised)	*(Revised)*	
Liquid investments				
Cash equivalents	$ 122	$ –	$ –	$ 122
Equity securities				
U S equity	742	85	–	827
Foreign equity	503	17	–	520
Fixed income securities				
U S government	140	–	–	140
U S government agencies	1	119	–	120
U S state and local government	–	58	–	58
U S federal agency mortgage-backed	–	241	–	241
Foreign government	–	407	–	407
U S corporate	83	750	–	833
Foreign corporate	3	453	–	456
Other investments				
Multi-strategy hedge funds	–	29	32	61
Private equity funds	–	–	9	9
Commodity-linked funds	20	13	–	33
	$ 1,614	$ 2,172	$ 41	$ 3,827

As a result of further analysis of the characteristics of certain financial instruments, $29 of multi-strategy hedge funds and $13 of commodity-linked funds that were previously reported as Level 3 at December 31, 2012, have been reclassified as Level 2 investments. These revisions as disclosed in the previous fair value classification table had no effect on the reported fair values of these instruments.

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

4. FAIR VALUE MEASUREMENTS (continued)

As of December 31, 2013 and 2012, the Level 2 and 3 instruments listed in the fair value hierarchy tables 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.

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 and Corporate Securities: The fair value of investments in foreign government and corporate securities classified as Level 2 is primarily determined using consensus pricing methods of observable market-based data. Significant observable inputs include quotes, bid and ask yields, and issue-specific factors.

U.S. Corporate Securities: The fair value of investments in U.S. 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.

(Dollars in millions)

4. FAIR VALUE MEASUREMENTS (continued)

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 2 and 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.

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	Total
	(Revised)		*(Revised)*
Balance at December 31, 2011	$ 30	$ 1	$ 31
Total net realized and unrealized gains	2	–	2
Purchases	–	8	8
Balance at December 31, 2012	32	9	41
Total net realized and unrealized gains	**5**	**1**	**6**
Purchases	**30**	**18**	**48**
Sales	**–**	**(12)**	**(12)**
Balance at December 31, 2013	**$ 67**	**$ 16**	**$ 83**
Change in unrealized gains on investments held as of December 31, 2012	$ 2	$ –	$ 2
Change in unrealized gains on investments held as of December 31, 2013	**$ 5**	**$ 1**	**$ 6**

(Dollars in millions)

4. FAIR VALUE MEASUREMENTS (continued)

Certain of the 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, 2013			
	Fair Value	**Unfunded Commitments**	**Redemption Frequency (if currently eligible)**	**Redemption Notice Period (if currently eligible)**
Level 2				
Commingled funds – equity securities	**$ 42**	**$ –**	Quarterly	60 days
Commingled funds – debt securities	**55**	**–**	Weekly, Monthly	0–30 days
Multi-strategy hedge funds	**33**	**–**	Quarterly	65 days
Commodity-linked funds	**26**	**–**	Monthly	5 days
Total Level 2	**156**	**–**		
Level 3				
Multi-strategy hedge funds	**67**	**–**	Quarterly, Annually	95–100 days
Private equity funds	**16**	**59**	None	None
Total Level 3	**83**	**59**		
Total Level 2 and Level 3	**$ 239**	**$ 59**		

	December 31, 2012			
	Fair Value	**Unfunded Commitments**	**Redemption Frequency (if currently eligible)**	**Redemption Notice Period (if currently eligible)**
	(Revised)			
Level 2				
Commingled funds – equity securities	$ 102	$ –	Daily, Monthly, Quarterly	1–60 days
Commingled funds – debt securities	35	–	Weekly, Monthly	0–30 days
Multi-strategy hedge funds	29	–	Quarterly	65 days
Commodity-linked funds	13	–	Monthly	5 days
Total Level 2	179	–		
Level 3				
Multi-strategy hedge funds	32	–	Annually	95 days
Private equity funds	9	16	None	None
Total Level 3	41	16		
Total Level 2 and Level 3	$ 220	$ 16		

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 all investments of this class.

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. Approximately 28% of the value of this class is redeemable weekly, with no notice period. The remaining 72% of the value of this class is redeemable monthly, with a notice period of 15 to 30 days.

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 balance returns while limiting volatility by allocating capital to external portfolio managers selected for expertise in one or more investment strategies that 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 31% of the value of this class. These funds have a one-year lock-up and become available by September 30, 2014, with a notice period of 100 days. Approximately 33% of the value of the multi-strategy hedge funds is redeemable quarterly, with a notice period of 65 days, and 36% is redeemable annually, with a notice period of 95 days.

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.

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.

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

(Dollars in millions)

5. PROPERTY, PLANT AND EQUIPMENT

Property, plant and equipment consist of the following:

	December 31, 2013	2012
Land improvements	**$ 149**	$ 140
Leasehold improvements	**275**	240
Buildings and improvements	**4,994**	4,805
Equipment	**3,283**	2,980
	8,701	8,165
Less amortization and accumulated depreciation	**(4,604)**	(4,311)
	4,097	3,854
Land	**620**	622
Construction-in-progress	**1,988**	1,799
	$ 6,705	$ 6,275

6. OTHER ASSETS

Other assets consist of the following:

	December 31, 2013	2012
Reinsurance recoveries receivable	**$ 64**	$ 70
Cost report settlements	**29**	41
Non-current portion of pledges receivable	**32**	36
Goodwill, net	**92**	74
Unamortized financing costs	**21**	19
Prepaid postretirement benefits	**481**	32
Trust receivable	**89**	69
Other	**37**	43
	$ 845	$ 384

(Dollars in millions)

7. LONG-TERM OBLIGATIONS

Long-term obligations consist of the following:

	December 31, 2013	2012
Non-taxable hospital revenue bonds and certificates of participation under the Sutter Health Master Indenture of Trust, fixed interest at 3.0% to 6.0%, through 2052 (includes net unamortized premium of $75 and $47 at December 31, 2013 and 2012, respectively)	**$ 3,465**	$ 3,001
Taxable hospital revenue bonds and certificates of participation under the Sutter Health Master Indenture of Trust, fixed interest at 1.09% to 2.29%, through 2053	**300**	–
Various collateralized and unsecured obligations	**10**	6
Obligations under capital leases	**5**	6
	3,780	3,013
Less current portion	**(16)**	(17)
	$ 3,764	$ 2,996

The aggregate estimated fair market values of Sutter's revenue bonds and certificates of participation at December 31, 2013 and 2012, of $3,686 and $3,247, 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. Based on the inputs and valuation techniques, the fair value of long-term debt is classified as Level 2 within the fair value hierarchy.

The central financing vehicle of credit for Sutter is the Obligated Group. Sutter Health, the legal entity, and certain affiliates are members of the Sutter Health Obligated Group (the "Obligated Group"), with their assets being 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),

(Dollars in millions)

7. LONG-TERM OBLIGATIONS (continued)

California Statewide Communities Development Authority (CSCDA) and taxable obligations issued by Sutter. 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 April 2013, $450 of Series A CHFFA tax-exempt revenue bonds were issued on behalf of Sutter. Also, in April 2013, $100 of Series A, $100 of Series B and $100 of Series C Sutter Health taxable revenue bonds were issued by Sutter. The proceeds of the bonds are being used to finance capital expenditures.

In July 2012, $119 of Series A CSCDA revenue bonds were issued on behalf of Sutter. The proceeds of the bonds, together with a cash contribution from Sutter, were used to redeem $156 of Series B CSCDA revenue bonds issued in 2002, which did not result in a gain or loss.

In February 2012, a portion of three tax-exempt obligation issues (Series C CHFFA revenue bonds issued in 1997, Series A CHFFA revenue bonds issued in 1999 and CSCDA certificates of participation delivered in 1999) and one tax-exempt obligation issue (Series A CHFFA revenue bonds issued in 1998) totaling $346 were redeemed or prepaid with cash, which did not result in a gain or loss.

Aggregate principal payments of long-term obligations, excluding capital leases, various collateralized and unsecured obligations, and net unamortized premiums, are as follows as of December 31, 2013:

2014	$ 15
2015	17
2016	43
2017	45
2018	43
Thereafter	3,527
	$ 3,690

Sutter has a $400 revolving line of credit with a syndicate of banks, with $398 available for borrowing as of December 31, 2013.

(Dollars in millions)

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, 2013 and 2012, or operating leases, based on the terms of the respective agreements.

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, 2013:

	Lease Payments	Sublease Receipts	Net Lease Payments
2014	$ 94	$ 3	$ 91
2015	86	3	83
2016	78	3	75
2017	67	3	64
2018	50	1	49
Thereafter	203	–	203
	$ 578	$ 13	$ 565

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, 2013	2012
Temporarily restricted:		
Capital projects and medical equipment	**$ 55**	$ 59
Time restricted under trust agreements	**19**	12
Research and education	**63**	55
Operations	**27**	16
Operations or capital projects	**93**	90
	$ 257	$ 232
Permanently restricted – endowment	**$ 130**	$ 129

(Dollars in millions)

9. NET ASSETS AND CONTRIBUTIONS (continued)

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. Therefore, no revenue or receivable is recognized at the time a conditional promise is received. Conditional promises were not material as of December 31, 2013 and 2012.

As of December 31, 2013, pledges receivable (included in other receivables and other assets) consisted of the following unconditional promises to give:

Pledges due in 2014	$	21
Pledges due 2015–2018		34
Pledges due after 2018		13
Less allowance for uncollectible pledges		(4)
Less discount on pledges receivable		(13)
	$	51

Endowments: Sutter follows 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.

In accordance with UPMIFA, Sutter considers the following factors when appropriating or accumulating an endowment fund: (i) general economic conditions, (ii) effects of inflation and deflation, (iii) the purposes of the institution and the endowment fund, (iv) expected total return from income and appreciation of investments, (v) Sutter's other resources, (vi) the duration and preservation of the endowment fund, and (vii) Sutter's investment policies.

(Dollars in millions)

9. NET ASSETS AND CONTRIBUTIONS (continued)

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, 2013 and 2012. 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 these policies, as approved by the Boards of Trustees of the philanthropic foundations, 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 balanced investment 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, 2013			
	Unrestricted	**Temporarily Restricted**	**Permanently Restricted**	**Total**
Donor-restricted endowment funds	**$ –**	**$ 41**	**$ 130**	**$ 171**
Board-designated funds	**53**	**–**	**–**	**53**
Total funds	**$ 53**	**$ 41**	**$ 130**	**$ 224**

	December 31, 2012			
	Unrestricted	**Temporarily Restricted**	**Permanently Restricted**	**Total**
Donor-restricted endowment funds	$ 7	$ 28	$ 129	$ 164
Board-designated funds	35	–	–	35
Total funds	$ 42	$ 28	$ 129	$ 199

(Dollars in millions)

9. NET ASSETS AND CONTRIBUTIONS (continued)

The changes in endowment net assets are as follows:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Balance at December 31, 2011	$ 13	$ 19	$ 125	$ 157
Investment return				
Investment income	–	2	1	3
Net gains– realized and unrealized	11	11	1	23
Total investment return	11	13	2	26
Contributions	–	–	2	2
Appropriation of endowment assets for expenditure	(3)	(4)	–	(7)
Other changes				
Other	21	–	–	21
Balance at December 31, 2012	42	28	129	199
Investment return				
Investment income	**1**	**3**	**1**	**5**
Net gains– realized and unrealized	**4**	**18**	**2**	**24**
Total investment return	**5**	**21**	**3**	**29**
Contributions	**11**	–	**1**	**12**
Appropriation of endowment assets for expenditure	**(1)**	**(9)**	–	**(10)**
Other changes				
Other	**(4)**	**1**	**(3)**	**(6)**
Balance at December 31, 2013	**$ 53**	**$ 41**	**$ 130**	**$ 224**

(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, 2009. The estimated net settlement receivables are $40 and $57 at December 31, 2013 and 2012, respectively.

