



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

Information about Form 990 and its instructions is at [www.IRS.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

☐ Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

SUTTER HEALTH SACRAMENTO SIERRA REGION

% CHRIS BOUDREAU

Doing business as

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

Room/suite

PO BOX 160727

City or town, state or province, country, and ZIP or foreign postal code

SACRAMENTO, CA 95816

F Name and address of principal officer

JAMES CONFORTI

PO BOX 160727

SACRAMENTO,CA 95816

D Employer identification number

94-1156621

E Telephone number

(916) 286-6665

G Gross receipts \$ 1,956,012,898

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.SUTTERHEALTH.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation 1935

M State of legal domicile CA

Part I Summary

Activities & Governance

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)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

b Net unrelated business taxable income from Form 990-T, line 34

3

4

5

6

7a

7b

17

11

9,722

1,141

2,606,709

0

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Prior Year

8,201,030

1,873,497,794

588,430

2,340,647

1,884,627,901

Current Year

11,938,059

1,935,783,239

3,481,561

3,552,356

1,954,755,215

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) 0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

5,127,958

0

891,327,486

0

839,560,221

1,736,015,665

148,612,236

4,149,472

0

889,426,297

0

871,558,764

1,765,134,533

189,620,682

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Beginning of Current Year

1,738,079,830

1,255,476,921

482,602,909

End of Year

1,866,955,706

1,199,059,743

667,895,963

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

2015-11-02

Date

Page Terra CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

DEBRA HEISKALA

Preparer's signature

DEBRA HEISKALA

Date

Check ☐ if self-employed

PTIN

P00649485

Firm's name

ERNST & YOUNG US LLP

Firm's EIN

Firm's address

4370 LA JOLLA VILLAGE DR SUITE 500

SAN DIEGO, CA 92122

Phone no

(858) 535-7200

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2014)

Part III

Statement of Program Service Accomplishments

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

☐ Yes ☒ No

1

Briefly describe the organization's mission

SEE SCHEDULE O

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 1,608,656,855 including grants of \$ 4,149,472) (Revenue \$ 1,935,783,239)

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 1,608,656,855

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 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 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 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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 Yes	
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 domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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.	894	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	9,722
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? <i>If "No" to line 3b, provide an explanation in Schedule O.</i>		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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	
9a. Did the sponsoring organization make any taxable distributions under section 4966?		9a	
b. Did the sponsoring 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? <i>If "No," provide an explanation in Schedule O.</i>		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	17	
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			
1b	Enter the number of voting members included in line 1a, above, who are independent	11	
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
7b	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		
8a	a The governing body?	8a	Yes
8b	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
10b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	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?		
15a	a The organization's CEO, Executive Director, or top management official	15a	Yes
15b	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
16b	b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	CA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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, address, and telephone number of the person who possesses the organization's books and records CHRIS BOUDREAUX 9100 FOOTHILLS BLVD ROSEVILLE, CA 95747 (916) 297-8007	

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)	▶	15,766	16,704,464	5,538,004

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▶2,774

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
TOWERS WATSON DELAWARE INC, 28025 NETWORK PL CHICAGO, IL 60673	CONSULTING SERVICES	15,615,305
PULMONARY MEDICINE ASSOCIATES, 1300 ETHAN WY STE 600 SACRAMENTO, CA 95825	MEDICAL SERVICES	5,055,698
ACUTE CARE SURGERY MEDICAL GROUP IN, PO BOX 1528 SACRAMENTO, CA 95812	MEDICAL SERVICES	4,947,754
UNGER CONSTRUCTION COMPANY, 910 X STREET SACRAMENTO, CA 95818	CONSTRUCTION	4,643,194
DIAGNOSTIC PATHOLOGY MEDICAL GROUP, 3301 C ST STE 200E SACRAMENTO, CA 95816	MEDICAL SERVICES	4,594,841

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 ▶167

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	36,703			
	d	Related organizations 1d	6,893,842			
	e	Government grants (contributions) 1e	1,542,510			
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	3,465,004			
	g	Noncash contributions included in lines 1a-1f \$	70,018			
	h	Total. Add lines 1a-1f	11,938,059			
Program Service Revenue	2a	PATIENT SERVICE REVENUE	621110	1,926,941,993	1,926,941,993	
	b	RENTAL TO AFFILIATES	621110	8,353,211	8,353,211	
	c	ROSEVILLE ENDOSCOPY	621110	502,491	502,491	
	d	SUTTER AMADOR SURGERY	621110	-14,456	-14,456	
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f	1,935,783,239			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	591,660			591,660
	4	Income from investment of tax-exempt bond proceeds	0			
	5	Royalties	0			
	6a	Gross rents	(i) Real 2,142,201	(ii) Personal		
	b	Less rental expenses	1,209,020			
	c	Rental income or (loss)	933,181	0		
	d	Net rental income or (loss)	933,181			933,181
	7a	Gross amount from sales of assets other than inventory	(i) Securities 2,921,558	(ii) Other		
	b	Less cost or other basis and sales expenses	31,657			
	c	Gain or (loss)	2,889,901			
	d	Net gain or (loss)	2,889,901			2,889,901
	8a	Gross income from fundraising events (not including \$ 36,703 of contributions reported on line 1c) See Part IV, line 18	a 25,439			
	b	Less direct expenses b	17,006			
	c	Net income or (loss) from fundraising events	8,433			8,433
	9a	Gross income from gaming activities See Part IV, line 19	a 4,033			
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities	4,033			4,033
	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	2,188,865	2,188,865	
	b	UBI - PARKING	812930	199,149	199,149	
	c	UBI - PHARMACY	446110	69	69	
	d	All other revenue		218,626	218,626	
	e	Total. Add lines 11a-11d	2,606,709			
	12	Total revenue. See Instructions	1,954,755,215	1,935,783,239	2,606,709	4,427,208

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 domestic organizations and domestic governments. See Part IV, line 21.	4,149,472	4,149,472		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. 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.	10,020,531		10,020,531	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	100,312	100,312		
7	Other salaries and wages.	593,244,619	534,289,384	58,955,235	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	11,684,912	10,349,112	1,335,800	
9	Other employee benefits.	222,669,256	197,214,066	25,455,190	
10	Payroll taxes.	51,706,667	45,795,644	5,911,023	
11	Fees for services (non-employees):				
a	Management.	5,782,808		5,782,808	
b	Legal.	3,458,761	3,458,761		
c	Accounting.	6,399		6,399	
d	Lobbying.	29,560		29,560	
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees.	268,017		268,017	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	81,378,293	78,279,153	3,099,140	
12	Advertising and promotion.	1,324,629	6,687	1,317,942	
13	Office expenses.	24,527,642	11,358,605	13,169,037	
14	Information technology.	32,475,736	27,961,372	4,514,364	
15	Royalties.	0			
16	Occupancy.	24,618,866	24,618,866		
17	Travel.	1,609,223	1,311,026	298,197	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	1,040,932	751,288	289,644	
20	Interest.	16,562,085	16,562,085		
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	67,345,271	67,345,271		
23	Insurance.	13,646,558	11,440,905	2,205,653	
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	MEDICAL SUPPLIES	264,515,706	264,515,706		
b	PURCHASED SERVICES	150,045,693	144,443,720	5,601,973	
c	HOSPITAL PROVIDER FEES	69,699,877	69,699,877		
d	CAPITATED PURCHASED SERVICES	55,233,378	55,233,378		
e	All other expenses	57,989,330	39,772,165	18,217,165	
25	Total functional expenses. Add lines 1 through 24e.	1,765,134,533	1,608,656,855	156,477,678	0
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 <input type="checkbox"/> 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)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		69,889,638	2	83,587,028
	3	Pledges and grants receivable, net		141,201	3	75,869
	4	Accounts receivable, net		277,199,156	4	270,450,987
	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		25,513,499	8	26,151,250
	9	Prepaid expenses and deferred charges		4,388,831	9	11,072,282
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a2,151,576,783			
	b	Less accumulated depreciation	10b861,243,413	1,247,300,940	10c	1,290,333,370
	11	Investments—publicly traded securities		62,341,837	11	27,042,041
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		1,057,297	13	976,468
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		50,247,431	15	157,266,411
	16	Total assets. Add lines 1 through 15 (must equal line 34)		1,738,079,830	16	1,866,955,706
Liabilities	17	Accounts payable and accrued expenses		291,568,856	17	252,113,401
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		939,590,161	20	931,085,770
	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		4,660,681	23	4,795,321
	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		19,657,223	25	11,065,251
	26	Total liabilities. Add lines 17 through 25		1,255,476,921	26	1,199,059,743
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		480,508,141	27	665,425,208
	28	Temporarily restricted net assets		2,094,768	28	2,470,755
	29	Permanently restricted net assets		0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		482,602,909	33	667,895,963
	34	Total liabilities and net assets/fund balances		1,738,079,830	34	1,866,955,706

Part XI Reconciliation 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	1,954,755,215
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,765,134,533
3	Revenue less expenses Subtract line 2 from line 1	3	189,620,682
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	482,602,909
5	Net unrealized gains (losses) on investments	5	2,198,272
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	-6,525,900
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	667,895,963

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? 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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?	Yes	
3b	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	Yes	

Additional Data

Software ID:

Software Version:

EIN: 94-1156621

Name: SUTTER HEALTH SACRAMENTO SIERRA REGION

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

(A) 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			
(1) James Conforti Regional President, SHSSR	40 0 0 0	X		X				0	1,074,810	332,008
(1) Viva Ettin Trustee	2 0 0 0	X						0	0	0
(2) Patrick Fry Trustee, President & CEO SH	2 0 40 0	X						0	3,626,367	2,728,330
(3) Gary Hooper Trustee, Chair Fin & Plan	4 0 0 0	X		X				0	0	0
(4) Scott Howell Trustee	2 0 0 0	X						0	0	0
(5) Peter Hull MD Trustee	2 0 0 0	X						15,766	0	0
(6) Jeffrey Jenkins MD Trustee	2 0 0 0	X						0	0	0
(7) Christopher Johnson Trustee	2 0 0 0	X						0	0	0
(8) Richard Kramer Trustee	2 0 0 0	X						0	0	0
(9) Sarah Krevans COO Sutter Health	2 0 40 0	X						0	1,762,486	424,237
(10) Pat Fong Kushida Trustee	2 0 0 0	X						0	0	0
(11) Marion Leff MD Trustee	2 0 0 0	X						0	0	0
(12) Jerry May PHD Trustee, Vice-Chair	4 0 0 0	X		X				0	0	0
(13) Mike Newell Trustee, Chair	4 0 0 0	X		X				0	0	0
(14) Pat Pathipati Trustee	2 0 0 0	X						0	0	0
(15) Paige Stauss Trustee	2 0 0 0	X						0	0	0
(16) Helen Thomson Trustee	2 0 0 0	X						0	0	0
(17) Jeffrey Sprague CFO, Sac Sierra Region (Pt Yr)	40 0 0 0			X				0	1,054,869	399,561
(18) Paige Terra CFO (Part Year)	40 0 0 0			X				0	555,720	101,568
(19) PENNY WESTFALL VP & REG COUNSEL, SSR	40 0 0 0			X				0	564,797	73,392
(20) Thomas Blinn CEO, Reg Amb Care, SRR	40 0 0 0				X			0	841,783	165,871
(21) Pat Brady CEO, Sutter Roseville Med Ctr	40 0 0 0				X			0	830,302	159,096
(22) Dennie Conrad REG VP, PLNNG & BUS DEV SHSSR	40 0 0 0				X			0	422,402	63,701
(23) Terry Glubka CEO, Sutter Solano Medical Ctr	40 0 0 0				X			0	599,097	106,345
(24) Mitch Hanna CAO, SAFH	40 0 0 0				X			0	558,417	89,334

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			
(26) Carrie Owen-Pletz CEO, Sutter Med Ctr Sacramento	40 0 0 0				X			0	781,368	153,280
(1) Anne Platt CEO, SUTTER AMADOR HOSPITAL	40 0 0 0				X			0	499,953	79,313
(2) Thomas Ream II Reg CIO, Sac Sierra Region	40 0 0 0				X			0	369,365	55,482
(3) Janet Wagner CAO, Sutter Davis Hospital	40 0 0 0				X			0	552,560	193,425
(4) John Boyd CAO, MNTL HLTH & CONT CARE SSR	40 0 0 0					X		0	399,100	94,197
(5) Shelly McGriff CNE Sutter Med Ctr Sac	40 0 0 0					X		0	415,684	61,460
(6) John Mesic MD CMO, Sac Sierra Region	40 0 0 0					X		0	849,664	119,275
(7) Jeffrey Szczesny Reg VP HR, Sac Sierra Region	40 0 0 0					X		0	546,328	87,055
(8) BARBARA NELSON CNE, SUTTER ROSEVILLE MED CTR	40 0 0 0					X		0	399,392	51,074

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

OMB No 1545-0047

2014

Open to Public Inspection

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

Part I

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

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

- 1

☐

A church, convention of churches, or association of churches 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations _____
- g

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 listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
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 section 501(c)(3) organization, check this box and stop here						▶

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2013 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2014. 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—2013. 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—2014. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
b 10%-facts-and-circumstances test—2013. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization						▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						▶

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2014. 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—2013. 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 <u>Parent of Supported Organizations</u> Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**
www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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

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

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

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

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$ _____
3	Volunteer hours	_____

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

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

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

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

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

Part II-A

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		29,560
j	Total. Add lines 1c through 1i.			29,560
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1I	Sacramento Metro Chamber of Commerce Capital-to-Capital Event. SHSSR had eight employees attend. Cost of transportation and lodging for all eight employees was \$29,560.