- *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, 2009. The estimated net settlement payables are $54 and $61 at December 31, 2013 and 2012, respectively.

Adjustments from the finalization of prior-year cost reports from both Medicare and Medi-Cal resulted in a decrease to patient service revenues of $17 and $9 in 2013 and 2012, respectively.

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,	
	2013	**2012**
Medicare	**41%**	41%
Medi-Cal	**16%**	17%

10. PATIENT SERVICE AND CAPITATION REVENUES (continued)

The health care 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 health care 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 health care providers. Sutter also operates an Ethics and Compliance Program, which reviews compliance with government health care 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 and Medicaid Services (CMS) 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, 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.

10. PATIENT SERVICE AND CAPITATION REVENUES (continued)

In September 2011, a 30-month program was established for the period from July 1, 2011 through December 31, 2013 (the "30-month Program"). In June 2012, legislation was passed to separate the fee-for-service from the managed care payments, and the 30-month Program received final approval for the fee-for-service payments. In May and June 2013, 24 months of the managed care payments were approved. Payments for the 30-month Program of $416 and $327 are included in patient service revenues, and fees of $294 and $233 are included in other expenses as of December 31, 2013 and 2012, respectively. Since not all payments have been received, $57 and $48 was recorded in other receivables and $32 and $11 for the provider tax fee and pledges have been included in accounts payable as of December 31, 2013 and 2012, respectively.

In April 2012, an industry-wide settlement agreement was finalized among the Department of Health and Human Services, CMS, and many providers, including several Sutter hospitals (the "Settlement"). The Settlement resulted in revised reimbursement due to a change in how the Medicare's rural floor budget neutrality adjustment was calculated for federal fiscal years 1998 through 2011. As a result of this Settlement, Sutter recorded additional income of $42 in 2012.

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. Sutter provided charity care services to patients at an estimated cost of $166 and $153 for 2013 and 2012, respectively.

(Dollars in millions)

11. COMMUNITY BENEFIT EXPENSE (continued)

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.

The following is a summary of Sutter's estimated costs of providing services to the poor and broader community for the year ended December 31, 2013:

Services for the poor and underserved		
Traditional charity care	$	166
Unpaid costs of public programs:		
Medi-Cal		522
Other public programs		57
Other benefits for the poor and underserved		41
Total services for the poor and underserved		786
Benefits for the broader community		
Nonbilled services		18
Education and research		72
Cash and in-kind donations		23
Other community benefits		2
Total benefits for the broader community		115
	$	901

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 $251 and $278 in 2013 and 2012, respectively.

(Dollars in millions)

12. RETIREMENT PLANS AND POSTRETIREMENT BENEFITS (continued)

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:

	Year ended December 31, 2013	2012
Projected benefit obligation at beginning of year	**$ 2,617**	$ 2,216
Service cost	**198**	181
Interest cost	**114**	117
Actuarial (gain) loss	**(250)**	182
Benefits paid	**(110)**	(79)
Projected benefit obligation at measurement date	**$ 2,569**	$ 2,617
Fair value of plan assets at beginning of year	**$ 2,648**	$ 2,214
Actual gain on plan assets	**502**	333
Employer contributions	**–**	180
Benefits paid	**(110)**	(79)
Fair value of plan assets at measurement date	**$ 3,040**	$ 2,648
Net prepaid benefit cost at end of year	**$ 471**	$ 31

The accumulated benefit obligation for the Retirement Plan was $2,288 and $2,248 at December 31, 2013 and 2012, respectively.

Included in net assets at December 31, 2013 and 2012, are the following amounts that have not yet been recognized in net periodic benefit cost: unrecognized prior service costs of $8 and $14, respectively, and unrecognized actuarial losses of $53 and $642, respectively. The amounts included in net assets that are expected to be recognized in net periodic benefit cost during the year ended December 31, 2014, are $6 for prior service cost and $0 for actuarial loss.

(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:

2014	$ 94
2015	107
2016	124
2017	140
2018	153
2019–2023	1,000
	$ 1,618

The actuarial assumptions used by the Retirement Plan are as follows:

	December 31, 2013	2012
Weighted-average discount rates for calculating pension expense	**4.1%**	5.0%
Weighted-average discount rates for calculating projected benefit obligation	**5.1%**	4.1%
Weighted-average rates of compensation increase for calculating pension expense	**4.5%**	5.3%
Weighted-average rates of compensation increase for calculating projected benefit obligation	**4.0%**	4.5%
Expected long-term rates of return on plan assets for calculating pension expense	**7.9%**	8.1%

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

	Year ended December 31, 2013	2012
Service cost	**$ 198**	$ 181
Interest cost	**114**	117
Expected return on plan assets	**(206)**	(176)
Amortization of actuarial loss	**43**	51
Amortization of prior service cost	**6**	6
	$ 155	$ 179

(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:

	Year ended December 31, 2013	2012
Projected benefit obligation at beginning of year	**$ 221**	$ 200
Service cost	**11**	10
Interest cost	**8**	10
Actuarial (gain) loss	**(16)**	9
Other change in benefit obligation	**(3)**	–
Benefits paid	**(8)**	(8)
Projected benefit obligation at measurement date	**$ 213**	$ 221
Fair value of plan assets at beginning of year	**$ 110**	$ 84
Actual gain on plan assets	**25**	14
Employer contributions	**22**	21
Benefits paid	**(8)**	(8)
Fair value of plan assets at measurement date	**$ 149**	$ 111
Net accrued benefit cost at end of year	**$ (64)**	$ (110)

Included in net assets at December 31, 2013 and 2012, are the following amounts that have not yet been recognized in net periodic benefit cost: unrecognized prior service costs of $10 and $19, respectively, and unrecognized actuarial (gain) loss of $(12) and $18, respectively. The amounts included in net assets that are expected to be recognized in net periodic benefit cost during the year ended December 31, 2014, are $3 for prior service cost and $(1) for actuarial gain.

(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:

2014	$ 12
2015	15
2016	17
2017	18
2018	20
2019–2023	105
	$ 187

The actuarial assumptions used by the Health Plans are as follows:

	December 31,	
	2013	**2012**
Weighted-average discount rates for calculating retiree medical expense	**3.7%–4.0%**	4.5%–4.8%
Weighted-average discount rates for calculating projected benefit obligation	**4.5%–4.9%**	3.7%–4.0%
Expected long-term rates of return on plan assets for calculating retiree medical expense	**7.9%**	8.1%

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

	Year ended December 31,	
	2013	**2012**
Service cost	**$ 11**	$ 10
Interest cost	**8**	9
Expected return on plan assets	**(10)**	(8)
Amortization of prior service cost	**6**	6
	$ 15	$ 17

Sutter's projected medical cost trend rate related to the Health Plans for 2014 is 7.0%. 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 consolidated financial statements.

(Dollars in millions)

12. RETIREMENT PLANS AND POSTRETIREMENT BENEFITS (continued)

The Pension and Investment Committee of the Board of Directors oversees the assets of the Retirement Plan and the Health Plans. 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 is to balance the liquidity needs of the plans 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 allocations compared to actual asset allocations at December 31, 2013 and 2012, by major asset category are as follows:

	Target Allocation 2013	Percentage of Actual Plan Assets at December 31, 2013	2012
Major Asset Category			
Cash and cash equivalents	1%	**1%**	2%
Equity securities	59%	**70%**	64%
Fixed income securities	18%	**17%**	21%
Other investments – alternative	12%	**8%**	9%
Real estate investments	10%	**4%**	4%
Total	100%	**100%**	100%

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

The portfolio return assumption of 7.9% for 2013 and 8.1% for 2012 was based on the weighted-average return of comparative market indices for the major asset classes represented in the portfolio, net of administrative expenses.

(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 Retirement Plan and the Health Plans' assets measured on a recurring basis consists of the following:

	December 31, 2013			
	Quoted Prices in Active Markets for Identical Instruments (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Balance
Liquid investments				
Cash equivalents	$ 31	$ 67	$ –	$ 98
Equity securities				
U S equity	1,164	–	–	1,164
Foreign equity	865	–	–	865
Common collective trusts and commingled funds	–	206	–	206
Fixed income securities				
U S government and agencies	34	25	–	59
U S federal agency mortgage-backed	–	71	–	71
Foreign government	–	119	–	119
U S corporate	–	110	–	110
Foreign corporate	–	135	–	135
Other investments				
Private equity funds	–	–	185	185
Private equity real estate funds	–	–	149	149
Commodity-linked funds	–	22	–	22
Accrued income	6	–	–	6
	$ 2,100	$ 755	$ 334	$ 3,189

(Dollars in millions)

12. RETIREMENT PLANS AND POSTRETIREMENT BENEFITS (continued)

	December 31, 2012			
	Quoted Prices in Active Markets for Identical Instruments (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Balance
	(Revised)	*(Revised)*	*(Revised)*	
Liquid investments				
Cash equivalents	$ 51	$ 107	$ –	$ 158
Equity securities				
U S equity	941	–	–	941
Foreign equity	709	–	–	709
Common collective trusts and commingled funds	–	169	–	169
Fixed income securities				
U S government and agencies	58	28	–	86
U S federal agency mortgage-backed	–	59	–	59
Foreign government	–	163	–	163
U S corporate	–	101	–	101
Foreign corporate	–	81	–	81
Other investments				
Private equity funds	–	–	149	149
Private equity real estate funds	–	–	106	106
Commodity-linked funds	7	24	–	31
Accrued income	6	–	–	6
	$ 1,772	$ 732	$ 255	$ 2,759

As a result of further analysis of the characteristics of certain financial instruments, $107 of cash equivalents in collective trusts that were previously reported as Level 1 and $24 of commodity-linked funds that were previously reported as Level 3 at December 31, 2012, have been reclassified as Level 2 investments. These revisions as disclosed in the previous fair value classification table had no effect on the reported fair values of these instruments.

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

(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	Private Equity Real Estate Funds	Total
			(Revised)
Balance at December 31, 2011	$ 137	$ 67	$ 204
Actual (loss) gain on plan assets	(5)	6	1
Purchases	33	54	87
Sales	(16)	(21)	(37)
Balance at December 31, 2012	149	106	255
Actual gain on plan assets	**21**	**9**	**30**
Purchases	**37**	**68**	**105**
Sales	**(22)**	**(34)**	**(56)**
Balance at December 31, 2013	**$ 185**	**$ 149**	**$ 334**

Certain affiliates participate in multiemployer defined benefit retirement plans as described below:

Plan	Pension Plan Employer Identification Number/Plan Number	Pension Protection Act Zone Status As of January 1 2013	Pension Protection Act Zone Status As of January 1 2012	Funding Improvement/ Rehabilitation Plan Status
Retirement Plan for Hospital Employees	94-2995676/001	**Green**	Green	No
I U O E Stationary Engineers Local 39 Pension Plan	94-6118939/001	**Green**	Green	Yes

Pension Protection Act Zone Status (from worst to best):

Critical Status	Red
Seriously Endangered	Orange
Endangered	Yellow
None of the above	Green

(Dollars in millions)

12. RETIREMENT PLANS AND POSTRETIREMENT BENEFITS (continued)

Plan	Contributions 2014 (expected)	Contributions 2013	Contributions 2012	Surcharge Imposed (during 2013)	Collective Bargaining Agreement Expiration Date	Your Contributions to Plan Exceeded More than 5% of Total Contributions
Retirement Plan for Hospital Employees	$ 13	**$ 21**	$ 17	No	December 15, 2015, or prior	2013 and 2012
I U O E Stationary Engineers Local 39 Pension Plan	Not Available	**3**	3	No	October 31, 2016, or prior	2012
Total contributions		**$ 24**	$ 20			

Since January 1, 2011, participant benefits were frozen for the non-contractual employees of the two participating affiliates in the Retirement Plan for Hospital Employees. Both affiliates will continue to make periodic contributions as needed for eligible participants.