[illegible]

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

OMB No 1545-0047

2014

Open to Public Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1

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

☐ Preservation of land for public use (e g , recreation or 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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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) Revenue 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

Revenue 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
- c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ 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 | 20,085,053 | 17,651,842 | 16,233,588 | 17,264,360 | 15,654,225 |
| b Contributions | 999 | 151,996 | 1,009 | 1,279 | 1,668 |
| c Net investment earnings, gains, and losses | 293,955 | 1,678,960 | 1,935,574 | -456,995 | 2,004,352 |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 386,639 | 335,757 | 518,329 | 575,056 | 395,885 |
| f Administrative expenses | | | | | 0 |
| g End of year balance | 19,993,368 | 19,147,041 | 17,651,842 | 16,233,588 | 17,264,360 |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a Board designated or quasi-endowment ▶ 66 370 %

b Permanent endowment ▶ 21 120 %

c Temporarily restricted endowment ▶ 12 510 %
- 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
- (i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		No
3a(ii)	Yes	
3b	Yes	
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- 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	44,110,182		44,110,182
b Buildings	0	1,049,452,540	495,116,011	554,336,529
c Leasehold improvements	0	14,091,487	8,589,455	5,502,032
d Equipment	0	413,249,880	330,771,336	82,478,544
e Other	0	630,672,694	26,766,611	603,906,083
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,290,333,370

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 (losses) 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
SCHEDULE D, PART V, LINE 1A, COLUMN (A)	THE CURRENT YEAR BEGINING BALANCE INCLUDES A PRIOR YEAR ADJUSTMENT TO THE AUDITED FINANCIALS IN THE AMOUNT OF \$938012 SCHEDULE D, PART V, LINE 4 ENDOWMENTS HELD BY RELATED FUNDRAISING ORGANIZATIONS FOR THE EXCLUSIVE PURPOSE OF VARIOUS PROGRAMS OF SUTTER HEALTH SACRAMENTO SIERRA REGION
SCHEDULE D, 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 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 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, 2014 AND 2013, THERE WERE NO SUCH UNCERTAIN TAX POSITIONS

[illegible]

SCHEDULE G
(Form 990 or 990-EZ)

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.

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

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
SUTTER HEALTH SACRAMENTO SIERRA REGION

Employer identification number
94-1156621

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

e

☐

Solicitation of non-government grants

b

☐

Internet and email solicitations

f

☐

Solicitation of government grants

c

☐

Phone solicitations

g

☐

Special fundraising events

d

☐

In-person solicitations
- 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?		(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
		Yes	No			
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	(b) Event #2	(c) Other events	(d) Total events
		THEME BALL (event type)	(event type)	0 (total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	62,142		62,142
	2	Less Contributions	36,703		36,703
	3	Gross income (line 1 minus line 2)	25,439		25,439
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	1,350		1,350
	7	Food and beverages	9,344		9,344
	8	Entertainment	800		800
	9	Other direct expenses	5,512		5,512
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Subtract line 10 from line 3, column (d) ▶			
					(17,006)
					8,433

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			
	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
Direct Expenses	6	Volunteer labor			
	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 conducts gaming activities _____

a Is the organization licensed to conduct 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 conduct 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 activities conducted 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

\$ and the \$

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 provide any additional information (see instructions).

Return Reference	Explanation
------------------	-------------

Schedule G (Form 990 or 990-EZ) 2014

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
SUTTER HEALTH SACRAMENTO SIERRA REGION

Employer identification number
94-1156621

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	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 <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> 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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ % b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used 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	3a	Yes	
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 eligible 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)			35,785,331		35,785,331	2 030 %
b Medicaid (from Worksheet 3, column a)			496,313,515	368,460,195	127,853,320	7 240 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			8,412,290	4,043,970	4,368,320	0 250 %
d Total Financial Assistance and Means-Tested Government Programs			540,511,136	372,504,165	168,006,971	9 520 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	16		1,630,512		1,630,512	0 090 %
f Health professions education (from Worksheet 5)	7		4,122,771	1,990,024	2,132,747	0 120 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)	6		2,206,486	1,488,537	717,949	0 040 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	37	4,887	7,497,061		7,497,061	0 420 %
j Total Other Benefits	66	4,887	15,456,830	3,478,561	11,978,269	0 670 %
k Total . Add lines 7d and 7j	66	4,887	555,967,966	375,982,726	179,985,240	10 190 %

Part IICommunity 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
1Physical improvements and housing						
2Economic development						
3Community support						
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building	6		25,208		25,208	
7Community health improvement advocacy						
8Workforce development						
9Other						
10Total	6		25,208		25,208	

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1

No

2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

10,077,699

3Enter 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

4Provide 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

5Enter total revenue received from Medicare (including DSH and IME).

5

418,727,647

6Enter Medicare allowable costs of care relating to payments on line 5.

6

446,647,757

7Subtract line 6 from line 5. This is the surplus (or shortfall).

7

-27,920,110

8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.

☐ Cost accounting system

☒ Cost to charge ratio

☐ Other

Section C. Collection Practices

9aDid the organization have a written debt collection policy during the tax year?

9a

Yes

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

9b

Yes

Part IVManagement Companies and Joint Ventures

(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 %
1SUTTER AMADOR SURG C	MEDICAL SERVICES	32.000 %		27.000 %
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Section A. Hospital Facilities

8

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)

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

18

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 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 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 13		
5 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 Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url) SEE PART V, SECTION C		
b <input checked="" type="checkbox"/> Other website (list url) SEE PART V, SECTION C		
c <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 13		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a If "Yes" (list url) SEE PART V, SECTION C		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a 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)?	12a	No
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, 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)

Name of hospital facility or letter of facility reporting group

A

		Yes	No
Financial Assistance Policy (FAP)			
13	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 included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance?	15	Yes
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
a	<input type="checkbox"/> The FAP was widely available on a website (list url) _____		
b	<input type="checkbox"/> The FAP application form was widely available on a website (list url) _____		
c	<input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) _____		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> Other (describe in Section C)		
Billing and Collections			
17	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 all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes
18	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	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

A

Name of hospital facility or letter of facility reporting group

	Yes	No
<div>19</div> <div>Did the hospital facility or other 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?</div> <div>If "Yes," check all actions in which the hospital facility or a third party engaged</div> <div><div>a</div><div><input type="checkbox"/></div><div>Reporting to credit agency(ies)</div></div> <div><div>b</div><div><input type="checkbox"/></div><div>Selling an individual's debt to another party</div></div> <div><div>c</div><div><input type="checkbox"/></div><div>Actions that require a legal or judicial process</div></div> <div><div>d</div><div><input type="checkbox"/></div><div>Other similar actions (describe in Section C)</div></div> <div>20</div> <div>Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)</div> <div><div>a</div><div><input checked="" type="checkbox"/></div><div>Notified individuals of the financial assistance policy on admission</div></div> <div><div>b</div><div><input checked="" type="checkbox"/></div><div>Notified individuals of the financial assistance policy prior to discharge</div></div> <div><div>c</div><div><input checked="" type="checkbox"/></div><div>Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills</div></div> <div><div>d</div><div><input checked="" type="checkbox"/></div><div>Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy</div></div> <div><div>e</div><div><input type="checkbox"/></div><div>Other (describe in Section C)</div></div> <div><div>f</div><div><input type="checkbox"/></div><div>None of these efforts were made</div></div>		No
<div>Policy Relating to Emergency Medical Care</div>		
<div>21</div> <div>Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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?</div> <div>If "No," indicate why</div> <div><div>a</div><div><input type="checkbox"/></div><div>The hospital facility did not provide care for any emergency medical conditions</div></div> <div><div>b</div><div><input type="checkbox"/></div><div>The hospital facility's policy was not in writing</div></div> <div><div>c</div><div><input type="checkbox"/></div><div>The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</div></div> <div><div>d</div><div><input type="checkbox"/></div><div>Other (describe in Section C)</div></div>	21	Yes
<div>Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)</div>		
<div>22</div> <div>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</div> <div><div>a</div><div><input type="checkbox"/></div><div>The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged</div></div> <div><div>b</div><div><input type="checkbox"/></div><div>The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged</div></div> <div><div>c</div><div><input checked="" type="checkbox"/></div><div>The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged</div></div> <div><div>d</div><div><input checked="" type="checkbox"/></div><div>Other (describe in Section C)</div></div> <div>23</div> <div>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?</div> <div>If "Yes," explain in Section C</div> <div>24</div> <div>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?</div> <div>If "Yes," explain in Section C</div>		No
	23	No
	24	No

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? **27**

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
SCHEDULE H, PART I, LINE 3C	TO BE ELIGIBLE FOR FREE CARE THE FILING ORGANIZATION USES THE FEDERAL POVERTY GUIDELINES (FPG) FOR FAMILY INCOMES THAT ARE AT OR BELOW 200% OF FPG PARTIAL WRITE-OFF OF THE HOSPITAL'S UNDISCOUNTED CHARGES APPLIES TO UNINSURED PATIENTS THAT WHOSE FAMILY INCOMES ARE BETWEEN 201% AND 400% IN ADDITION, THE FOLLOWING DISCOUNTS APPLY TO UNINSURED PATIENTS - SPECIAL CIRCUMSTANCES CHARITY CARE FOR UNINSURED PATIENTS WHO DO NOT MEET THE FINANCIAL ASSISTANCE CRITERIA SET FORTH BY THE ORGANIZATION, A COMPLETE OR PARTIAL WRITE-OFF IN CIRCUMSTANCES INCLUDING BUT NOT LIMITED TO BANKRUPTCY, HOMELESSNESS, DECEASED, ELIGIBLE FOR MEDICARE/MEDI-CAL, OR IF A COLLECTION AGENCY IDENTIFIES A PATIENT MEETING THE ORGANIZATION'S CHARITY CARE ELIGIBILITY CRITERIA - CATASTROPHIC CHARITY CARE PARTIAL WRITE-OFF WHEN THE FINANCIAL RESPONSIBILITY EXCEEDS 30% OF THE PATIENT'S FAMILY INCOME PATIENTS THAT MEET THE CRITERIA WILL RECEIVE A FULL WRITE-OFF OF UNDISCOUNTED CHARGES THAT EXCEED 30% OF THEIR FAMILY INCOME - HIGH MEDICAL COST CHARITY CARE (FOR INSURED PATIENTS) PARTIAL WRITE-OFF OF THE HOSPITAL'S UNDISCOUNTED CHARGES FOR PATIENTS WHOSE FAMILY INCOME IS LESS THAN 400% OF FPG, MEDICAL EXPENSES EXCEED 10% OF THE PATIENT'S FAMILY INCOME, AND THE PATIENT'S INSURER HAS NOT PROVIDED A DISCOUNT - UNINSURED PATIENT DISCOUNT A WRITE-OFF OF A PORTION OF COVERED SERVICES NO GREATER THAT THE CURRENT AVERAGE COMMERCIAL FEE-FOR-SERVICE DISCOUNT WITH MANAGED CARE PAYERS FOR PATIENTS WHOSE BENEFITS UNDER INSURANCE OR A GOVERNMENT PROGRAM HAVE BEEN EXHAUSTED PRIOR TO ADMISSION - PROMPT PAYMENT DISCOUNT PARTIAL WRITE-OFF AVAILABLE TO UNINSURED PATIENTS WHO PAY PROMPTLY, CONSISTING OF AT LEAST A 20% DISCOUNT FOR THOSE WHO PAY WITHIN 30 DAYS OF FINAL BILLING, OR A 20% DISCOUNT IF 50% OF THE ESTIMATED BILL IS PAID PRIOR TO DISCHARGE

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7	COSTING METHODOLOGY USED COST TO CHARGE RATIO UTILIZING WORKSHEET 2 METHODOLOGY

Form and Line Reference	Explanation
SCHEDULE H, PART II	SACRAMENTO SIERRA REGION EMPLOYEES PARTICIPATE ON NATIONAL AND LOCAL NOT-FOR-PROFIT BOARD OF DIRECTORS INCLUDING THE ROTARY BOARD LEADERSHIP AND THE APPAC BOARD (SUTTER AUBURN FAITH HOSPITAL), PARTNERSHIP HEALTHPLAN OF CALIFORNIA (SUTTER DAVIS HOSPITAL), AND LA CLINICA (SUTTER SOLANO MEDICAL CENTER)

Form and Line Reference	Explanation
SCHEDULE H, 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

Form and Line Reference	Explanation
SCHEDULE H, 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
<p>SCHEDULE H, PART III, LINE 4</p>	<p>THE ORGANIZATION MAKES EVERY EFFORT TO QUALIFY THOSE ELIGIBLE FOR CHARITY CARE. IF A PATIENT HAS APPLIED FOR CHARITY CARE, HAS BEEN APPROVED TO RECEIVE CHARITY CARE, OR IS COOPERATING WITH THE HOSPITAL'S EFFORTS TO SETTLE AN OUTSTANDING BILL WITHIN A REASONABLE TIME PERIOD, THE HOSPITAL WILL NOT PURSUE COLLECTIONS. 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% OF SELF-PAY ACCOUNTS RECEIVABLE AT DECEMBER 31, 2014 AND 2013. 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 29% AS OF 12/31/14, 33% AS OF 12/31/13; MEDI-CAL 27% AS OF 12/31/14, 21% AS OF 12/31/13. DURING 2014 AND 2013, 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 CHANGE BY A MATERIAL AMOUNT IN THE NEAR TERM. PATIENT SERVICE REVENUES FOOTNOTE: PATIENT SERVICE REVENUES ARE REPORTED AT THE ESTIMATED NET REALIZABLE AMOUNTS FROM PATIENTS, THIRD-PARTY 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 \$287 MILLION AND \$375 MILLION FOR 2014 AND 2013, RESPECTIVELY.</p>

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 7	MEDICARE COST REPORTS THAT THE ORGANIZATION FILES DO NOT INCLUDE ALL OF THE COSTS REQUIRED TO TREAT MEDICARE PATIENTS

Form and Line Reference	Explanation
SCHEDULE H, 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

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 9B	COLLECTION PRACTICES ARE CONSISTENT FOR ALL PATIENTS AND COMPLY WITH APPLICABLE PROVISIONS OF CALIFORNIA LAW DURING PREADMISSION OR REGISTRATION, THE HOSPITAL PROVIDES ALL PATIENTS WITH INFORMATION REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE AN UNINSURED PATIENT WHO INDICATES THE FINANCIAL INABILITY TO PAY A BILL IS EVALUATED FOR FINANCIAL ASSISTANCE PATIENTS WILL BE GIVEN AN APPLICATION WHICH WILL DOCUMENT THE PATIENT'S OVERALL FINANCIAL SITUATION IF AN UNINSURED PATIENT DOES NOT COMPLETE THE APPLICATION FORM WITHIN 30 DAYS OF DELIVERY, THE HOSPITAL WILL NOTIFY THE PATIENT THAT THE APPLICATION HAS NOT BEEN RECEIVED AND WILL PROVIDE THE PATIENT AN ADDITIONAL 30 DAYS TO COMPLETE THE APPLICATION IF A PATIENT HAS APPLIED FOR CHARITY CARE, HAS BEEN APPROVED TO RECEIVE CHARITY CARE, OR IS COOPERATING WITH THE HOSPITAL'S EFFORTS TO SETTLE AN OUTSTANDING BILL WITHIN A REASONABLE TIME PERIOD, THE HOSPITAL WILL NOT PURSUE COLLECTIONS