There are no minimum contributions required for future periods by the collective-bargaining agreements, statutory obligations, or other contractual obligations for both plans.

The risks of participating in multiemployer plans are different from single-employer plans in the following aspects: (i) assets contributed to the multiemployer plan by one employer may be used to provide benefits to employees of other participating employers; (ii) if a participating employer stops contributing to the plan, the unfunded obligations of the plan may be borne by the remaining participating employers; and (iii) 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 a withdrawal liability.

Sutter also maintains various defined contribution plans for eligible employees. Sutter's contributions to such plans were $57 and $62 in 2013 and 2012, respectively.

(Dollars in millions)

13. FUNCTIONAL CLASSIFICATION OF EXPENSES

The following is a functional classification of Sutter's expenses:

	Year ended December 31, 2013	2012
Health services	**$ 8,819**	$ 8,198
General and administrative	**852**	813
	$ 9,671	$ 9,011

14. 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 the 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"). Subsequently, both Sutter and MGH alleged various breaches of the Transfer Agreements. In arbitration, Sutter and the individual defendants prevailed on the primary claims. Specifically, the arbitrator found that Sutter did not improperly transfer $120 from MGH pursuant to the equity cash transfer policy, that neither Sutter nor the board members violated any fiduciary duty to MGH, and that no defendant breached the charitable trust laws. However, the arbitrator awarded a total of $22 to MGH, less $1 for information technology costs, which Sutter paid in February 2013. Approximately $12 of the $22 award resulted from the arbitrator's finding that Sutter should not have funded the MGH pension plan in the same manner that it funds the other affiliates (i.e., to the projected benefit obligation). The remainder of the $22 award consisted of amounts related to physician recruitment, cost of capital allocation and information technology costs.

In August 2012, the arbitrator determined that both MGH and the former MGH director who had been dismissed prior to the commencement of the hearing were prevailing parties and entitled to seek reasonable attorneys' fees and costs. In addition to the award discussed above, the arbitrator awarded net $10 for attorney fees and costs that were paid in February 2013.

14. CONTINGENCIES AND COMMITMENTS (continued)

Sutter and certain affiliates were 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 were coordinated in the Alameda County Superior Court. In December 2012, the court denied plaintiffs' motion for class certification in its entirety. Plaintiffs from one of the suits have appealed this decision. Sutter agreed to settle on an individual basis with the plaintiffs from the two other class actions. One settlement is final with the related class action dismissed, and the other settlement is in process. There can be no assurance that the resolution of these matters will not have a material adverse effect on Sutter's consolidated financial position 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. There can be no assurance that the resolution of these matters will not have a material adverse effect on Sutter's consolidated financial position or results of operations.

Like other health care 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 on a unit-of-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 October 2013, Sutter settled this matter for $46, and the liability is reflected in Sutter's consolidated financial statements.

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

14. CONTINGENCIES AND COMMITMENTS (continued)

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, November 2011, and January 2014, with additional disclosures being anticipated in 2014. In December 2011, initial discussions commenced and are continuing between Sutter and the federal government regarding 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. There can be no assurance that any resulting payments or settlements will not have a material adverse effect on Sutter's consolidated financial position or results of operations.

Sutter has ongoing procedures related to compensation paid to medical groups under professional services agreements by certain medical foundation affiliates. These procedures revealed a variety of variances related to the calculation of amounts due under certain professional services agreements, which have been, or are in the process of being, resolved. There can be no assurance that any payments or settlements will not have a material adverse effect on Sutter's consolidated financial position or results of operations.

Certain Sutter affiliates have received, and are in the process of responding to, a request to cooperate with the Department of Justice (the "DOJ") in a national investigation to determine whether implantable cardioverter defibrillators provided to certain Medicare beneficiaries were provided in accordance with national coverage criteria. The DOJ's investigation spans a time frame beginning in October 2003 through June 2010. 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. There can be no assurance that the resolution of this investigation will not have a material adverse effect on Sutter's consolidated financial position or results of operations.

Sutter management is aware of two potentially material security incidents within Sutter. The first involves 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. Additionally, for

14. CONTINGENCIES AND COMMITMENTS (continued)

approximately 930,000 of the patients, the computer contained some medical diagnoses and procedures used for billing purposes. 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. These cases have been coordinated and are currently pending in the Sacramento County Superior Court. The cases allege violation of the California Confidentiality of Medical Information Act (the "Act"), Violation of California Civil code, negligence, and invasion of privacy. In January 2013, the trial court proceedings were suspended so the appellate court could consider whether a claim under the Act can continue as Sutter is the victim of theft of a computer and no disclosure of patient medical information has occurred. The second involves the Alameda County Sheriff's Department's notification to Sutter that during an unrelated investigation, authorities recovered information of approximately 4,500 Sutter patients. As of this date, no penalties have been assessed and one class action lawsuit has been filed with respect to this incident. The related affiliates in each of these matters have taken action to notify affected patients, and continue to coordinate with relevant state and federal agencies. Penalties may be assessed by regulatory agencies and additional patients may file private legal causes of action. 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 assurance that the security incidents discussed above, taken individually or in the aggregate, will not have a material adverse effect on Sutter's consolidated financial position or results of operations.

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 health care providers. Certain Sutter affiliates have recently received, and are in the process of responding to, requests from governmental agencies, including the Federal Trade Commission, the Attorney General, and the Office of Civil Rights.

Sutter is involved in other litigation, as both plaintiff and defendant, and other routine labor matters, class-action complaints, tax examinations, and regulatory investigations and examinations arising in the ordinary course of business. There can be no assurance that the resolution of these matters will not have a material adverse effect on Sutter's consolidated financial position or results of operations.

14. CONTINGENCIES AND COMMITMENTS (continued)

As of December 31, 2013, Sutter had approximately 48,000 employees, of whom approximately 28,000 are full-time employees. Approximately 24% of these 48,000 employees are employed by 24 Sutter facilities and are represented by collective bargaining units. Of these employees, 8% are represented by collective bargaining agreements that expired between 2012 and 2013 and are in the process of being negotiated, and 23% will expire in 2014. Employee strikes or other adverse labor actions may have a material adverse impact on Sutter's consolidated financial position or results of 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 (SLH) 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 SLH, wherein Sutter and EMC received an option to purchase SLH and certain other properties (the "Option"). Sutter exercised the Option to purchase SLH 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 SLH 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. Over the next several years the Eden District filed a series of appeals, and Sutter Health, the legal entity (SH), acquired title of SLH in September 2012.

SH, EMC, Alameda County Medical Center Alameda Health System (AHS) and the County of Alameda entered into a donation and transfer agreement regarding SLH, which closed on October 30, 2013. The general terms of this agreement included: (i) SH's donation of SLH to AHS with the requirement that ownership and operational control must remain with a public entity or public health care authority as defined by statute and (ii) SH's contribution of $14 to an operating fund. SH has also commenced arbitration with the Eden District wherein SH seeks to recover damages and attorneys' fees related to the matter in the preceding paragraph.

14. 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. Over half of Sutter's facilities are compliant, have received extensions, or extensions are pending making the facilities compliant until 2030 and Sutter is evaluating its facilities and is considering all options. There are three facilities currently in the construction phase with estimated remaining expenditures of capital of $137 that will bring those facilities into compliance. An additional $2,022 is expected to be spent on new construction projects or remediation projects to address seismic requirements over the next five years.

On July 9, 2013, the City and County of San Francisco (CCSF) approved certain projects proposed by Sutter West Bay Hospitals (SWBH), doing business as California Pacific Medical Center (CPMC). Pursuant to these approvals, SWBH plans to build two new hospitals at the Cathedral Hill site and a site adjacent to the St. Luke's hospital in San Francisco. As a condition of obtaining approval of the projects, SWBH entered into a development agreement with CCSF and others that obligated SWBH to pay the aggregate sum of $84, which is generally payable in installments beginning in 2013 and ending in 2017, with a remaining commitment of $50 as of December 31, 2013. Since approval of the projects, management has been assessing the design and costs incurred. Based on the assessment, an impairment of $83 for project resizing of design and pre-construction services for CPMC Cathedral Hill and St. Luke's Hospitals was recorded in September 2013, and is included in depreciation and amortization. The remaining estimated cost of development and construction of these hospitals, plus the planning and entitlements for a new medical office building at Cathedral Hill, is approximately $2,200 (unaudited).

Sutter's capital allocation plan, which includes amounts for seismic retrofits, replacements, and relocations, is approximately $4,604 (unaudited) from January 1, 2014 to December 31, 2018. Management and the Board of Directors evaluate Sutter's capital needs on an ongoing basis and are considering options, given the current economic conditions.

15. SUBSEQUENT EVENTS

On January 31, 2014, Sutter Medical Foundation, an affiliate of Sutter, purchased the majority of Radiological Associates of Sacramento Medical Group, Inc.'s (RAS) assets. RAS provides radiation oncology and diagnostic imaging services throughout the greater Sacramento area.

Sutter has evaluated subsequent events and disclosed all material events through March 4, 2014, which is the date these financial statements of Sutter were issued.

Report of Independent Auditors on Supplementary Information

The Board of Directors
Sutter Health and Affiliates

We have audited, in accordance with auditing standards generally accepted in the United States, the consolidated financial statements of Sutter Health and Affiliates for the years ended December 31, 2013 and December 31, 2012, and have issued an unmodified opinion thereon dated March 4, 2014. The consolidating financial statement schedules for Sutter Health and the Sutter Health – Obligated Group consolidated financial statements with consolidating details are presented for purposes of additional analysis and are not a required part of the 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 audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the 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 consolidated financial statements as a whole.