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	<p>SUTTER MEDICAL CENTER SACRAMENTO BEGINNING IN EARLY 2012 THROUGH FEBRUARY 2013, VALLEY VISION, INC CONDUCTED AN ASSESSMENT OF THE HEALTH NEEDS OF RESIDENTS LIVING IN THE SERVICE AREA OF SUTTER MEDICAL CENTER, SACRAMENTO (SMCS) FOR THE PURPOSES OF THE ASSESSMENT, A HEALTH NEED WAS DEFINED AS "A POOR HEALTH OUTCOME AND ITS ASSOCIATED DRIVER " A HEALTH DRIVER WAS DEFINED AS "A BEHAVIORAL, ENVIRONMENTAL, AND/OR CLINICAL FACTOR, AS WELL AS MORE UPSTREAM SOCIAL ECONOMIC FACTORS, THAT IMPACT HEALTH " A COMMUNITY-BASED PARTICIPATORY RESEARCH ORIENTATION WAS USED TO CONDUCT THE ASSESSMENT THAT INCLUDED BOTH PRIMARY AND SECONDARY DATA PRIMARY DATA COLLECTION INCLUDED INPUT FROM THE HEALTHY SACRAMENTO COALITION (FOCUS GROUPS ON SACRAMENTO COUNTY ONLY), EXPERT INTERVIEWS WITH 41 KEY INFORMANTS AND 10 FOCUS GROUP INTERVIEWS COMPRISED OF 129 COMMUNITY MEMBERS IN ADDITION, A COMMUNITY HEALTH ASSETS ASSESSMENT COLLECTED DATA ON MORE THAN 200 HEALTH RELATED ASSETS IN ALL OF THE COUNTIES IN WHICH THE SMCS HOSPITAL SERVICE AREA (HSA) EXTENDED SECONDARY DATA USED INCLUDED HEALTH OUTCOME DATA, SOCIO-DEMOGRAPHIC DATA, AND BEHAVIORAL AND ENVIRONMENTAL DATA AT THE ZIP CODE OR CENSUS TRACT LEVEL HEALTH OUTCOME DATA INCLUDED EMERGENCY DEPARTMENT (ED) VISITS, HOSPITALIZATION, AND MORTALITY RATES RELATED TO HEART DISEASE, DIABETES, STROKE, HYPERTENSION , COPD, ASTHMA, AND SAFETY AND MENTAL HEALTH CONDITIONS SOCIO-DEMOGRAPHIC DATA INCLUDED DATA ON RACE AND ETHNICITY, POVERTY (FEMALE-HEADED HOUSEHOLDS, FAMILIES WITH CHILDREN, PEOPLE OVER 65 YEARS OF AGE), EDUCATIONAL ATTAINMENT, INSURANCE STATUS, AND HOUSING ARRANGEMENT (RENT OR OWN) BEHAVIORAL AND ENVIRONMENTAL DATA HELPED DESCRIBE GENERAL LIVING CONDITIONS OF THE HOSPITAL SERVICE AREA (HSA) SUCH AS CRIME RATES, ACCESS TO PARKS, AVAILABILITY OF HEALTHY FOOD, AND LEADING CAUSES OF DEATH ANALYSIS OF BOTH PRIMARY AND SECONDARY DATA REVEALED SIX SPECIFIC ZIP CODE COMMUNITIES OF CONCERN WITHIN THE HSA THAT WERE LIVING WITH A HIGH BURDEN OF DISEASE THESE SIX COMMUNITIES HAD CONSISTENTLY HIGH RATES OF NEGATIVE HEALTH OUTCOMES THAT FREQUENTLY EXCEEDED COUNTY, STATE, AND HEALTHY PEOPLE 2020 BENCHMARKS THEY WERE CONFIRMED BY EXPERTS AS AREAS PRONE TO EXPERIENCE POORER HEALTH OUTCOMES RELATIVE TO OTHER COMMUNITIES IN THE HSA AGE-ADJUSTED RATES OF ED VISITS AND HOSPITALIZATION DUE TO HEART DISEASE, DIABETES, STROKE, AND HYPERTENSION WERE NOTABLY HIGHER IN THESE ZIP CODES COMPARED TO OTHERS WITHIN THE HSA WITH A FEW EXCEPTIONS, BLACKS AND WHITES HAD THE HIGHEST RATES FOR THESE CONDITIONS COMPARED TO OTHER RACIAL AND ETHNIC GROUPS MORTALITY DATA FOR THESE CONDITIONS SHOWED HIGH RATES AS WELL ANALYSIS OF ENVIRONMENTAL INDICATORS SHOWED THAT MANY OF THESE COMMUNITIES HAD CONDITIONS THAT WERE BARRIERS TO ACTIVE LIFESTYLES, SUCH AS ELEVATED CRIME RATES AND A TRAFFIC CLIMATE THAT IS UNFRIENDLY TO BICYCLISTS AND PEDESTRIANS FURTHERMORE, THESE COMMUNITIES FREQUENTLY HAD HIGHER PERCENTAGES OF RESIDENTS THAT WERE OBESE OR OVERWEIGHT ACCESS TO HEALTHY FOOD OUTLETS WAS LIMITED, WHILE THE CONCENTRATION OF FAST FOOD OUTLETS AND CONVENIENCE STORES WERE HIGH ANALYSIS OF THE HEALTH BEHAVIORS OF THESE RESIDENTS ALSO SHOWED MANY BEHAVIORS THAT CORRELATE TO POOR HEALTH, SUCH AS HAVING A DIET THAT IS LIMITED IN FRUIT AND VEGETABLE CONSUMPTION WHEN EXAMINING THESE FINDINGS WITH THOSE OF THE QUALITATIVE DATA (KEY INFORMANT INTERVIEW AND FOCUS GROUPS), A CONSOLIDATED LIST OF PRIORITY HEALTH NEEDS OF THESE COMMUNITIES WAS COMPILED THESE PRIORITIZED HEALTH NEEDS ARE 1 LACK OF ACCESS TO PRIMARY AND PREVENTATIVE SERVICES 2 LACK OF ACCESS TO MENTAL HEALTH SERVICES 3 LIVING IN AN UNHEALTHY FOOD ENVIRONMENT 4 PERCEIVED OR REAL FEAR FOR PERSONAL SAFETY 5 INABILITY TO EXERCISE AND BE ACTIVE 6 LACK OF ACCESS TO DENTAL CARE 7 LACK OF ACCESS TO SPECIALTY CARE 8 LACK OF COORDINATION OF CARE AMONG PROVIDERS 9 ACCULTURATION/LIMITED CULTURAL COMPETENCE IN HEALTH AND RELATED SYSTEMS 10 LACK OF HEALTH LITERACY 11 LACK OF HOUSING, BASIC SHELTER THE ENTIRE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT FOR SUTTER MEDICAL CENTER, SACRAMENTO IS AVAILABLE AT HTTP://WWW.SUTTERHEALTH.ORG/COMMUNITYBENEFIT/COMMUNITY-NEEDS-ASSESSMENT.HTML SUTTER ROSEVILLE MEDICAL CENTER BEGINNING IN EARLY 2012 THROUGH FEBRUARY 2013, VALLEY VISION, INC CONDUCTED AN ASSESSMENT OF THE HEALTH NEEDS OF RESIDENTS LIVING IN THE SUTTER ROSEVILLE MEDICAL CENTER (SRMC) SERVICE AREA FOR THE PURPOSES OF THE ASSESSMENT, A HEALTH NEED WAS DEFINED AS, "A POOR HEALTH OUTCOME AND ITS ASSOCIATED DRIVER " A HEALTH DRIVER WAS DEFINED AS, "A BEHAVIORAL, ENVIRONMENTAL, AND/OR CLINIC FACTOR, AS WELL AS MORE UPSTREAM SOCIAL ECONOMIC FACTORS, THAT IMPACT HEALTH " A COMMUNITY-BASED PARTICIPATORY RESEARCH ORIENTATION WAS USED TO CONDUCT THE ASSESSMENT THAT INCLUDED BOTH PRIMARY AND SECONDARY DATA PRIMARY DATA COLLECTION INCLUDED INPUT FROM THE HEALTHY SACRAMENTO COALITION (FOCUS GROUPS ON SACRAMENTO COUNTY ONLY), EXPERT INTERVIEWS WITH 22 KEY INFORMANTS, AND 12 FOCUS GROUPS</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	<p>P INTERVIEWS COMPRISED OF 148 COMMUNITY MEMBERS IN ADDITION, A COMMUNITY HEALTH ASSETS AS SESSMENT COLLECTED DATA ON MORE THAN 260 HEALTH-RELATED ASSETS THROUGHOUT THE SRMC HOSPITA L SERVICE AREA (HSA) IN SACRAMENTO COUNTY AND PLACER COUNTY SECONDARY DATA USED INCLUDED HEALTH OUTCOME DATA, SOCIO-DEMOGRAPHIC DATA, AND BEHAVIORAL AND ENVIRONMENTAL DATA AT THE ZIP CODE OR CENSUS TRACT LEVEL HEALTH OUTCOME DATA INCLUDED EMERGENCY DEPARTMENT (ED) VIS ITS, HOSPITALIZATION, AND MORTALITY RATES RELATED TO HEART DISEASE, DIABETES, STROKE, HYPE RTENSION, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, ASTHMA, AND SAFETY AND MENTAL HEALTH COND ITIONS SOCIO-DEMOGRAPHIC DATA INCLUDED DATA ON RACE AND ETHNICITY, POVERTY (FEMALE-HEADED HOUSEHOLDS, FAMILIES WITH CHILDREN, PEOPLE OVER 65 YEARS OF AGE), EDUCATIONAL ATTAINMENT, INSURANCE STATUS, AND HOUSING ARRANGEMENT (OWN OR RENT) FURTHER, HEALTH BEHAVIORAL AND E NVIRONMENTAL DATA HELPED DESCRIBE GENERAL LIVING CONDITIONS OF THE HSA, SUCH AS CRIME RATE S, ACCESS TO PARKS, HEALTHY FOOD AVAILABILITY, AND LEADING CAUSES OF DEATH ANALYSIS OF BO TH PRIMARY AND SECONDARY DATA REVEALED SEVEN SPECIFIC ZIP CODE COMMUNITIES OF CONCERN THAT WERE LIVING WITH A HIGH BURDEN OF DISEASE THESE SEVEN COMMUNITIES HAD CONSISTENTLY HIGH RATES OF NEGATIVE HEALTH OUTCOMES THAT FREQUENTLY EXCEEDED COUNTY, STATE, AND HEALTHY PEOP LE 2020 BENCHMARKS THEY WERE CONFIRMED BY EXPERTS AS AREAS PRONE TO EXPERIENCE POORER HEA LTH OUTCOMES RELATIVE TO OTHER COMMUNITIES IN THE HSA AGE-ADJUSTED RATES OF ED VISITS AND HOSPITALIZATION DUE TO HEART DISEASE, DIABETES, STROKE, AND HYPERTENSION WERE NOTABLY HIG HER IN THESE ZIP CODES COMPARED TO OTHER ZIP CODES IN THE HSA IN GENERAL, BLACKS AND WHIT ES HAD THE HIGHEST RATES FOR THESE CONDITIONS COMPARED TO OTHER RACIAL AND ETHNIC GROUPS WITH A FEW EXCEPTIONS MORTALITY DATA FOR THESE CONDITIONS SHOWED HIGH RATES AS WELL ANALY SIS OF ENVIRONMENTAL INDICATORS SHOWED THAT MANY OF THESE COMMUNITIES HAD CONDITIONS THAT WERE BARRIERS TO ACTIVE LIFESTYLES, SUCH AS ELEVATED RATES OF CRIME AND A TRAFFIC CLIMATE THAT WAS UNFRIENDLY TO BICYCLISTS AND PEDESTRIANS FURTHERMORE, THESE COMMUNITIES FREQUENT LY HAD HIGHER PERCENTAGES OF RESIDENTS THAT WERE OBESE OR OVERWEIGHT ACCESS TO HEALTHY FO OD OUTLETS WAS LIMITED, WHILE THE CONCENTRATION OF FAST FOOD AND CONVENIENCE STORES WAS HI GH ANALYSIS OF THE HEALTH BEHAVIORS OF THESE RESIDENTS SHOWED MANY BEHAVIORS THAT CORRELA TE TO POOR HEALTH, SUCH AS HAVING A DIET THAT IS LIMITED IN FRUIT AND VEGETABLE CONSUMPTIO N WHEN EXAMINING THESE FINDINGS WITH THOSE OF THE QUALITATIVE DATA (KEY INFORMANT INTERVI EW AND FOCUS GROUPS), A CONSOLIDATED LIST OF PRIORITY HEALTH NEEDS OF THESE COMMUNITIES WA S COMPILED THESE PRIORITIZED HEALTH NEEDS ARE 1 LACK OF ACCESS TO PRIMARY AND PREVENTAT IVE SERVICES 2 LACK OF ACCESS TO MENTAL HEALTH SERVICES 3 LIVING IN AN UNHEALTHY FOOD EN VIRONMENT 4 PERCEIVED OR REAL FEAR FOR PERSONAL SAFETY 5 INABILITY TO EXERCISE AND BE AC TIVE 6 LACK OF ACCESS TO DENTAL CARE 7 LACK OF ACCESS TO SPECIALTY CARE 8 LACK OF COORD INATION OF CARE AMONG PROVIDERS 9 ACCULTURATION/LIMITED CULTURAL COMPETENCE IN HEALTH AND RELATED SYSTEMS 10 LACK OF HEALTH LITERACY THE ENTIRE 2013 COMMUNITY HEALTH NEEDS ASSESS MENT FOR SUTTER ROSEVILLE MEDICAL CENTER IS AVAILABLE AT HTTP //WWW.SUTTERHEALTH.ORG/COMMU NITYBENEFIT/COMMUNITY-NEEDS-ASSESSMENT HT ML SUTTER SOLANO MEDICAL CENTER BEGINNING IN EA RLY 2012 THROUGH FEBRUARY 2013, VALLEY VISION, INC COMPLETED AN ASSESSMENT OF THE HEALTH NEEDS OF RESIDENTS LIVING IN THE SOLANO COUNTY HEALTH SERVICE AREA (HSA) FOR THE PURPOSES OF THE ASSESSMENT, A HEALTH NEED WAS DEFINED AS "A POOR HEALTH OUTCOME AND ITS ASSOCIATE D DRIVER " A HEALTH DRIVER WAS DEFINED AS "A BEHAVIORAL, ENVIRONMENTAL, AND/OR CLINICAL F ACTOR, AS WELL AS MORE UPSTREAM SOCIAL ECONOMIC FACTORS, THAT IMPACT HEALTH " A COMMUNITY- BASED PARTICIPATORY RESEARCH ORIENTATION WAS USED TO CONDUCT THE ASSESSMENT, WHICH INCLUDE D BOTH PRIMARY AND SECONDARY DATA PRIMA</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 3	<p>PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE SACRAMENTO SIERRA REGION FOLLOWS A SUTTER HEALTH SYSTEM-WIDE CHARITY CARE POLICY, WHICH INCLUDES THE FOLLOWING DETAILS OF HOW THE ORGANIZATION INFORMS AND EDUCATES PATIENTS AND PERSONS WHO MAY BE BILLED FOR PATIENT CARE FOR A MORE DETAILED LOOK AT OUR CHARITY CARE POLICIES BY REGION, PLEASE VISIT THE OFFICE OF STATEWIDE AND HEALTH PLANNING'S WEBSITE AT HTTP //SYFPHR OSHPD CA GOV COMMUNICATIONS OF FINANCIAL ASSISTANCE AVAILABILITY A INFORMATION PROVIDED TO PATIENTS 1 PREADMISSION OR REGISTRATION DURING PREADMISSION OR REGISTRATION (OR AS SOON THEREAFTER AS PRACTICABLE) HOSPITAL AFFILIATES SHALL PROVIDE A ALL PATIENTS WITH INFORMATION REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE AND THEIR RIGHT TO REQUEST AN ESTIMATE OF THEIR FINANCIAL RESPONSIBILITY FOR SERVICES (IMPORTANT BILLING INFORMATION FOR UNINSURED PATIENTS) B PATIENTS WHO THE HOSPITAL IDENTIFIES MAY BE UNINSURED WITH A FINANCIAL ASSISTANCE APPLICATION SUBSTANTIALLY SIMILAR TO THE SUTTER HEALTH STANDARDIZED FINANCIAL ASSISTANCE APPLICATION, "STATEMENT OF FINANCIAL CONDITION" 2 EMERGENCY SERVICES IN THE CASE OF EMERGENCY SERVICES, HOSPITAL AFFILIATES SHALL PROVIDE THE ABOVE INFORMATION AS SOON AS PRACTICABLE AFTER STABILIZATION OF THE PATIENT'S