Ernst & Young LLP

March 4, 2014

Sutter Health and Affiliates
Consolidating Balance Sheet - Regions, Other and Sutter Health Support Services
December 31, 2013
(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	Consolidated
Assets									
Current assets									
Cash and cash equivalents	$ 78	$ 98	$ 134	$ 112	$ 44	$ 49	$ 73	$ (244)	$ 344
Short-term investments	25	110	37	36	77	14	3,364	245	3,908
Patient accounts receivable, net	122	257	181	336	240	61	16	(17)	1,196
Other receivables	11	60	28	38	53	13	389	(374)	218
Inventories	11	19	9	31	17	2	2	-	91
Other	1	6	8	6	6	1	34	1	63
Total current assets	248	550	397	559	437	140	3,878	(389)	5,820
Non-current investments	34	136	259	73	338	-	5	-	845
Property, plant and equipment, net	435	1,080	1,655	1,456	1,298	32	748	1	6,705
Other	5	43	32	55	64	2	726	(82)	845
	$ 722	$ 1,809	$ 2,343	$ 2,143	$ 2,137	$ 174	$ 5,357	$ (470)	$ 14,215
Liabilities and net assets									
Current liabilities									
Accounts payable	$ 25	$ 26	$ 33	$ 86	$ 59	$ 13	$ 192	$ (1)	$ 433
Accrued salaries and related benefits	51	64	89	90	105	17	119	1	536
Other accrued expenses	84	178	117	191	91	15	211	(411)	476
Current portion of long-term obligations	4	2	-	9	2	-	-	(1)	16
Total current liabilities	164	270	239	376	257	45	522	(412)	1,461
Non-current liabilities									
Long-term obligations, less current portion	328	724	1,159	977	418	13	145	-	3,764
Other	3	26	11	20	14	1	619	(27)	667
Net assets									
Unrestricted controlling	225	672	857	727	1,284	114	4,012	(45)	7,846
Unrestricted noncontrolling	-	7	-	5	7	-	58	13	90
Temporarily restricted	2	57	60	32	104	1	1	-	257
Permanently restricted	-	53	17	6	53	-	-	1	130
	227	789	934	770	1,448	115	4,071	(31)	8,323
	$ 722	$ 1,809	$ 2,343	$ 2,143	$ 2,137	$ 174	$ 5,357	$ (470)	$ 14,215

Sutter Health and Affiliates
Consolidating Statement of Operations and Changes in Net Assets - Regions, Other and Sutter Health Support Services
Year ended December 31, 2013
(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	Consolidated
Unrestricted net assets:									
Operating revenues									
Patient service revenues	$ 929	$ 1,658	$ 1,851	$ 2,232	$ 1,749	$ 298	$ 114	$ (60)	$ 8,771
Provision for bad debts	(100)	(103)	(37)	(71)	(89)	(9)	(1)	-	(410)
Patient service revenues less provision for bad debts	829	1,555	1,814	2,161	1,660	289	113	(60)	8,361
Capitation revenues	148	31	344	386	31	10	-	(11)	939
Contributions	-	1	3	1	2	1	-	-	8
Other	18	112	70	46	84	16	828	(833)	341
Total operating revenues	995	1,699	2,231	2,594	1,777	316	941	(904)	9,649
Operating expenses									
Salaries and employee benefits	355	862	662	1,050	860	211	547	(77)	4,470
Purchased services	254	438	804	629	442	89	359	(661)	2,354
Supplies	112	199	185	315	181	28	37	(1)	1,056
Depreciation and amortization	50	96	125	110	170	7	105	(60)	603
Capitated purchased services	52	13	74	117	10	-	-	(16)	250
Rentals and leases	5	20	26	38	26	7	20	(2)	140
Interest	11	17	36	20	12	1	(19)	-	78
Insurance	6	16	16	23	12	2	5	(50)	30
Other	63	170	64	143	142	15	115	(22)	690
Total operating expenses	908	1,831	1,992	2,445	1,855	360	1,169	(889)	9,671
Income (loss) from operations	87	(132)	239	149	(78)	(44)	(228)	(15)	(22)
Investment income	2	3	6	2	34	1	128	1	177
Change in net unrealized gains and losses on investments classified as trading	-	6	-	-	-	-	197	-	203
Income (loss)	89	(123)	245	151	(44)	(43)	97	(14)	358
Less income attributable to noncontrolling interests	-	(6)	-	(4)	(14)	-	(22)	(12)	(58)
Income (loss) attributable to Sutter Health	89	(129)	245	147	(58)	(43)	75	(26)	300

Sutter Health and Affiliates
Consolidating Statement of Operations and Changes in Net Assets - Regions, Other and Sutter Health Support Services (continued)
Year ended December 31, 2013
(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	Consolidated
Unrestricted net assets (continued):									
Unrestricted controlling net assets									
Income (loss) attributable to Sutter Health	$ 89	$ (129)	$ 245	$ 147	$ (58)	$ (43)	$ 75	$ (26)	$ 300
Change in net unrealized gains and losses on investments classified as other-than-trading	(1)	4	(9)	(1)	7	1	(26)	-	(25)
Net assets released from restriction for equipment acquisition	1	1	1	2	2	-	-	-	7
Pension-related changes other than net periodic pension cost	-	-	-	-	-	-	634	-	634
Transfers with related entities, net	(65)	135	(404)	(169)	11	87	406	(1)	-
Other	1	(2)	-	2	-	-	(29)	28	-
Increase (decrease) in unrestricted controlling net assets	25	9	(167)	(19)	(38)	45	1,060	1	916
Unrestricted noncontrolling net assets									
Income attributable to noncontrolling interests	-	6	-	4	14	-	22	12	58
Distributions	-	(2)	-	(3)	(13)	-	(37)	-	(55)
Contributed capital	-	-	-	-	-	-	1	-	1
Other	-	(1)	-	-	-	-	28	(12)	15
Increase (decrease) in unrestricted noncontrolling net assets	-	3	-	1	1	-	14	-	19
Temporarily restricted net assets:									
Contributions	1	2	8	7	21	1	(1)	-	39
Investment income	-	4	1	-	1	-	-	-	6
Change in net unrealized gains and losses on investments	-	8	2	-	1	-	-	-	11
Net assets released from restriction	(2)	(3)	(7)	(6)	(10)	(1)	(1)	2	(28)
Other	-	-	-	-	(1)	-	1	(3)	(3)
Increase (decrease) in temporarily restricted net assets	(1)	11	4	1	12	-	(1)	(1)	25
Permanently restricted net assets:									
Contributions	-	-	-	-	-	-	-	1	1
Investment income	-	1	-	-	-	-	-	-	1
Change in net unrealized gains and losses on investments	-	1	-	-	-	-	-	1	2
Other	-	(2)	-	-	-	-	-	(1)	(3)
Increase (decrease) in permanently restricted net assets	-	-	-	-	-	-	-	1	1
Increase (decrease) in net assets	24	23	(163)	(17)	(25)	45	1,073	1	961
Net assets, beginning of year	203	766	1,097	787	1,473	70	2,998	(32)	7,362
Net assets, end of year	$ 227	$ 789	$ 934	$ 770	$ 1,448	$ 115	$ 4,071	$ (31)	$ 8,323

Sutter Health and Affiliates
Consolidating Balance Sheet - Sutter Health Central Valley Region
December 31, 2013
(Dollars in millions)

	Sutter Central Valley Hospitals and Affiliate	Sutter Gould Medical Foundation	Adjustments and Eliminations	Consolidated
Assets				
Current assets				
Cash and cash equivalents	$ 25	$ 53	$ -	$ 78
Short-term investments	26	-	(1)	25
Patient accounts receivable, net	95	27	-	122
Other receivables	21	3	(13)	11
Inventories	9	2	-	11
Other	1	-	-	1
Total current assets	177	85	(14)	248
Non-current investments	12	21	1	34
Property, plant and equipment, net	307	129	(1)	435
Other	1	4	-	5
	$ 497	$ 239	$ (14)	$ 722
Liabilities and net assets				
Current liabilities				
Accounts payable	$ 20	$ 5	$ -	$ 25
Accrued salaries and related benefits	44	7	-	51
Other accrued expenses	54	44	(14)	84
Current portion of long-term obligations	4	-	-	4
Total current liabilities	122	56	(14)	164
Non-current liabilities				
Long-term obligations, less current portion	157	171	-	328
Other	3	-	-	3
Net assets				
Unrestricted controlling	213	12	-	225
Unrestricted noncontrolling	-	-	-	-
Temporarily restricted	2	-	-	2
Permanently restricted	-	-	-	-
	215	12	-	227
	$ 497	$ 239	$ (14)	$ 722

Sutter Health and Affiliates

Consolidating Statement of Operations and Changes in Net Assets - Sutter Health Central Valley Region

Year ended December 31, 2013

(Dollars in millions)

	Sutter Central Valley Hospitals and Affiliate	Sutter Gould Medical Foundation	Adjustments and Eliminations	Consolidated
Unrestricted net assets:				
Operating revenues				
Patient service revenues	$ 708	$ 241	$ (20)	$ 929
Provision for bad debts	(85)	(14)	(1)	(100)
Patient service revenues less provision for bad debts	623	227	(21)	829
Capitation revenues	69	79	-	148
Contributions	-	-	-	-
Other	16	11	(9)	18
Total operating revenues	708	317	(30)	995
Operating expenses				
Salaries and employee benefits	305	71	(21)	355
Purchased services	98	165	(9)	254
Supplies	90	22	-	112
Depreciation and amortization	38	12	-	50
Capitated purchased services	26	27	(1)	52
Rentals and leases	2	3	-	5
Interest	6	4	1	11
Insurance	6	1	(1)	6
Other	56	6	1	63
Total operating expenses	627	311	(30)	908
Income (loss) from operations	81	6	-	87
Investment income	2	-	-	2
Change in net unrealized gains and losses on investments classified as trading	-	-	-	-
Income (loss)	83	6	-	89
Less income attributable to noncontrolling interests	-	-	-	-
Income (loss) attributable to Sutter Health	83	6	-	89

Sutter Health and Affiliates

Consolidating Statement of Operations and Changes in Net Assets - Sutter Health Central Valley Region (continued)

Year ended December 31, 2013

(Dollars in millions)

	Sutter Central Valley Hospitals and Affiliate	Sutter Gould Medical Foundation	Adjustments and Eliminations	Consolidated
Unrestricted net assets (continued):				
Unrestricted controlling net assets				
Income (loss) attributable to Sutter Health	$ 83	$ 6	$ -	$ 89
Change in net unrealized gains and losses on investments classified as other-than-trading	1	(2)	-	(1)
Net assets released from restriction for equipment acquisition	1	-	-	1
Pension-related changes other than net periodic pension cost	-	-	-	-
Transfers with related entities, net	(65)	-	-	(65)
Other	-	1	-	1
Increase (decrease) in unrestricted controlling net assets	20	5	-	25
Unrestricted noncontrolling net assets				
Income attributable to noncontrolling interests	-	-	-	-
Distributions	-	-	-	-
Contributed capital	-	-	-	-
Other	-	-	-	-
Increase (decrease) in unrestricted noncontrolling net assets	-	-	-	-
Temporarily restricted net assets:				
Contributions	1	-	-	1
Investment income	-	-	-	-
Change in net unrealized gains and losses on investments	-	-	-	-
Net assets released from restriction	(2)	-	-	(2)
Other	-	-	-	-
Increase (decrease) in temporarily restricted net assets	(1)	-	-	(1)
Permanently restricted net assets:				
Contributions	-	-	-	-
Investment income	-	-	-	-
Change in net unrealized gains and losses on investments	-	-	-	-
Other	-	-	-	-
Increase (decrease) in permanently restricted net assets	-	-	-	-
Increase (decrease) in net assets	19	5	-	24
Net assets, beginning of year	196	7	-	203
Net assets, end of year	$ 215	$ 12	$ -	$ 227

Sutter Health and Affiliates
Consolidating Balance Sheet - Sutter Health East Bay Region
December 31, 2013
(Dollars in millions)

	Sutter East Bay Hospitals and Affiliates	Sutter East Bay Medical Foundation	Eden Medical Center	Sutter Medical Center Castro Valley	Adjustments and Eliminations	Consolidated
Assets						
Current assets						
Cash and cash equivalents	$ 87	$ 2	$ 2	$ 8	$ (1)	$ 98
Short-term investments	110	-	-	-	-	110
Patient accounts receivable, net	186	7	9	54	1	257
Other receivables	56	3	1	9	(9)	60
Inventories	15	-	-	4	-	19
Other	4	1	-	1	-	6
Total current assets	458	13	12	76	(9)	550
Non-current investments	136	-	-	-	-	136
Property, plant and equipment, net	679	36	-	365	-	1,080
Other	23	3	5	12	-	43
	$ 1,296	$ 52	$ 17	$ 453	$ (9)	$ 1,809
Liabilities and net assets						
Current liabilities						
Accounts payable	$ 21	-	$ 2	$ 2	$ 1	$ 26
Accrued salaries and related benefits	52	2	-	10	-	64
Other accrued expenses	139	5	11	32	(9)	178
Current portion of long-term obligations	2	-	-	-	-	2
Total current liabilities	214	7	13	44	(8)	270
Non-current liabilities						
Long-term obligations, less current portion	436	-	-	288	-	724
Other	26	-	-	1	(1)	26
Net assets						
Unrestricted controlling	507	45	4	116	-	672
Unrestricted noncontrolling	7	-	-	-	-	7
Temporarily restricted	53	-	-	4	-	57
Permanently restricted	53	-	-	-	-	53
	620	45	4	120	-	789
	$ 1,296	$ 52	$ 17	$ 453	$ (9)	$ 1,809

Sutter Health and Affiliates
Consolidating Statement of Operations and Changes in Net Assets - Sutter Health East Bay Region
Year ended December 31, 2013
(Dollars in millions)

	Sutter East Bay Hospitals and Affiliates	Sutter East Bay Medical Foundation	Eden Medical Center	Sutter Medical Center Castro Valley	Adjustments and Eliminations	Consolidated
Unrestricted net assets:						
Operating revenues						
Patient service revenues	$ 1,252	$ 81	$ 46	$ 297	$ (18)	$ 1,658
Provision for bad debts	(67)	(5)	5	(36)	-	(103)
Patient service revenues less provision for bad debts	1,185	76	51	261	(18)	1,555
Capitation revenues	-	31	-	-	-	31
Contributions	1	-	-	-	-	1
Other	93	26	1	8	(16)	112
Total operating revenues	1,279	133	52	269	(34)	1,699
Operating expenses						
Salaries and employee benefits	675	28	41	138	(20)	862
Purchased services	292	78	24	58	(14)	438
Supplies	160	7	6	25	1	199
Depreciation and amortization	64	6	1	26	(1)	96
Capitated purchased services	-	13	-	-	-	13
Rentals and leases	12	6	-	2	-	20
Interest	5	1	-	10	1	17
Insurance	13	-	1	2	-	16
Other	119	2	30	20	(1)	170
Total operating expenses	1,340	141	103	281	(34)	1,831
Income (loss) from operations	(61)	(8)	(51)	(12)	-	(132)
Investment income	3	-	-	-	-	3
Change in net unrealized gains and losses on investments classified as trading	6	-	-	-	-	6
Income (loss)	(52)	(8)	(51)	(12)	-	(123)
Less income attributable to noncontrolling interests	(6)	-	-	-	-	(6)
Income (loss) attributable to Sutter Health	(58)	(8)	(51)	(12)	-	(129)

Sutter Health and Affiliates
Consolidating Statement of Operations and Changes in Net Assets - Sutter Health East Bay Region (continued)
Year end December 31, 2013
(Dollars in millions)

	Sutter East Bay Hospitals and Affiliates	Sutter East Bay Medical Foundation	Eden Medical Center	Sutter Medical Center Castro Valley	Adjustments and Eliminations	Consolidated
Unrestricted net assets (continued):						
Unrestricted controlling net assets						
Income (loss) attributable to Sutter Health	$ (58)	$ (8)	$ (51)	$ (12)	$ -	$ (129)
Change in net unrealized gains and losses on investments classified as other-than-trading	4	-	-	-	-	4
Net assets released from restriction for equipment acquisition	1	-	-	-	-	1
Pension-related changes other than net periodic pension cost	-	-	-	-	-	-
Transfers with related entities, net	69	1	21	44	-	135
Other	(2)	-	(4)	4	-	(2)
Increase (decrease) in unrestricted controlling net assets	14	(7)	(34)	36	-	9
Unrestricted noncontrolling net assets						
Income attributable to noncontrolling interests	6	-	-	-	-	6
Distributions	(2)	-	-	-	-	(2)
Contributed capital	-	-	-	-	-	-
Other	(1)	-	-	-	-	(1)
Increase (decrease) in unrestricted noncontrolling net assets	3	-	-	-	-	3
Temporarily restricted net assets:						
Contributions	2	-	-	-	-	2
Investment income	4	-	-	-	-	4
Change in net unrealized gains and losses on investments	8	-	-	-	-	8
Net assets released from restriction	(3)	-	-	-	-	(3)
Other	-	-	(4)	4	-	-
Increase (decrease) in temporarily restricted net assets	11	-	(4)	4	-	11
Permanently restricted net assets:						
Contributions	-	-	-	-	-	-
Investment income	1	-	-	-	-	1
Change in net unrealized gains and losses on investments	1	-	-	-	-	1
Other	(2)	-	-	-	-	(2)
Increase (decrease) in permanently restricted net assets	-	-	-	-	-	-
Increase (decrease) in net assets	28	(7)	(38)	40	-	23
Net assets, beginning of year	592	52	42	80	-	766
Net assets, end of year	$ 620	$ 45	$ 4	$ 120	$ -	$ 789

Sutter Health and Affiliates
Consolidating Balance Sheet - Sutter Health Peninsula Coastal Region
December 31, 2013
(Dollars in millions)

	Mills-Peninsula Health Services and Affiliates	Palo Alto Medical Foundation	Palo Alto Medical Foundation Research Institute	Adjustments and Eliminations	Consolidated
Assets					
Current assets					
Cash and cash equivalents	$ 31	$ 69	$ 34	$ -	$ 134
Short-term investments	13	-	25	(1)	37
Patient accounts receivable, net	67	113	-	1	181
Other receivables	5	63	8	(48)	28
Inventories	7	2	-	-	9
Other	3	5	-	-	8
Total current assets	126	252	67	(48)	397
Non-current investments	23	210	27	(1)	259
Property, plant and equipment, net	695	948	12	-	1,655
Other	8	18	6	-	32
	$ 852	$ 1,428	$ 112	$ (49)	$ 2,343
Liabilities and net assets					
Current liabilities					
Accounts payable	$ 12	$ 20	$ -	$ 1	$ 33
Accrued salaries and related benefits	27	62	1	(1)	89
Other accrued expenses	39	82	45	(49)	117
Current portion of long-term obligations	-	-	-	-	-
Total current liabilities	78	164	46	(49)	239
Non-current liabilities					
Long-term obligations, less current portion	512	648	-	(1)	1,159
Other	6	3	1	1	11
Net assets					
Unrestricted controlling	222	613	22	-	857
Unrestricted noncontrolling	-	-	-	-	-
Temporarily restricted	27	-	33	-	60
Permanently restricted	7	-	10	-	17
	256	613	65	-	934
	$ 852	$ 1,428	$ 112	$ (49)	$ 2,343

Sutter Health and Affiliates
Consolidating Statement of Operations and Changes in Net Assets - Sutter Health Peninsula Coastal Region
Year ended December 31, 2013
(Dollars in millions)

	Mills-Peninsula Health Services and Affiliates	Palo Alto Medical Foundation	Palo Alto Medical Foundation Research Institute	Adjustments and Eliminations	Consolidated
Unrestricted net assets:					
Operating revenues					
Patient service revenues	$ 554	$ 1,318	$ -	$ (21)	$ 1,851
Provision for bad debts	(15)	(22)	-	-	(37)
Patient service revenues less provision for bad debts	539	1,296	-	(21)	1,814
Capitation revenues	49	295	-	-	344
Contributions	1	-	2	-	3
Other	23	49	7	(9)	70
Total operating revenues	612	1,640	9	(30)	2,231
Operating expenses					
Salaries and employee benefits	265	405	10	(18)	662
Purchased services	101	707	3	(7)	804
Supplies	59	126	-	-	185
Depreciation and amortization	61	63	1	-	125
Capitated purchased services	8	66	-	-	74
Rentals and leases	5	26	-	(5)	26
Interest	19	17	-	-	36
Insurance	4	12	-	-	16
Other	37	25	2	-	64
Total operating expenses	559	1,447	16	(30)	1,992
Income (loss) from operations	53	193	(7)	-	239
Investment income	1	1	4	-	6
Change in net unrealized gains and losses on investments classified as trading	-	-	-	-	-
Income (loss)	54	194	(3)	-	245
Less income attributable to noncontrolling interests	-	-	-	-	-
Income (loss) attributable to Sutter Health	54	194	(3)	-	245

Sutter Health and Affiliates

Consolidating Statement of Operations and Changes in Net Assets - Sutter Health Peninsula Coastal Region (continued)

Year ended December 31, 2013

(Dollars in millions)

	Mills-Peninsula Health Services and Affiliates	Palo Alto Medical Foundation	Palo Alto Medical Foundation Research Institute	Adjustments and Eliminations	Consolidated
Unrestricted net assets (continued):					
Unrestricted controlling net assets					
Income (loss) attributable to Sutter Health	$ 54	$ 194	$ (3)	$ -	$ 245
Change in net unrealized gains and losses on investments classified as other-than-trading	-	(9)	-	-	(9)
Net assets released from restriction for equipment acquisition	1	-	-	-	1
Pension-related changes other than net periodic pension cost	-	-	-	-	-
Transfers with related entities, net	(122)	(268)	(14)	-	(404)
Other	-	-	-	-	-
Increase (decrease) in unrestricted controlling net assets	(67)	(83)	(17)	-	(167)
Unrestricted noncontrolling net assets					
Income attributable to noncontrolling interests	-	-	-	-	-
Distributions	-	-	-	-	-
Contributed capital	-	-	-	-	-
Other	-	-	-	-	-
Increase (decrease) in unrestricted noncontrolling net assets	-	-	-	-	-
Temporarily restricted net assets:					
Contributions	3	-	5	-	8
Investment income	1	-	-	-	1
Change in net unrealized gains and losses on investments	1	-	1	-	2
Net assets released from restriction	(5)	-	(2)	-	(7)
Other	(1)	-	1	-	-
Increase (decrease) in temporarily restricted net assets	(1)	-	5	-	4
Permanently restricted net assets:					
Contributions	-	-	-	-	-
Investment income	-	-	-	-	-
Change in net unrealized gains and losses on investments	-	-	-	-	-
Other	-	-	-	-	-
Increase (decrease) in permanently restricted net assets	-	-	-	-	-
Increase (decrease) in net assets	(68)	(83)	(12)	-	(163)
Net assets, beginning of year	324	696	77	-	1,097
Net assets, end of year	$ 256	$ 613	$ 65	$ -	$ 934

Sutter Health and Affiliates
Consolidating Balance Sheet - Sutter Health Sacramento Sierra Region
December 31, 2013
(Dollars in millions)

	Sutter Health Sacramento Sierra Region and Affiliates	Sutter Medical Foundation and Subsidiaries	Roseville Endoscopy Center LLC	Sutter Amador Surgery Center LLC	Adjustments and Eliminations	Consolidated
Assets						
Current assets						
Cash and cash equivalents	$ 76	$ 34	$ 2	$ -	$ -	$ 112
Short-term investments	36	-	-	-	-	36
Patient accounts receivable, net	271	63	1	-	1	336
Other receivables	30	21	-	-	(13)	38
Inventories	25	6	-	-	-	31
Other	5	2	-	-	(1)	6
Total current assets	443	126	3	-	(13)	559
Non-current investments	70	3	-	-	-	73
Property, plant and equipment, net	1,248	208	-	-	-	1,456
Other	38	17	-	2	(2)	55
	$ 1,799	$ 354	$ 3	$ 2	$ (15)	$ 2,143
Liabilities and net assets						
Current liabilities						
Accounts payable	$ 73	$ 12	$ -	$ -	$ 1	$ 86
Accrued salaries and related benefits	75	15	-	-	-	90
Other accrued expenses	150	53	1	-	(13)	191
Current portion of long-term obligations	6	3	-	-	-	9
Total current liabilities	304	83	1	-	(12)	376
Non-current liabilities						
Long-term obligations, less current portion	938	39	-	-	-	977
Other	14	6	-	-	-	20
Net assets						
Unrestricted controlling	506	221	3	2	(5)	727
Unrestricted noncontrolling	-	4	(1)	-	2	5
Temporarily restricted	31	1	-	-	-	32
Permanently restricted	6	-	-	-	-	6
	543	226	2	2	(3)	770
	$ 1,799	$ 354	$ 3	$ 2	$ (15)	$ 2,143