EMERGENCY MEDICAL CONDITION OR UPON DISCHARGE 3 ALL OTHER TIMES UPON REQUEST, HOSPITAL AFFILIATES SHALL PROVIDE PATIENTS WITH INFORMATION ABOUT THEIR RIGHT TO REQUEST AN ESTIMATE OF THEIR FINANCIAL RESPONSIBILITY FOR SERVICES, THE SUTTER HEALTH STANDARDIZED FINANCIAL ASSISTANCE APPLICATION FORM, "STATEMENT OF FINANCIAL CONDITION" B POSTINGS AND OTHER NOTICES INFORMATION ABOUT FINANCIAL ASSISTANCE SHALL ALSO BE PROVIDED AS FOLLOWS 1 BY POSTING NOTICES IN A VISIBLE MANNER IN LOCATIONS WHERE THERE IS A HIGH VOLUME OF INPATIENT OR OUTPATIENT ADMITTING/REGISTRATION, INCLUDING BUT NOT LIMITED TO THE EMERGENCY DEPARTMENT, BILLING OFFICES, ADMITTING OFFICE, AND OTHER HOSPITAL OUTPATIENT SERVICE SETTINGS 2 BY POSTING INFORMATION ABOUT FINANCIAL ASSISTANCE ON THE SUTTER HEALTH WEBSITE AND EACH HOSPITAL AFFILIATE WEBSITE, IF ANY 3 BY INCLUDING INFORMATION ABOUT FINANCIAL ASSISTANCE IN BILLS THAT ARE SENT TO UNINSURED PATIENTS 4 BY INCLUDING LANGUAGE ON BILLS SENT TO UNINSURED PATIENTS AS SPECIFICALLY SET FORTH IN THE MANAGEMENT OF PATIENT ACCOUNTS RECEIVABLE, COLLECTION PRACTICES, HOSPITAL AFFILIATE THIRD-PARTY LIENS, AND AFFILIATE DISPUTE INITIATION POLICY (FINANCE POLICY 14-227) C APPLICATIONS PROVIDED AT DISCHARGE IF NOT PREVIOUSLY PROVIDED, HOSPITAL AFFILIATES SHALL PROVIDE UNINSURED PATIENTS WITH APPLICATIONS FOR 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</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	<p>SUTTER MEDICAL CENTER SACRAMENTO THE ASSESSMENT STUDY AREA INCLUDED THE SMCS HOSPITAL SERVICE AREA (HSA) A KEY FOCUS WAS TO SHOW SPECIFIC COMMUNITIES (DEFINED GEOGRAPHICALLY) EXPERIENCING DISPARITIES AS THEY RELATED TO CHRONIC DISEASE AND MENTAL HEALTH TO THIS END, ZIP CODE BOUNDARIES WERE SELECTED AS THE UNIT-OF-ANALYSIS FOR MOST INDICATORS THIS LEVEL OF ANALYSIS ALLOWED FOR EXAMINATION OF HEALTH OUTCOMES AT THE COMMUNITY LEVEL THAT ARE OFTEN HIDDEN WHEN DATA ARE AGGREGATED AT THE COUNTY LEVEL SOME INDICATORS (DEMOGRAPHIC, BEHAVIORAL, AND ENVIRONMENTAL IN NATURE) WERE INCLUDED IN THE ASSESSMENT AT THE CENSUS TRACT, CENSUS BLOCK, OR POINT PREVALENCE LEVEL, WHICH ALLOWED FOR DEEPER COMMUNITY LEVEL EXAMINATION THERE ARE FOUR HOSPITALS THAT SERVE THE COMMUNITY THE HSA WAS DETERMINED BY ANALYZING PATIENT DISCHARGE DATA FROM TWO OF THE THREE FACILITIES THAT MAKE UP SMCS COLLECTION AND ANALYSIS OF THE ZIP CODES OF PATIENTS DISCHARGED FROM THE HOSPITALS OVER A SIX-MONTH PERIOD ALLOWED THE PRIMARY GEOGRAPHIC AREA SERVED BY THE HOSPITALS TO BE IDENTIFIED THE HSA IDENTIFIED AS THE FOCUS OF THE NEEDS ASSESSMENT IS DEPICTED IN FIGURE 2 IN THE FINAL CHNA BECAUSE THE HOSPITALS REPRESENTED IN SMCS (SUTTER GENERAL HOSPITAL, SUTTER MEMORIAL HOSPITAL, AND SUTTER CENTER FOR PSYCHIATRY) ARE CLOSE IN PROXIMITY, ANALYSIS REVEALED THAT THE HOSPITALS SERVED THE SAME GEOGRAPHIC AREAS TO IDENTIFY COMMUNITIES OF CONCERN, INPUT FROM THE CHNA TEAM, PRIMARY DATA FROM KEY INFORMANT INTERVIEWS AND FOCUS GROUPS, ALONG WITH DETAILED ANALYSIS OF SECONDARY DATA, HEALTH OUTCOME INDICATORS, AND SOCIO-DEMOGRAPHICS WERE EXAMINED ZIP CODE COMMUNITIES WITH RATES THAT CONSISTENTLY EXCEEDED COUNTY, STATE, OR HEALTHY PEOPLE 2020 BENCHMARKS FOR ED UTILIZATION, HOSPITALIZATION, AND MORTALITY WERE CONSIDERED ZIP CODES WITH RATES THAT CONSISTENTLY FELL IN THE TOP 20% WERE NOTED AND THEN TRIANGULATED WITH PRIMARY DATA INPUT AND SOCIO-DEMOGRAPHIC DATA TO IDENTIFY SPECIFIC COMMUNITIES OF CONCERN DATA ON SOCIO-DEMOGRAPHICS OF RESIDENTS IN THESE COMMUNITIES, WHICH INCLUDED SOCIO-ECONOMIC STATUS, RACE AND ETHNICITY, EDUCATIONAL ATTAINMENT, HOUSING ARRANGEMENT, EMPLOYMENT STATUS, AND HEALTH INSURANCE STATUS, WERE EXAMINED AREA HEALTH NEEDS WERE DETERMINED VIA IN-DEPTH ANALYSIS OF QUALITATIVE AND QUANTITATIVE DATA, AND THEN CONFIRMED WITH SOCIO-DEMOGRAPHIC DATA AS NOTED EARLIER, A HEALTH NEED WAS DEFINED AS A POOR HEALTH OUTCOME AND ITS ASSOCIATED DRIVER A HEALTH NEED WAS INCLUDED AS A PRIORITY IF IT WAS REPRESENTED BY RATES WORSE THAN THE ESTABLISHED QUANTITATIVE BENCHMARKS OR WAS CONSISTENTLY MENTIONED IN THE QUALITATIVE DATA THE COMMUNITIES OF CONCERN ARE HOME TO MORE THAN 200,000 RESIDENTS THE AREAS CONSIST OF ZIP CODE COMMUNITIES OCCUPYING THE NORTHERN, DOWNTOWN, AND SOUTHERN PORTIONS OF THE SACRAMENTO COUNTY AREA ALL OF THE ZIP CODE COMMUNITIES ARE DENSELY POPULATED, WITH THE SOUTH SACRAMENTO AREA HAVING THE HIGHEST POPULATION AND THE DOWNTOWN AREAS HAVING THE LOWEST POPULATION THE COMMUNITIES OF CONCERN ARE ZIP CODES 95660, 95814, 95815, 95823, 95824 AND 95838 SOCIO-DEMOGRAPHIC CONDITIONS, OR SOCIAL DETERMINANTS OF HEALTH, HELP PREDICT WHICH COMMUNITIES IN A BROAD GEOGRAPHIC AREA ARE MOST SUSCEPTIBLE TO POOR HEALTH OUTCOMES IN GENERAL, THE VAST MAJORITY OF RESIDENTS LIVING IN THE COMMUNITIES OF CONCERN FELL INTO MULTIPLE CATEGORIES OF SOCIAL DETERMINANTS OFTEN ASSOCIATED WITH POOR HEALTH OUTCOMES FOR EXAMPLE, ALL ZIP CODE COMMUNITIES FAR EXCEEDED THE NATIONAL BENCHMARKS FOR THE PERCENT OF FAMILIES IN A LIVING IN POVERTY WITH CHILDREN AND SINGLE-FEMALE HEADED HOUSEHOLDS WITH CHILDREN LIVING IN POVERTY ALL COMMUNITIES HAD HIGH PERCENTAGES OF NON-WHITE OR HISPANIC RESIDENTS, WITH 84% IN 95823 AND 83% IN 95824 FALLING INTO THIS CATEGORY FURTHER, ALL COMMUNITIES OF CONCERN HAD HIGH PERCENTAGES OF RESIDENTS WITHOUT HEALTH INSURANCE COMPARED TO STATE AND NATIONAL BENCHMARKS AN IN-DEPTH VIEW OF THE DEMOGRAPHICS AND GEOGRAPHY OF THE SERVICE AREA IS AVAILABLE IN THE SUTTER MEDICAL CENTER CHNA AT HTTP://WWW.SUTTERHEALTH.ORG/COMMUNITYBENEFIT/COMMUNITY-NEEDS-ASSESSMENT.HTML</p> <p>SUTTER ROSEVILLE MEDICAL CENTER THE HOSPITAL SERVICE AREA (HSA) WAS DETERMINED BY ANALYZING PATIENT DISCHARGE DATA COLLECTING AND ANALYZING THE ZIP CODES OF PATIENTS DISCHARGED FROM THE HOSPITAL OVER A SIX-MONTH PERIOD ALLOWED THE PRIMARY GEOGRAPHIC AREA SERVED BY THE HOSPITAL TO BE IDENTIFIED THE HSA DETERMINED TO BE THE FOCUS OF THE NEEDS ASSESSMENT IS DEPICTED IN FIGURE 2 IN THE FULL REPORT THERE ARE FOUR HOSPITALS THAT SERVE THE COMMUNITY THE FIRST STEP IN IDENTIFYING VULNERABLE COMMUNITIES WAS TO EXAMINE SOCIO-DEMOGRAPHICS IN ORDER TO IDENTIFY AREAS OF THE HSA WITH HIGH VULNERABILITY TO CHRONIC DISEASE DISPARITIES AND POOR MENTAL HEALTH OUTCOMES RACE/ETHNICITY, HOUSEHOLD MAKE-UP, INCOME, AND AGE VARIABLES WERE COMBINED INTO A VULNERABILITY INDEX THAT DESCRIBED THE LEVEL OF VULNERABILITY OF EACH CENSUS TRACT THIS INDEX WAS THEN MAPPED FOR THE ENTIRE HSA A TRACT</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	<p>WAS CONSIDERED MORE VULNERABLE, OR MORE LIKELY TO HAVE HIGHER UNWANTED HEALTH OUTCOMES TH AN OTHERS IN THE HSA, IF IT HAD HIGHER 1) PERCENT NON-WHITE OR HISPANIC POPULATION, 2) PE RCENT SINGLE PARENT HEADED HOUSEHOLDS, 3) PERCENT BELOW 125% OF THE POVERTY LEVEL, 4) PERC ENT UNDER FIVE YEARS OLD, AND 5) PERCENT 65 YEARS OF AGE OR OLDER LIVING IN THE CENSUS TRA CT THIS INFORMATION WAS USED IN COMBINATION WITH INPUT FROM THE CHNA WORKGROUP TO IDENTIFY PRIORITIZED AREAS FOR WHICH KEY INFORMANTS WOULD BE SOUGHT TO IDENTIFY COMMUNITIES OF C ONCERN, INPUT FROM THE CHNA TEAM, PRIMARY DATA FROM KEY INFORMANT INTERVIEWS AND FOCUS GRO UPS, AND DETAILED ANALYSIS OF SECONDARY DATA, HEALTH OUTCOME INDICATORS, AND SOCIO-DEMOGRA PHICS WERE EXAMINED ZIP CODE COMMUNITIES WITH RATES THAT CONSISTENTLY EXCEEDED COUNTY, ST ATE, OR HEALTHY PEOPLE 2020 BENCHMARKS FOR ED UTILIZATION, HOSPITALIZATION, AND MORTALITY WERE CONSIDERED ZIP CODES THAT CONSISTENTLY FELL IN THE TOP 20% WERE NOTED AND THEN TRIAN GULATED WITH PRIMARY DATA INPUT AND SOCIO-DEMOGRAPHIC DATA TO IDENTIFY SPECIFIC COMMUNITIE S OF CONCERN THE SRMC COMMUNITIES OF CONCERN ARE HOME TO MORE THAN 220,000 SACRAMENTO COU NTY RESIDENTS THE AREAS CONSIST OF ZIP CODES ALL IN THE NORTHEASTERN PART OF THE SACRAMEN TO METROPOLITAN AREA, EXCEPT THE ZIP CODE 95670 (RANCHO CORDOVA), WHICH IS LOCATED ALONG T HE HIGHWAY 50 CORRIDOR IN EASTERN SACRAMENTO COUNTY SEVERAL ZIP CODES SIT ALONG THE INTER STATE 80 CORRIDOR AND ALL ZIP CODE COMMUNITIES OF CONCERN ARE CONTIGUOUS, EXCEPT 95670 (RA NCHO CORDOVA) ALL COMMUNITIES OF CONCERN ARE URBAN AREAS OF RELATIVELY HIGH POPULATION DE NSITY THE COMMUNITIES OF CONCERN ARE ZIP CODES 95621, 95660, 95670, 95673, 95821, 95841 A ND 95842 MANY COMMUNITIES EXCEEDED STATE AND NATIONAL BENCHMARKS FOR A NUMBER OF SOCIO-DE MOGRAPHIC CONDITIONS, WITH 95660 (NORTH HIGHLANDS) LEADING IN ALMOST ALL CATEGORIES OTHER NOTABLE POPULATION CHARACTERISTICS INCLUDED UNEMPLOYMENT AND UNINSURED RATES THAT EXCEEDE D BOTH NATIONAL AND STATE BENCHMARKS IN ALL COMMUNITIES OF CONCERN NEARLY THREE OF EVERY TEN RESIDENTS IN ZIP CODE 95821 (NORTH WATT AREA) WERE UNINSURED, A RATE THAT WAS ALMOST D OUBLE THE NATIONAL BENCHMARK FURTHER, IN 95660 (NORTH HIGHLANDS), OVER FOUR OF EVERY TEN SINGLE FEMALE HEADED-HOUSEHOLDS LIVED IN POVERTY, A STRONG PREDICTOR OF POOR HEALTH OUTCOM ES FOR THIS VULNERABLE POPULATION AN IN-DEPTH VIEW OF THE DEMOGRAPHICS AND GEOGRAPHY OF T HE SERVICE AREA IS AVAILABLE IN THE SUTTER ROSEVILLE MEDICAL CENTER CHNA AT HTTP //WWW SUT TERHEALTH ORG/COMMUNITYBENEFIT/COMMUNITY-NEEDS-ASSESSMENT HT ML SUTTER SOLANO MEDICAL CENT ER THE STUDY AREA OF THE ASSESSMENT WAS SOLANO COUNTY A KEY FOCUS WAS TO SHOW SPECIFIC C OMMUNITIES (DEFINED GEOGRAPHICALLY) EXPERIENCING DISPARITIES AS THEY RELATE TO CHRONIC DIS EASE AND MENTAL HEALTH TO THIS END, ZIP CODE BOUNDARIES WERE SELECTED AS THE UNIT-OF-ANAL YSIS FOR MOST INDICATORS THIS LEVEL OF ANALYSIS ALLOWED FOR EXAMINATION OF HEALTH OUTCOME S AT THE COMMUNITY LEVEL THAT ARE OFTEN HIDDEN WHEN DATA ARE AGGREGATED AT THE COUNTY LEVE L SOME INDICATORS (DEMOGRAPHIC, BEHAVIORAL, AND ENVIRONMENTAL IN NATURE) WERE INCLUDED IN THE ASSESSMENT AT THE CENSUS TRACT LEVEL, THE CENSUS BLOCK, OR POINT PREVALENCE, WHICH AL LOWED FOR DEEPER COMMUNITY LEVEL EXAMINATION THERE ARE THREE HOSPITALS THAT SERVE THE COM MUNITY THE HOSPITAL SERVICE AREA (HSA) WAS DESIGNATED AS ALL OF SOLANO COUNTY BECAUSE ALL THREE HEALTHCARE SYSTEMS SERVE COMMUNITIES WITHIN THE COUNTY AND, AS A KEY PARTNER IN THI S ASSESSMENT AND EVENTUAL IMPLEMENTATION, THE SOLANO COALITION FOR BETTER HEALTH MAINTAINS CLOSE RELATIONSHIPS WITH THE HEALTHCARE SYSTEMS INVOLVED THE FIRST STEP IN THE PROCESS O F IDENTIFYING VULNERABLE COMMUNITIES WAS TO EXAMINE SOCIO-DEMOGRAPHICS IN ORDER TO IDENTIFY AREAS OF THE HSA WITH HIGH VULNERABILITY TO CHRONIC DISEASE DISPARITIES AND POOR MENTAL HEALTH OUTCOMES RACE AND ETHNICITY, HOUSEHOLD MAKEUP, INCOME, AND AGE VARIABLES WERE COMB INED INTO A VULNERABILITY INDEX THAT DES</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	<p>PROMOTION OF COMMUNITY HEALTH 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 STRATEGIES FOR SUTTER HEALTH SACRAMENTO SIERRA REGION HOSPITALS DEFINE A VARIETY OF PROGRAMS AND PARTNERSHIPS THAT ADDRESS IDENTIFIED PRIORITY HEALTH NEEDS AND IMPROVE THE OVERALL HEALTH OF THE COMMUNITIES THEY SERVES A FEW OF THOSE PROGRAMS AND PARTNERSHIPS ARE DESCRIBED BELOW SUTTER MEDICAL CENTER SACRAMENTO THE INTERIM CARE PROGRAM (ICP) AND ICP PLUS HELPS SUTTER MEDICAL CENTER, SACRAMENTO FULFILL ITS MISSION TO PROVIDE ACCESS TO CARE FOR VULNERABLE AND TRADITIONALLY UNDERSERVED RESIDENTS A COLLABORATIVE OF THE FOUR HEALTH CARE SYSTEMS, COMMUNITY BASED ORGANIZATIONS AND THE COUNTY GOVERNMENT CAME TOGETHER IN SACRAMENTO TO CREATE A RESPITE CARE SHELTER FOR HOMELESS PATIENTS DISCHARGED FROM HOSPITALS, ESTABLISHING AN 18-BED SHELTER FOR HOMELESS MEN AND WOMEN TO RECUPERATE FROM MEDICAL CONDITIONS STARTED IN 2004, THE INTERIM CARE PROGRAM LINKS PEOPLE IN NEED TO VITAL COMMUNITY SERVICES WHILE GIVING THEM A PLACE TO HEAL THE CLIENTS WHO ARE ENROLLED IN THE ICP ARE HOMELESS ADULT INDIVIDUALS WHO OTHERWISE WOULD BE DISCHARGED TO THE STREET OR CARED FOR IN AN INPATIENT SETTING ONLY THE PROGRAM IS DESIGNED TO OFFER CLIENTS UP TO SIX WEEKS DURING WHICH THEY CAN FOCUS ON RECOVERY AND DEVELOPING A PLAN FOR THEIR HOUSING AND CARE UPON DISCHARGE THIS INNOVATIVE COMMUNITY PARTNERSHIP PROVIDES TEMPORARY RESPITE HOUSING IN SACRAMENTO THAT OFFER HOMELESS MEN AND WOMEN A PLACE TO RECUPERATE FROM THEIR MEDICAL CONDITIONS, LINK THEM TO VITAL COMMUNITY SERVICES, AND PROVIDE THEM A PLACE TO HEAL ICP PLUS IS A PROGRAM DESIGNED FOR HOMELESS PATIENTS DISCHARGING FROM SMCS, AND IS AN ENHANCED VERSION OF THE ICP, WITH PATIENTS NEEDING A GREATER LEVEL OF SUPPORT AND SPECIAL RESOURCES SMCS AND THE OTHER HEALTH SYSTEMS PROVIDE FINANCIAL SUPPORT FOR THIS PROGRAM WELLSPACE HEALTH, SACRAMENTO'S FEDERALLY QUALIFIED HEALTH CENTER, PROVIDES ON-SITE NURSING AND SOCIAL SERVICES TO SUPPORT CLIENTS IN THEIR RECOVERY AND HELP THEM MOVE OUT OF HOMELESSNESS THE WELLSPACE CASE MANAGER LINKS CLIENTS WITH MENTAL HEALTH SERVICES, SUBSTANCE ABUSE RECOVERY, HOUSING WORKSHOPS AND PROVIDES DISABILITY APPLICATION ASSISTANCE THE SALVATION ARMY PROVIDES 18 BEDS IN A DESIGNATED WING OF THE SHELTER WHERE CLIENTS HAVE THREE MEALS A DAY AND A SAFE, CLEAN PLACE TO RECOVER FROM THEIR HOSPITALIZATIONS ICP ACTIVE AND RESULTS IN 2014 INCLUDED THE FOLLOWING - 31 PATIENTS SERVED - 141 PATIENTS SERVED OVERALL - AVERAGE LENGTH OF STAY IN THE PROGRAM WAS 21 DAYS - ICP PATIENTS SHOWED A 64% REDUCTION IN INPATIENT STAYS, POST-ICP AND AN 80% REDUCTION IN INPATIENT BED DAYS POST-ICP - ICP PATIENTS SHOWED A 62% REDUCTION IN EMERGENCY DEPARTMENT USAGE POST-ICP AND A 75% REDUCTION IN NON-URGENT VISITS TO THE ED - ICP PATIENTS SHOWED A 63% REDUCTION IN OVERALL HOSPITAL USAGE POST-ICP - THE ICP+ PROGRAM WAS DISCONTINUED SUTTER MEDICAL CENTER, SACRAMENTO IS A FOUNDDING PARTNER OF TRIAGE, TRANSPORT, AND TREATMENT (T3), A PROGRAM LAUNCHED IN 2006 THAT PROVIDES SERVICES TO PATIENTS WHO SEEK EMERGENCY DEPARTMENT CARE FOR NEEDS THAT ARE BEST ADDRESSED THROUGH PREVENTIVE MEASURES AND BY PRIMARY CARE PROVIDERS THIS PROGRAM IS A MODEL FOR THE KIND OF CHANGE BEING CALLED FOR IN VARIOUS HEALTH CARE REFORM PLANS A HUGE OBSTACLE FOR HEALTHCARE PROVIDERS, INCLUDING SUTTER MEDICAL CENTER, SACRAMENTO, IS THE INAPPROPRIATE USE OF THE EMERGENCY DEPARTMENT THIS ISSUE IS NOT ONLY PROBLEMATIC FOR THE HEALTHCARE PROVIDER, BUT ALSO FOR THE PATIENTS WHO ARE NOT RECEIVING THE APPROPRIATE CARE IN THE APPROPRIATE PLACE, AT THE APPROPRIATE TIME PROGRAMS LIKE T3 SEEK TO CONNECT PEOPLE WHO FREQUENTLY AND INAPPROPRIATELY USE THE EMERGENCY DEPARTMENT TO THE CORRECT RESOURCES, INCLUDING HOUSING AND MENTAL HEALTH SERVICES, WHICH IS KEY TO THE POPULATION WHO UTILIZES T3 MOVING THESE PATIENTS FROM THE EMERGENCY DEPARTMENT IMPROVES THE PATIENTS' HEALTH BY PROVIDING THEM WITH THE APPROPRIATE CARE IN THE RIGHT SETTING, WHILE REDUCING THE WAIT FOR THOSE SEEKING CARE FOR REAL MEDICAL EMERGENCIES, AND DRAMATICALLY REDUCING COSTS TO OUR HEALTH CARE SYSTEM SMCS PARTNERS WITH AND PROVIDES FUNDING TO WELLSPACE HEALTH, THE SACRAMENTO REGION'S LARGEST FEDERALLY QUALIFIED HEALTH CLINIC, TO</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	<p>OFFER THIS PROGRAM TO SOME OF THE MOST VULNERABLE PATIENTS IN OUR SERVICE AREA WE TRACK AND MEASURE THE OUTCOMES OF OUR T3 PROGRAM VERY CAREFULLY WELLSPACE TRACKS THE NUMBER OF PATIENTS SERVED, INTAKE AND DISCHARGE DATA, NUMBER AND TYPE OF REFERRALS PROVIDED, PROGRAM MATIC SUCCESSES AND CHALLENGES, AS WELL AS VARIOUS OTHER PIECES OF INFORMATION, WHICH ARE REPORTED ON A QUARTERLY BASIS WE ALSO WORK WITH THE SUTTER FINANCE DEPARTMENT TO LOOK AT PATIENT LEVEL DATA, WHICH SHOWS THE ACTUAL HOSPITAL USAGE OF PATIENTS SERVED THROUGH THE T 3 PROGRAM INCLUDING RECIDIVISM RATES, ED VISIT LEVELS, LENGTH OF STAY FOR INPATIENTS AND O THER HOSPITAL USAGE DATA OUR TRACKING AND REPORTING CONTINUES TO BE AN EVOLUTION, AS WE'RE ALWAYS LOOKING TO IMPROVE THE IMPACT OF OUR PROGRAMMING ED NAVIGATORS ATTEND TO PATIENT S IN THE EMERGENCY DEPARTMENT (UPON REFERRAL FROM A SMCS EMPLOYEE AND AFTER PATIENT AGREEM ENT) TO PROVIDE ASSISTANCE IN IDENTIFYING PRIMARY CARE PROVIDERS AND TO DETERMINE OTHER CL IENT NEEDS SMCS PROVIDES FUNDING TO WELLSPACE TO OFFER THIS IMPORTANT PROGRAM TO THE UNDE RSERVED IN OUR COMMUNITY THE ED NAVIGATOR IS AN EMPLOYEE OF WELLSPACE HEALTH AND SERVES A S A VISIBLE ED BASED STAFF MEMBER WHO IS ABLE TO PROVIDE REFERRALS TO TREATMENT FOR THOSE WHO ARE SEEKING CARE IN THE ED FOR NON-URGENT MATTERS THE ED NAVIGATOR WILL CONNECT WITH PATIENTS AND PROVIDE REFERRALS TO PRIMARY CARE APPOINTMENTS, THE T3 PROGRAM FOR PERSONS WH O ARE FREQUENT NON-URGENT USERS, WELLSPACE AND OTHER CLINICS FOR THOSE WHO NEED A MEDICAL HOME AND OTHER IMPORTANT COMMUNITY RESOURCES, SUCH AS INSURANCE AND HOUSING THE ED NAVIGA TORS ARE CRITICAL IN DIRECTING THOSE WHO NEED MEDICAL HOMES OR ACCESS TO SERVICES, TO THE RIGHT CARE IN THE RIGHT PLACE AT THE RIGHT TIME THE ED NAVIGATOR PROGRAM IS ANOTHER EXAMP LE OF THE COLLABORATIVE AND INNOVATIVE RELATIONSHIP SHARED BETWEEN SMCS AND WELLSPACE HEAL TH IN 2014, SMCS NAVIGATORS CONNECTED WITH 337 PATIENTS, PROVIDING ALL OF THEM WITH VARIO US HEALTH AND COMMUNITY RELATED SERVICES BETWEEN THE SRMC AND SMCS ED NAVIGATORS, 651 PAT IENTS WERE ASSISTED IN 2014, WITH 3,828 REFERRALS PROVIDED IN 1994 A COLLABORATIVE BETWEE N MERCY HEALTHCARE OF SACRAMENTO, SUTTER COMMUNITY HOSPITALS OF SACRAMENTO, UC DAVIS SCHOO L OF MEDICINE, KAISER PERMANENTE MEDICAL GROUP, THE SACRAMENTO COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES AND THE SIERRA SACRAMENTO VALLEY MEDICAL SOCIETY WAS ESTABLISHED TO IN CREASE AND ENHANCE PHYSICIAN RESPONSE TO THE MEDICAL NEEDS OF THE TARGETED POPULATION THRO UGH VOLUNTEERISM THE COLLABORATORS NAMED THE PROJECT THE SACRAMENTO PHYSICIANS' INITIATIV E TO REACH OUT, INNOVATE AND TEACH (SPIRIT) SPIRIT, THE ORGANIZATION THAT PROVIDES ALL OF THE CASE MANAGEMENT SERVICES, WORKS CLOSELY WITH SMCS AND THE SUTTER AMBULATORY SURGERY C ENTERS TO PROVIDE CHARITY SURGICAL AND SPECIALTY CARE AT SUTTER AFFILIATED AMBULATORY SURG ERY CENTERS FOR ELIGIBLE, LOW-INCOME PATIENTS REFERRALS ARE GENERATED BY LOCAL FEDERALLY QUALIFIED HEALTH CENTERS (FQHC) AND BY PARTICIPATING SURGEONS ELIGIBLE PATIENTS HAVE NO I NSURANCE, BELOW 250% OF THE FEDERAL POVERTY LEVEL, AND CAN BE TREATED AS A SURGICAL OUTPAT IENT SOME OF THE SURGERIES PROVIDED ARE CATARACT, OTHER OPHTHALMOLOGIC SURGERIES, OB-GYN, ENT, ORTHOPEDICS AND GENERAL SURGERY IN 2014, SUTTER ASCS DONATED 22 SURGERIES, 55 HOURS OF DOCTOR'S TIME AND NEARLY \$70,000 WORTH OF SURGERY THE SERIAL INEBRIATE PROGRAM (SIP) IS A RESULT OF A PARTNERSHIP BETWEEN SUTTER MEDICAL CENTER, SACRAMENTO AND THE DOWNTOWN SA CRAMENTO PARTNERSHIP (DSP) NAVIGATORS USING A MODEL WITH GREAT SUCCESS, THE DSP NAVIGATOR S REACH OUT AND BUILD A ONE-ON-ONE RAPPORT WITH HOMELESS ADULTS LIVING ON DOWNTOWN STREETS THE NAVIGATORS GRADUALLY DEVELOP RELATIONSHIPS AND EVENTUALLY CONNECT INDIVIDUALS WITH L OCAL COMMUNITY SERVICE PROGRAMS THE NAVIGATORS DON'T MOVE ON AT THAT POINT, THEY CONTINUE WORKING CLOSELY WITH EACH INDIVIDUAL, FACILITATING ACCESS TO CARE AND FINDING WAYS TO IMP ROVE THEIR LIVING CONDITIONS ANOTHER SI</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 6	<p>AFFILIATED HEALTH CARE SYSTEMS SUTTER SACRAMENTO SIERRA REGION IS AFFILIATED WITH SUTTER HEALTH, A NOT-FOR-PROFIT NETWORK OF HOSPITALS, PHYSICIANS, EMPLOYEES AND VOLUNTEERS WHO CARE FOR PEOPLE WHO LIVE IN MORE THAN 100 NORTHERN CALIFORNIA TOWNS AND CITIES TOGETHER, WE'RE CREATING A MORE INTEGRATED, SEAMLESS AND AFFORDABLE APPROACH TO CARING FOR PATIENTS THE HOSPITAL'S MISSION IS TO ENHANCE THE WELL-BEING OF THE PEOPLE IN OUR COMMUNITIES THROUGH COMPASSION, EXCELLENCE AND INNOVATION IN HEALTH CARE SERVICES, RESEARCH AND EDUCATION OVER THE PAST FIVE YEARS, SUTTER HEALTH HAS COMMITTED NEARLY \$4 BILLION TO CARE FOR PATIENTS WHO COULDN'T AFFORD TO PAY, AND TO SUPPORT PROGRAMS THAT IMPROVE COMMUNITY HEALTH OUR 2014 COMMITMENT OF \$767 MILLION INCLUDES UNREIMBURSED COSTS OF PROVIDING CARE TO MEDI-CAL PATIENTS, TRADITIONAL CHARITY CARE AND INVESTMENTS IN HEALTH EDUCATION AND PUBLIC BENEFIT PROGRAMS FOR EXAMPLE - TO PROVIDE CARE TO MEDI-CAL PATIENTS IN 2014, SUTTER HEALTH INVESTED \$535 MILLION MORE THAN THE STATE PAID SUTTER HEALTH HOSPITALS PROUDLY SERVE MORE MEDI-CAL PATIENTS IN OUR NORTHERN CALIFORNIA SERVICE AREA THAN ANY OTHER HEALTH CARE PROVIDER - IN 2014, SUTTER HEALTH'S COMMITMENT TO DELIVERING CHARITY CARE TO PATIENTS WAS \$91 MILLION OUR CHARITY CARE INVESTMENT REPRESENTED AN AVERAGE OF NEARLY \$1.8 MILLION PER WEEK - THROUGHOUT OUR HEALTH CARE SYSTEM, WE PARTNER WITH AND SUPPORT COMMUNITY HEALTH CENTERS TO ENSURE THAT THOSE IN NEED HAVE ACCESS TO PRIMARY AND SPECIALTY CARE WE ALSO SUPPORT CHILDREN'S HEALTH CENTERS, FOOD BANKS, YOUTH EDUCATION, JOB TRAINING PROGRAMS AND SERVICES THAT PROVIDE COUNSELING TO DOMESTIC VIOLENCE VICTIMS EVERY THREE YEARS, SUTTER HEALTH HOSPITALS PARTICIPATE IN A COMPREHENSIVE AND COLLABORATIVE COMMUNITY HEALTH NEEDS ASSESSMENT, WHICH IDENTIFIES LOCAL HEALTH CARE PRIORITIES AND GUIDES OUR COMMUNITY BENEFIT STRATEGIES THE ASSESSMENTS HELP ENSURE THAT WE INVEST OUR COMMUNITY BENEFIT DOLLARS IN A WAY THAT TARGETS AND ADDRESSES REAL COMMUNITY NEEDS</p>