Sutter Health and Affiliates

Consolidating Statement of Operations and Changes in Net Assets - Sutter Health Sacramento Sierra Region

Year ended December 31, 2013

(Dollars in millions)

	Sutter Health Sacramento Sierra Region and Affiliates	Sutter Medical Foundation and Subsidiaries	Roseville Endoscopy Center LLC	Sutter Amador Surgery Center LLC	Adjustments and Eliminations	Consolidated
Unrestricted net assets:						
Operating revenues						
Patient service revenues	$ 1,693	$ 579	$ 8	$ 2	$ (50)	$ 2,232
Provision for bad debts	(45)	(26)	-	-	-	(71)
Patient service revenues less provision for bad debts	1,648	553	8	2	(50)	2,161
Capitation revenues	198	192	-	-	(4)	386
Contributions	1	-	-	-	-	1
Other	37	47	-	-	(38)	46
Total operating revenues	1,884	792	8	2	(92)	2,594
Operating expenses						
Salaries and employee benefits	893	205	-	-	(48)	1,050
Purchased services	267	388	3	1	(30)	629
Supplies	273	40	1	1	-	315
Depreciation and amortization	75	35	-	-	-	110
Capitated purchased services	52	71	-	-	(6)	117
Rentals and leases	20	23	-	-	(5)	38
Interest	13	7	-	-	-	20
Insurance	15	8	-	-	-	23
Other	131	13	-	-	(1)	143
Total operating expenses	1,739	790	4	2	(90)	2,445
Income (loss) from operations	145	2	4	-	(2)	149
Investment income	2	-	-	-	-	2
Change in net unrealized gains and losses on investments classified as trading	-	-	-	-	-	-
Income (loss)	147	2	4	-	(2)	151
Less income attributable to noncontrolling interests	-	(2)	-	-	(2)	(4)
Income (loss) attributable to Sutter Health	147	-	4	-	(4)	147

Sutter Health and Affiliates

Consolidating Statement of Operations and Changes in Net Assets - Sutter Health Sacramento Sierra Region (continued)

Year ended December 31, 2013

(Dollars in millions)

	Sutter Health Sacramento Sierra Region and Affiliates	Sutter Medical Foundation and Subsidiaries	Roseville Endoscopy Center LLC	Sutter Amador Surgery Center LLC	Adjustments and Eliminations	Consolidated
Unrestricted net assets (continued):						
Unrestricted controlling net assets						
Income (loss) attributable to Sutter Health	$ 147	$ -	$ 4	$ -	$ (4)	$ 147
Change in net unrealized gains and losses on investments classified as other-than-trading	-	(1)	-	-	-	(1)
Net assets released from restriction for equipment acquisition	2	-	-	-	-	2
Pension-related changes other than net periodic pension cost	-	-	-	-	-	-
Transfers with related entities, net	(147)	(22)	-	-	-	(169)
Other	2	1	(4)	-	3	2
Increase (decrease) in unrestricted controlling net assets	4	(22)	-	-	(1)	(19)
Unrestricted noncontrolling net assets						
Income attributable to noncontrolling interests	-	2	-	-	2	4
Distributions	-	(1)	(2)	-	-	(3)
Contributed capital	-	-	-	-	-	-
Other	-	-	2	-	(2)	-
Increase (decrease) in unrestricted noncontrolling net assets	-	1	-	-	-	1
Temporarily restricted net assets:						
Contributions	6	1	-	-	-	7
Investment income	-	-	-	-	-	-
Change in net unrealized gains and losses on investments	-	-	-	-	-	-
Net assets released from restriction	(5)	(1)	-	-	-	(6)
Other	-	-	-	-	-	-
Increase (decrease) in temporarily restricted net assets	1	-	-	-	-	1
Permanently restricted net assets:						
Contributions	-	-	-	-	-	-
Investment income	-	-	-	-	-	-
Change in net unrealized gains and losses on investments	-	-	-	-	-	-
Other	-	-	-	-	-	-
Increase (decrease) in permanently restricted net assets	-	-	-	-	-	-
Increase (decrease) in net assets	5	(21)	-	-	(1)	(17)
Net assets, beginning of year	538	247	2	2	(2)	787
Net assets, end of year	$ 543	$ 226	$ 2	$ 2	$ (3)	$ 770

Sutter Health and Affiliates
Consolidating Balance Sheet - Sutter Health West Bay Region
December 31, 2013
(Dollars in millions)

	Sutter West Bay Hospitals and Affiliates	Sutter Pacific Medical Foundation	Adjustments and Eliminations	Consolidated
Assets				
Current assets				
Cash and cash equivalents	$ 45	$ -	$ (1)	$ 44
Short-term investments	76	-	1	77
Patient accounts receivable, net	224	15	1	240
Other receivables	48	6	(1)	53
Inventories	17	-	-	17
Other	6	1	(1)	6
Total current assets	416	22	(1)	437
Non-current investments	338	-	-	338
Property, plant and equipment, net	1,266	32	-	1,298
Other	50	15	(1)	64
	$ 2,070	$ 69	$ (2)	$ 2,137
Liabilities and net assets				
Current liabilities				
Accounts payable	$ 52	$ 8	$ (1)	$ 59
Accrued salaries and related benefits	100	5	-	105
Other accrued expenses	89	3	(1)	91
Current portion of long-term obligations	2	-	-	2
Total current liabilities	243	16	(2)	257
Non-current liabilities				
Long-term obligations, less current portion	418	-	-	418
Other	13	1	-	14
Net assets				
Unrestricted controlling	1,232	52	-	1,284
Unrestricted noncontrolling	7	-	-	7
Temporarily restricted	104	-	-	104
Permanently restricted	53	-	-	53
	1,396	52	-	1,448
	$ 2,070	$ 69	$ (2)	$ 2,137

Sutter Health and Affiliates
Consolidating Statement of Operations and Changes in Net Assets - Sutter Health West Bay Region
Year ended December 31, 2013
(Dollars in millions)

	Sutter West Bay Hospitals and Affiliates	Sutter Pacific Medical Foundation	Adjustments and Eliminations	Consolidated
Unrestricted net assets:				
Operating revenues				
Patient service revenues	$ 1,587	$ 181	$ (19)	$ 1,749
Provision for bad debts	(84)	(5)	-	(89)
Patient service revenues less provision for bad debts	1,503	176	(19)	1,660
Capitation revenues	9	22	-	31
Contributions	2	-	-	2
Other	77	36	(29)	84
Total operating revenues	1,591	234	(48)	1,777
Operating expenses				
Salaries and employee benefits	813	66	(19)	860
Purchased services	336	129	(23)	442
Supplies	165	16	-	181
Depreciation and amortization	160	10	-	170
Capitated purchased services	3	7	-	10
Rentals and leases	19	11	(4)	26
Interest	10	1	1	12
Insurance	11	2	(1)	12
Other	138	6	(2)	142
Total operating expenses	1,655	248	(48)	1,855
Income (loss) from operations	(64)	(14)	-	(78)
Investment income	34	-	-	34
Change in net unrealized gains and losses on investments classified as trading	-	-	-	-
Income (loss)	(30)	(14)	-	(44)
Less income attributable to noncontrolling interests	(14)	-	-	(14)
Income (loss) attributable to Sutter Health	(44)	(14)	-	(58)

Sutter Health and Affiliates
Consolidating Statement of Operations and Changes in Net Assets - Sutter Health West Bay Region (continued)
Year ended December 31, 2013
(Dollars in millions)

	Sutter West Bay Hospitals and Affiliates	Sutter Pacific Medical Foundation	Adjustments and Eliminations	Consolidated
Unrestricted net assets (continued):				
Unrestricted controlling net assets				
Income (loss) attributable to Sutter Health	$ (44)	$ (14)	$ -	$ (58)
Change in net unrealized gains and losses on investments classified as other-than-trading	7	-	-	7
Net assets released from restriction for equipment acquisition	1	1	-	2
Pension-related changes other than net periodic pension cost	-	-	-	-
Transfers with related entities, net	(1)	12	-	11
Other	-	-	-	-
Increase (decrease) in unrestricted controlling net assets	(37)	(1)	-	(38)
Unrestricted noncontrolling net assets				
Income attributable to noncontrolling interests	14	-	-	14
Distributions	(13)	-	-	(13)
Contributed capital	-	-	-	-
Other	-	-	-	-
Increase (decrease) in unrestricted noncontrolling net assets	1	-	-	1
Temporarily restricted net assets:				
Contributions	21	1	(1)	21
Investment income	1	-	-	1
Change in net unrealized gains and losses on investments	1	-	-	1
Net assets released from restriction	(10)	(1)	1	(10)
Other	(1)	-	-	(1)
Increase (decrease) in temporarily restricted net assets	12	-	-	12
Permanently restricted net assets:				
Contributions	-	-	-	-
Investment income	-	-	-	-
Change in net unrealized gains and losses on investments	-	-	-	-
Other	-	-	-	-
Increase (decrease) in permanently restricted net assets	-	-	-	-
Increase (decrease) in net assets	(24)	(1)	-	(25)
Net assets, beginning of year	1,420	53	-	1,473
Net assets, end of year	$ 1,396	$ 52	$ -	$ 1,448

Sutter Health and Affiliates
Consolidating Balance Sheet - Other
December 31, 2013
(Dollars in millions)

	Sutter Coast Hospital	Sutter Health Pacific	Sutter Health Plan	Sutter Care at Home	Adjustments and Eliminations	Consolidated
Assets						
Current assets						
Cash and cash equivalents	$ 2	$ 1	$ 42	$ 4	$ -	$ 49
Short-term investments	-	-	-	14	-	14
Patient accounts receivable, net	12	6	-	42	1	61
Other receivables	2	-	-	12	(1)	13
Inventories	1	-	-	1	-	2
Other	-	1	-	-	-	1
Total current assets	17	8	42	73	-	140
Non-current investments	-	-	-	-	-	-
Property, plant and equipment, net	16	6	1	9	-	32
Other	1	-	-	1	-	2
	$ 34	$ 14	$ 43	$ 83	$ -	$ 174
Liabilities and net assets						
Current liabilities						
Accounts payable	$ 1	$ -	$ 7	$ 4	$ 1	$ 13
Accrued salaries and related benefits	4	1	-	12	-	17
Other accrued expenses	2	1	7	6	(1)	15
Current portion of long-term obligations	-	-	-	-	-	-
Total current liabilities	7	2	14	22	-	45
Non-current liabilities						
Long-term obligations, less current portion	13	-	-	-	-	13
Other	1	-	-	-	-	1
Net assets						
Unrestricted controlling	13	12	29	60	-	114
Unrestricted noncontrolling	-	-	-	-	-	-
Temporarily restricted	-	-	-	1	-	1
Permanently restricted	-	-	-	-	-	-
	13	12	29	61	-	115
	$ 34	$ 14	$ 43	$ 83	$ -	$ 174

Sutter Health and Affiliates
Consolidating Statement of Operations and Changes in Net Assets - Other
Year ended December 31, 2013
(Dollars in millions)