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

Additional Data

Software ID:

Software Version:

EIN: 94-1156621

Name: SUTTER HEALTH SACRAMENTO SIERRA REGION

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)

INFUSION THERAPY CENTER
11710 EDUCATION STREET
AUBURN,CA 95602

OUTPATIENT SERVICES

INFUSIONOSTOMY DEPARTMENT
11710 EDUCATION STREET
AUUBURN,CA 95602

OUTPATIENT SERVICES

WOUND CAREOSTOMY DEPARTMENT
11775 EDUCATION STREET
AUBURN,CA 95602

OUTPATIENT SERVICES

CARDIOPULMONARY REHAB SERVICES
11795 EDUCATION STREET 205
AUBURN,CA 95603

OUTPATIENT SERVICES

INFUSION SERVICES
2020 SUTTER PLACE
DAVIS,CA 95616

OUTPATIENT SERVICES

CARDIAC REHABILITATION
2030 SUTTER PLACE
DAVIS,CA 95616

OUTPATIENT SERVICES

NUCLEAR MEDICINE
100 MISSION BLVD
JACKSON,CA 95642

OUTPATIENT SERVICES

PEDIATRIC AND CARDIAC CENTER
100 MISSION BLVD
JACKSON,CA 95642

OUTPATIENT SERVICES

DIABETES EDUCATION CLINIC
200 MISSION BLVD
JACKSON,CA 95642

OUTPATIENT SERVICES

JACKSON FAMILY PRACTICE
255 NEW YORK RANCH ROAD STE C
JACKSON,CA 95642

OUTPATIENT SERVICES

SUTTER SLEEP DISORDERS CENTER
1411 SECRET RAVINE PARKWAY STE 150
ROSEVILLE,CA 95661

OUTPATIENT SERVICES

OUTPATIENT SURGERY DEPARTMENT
FOUR MEDICAL PLAZA
ROSEVILLE,CA 95661

OUTPATIENT SERVICES

ANTEPARTUM TESTING UNIT
ONE MEDICAL PLAZA
ROSEVILLE,CA 95661

OUTPATIENT SERVICES

WOUND CARE CENTER
ONE MEDICAL PLAZA
ROSEVILLE,CA 95661

OUTPATIENT SERVICES

RADIOLOGY SERVICE
THREE MEDICAL PLAZA
ROSEVILLE,CA 95661

OUTPATIENT SERVICES

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)
CHILDREN'S OUTPATIENT SERVICE CENTER 1625 STOCKTON BLVD SACRAMENTO, CA 95819	OUTPATIENT SERVICES
AMBULATORY SURGERY CENTER 2725 CAPITOL AVENUE SACRAMENTO, CA 95816	OUTPATIENT SERVICES
INFUSION CENTER 1020 29TH STREET STE 690 SACRAMENTO, CA 95816	OUTPATIENT SERVICES
SUTTER OAKS NURSING CENTER-MIDTOWN 2600 L STREET SACRAMENTO, CA 95816	OUTPATIENT SERVICES
OUTPATIENT SERVICE CENTER 2800 L STREET SACRAMENTO, CA 95816	OUTPATIENT SERVICES
NEURO SCIENCE CLINIC 2801 K STREET SACRAMENTO, CA 95816	OUTPATIENT SERVICES
AUDIOLOGY AND ADULT DIABETES CLINICS 5151 F STREET BUILDING E SACRAMENTO, CA 95819	OUTPATIENT SERVICES
SUTTER SLEEP DISORDERS CENTER 650 HOWE AVENUE SACRAMENTO, CA 95825	OUTPATIENT SERVICES
SUTTER CENTER FOR PSYCHIATRY 855 HOWE AVENUE SACRAMENTO, CA 95826	OUTPATIENT SERVICES
SUTTER SOLANO CANCER CENTER 100 HOSPITAL DRIVE VALLEJO, CA 94589	OUTPATIENT SERVICES
ROSEVILLE ENDOSCOPY CENTER 4 MEDICAL PLAZA ROSEVILLE, CA 95661	OUTPATIENT SERVICES
AMADOR SURGERY CENTER 223 CLINTON RD JACKSON, CA 95642	OUTPATIENT SERVICES

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
SUTTER HEALTH SACRAMENTO SIERRA REGION

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

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

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

OMB No 1545-0047

2014

Open to Public
Inspection

Employer identification number
94-1156621

Part I

General Information on Grants and Assistance

1

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

☒ Yes ☐ No

2

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

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. 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 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

18

3

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

1

Part III

Grants and Other Assistance to Domestic Individuals. 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
SCHEDULE I, PART I, LINE 2	GRANTS AND ASSISTANCE REQUESTS ARE REVIEWED BY FACILITY ADMINISTRATIVE MANAGEMENT FOR PROPRIETY ON A CASE BY CASE BASIS. ADDITIONAL REQUESTS ARE CONSIDERED AFTER REVIEW OF PREVIOUS FUNDING LEVELS IN ACCORDANCE WITH THE FACILITIES GRANT AND ASSISTANCE POLICIES. RECORDS ARE MAINTAINED THAT DOCUMENT MANAGEMENT'S REVIEW AND APPROVAL FOR ALL GRANTS, CONTRIBUTIONS AND/OR ASSISTANCE PROVIDED THROUGHOUT THE YEAR.

Additional Data

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

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
WELLSPACE HEALTH1820 J ST SACRAMENTO,CA 95811	94-1713704	501(C)(3)	2,189,222				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOS RIOS COMMUNITY COLLEGE FOUNDATION 1919 SPANOS CT SACRAMENTO,CA 95825	94-2506591	501(C)(3)	719,129				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
COMMUNICARE HEALTH CENTERSPO BOX 1260 DAVIS,CA 956171260	94-2188574	501(C)(3)	200,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SENIORS FIRST12183 LOCKSLEY LN STE 205 AUBURN,CA 95602	68-0430154	501(C)(3)	192,305				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOWNTOWN SACTO PARTNERSHIP980 NINTH ST STE 400 SACRAMENTO,CA 95814	68-0270320	501(C)(3)	168,662				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
HEALTHY COMM FORUM FOR THE GREATER SAC REG8928 VOLUNTEER LN STE 220 SACRAMENTO,CA 95826	68-0377256	501(C)(3)	115,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION426 17TH ST STE 300 OAKLAND,CA 94612	13-5613797	501(c)(3)	100,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST RESPONDER SACRAMENTOPO BOX 24 CHICO,CA 95927	68-0414838	501(C)(3)	76,304				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
LATINO LEADERSHIP COUNCIL INC2945 BELL RD STE 274 AUBURN,CA 95603	27-0970476	501(C)(6)	75,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GATHERING INN201 BERKELEY AVE ROSEVILLE,CA 95678	84-1657746	501(C)(3)	67,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SOLANO COALITION FOR BETTER HEALTH1 HARBOR DR STE 270 SUISUN CITY, CA 94585	94-3189914	501(C)(3)	65,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SACRAMENTO REGION TRANSIT DISTRICTPO BOX 688 SACRAMENTO,CA 95812	94-1338218	501(C)(3)	27,850				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CRISTO REY HS SACRAMENTO WORK STUDY INC6200 MCMAHON DR SACRAMENTO,CA 95824	41-2191660	501(C)(3)	26,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
VALLEY VISION INC2320 BROADWAY SACRAMENTO,CA 95818	94-3214572	501(C)(3)	25,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
LIGHTHOUSE COUNSELING AND FAM RESOURCE CNTR 427 A ST STE 400 LINCOLN,CA 95648	35-2252834	501(C)(3)	25,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
COMMUNITY SERVICE EDUCATION5380 ELVAS AVE SACRAMENTO,CA 95819	23-7003581	501(c)(3)	20,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SILVER CRESCENT FOUNDATION590 READY POND RD BATESBURG, SC 29006	57-1039538	501(C)(3)	15,000				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
GENERAL CONFERENCE OF SEVENTH DAY ADVENT 12225 ROCK CREEK RD AUBURN,CA 95603	68-0260677	501(C)(3)	12,500				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLACER COMMUNITY FOUNDATIONPO BOX 9207 AUBURN, CA 95604	20-1485011	501(C)(3)	12,000				GENERAL SUPPORT

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.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
SUTTER HEALTH SACRAMENTO SIERRA REGION

Employer identification number
94-1156621

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>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</div></div>	Yes	
<div><div>2</div><div>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?</div></div>	Yes	
<div><div>3</div><div>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</div><div><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>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</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>		No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	Yes	
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>		No
<div><div></div><div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div></div>		
<div><div>5</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>		No
<div><div>6</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>		No
<div><div>7</div><div>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</div></div>	Yes	
<div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III</div></div>		No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>		

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 in column(B) 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
SCHEDULE J, PART I, LINE 1A	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.
SCHEDULE J, 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 PART VI, LINE 15 FOR A FULL DESCRIPTION OF THE COMPENSATION APPROVAL PROCESS COMPLETED BY SUTTER HEALTH.
SCHEDULE J, 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.
SCHEDULE J, PART 1, 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: 94-1156621