	Sutter Coast Hospital	Sutter Health Pacific	Sutter Health Plan	Sutter Care at Home	Adjustments and Eliminations	Consolidated
Unrestricted net assets:						
Operating revenues						
Patient service revenues	$ 67	$ 24	$ -	$ 207	$ -	$ 298
Provision for bad debts	(4)	-	-	(5)	-	(9)
Patient service revenues less provision for bad debts	63	24	-	202	-	289
Capitation revenues	-	-	-	10	-	10
Contributions	-	-	-	1	-	1
Other	1	-	-	14	1	16
Total operating revenues	64	24	-	227	1	316
Operating expenses						
Salaries and employee benefits	36	15	4	156	-	211
Purchased services	16	4	41	28	-	89
Supplies	6	1	-	20	1	28
Depreciation and amortization	4	1	-	3	(1)	7
Capitated purchased services	-	-	-	-	-	-
Rentals and leases	1	-	-	5	1	7
Interest	-	-	-	1	-	1
Insurance	1	-	-	-	1	2
Other	2	1	1	11	-	15
Total operating expenses	66	22	46	224	2	360
Income (loss) from operations	(2)	2	(46)	3	(1)	(44)
Investment income	-	-	-	1	-	1
Change in net unrealized gains and losses on investments classified as trading	-	-	-	-	-	-
Income (loss)	(2)	2	(46)	4	(1)	(43)
Less income attributable to noncontrolling interests	-	-	-	-	-	-
Income (loss) attributable to Sutter Health	(2)	2	(46)	4	(1)	(43)

Sutter Health and Affiliates
Consolidating Statement of Operations and Changes in Net Assets - Other (continued)
Year ended December 31, 2013
(Dollars in millions)

	Sutter Coast Hospital	Sutter Health Pacific	Sutter Health Plan	Sutter Care at Home	Adjustments and Eliminations	Consolidated
Unrestricted net assets (continued):						
Unrestricted controlling net assets						
Income (loss) attributable to Sutter Health	$ (2)	$ 2	$ (46)	$ 4	$ (1)	$ (43)
Change in net unrealized gains and losses on investments classified as other-than-trading	-	-	-	1	-	1
Net assets released from restriction for equipment acquisition	-	-	-	-	-	-
Pension-related changes other than net periodic pension cost	-	-	-	-	-	-
Transfers with related entities, net	3	(1)	76	10	(1)	87
Other	(1)	-	(1)	-	2	-
Increase (decrease) in unrestricted controlling net assets	-	1	29	15	-	45
Unrestricted noncontrolling net assets						
Income attributable to noncontrolling interests	-	-	-	-	-	-
Distributions	-	-	-	-	-	-
Contributed capital	-	-	-	-	-	-
Other	-	-	-	-	-	-
Increase (decrease) in unrestricted noncontrolling net assets	-	-	-	-	-	-
Temporarily restricted net assets:						
Contributions	-	-	-	1	-	1
Investment income	-	-	-	-	-	-
Change in net unrealized gains and losses on investments	-	-	-	-	-	-
Net assets released from restriction	-	-	-	(1)	-	(1)
Other	-	-	-	-	-	-
Increase (decrease) in temporarily restricted net assets	-	-	-	-	-	-
Permanently restricted net assets:						
Contributions	-	-	-	-	-	-
Investment income	-	-	-	-	-	-
Change in net unrealized gains and losses on investments	-	-	-	-	-	-
Other	-	-	-	-	-	-
Increase (decrease) in permanently restricted net assets	-	-	-	-	-	-
Increase (decrease) in net assets	-	1	29	15	-	45
Net assets, beginning of year	13	11	-	46	-	70
Net assets, end of year	$ 13	$ 12	$ 29	$ 61	$ -	$ 115

Sutter Health and Affiliates

Consolidated Balance Sheets - Sutter Health Obligated Group

(Dollars in millions)

	December 31, 2013	2012
Assets		
Current assets:		
Cash and cash equivalents	**$ 255**	$ 371
Short-term investments	**3,445**	2,606
Patient accounts receivable (net of allowance for doubtful accounts of $310 in 2013 and $298 in 2012)	**1,163**	1,052
Other receivables	**213**	214
Inventories	**90**	91
Other	**60**	68
Total current assets	**5,226**	4,402
Non-current investments	**565**	546
Property, plant and equipment, net	**6,602**	6,165
Other	**812**	334
	$ 13,205	$ 11,447
Liabilities and net assets		
Current liabilities:		
Accounts payable	**$ 413**	$ 319
Accrued salaries and related benefits	**524**	494
Other accrued expenses	**422**	409
Current portion of long-term obligations	**16**	16
Total current liabilities	**1,375**	1,238
Non-current liabilities:		
Long-term obligations, less current portion	**3,762**	2,994
Other	**555**	599
Net assets:		
Unrestricted controlling	**7,359**	6,485
Unrestricted noncontrolling	**73**	54
Temporarily restricted	**68**	64
Permanently restricted	**13**	13
	7,513	6,616
	$ 13,205	$ 11,447

Sutter Health and Affiliates

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

(Dollars in millions)

	Year ended December 31, 2013	2012
Unrestricted net assets:		
Operating revenues:		
Patient service revenues	**$ 8,447**	$ 8,326
Provision for bad debts	**(400)**	(365)
Patient service revenues less provision for bad debts	**8,047**	7,961
Capitation revenues	**887**	925
Contributions	**4**	5
Other	**324**	314
Total operating revenues	**9,262**	9,205
Operating expenses:		
Salaries and employee benefits	**4,311**	4,171
Purchased services	**2,155**	1,997
Supplies	**1,025**	988
Depreciation and amortization	**585**	454
Capitated purchased services	**233**	247
Rentals and leases	**126**	114
Interest	**75**	72
Insurance	**85**	55
Other	**629**	510
Total operating expenses	**9,224**	8,608
Income from operations	**38**	597
Investment income	**151**	96
Change in net unrealized gains and losses on investments classified as trading	**196**	111
Income	**385**	804
Less income attributable to noncontrolling interests	**(44)**	(41)
Income attributable to Sutter Health	**341**	763

Sutter Health and Affiliates

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

(Dollars in millions)

	Year ended December 31, 2013	2012
Unrestricted net assets (continued):		
Unrestricted controlling net assets:		
Income attributable to Sutter Health	**$ 341**	$ 763
Change in net unrealized gains and losses on investments classified as other-than-trading	**(23)**	6
Net assets released from restrictions for equipment acquisition	**6**	11
Pension-related changes other than net periodic pension cost	**634**	35
Transfers with related entities, net	**(100)**	(118)
Other	**16**	6
Increase in unrestricted controlling net assets	**874**	703
Unrestricted noncontrolling net assets:		
Income attributable to noncontrolling interests	**44**	41
Distributions	**(42)**	(37)
Contributed capital	**2**	6
Other	**15**	2
Increase in unrestricted noncontrolling net assets	**19**	12
Temporarily restricted net assets:		
Contributions	**10**	15
Investment income	**1**	1
Change in net unrealized gains and losses on investments	**1**	4
Net assets released from restrictions	**(7)**	(15)
Other	**(1)**	1
Increase in temporarily restricted net assets	**4**	6
Increase in net assets	**897**	721
Net assets, beginning of year	**6,616**	5,895
Net assets, end of year	**$ 7,513**	$ 6,616

Sutter Health and Affiliates

Consolidated Statements of Cash Flows - Sutter Health Obligated Group

(Dollars in millions)

	Year ended December 31, 2013	2012
Operating activities		
Increase in net assets	**$ 897**	$ 721
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Depreciation and amortization	**492**	451
Amortization of bond issuance (premium) discount, net	**(10)**	(7)
Change in net unrealized gains and losses on investments	**(174)**	(121)
Provision for doubtful accounts	**400**	365
Restricted contributions and investment income	**(11)**	(16)
Loss on impairment of property, plant and equipment	**92**	1
Change in net postretirement benefits	**(486)**	(39)
Net (gain) loss on disposal of property, plant and equipment	**(1)**	2
Net changes in operating assets and liabilities:		
Patient accounts receivable and other receivables	**(510)**	(370)
Inventories and other assets	**(2)**	–
Accounts payable and accrued expenses	**147**	87
Other non-current liabilities	**(8)**	30
Net cash provided by operating activities	**826**	1,104
Investing activities		
Purchases of property, plant and equipment	**(1,032)**	(998)
Proceeds from disposal of property, plant and equipment	**7**	–
(Purchases) sales or maturities of investments, net	**(684)**	407
Other	**(16)**	(15)
Net cash used in investing activities	**(1,725)**	(606)

Sutter Health and Affiliates

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

(Dollars in millions)

	Year ended December 31, 2013	2012
Financing activities		
Payments of long-term obligations	**$ (17)**	$ (21)
Payments for bond redemption	**–**	(502)
Proceeds from issuance of long-term obligations	**757**	120
Bond issuance costs	**(6)**	(2)
Bond issuance premium	**38**	14
Restricted contributions and investment income	**11**	16
Net cash provided by (used in) financing activities	**783**	(375)
Net (decrease) increase in cash and cash equivalents	**(116)**	123
Cash and cash equivalents at beginning of year	**371**	248
Cash and cash equivalents at end of year	**$ 255**	$ 371
Supplementary disclosures of cash flow information:		
Cash paid during the year for interest (net of capitalized interest costs of $86 in 2013 and $87 in 2012)	**$ 66**	$ 74

Sutter Health and Affiliates
Consolidating Balance Sheet - Sutter Health Obligated Group
December 31, 2013
(Dollars in millions)

	Sutter Central Valley Hospitals	Sutter Gould Medical Foundation	Sutter East Bay Hospitals and Affiliates	Eden Medical Center	Sutter Medical Center Castro Valley	Mills-Peninsula Health Services	Palo Alto Medical Foundation for Health Care, Research and Education	Sutter Health Sacramento Sierra Region
Assets								
Current assets								
Cash and cash equivalents	$ 23	$ 53	$ 57	$ 2	$ 8	$ 20	$ 103	$ 70
Short-term investments	-	-	-	-	-	(1)	24	-
Patient accounts receivable, net	95	27	186	9	54	68	113	271
Other receivables	24	3	32	1	9	4	30	30
Inventories	9	2	14	-	4	7	2	26
Other	-	-	4	-	1	3	6	5
Total current assets	151	85	293	12	76	101	278	402
Non-current investments	12	21	44	-	-	11	236	62
Property, plant and equipment, net	302	129	671	-	365	695	960	1,247
Other	4	4	17	5	12	2	24	27
	$ 469	$ 239	$ 1,025	$ 17	$ 453	$ 809	$ 1,498	$ 1,738
Liabilities and net assets								
Current liabilities								
Accounts payable	$ 19	$ 5	$ 19	$ 2	$ 2	$ 12	$ 20	$ 73
Accrued salaries and related benefits	44	7	49	-	10	27	62	74
Other accrued expenses	54	44	118	11	32	38	86	150
Current portion of long-term obligations	4	-	2	-	-	-	-	6
Total current liabilities	121	56	188	13	44	77	168	303
Non-current liabilities								
Long-term obligations, less current portion	157	171	436	-	288	512	648	938
Other	3	-	5	-	1	3	4	14
Net assets								
Unrestricted controlling	188	12	386	4	116	216	635	481
Unrestricted noncontrolling	-	-	7	-	-	-	-	-
Temporarily restricted	-	-	-	-	4	1	33	2
Permanently restricted	-	-	3	-	-	-	10	-
	188	12	396	4	120	217	678	483
	$ 469	$ 239	$ 1,025	$ 17	$ 453	$ 809	$ 1,498	$ 1,738

Sutter Health and Affiliates
Consolidating Balance Sheet - Sutter Health Obligated Group (continued)
December 31, 2013
(Dollars in millions)

	Sutter Medical Foundation and Subsidiaries	Roseville Endoscopy Center LLC	Sutter Amador Surgery Center LLC	Sutter West Bay Hospitals and Affiliates	Sutter Coast Hospital	Sutter Care at Home	Sutter Health Support Services	Adjustments and Eliminations	Consolidated
Assets									
Current assets									
Cash and cash equivalents	$ 34	$ 2	$ -	$ 36	$ 2	$ 4	$ 64	$ (223)	$ 255
Short-term investments	-	-	-	3	-	14	3,181	224	3,445
Patient accounts receivable, net	63	1	-	224	12	42	11	(13)	1,163
Other receivables	21	-	-	40	2	12	416	(411)	213
Inventories	6	-	-	17	1	1	2	(1)	90
Other	2	-	-	6	-	-	34	(1)	60
Total current assets	126	3	-	326	17	73	3,708	(425)	5,226
Non-current investments	3	-	-	170	-	-	5	1	565
Property, plant and equipment, net	208	-	-	1,259	16	9	741	-	6,602
Other	17	-	2	37	1	1	719	(60)	812
	$ 354	$ 3	$ 2	$ 1,792	$ 34	$ 83	$ 5,173	$ (484)	$ 13,205
Liabilities and net assets									
Current liabilities									
Accounts payable	$ 12	$ -	$ -	$ 51	$ 1	$ 4	$ 190	$ 3	$ 413
Accrued salaries and related benefits	15	-	-	100	4	12	119	1	524
Other accrued expenses	53	1	-	88	2	6	185	(446)	422
Current portion of long-term obligations	3	-	-	2	-	-	-	(1)	16
Total current liabilities	83	1	-	241	7	22	494	(443)	1,375
Non-current liabilities									
Long-term obligations, less current portion	39	-	-	418	13	-	143	(1)	3,762
Other	6	-	-	9	1	-	524	(15)	555
Net assets									
Unrestricted controlling	221	3	2	1,093	13	60	3,964	(35)	7,359
Unrestricted noncontrolling	4	(1)	-	6	-	-	47	10	73
Temporarily restricted	1	-	-	25	-	1	1	-	68
Permanently restricted	-	-	-	-	-	-	-	-	13
	226	2	2	1,124	13	61	4,012	(25)	7,513
	$ 354	$ 3	$ 2	$ 1,792	$ 34	$ 83	$ 5,173	$ (484)	$ 13,205

Sutter Health and Affiliates
Consolidating Statement of Operations and Changes in Net Assets - Sutter Health Obligated Group
Year ended December 31, 2013
(Dollars in millions)

	Sutter Central Valley Hospitals	Sutter Gould Medical Foundation	Sutter East Bay Hospitals and Affiliates	Eden Medical Center	Sutter Medical Center Castro Valley	Mills-Peninsula Health Services	Palo Alto Medical Foundation for Health Care, Research and Education	Sutter Health Sacramento Sierra Region
Unrestricted net assets:								
Operating revenues								
Patient service revenues	$ 708	$ 241	$ 1,246	$ 46	$ 297	$ 554	$ 1,319	$ 1,693
Provision for bad debts	(85)	(14)	(67)	5	(36)	(15)	(22)	(45)
Patient service revenues less provision for bad debts	623	227	1,179	51	261	539	1,297	1,648
Capitation revenues	69	79	-	-	-	49	295	199
Contributions	-	-	-	-	-	-	2	-
Other	15	11	34	1	8	23	55	36
Total operating revenues	707	317	1,213	52	269	611	1,649	1,883
Operating expenses								
Salaries and employee benefits	304	71	630	41	138	263	415	891
Purchased services	97	165	283	24	58	101	710	265
Supplies	90	22	158	6	25	59	126	274
Depreciation and amortization	38	12	62	1	26	60	64	75
Capitated purchased services	26	27	-	-	-	8	66	52
Rentals and leases	3	3	11	-	2	5	26	20
Interest	7	4	5	-	10	19	17	13
Insurance	6	1	13	1	2	4	12	15
Other	55	6	113	30	20	39	27	133
Total operating expenses	626	311	1,275	103	281	558	1,463	1,738
Income (loss) from operations	81	6	(62)	(51)	(12)	53	186	145
Investment income	1	-	-	-	-	-	5	1
Change in net unrealized gains and losses on investments classified as trading	-	-	-	-	-	-	-	-
Income (loss)	82	6	(62)	(51)	(12)	53	191	146
Less income attributable to noncontrolling interests	-	-	(6)	-	-	-	-	-
Income (loss) attributable to Sutter Health	82	6	(68)	(51)	(12)	53	191	146

Sutter Health and Affiliates

Consolidating Statement of Operations and Changes in Net Assets - Sutter Health Obligated Group (continued)

Year ended December 31, 2013

(Dollars in millions)

	Sutter Medical Foundation and Subsidiaries	Roseville Endoscopy Center LLC	Sutter Amador Surgery Center LLC	Sutter West Bay Hospitals and Affiliates	Sutter Coast Hospital	Sutter Care at Home	Sutter Health Support Services	Adjustments and Eliminations	Consolidated
Unrestricted net assets:									
Operating revenues									
Patient service revenues	$ 579	$ 8	$ 2	$ 1,587	$ 67	$ 207	$ 70	$ (177)	$ 8,447
Provision for bad debts	(26)	-	-	(84)	(4)	(5)	(1)	(1)	(400)
Patient service revenues less provision for bad debts	553	8	2	1,503	63	202	69	(178)	8,047
Capitation revenues	192	-	-	9	-	10	-	(15)	887
Contributions	-	-	-	-	-	1	-	1	4
Other	47	-	-	79	1	14	783	(783)	324
Total operating revenues	792	8	2	1,591	64	227	852	(975)	9,262
Operating expenses									
Salaries and employee benefits	205	-	-	808	36	156	540	(187)	4,311
Purchased services	388	3	1	334	16	28	354	(672)	2,155
Supplies	40	1	1	165	6	20	33	(1)	1,025
Depreciation and amortization	35	-	-	159	4	3	103	(57)	585
Capitated purchased services	71	-	-	3	-	-	-	(20)	233
Rentals and leases	23	-	-	18	1	5	19	(10)	126
Interest	7	-	-	10	-	1	(19)	1	75
Insurance	8	-	-	11	1	-	12	(1)	85
Other	13	-	-	135	2	11	63	(18)	629
Total operating expenses	790	4	2	1,643	66	224	1,105	(965)	9,224
Income (loss) from operations	2	4	-	(52)	(2)	3	(253)	(10)	38
Investment income	-	-	-	14	-	1	128	1	151
Change in net unrealized gains and losses on investments classified as trading	-	-	-	-	-	-	196	-	196
Income (loss)	2	4	-	(38)	(2)	4	71	(9)	385
Less income attributable to noncontrolling interests	(2)	-	-	(14)	-	-	(14)	(8)	(44)
Income (loss) attributable to Sutter Health	-	4	-	(52)	(2)	4	57	(17)	341

Sutter Health and Affiliates
Consolidating Statement of Operations and Changes in Net Assets - Sutter Health Obligated Group (continued)
Year ended December 31, 2013
(Dollars in millions)

	Sutter Central Valley Hospitals	Sutter Gould Medical Foundation	Sutter East Bay Hospitals and Affiliates	Eden Medical Center	Sutter Medical Center Castro Valley	Mills-Peninsula Health Services	Palo Alto Medical Foundation for Health Care, Research and Education	Sutter Health Sacramento Sierra Region
Unrestricted net assets (continued):								
Unrestricted controlling net assets								
Income (loss) attributable to Sutter Health	$ 82	$ 6	$ (68)	$ (51)	$ (12)	$ 53	$ 191	$ 146
Change in net unrealized gains and losses on investments classified as other-than-trading	-	(2)	-	-	-	(1)	(9)	(2)
Net assets released from restriction for equipment acquisition	1	-	-	-	-	1	-	2
Pension-related changes other than net periodic pension cost	-	-	-	-	-	-	-	-
Transfers with related entities, net	(65)	-	64	21	44	(122)	(282)	(147)
Other	1	1	(3)	(4)	4	1	-	1
Increase (decrease) in unrestricted controlling net assets	19	5	(7)	(34)	36	(68)	(100)	-
Unrestricted noncontrolling net assets								
Income attributable to noncontrolling interests	-	-	6	-	-	-	-	-
Distributions	-	-	(2)	-	-	-	-	-
Contributed capital	-	-	-	-	-	-	-	-
Other	-	-	(1)	-	-	-	-	-
Increase (decrease) in unrestricted noncontrolling net assets	-	-	3	-	-	-	-	-
Temporarily restricted net assets:								
Contributions	-	-	-	-	-	-	5	2
Investment income	-	-	-	-	-	-	-	-
Change in net unrealized gains and losses on investments	-	-	-	-	-	-	1	-
Net assets released from restriction	-	-	-	-	-	-	(2)	(1)
Other	-	-	-	(4)	4	-	1	-
Increase (decrease) in temporarily restricted net assets	-	-	-	(4)	4	-	5	1
Increase (decrease) in net assets	19	5	(4)	(38)	40	(68)	(95)	1
Net assets, beginning of year	169	7	400	42	80	285	773	482
Net assets, end of year	$ 188	$ 12	$ 396	$ 4	$ 120	$ 217	$ 678	$ 483

Sutter Health and Affiliates
Consolidating Statement of Operations and Changes in Net Assets - Sutter Health Obligated Group (continued)
Year ended December 31, 2013
(Dollars in millions)

	Sutter Medical Foundation and Subsidiaries	Roseville Endoscopy Center LLC	Sutter Amador Surgery Center LLC	Sutter West Bay Hospitals and Affiliates	Sutter Coast Hospital	Sutter Care at Home	Sutter Health Support Services	Adjustments and Eliminations	Consolidated
Unrestricted net assets (continued):									
Unrestricted controlling net assets									
Income (loss) attributable to Sutter Health	$ -	$ 4	$ -	$ (52)	$ (2)	$ 4	$ 57	$ (17)	$ 341
Change in net unrealized gains and losses on investments classified as other-than-trading	(1)	-	-	2	-	1	(11)	-	(23)
Net assets released from restriction for equipment acquisition	-	-	-	1	-	-	-	1	6
Pension-related changes other than net periodic pension cost	-	-	-	-	-	-	634	-	634
Transfers with related entities, net	(22)	-	-	(8)	3	10	406	(2)	(100)
Other	1	(4)	-	-	(1)	-	1	18	16
Increase (decrease) in unrestricted controlling net assets	(22)	-	-	(57)	-	15	1,087	-	874
Unrestricted noncontrolling net assets									
Income attributable to noncontrolling interests	2	-	-	14	-	-	14	8	44
Distributions	(1)	(2)	-	(14)	-	-	(23)	-	(42)
Contributed capital	-	-	-	-	-	-	1	1	2
Other	-	2	-	-	-	-	22	(8)	15
Increase (decrease) in unrestricted noncontrolling net assets	1	-	-	-	-	-	14	1	19
Temporarily restricted net assets:									
Contributions	1	-	-	3	-	1	-	(2)	10
Investment income	-	-	-	-	-	-	-	1	1
Change in net unrealized gains and losses on investments	-	-	-	-	-	-	-	-	1
Net assets released from restriction	(1)	-	-	(3)	-	(1)	(1)	2	(7)
Other	-	-	-	-	-	-	-	(2)	(1)
Increase (decrease) in temporarily restricted net assets	-	-	-	-	-	-	(1)	(1)	4
Increase (decrease) in net assets	(21)	-	-	(57)	-	15	1,100	-	897
Net assets, beginning of year	247	2	2	1,181	13	46	2,912	(25)	6,616
Net assets, end of year	$ 226	$ 2	$ 2	$ 1,124	$ 13	$ 61	$ 4,012	$ (25)	$ 7,513