Name: SUTTER HEALTH SACRAMENTO SIERRA REGION

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

(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 in column (B) reported as deferred in prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 John Boyd, CAO, MNTL HLTH & CONT CARE SSR	(i) 0	0	0	0	0	0	0
	(ii) 268,967	116,200	13,933	86,894	7,303	493,297	8,400
1 Thomas Blinn, CEO, Reg Amb Care, SRR	(i) 0	0	0	0	0	0	0
	(ii) 468,913	296,489	76,381	148,086	17,785	1,007,654	60,906
2 Pat Brady, CEO, Sutter Roseville Med Ctr	(i) 0	0	0	0	0	0	0
	(ii) 478,882	274,146	77,274	140,741	18,355	989,398	65,000
3 James Conforti, Regional President, SHSSR	(i) 0	0	0	0	0	0	0
	(ii) 594,704	425,250	54,856	309,954	22,054	1,406,818	50,081
4 Dennie Conrad, REG VP, PLNNG & BUS DEV SHSSR	(i) 0	0	0	0	0	0	0
	(ii) 261,390	145,629	15,383	50,337	13,364	486,103	0
5 Patrick Fry, Trustee, President & CEO SH	(i) 0	0	0	0	0	0	0
	(ii) 1,523,132	1,687,050	416,185	2,693,377	34,953	6,354,697	396,136
6 Terry Glubka, CEO, Sutter Solano Medical Ctr	(i) 0	0	0	0	0	0	0
	(ii) 358,148	208,009	32,940	89,865	16,480	705,442	29,000
7 Mitch Hanna, CAO, SAFH	(i) 0	0	0	0	0	0	0
	(ii) 321,614	190,523	46,280	73,344	15,990	647,751	34,695
8 Sarah Krevans, COO Sutter Health	(i) 0	0	0	0	0	0	0
	(ii) 916,159	689,878	156,449	399,554	24,683	2,186,723	142,787
9 Shelly McGriff, CNE Sutter Med Ctr Sac	(i) 0	0	0	0	0	0	0
	(ii) 287,458	96,589	31,637	50,192	11,268	477,144	0
10 John Mesic MD, CMO, Sac Sierra Region	(i) 0	0	0	0	0	0	0
	(ii) 493,927	292,347	63,390	105,951	13,324	968,939	51,544
11 Carne Owen-Pietz, CEO, Sutter Med Ctr Sacramento	(i) 0	0	0	0	0	0	0
	(ii) 475,532	268,324	37,512	133,541	19,739	934,648	22,425
12 Anne Platt, CEO, SUTTER AMADOR HOSPITAL	(i) 0	0	0	0	0	0	0
	(ii) 267,467	157,205	75,281	62,144	17,169	579,266	47,507
13 Thomas Ream II, Reg CIO, Sac Sierra Region	(i) 0	0	0	0	0	0	0
	(ii) 223,039	132,018	14,308	45,748	9,734	424,847	9,600
14 Jeffrey Sprague, CFO, Sac Sierra Region (Pt Yr)	(i) 0	0	0	0	0	0	0
	(ii) 560,401	340,633	153,835	379,654	19,907	1,454,430	146,695
15 Jeffrey Szczesny, Reg VP HR, Sac Sierra Region	(i) 0	0	0	0	0	0	0
	(ii) 325,405	189,576	31,347	72,021	15,034	633,383	21,456
16 Paige Terra, CFO (Part Year)	(i) 0	0	0	0	0	0	0
	(ii) 349,201	191,624	14,895	86,451	15,117	657,288	10,967
17 Janet Wagner, CAO, Sutter Davis Hospital	(i) 0	0	0	0	0	0	0
	(ii) 313,874	197,846	40,840	179,957	13,468	745,985	0
18 PENNY WESTFALL, VP & REG COUNSEL, SSR	(i) 0	0	0	0	0	0	0
	(ii) 340,787	195,043	28,967	62,721	10,671	638,189	0
19 BARBARA NELSON, CNE, SUTTER ROSEVILLE MED CTR	(i) 0	0	0	0	0	0	0
	(ii) 276,834	98,292	24,266	43,692	7,382	450,466	0

Schedule K
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2014

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
SUTTER HEALTH SACRAMENTO SIERRA REGION

Employer identification number
94-1156621

Part I

Bond Issues

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

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	0		18,180,000		0		0	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	105,555,193		88,924,485		286,642,043		52,548,579	
4	Gross proceeds in reserve funds	8,937,127		8,608,201		20,583,072		3,484,835	
5	Capitalized interest from proceeds	0		0		0		0	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	0		0		0		0	
8	Credit enhancement from proceeds	0		0		0		0	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	0		0		189,282,478		0	
11	Other spent proceeds	96,618,066		80,316,284		76,776,493		49,063,744	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion	2008							
		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	0 090 %		0 040 %		0 150 %		0 010 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 010 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 100 %		0 040 %		0 150 %		0 010 %	
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, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	X			X		X	X	
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?			X		X			
b	Exception to rebate?				X		X		
c	No rebate due?				X		X		
	If "Yes" to 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
SCHEDULE K	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

Return Reference	Explanation
SCHEDULE K, PART I, COLUMN (E)	THE FILING ORGANIZATION RECEIVED BOND PROCEEDS IN THE AMOUNTS OF \$73,535,053 FROM THE 2003AB ISSUE, \$27,083,893 FROM THE 2004CD ISSUE, \$43,143,730 FROM THE 2005A ISSUE AND \$11,634,720 FROM THE 2005BC ISSUE SCHEDULE K, PART I, COLUMN (E) THE FILING ORGANIZATION RECEIVED BOND PROCEEDS IN THE AMOUNTS OF \$94,562,588 FROM THE 2007A ISSUE, \$155,359,968 FROM THE 2008A BOND ISSUE, \$121,940,351 FROM THE 2008BC ISSUE AND \$271,589,951 FROM THE 2011A ISSUE SCHEDULE K, PART I, COLUMN (E) THE FILING ORGANIZATION RECEIVED BOND PROCEEDS IN THE AMOUNTS OF \$25,715,036 FROM THE 2011C ISSUE, \$60,474,453 FROM THE 2011D ISSUE AND \$79,418,843 FROM THE 2012A ISSUE SCHEDULE K, PART I-1, LINE A, COLUMN (F)(CSCDA 2003AB) THE INITIAL BONDS ISSUED IN 2003 WERE "NEW MONEY" BONDS THAT WERE RETIRED AND REISSUED ON MAY 1, 2007 ACCORDINGLY, WHERE APPROPRIATE, SCHEDULE K REFLECTS THE CURRENT REFUNDING BONDS THAT WERE TREATED AS REISSUED RATHER THAN REFLECTING THE ORIGINAL "NEW MONEY" BONDS SCHEDULE K, PART I-1, LINE B, COLUMN (F) (CSCDA 2004CD) THE INITIAL BONDS ISSUED IN 2004 WERE "NEW MONEY" BONDS THAT WERE RETIRED AND REISSUED ON MAY 6, 2008 ACCORDINGLY, WHERE APPROPRIATE, SCHEDULE K REFLECTS THE CURRENT REFUNDING BONDS THAT WERE TREATED AS REISSUED RATHER THAN REFLECTING THE ORIGINAL "NEW MONEY" BONDS SCHEDULE K, PART I-1, LINE D, COLUMN (F) (CSCDA 2005BC) THE INITIAL BONDS ISSUED IN 2005 REFUNDED 1995 CERTIFICATES AND WERE RETIRED AND REISSUED ON MAY 1, 2007 ACCORDINGLY, WHERE APPROPRIATE, SCHEDULE K REFLECTS THE CURRENT REFUNDING BONDS THAT WERE TREATED AS REISSUED RATHER THAN REFLECTING THE ORIGINAL REFUNDING BONDS SCHEDULE K, PART I-2, LINE B, COLUMN (F) (CHFFA 2008A) THE REFUNDING OCCURRED VIA THE REPAYMENT OF A DRAW ON A TAXABLE LINE OF CREDIT, DRAWN IN SEVERAL INSTALLMENTS BETWEEN APRIL 7 AND APRIL 11, 2008, USED TO REFUND THE 2007, 2004 AND 2002 ISSUES THE REFUNDED BONDS ISSUED IN 2007 WERE USED TO REFUND BONDS ISSUED IN 1991 AND 1995 THE REFUNDED BONDS ISSUED IN 2004 WERE USED FOR EXPANSION THE REFUNDED BONDS ISSUED IN 2002 WERE USED TO REFUND BONDS ISSUED IN 1922, WHICH WERE USED TO REFUND BONDS ISSUED IN 1985, 1986 AND 1987 SCHEDULE K, PART II, LINE 7 ISSUANCE COSTS WERE FUNDED THROUGH EQUITY CONTRIBUTIONS

Schedule K
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2014

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
SUTTER HEALTH SACRAMENTO SIERRA REGION

Employer identification number
94-1156621

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CHFFA 2007A	52-1643828	13033FQ37	05-01-2007	790,998,316	CONSTRUCT & EQUIP FACILITY		X		X		X
B	CHFFA 2008A	52-1643828	13033F2L3	05-14-2008	329,041,638	REFUND - 5/21/02, 2/17/04, 5/01/07		X		X		X
C	CSCDA 2008BC	68-0164610	130795TD9	05-14-2008	291,999,417	CONSTRUCT & EQUIP FACILITY		X		X		X
D	CSCDA 2011A	68-0164610	1307952Q9	02-10-2011	271,589,951	CONSTRUCT & EQUIP FACILITY		X		X		X

Part II Proceeds

		A	B	C	D		
1	Amount of bonds retired	0	104,255,000	0	0		
2	Amount of bonds legally defeased	0	0	0	0		
3	Total proceeds of issue	858,694,930	329,041,638	307,344,038	276,418,547		
4	Gross proceeds in reserve funds	0	0	0	0		
5	Capitalized interest from proceeds	55,398,317	0	31,655,776	0		
6	Proceeds in refunding escrows	0	0	0	0		
7	Issuance costs from proceeds	0	0	0	0		
8	Credit enhancement from proceeds	0	0	0	0		
9	Working capital expenditures from proceeds	0	0	0	0		
10	Capital expenditures from proceeds	783,091,871	0	262,891,121	268,328,873		
11	Other spent proceeds	20,057,199	329,041,638	12,797,141	0		
12	Other unspent proceeds	147,543	0	0	8,089,674		
13	Year of substantial completion	2011		2014			
		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
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	0 570 %		1 020 %		0 370 %		0 370 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 070 %		0 020 %		0 040 %	
6	Total of lines 4 and 5	0 570 %		1 090 %		0 390 %		0 410 %	
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, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	X			X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?			X		X		X	
b	Exception to rebate?				X		X		X
c	No rebate due?				X		X		X
	If "Yes" to 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).

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
SUTTER HEALTH SACRAMENTO SIERRA REGION

Employer identification number
94-1156621

Part I Bond Issues												
(a) Issuer name		(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CSCDA 2011C	68-0164610	1307954U8	12-22-2011	38,777,964	REFUNDING - 1999		X		X		X
B	CHFFA 2011D	52-1643828	13033LVW4	12-22-2011	331,759,643	CONSTRUCTION & REFUNDING - 1998		X		X		X
C	CSCDA 2012A	68-0164610	1307956K8	07-11-2012	132,681,869	REFUNDING - 2002		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	0		0		0			
2	Amount of bonds legally defeased	0		0		0			
3	Total proceeds of issue	38,777,964		334,684,174		132,681,869			
4	Gross proceeds in reserve funds	0		0		0			
5	Capitalized interest from proceeds	0		0		0			
6	Proceeds in refunding escrows	38,777,964		65,070,000		0			
7	Issuance costs from proceeds	0		0		0			
8	Credit enhancement from proceeds	0		0		0			
9	Working capital expenditures from proceeds	0		0		0			
10	Capital expenditures from proceeds	0		145,589,174		0			
11	Other spent proceeds	0		124,025,000		132,681,869			
12	Other unspent proceeds	0		0		0			
13	Year of substantial completion	2014							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X			
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

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

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?				X	X			
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?				X	X			
c	Are there any research agreements that may result in private business use of bond-financed property?				X	X			
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?				X	X			
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		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 %		0 %		0 %			
6	Total of lines 4 and 5	0 %		0 %		0 %			
7	Does the bond issue meet the private security or payment test?				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		
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		
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			

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X		X			
b	Exception to rebate?		X		X		X		
c	No rebate due?		X		X		X		
	If "Yes" to 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		
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		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		
b	Name of provider	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		
7	Has the organization established written procedures to monitor the requirements of section 148?	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			

Part VI

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

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2014

Open to Public Inspection

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

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

Name of the organization
SUTTER HEALTH SACRAMENTO SIERRA REGION

Employer identification number
94-1156621

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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?
				YesNo

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?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?	(i) Written agreement?	
			To	From			Yes	No		Yes	No

Total ▶ \$

Part III Grants or Assistance Benefiting 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) JENNIFER P NEWELL	SEE PART V	85,996	SEE PART V		No
(2) MORAG M THOMSON	SEE PART V	14,316	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 WITH INTERESTED PERSONS MICHAEL NEWELL IS A TRUSTEE OF SHSSR HIS SPOUSE IS AN RN AT SUTTER DAVIS HOSPITAL WHICH IS PART OF SHSSR HELEN THOMSON IS A TRUSTEE OF SUTTER HEALTH SACRAMENTO REGION (SHSSR) HER SISTER IN LAW WORKS AS A PART DIEM RN FOR SUTTER DAVIS HOSPITAL, WHICH IS PART OF SHSSR

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
SUTTER HEALTH SACRAMENTO SIERRA REGION

Employer identification number
94-1156621

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	1	70,018	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶()				
27 Other ▶()				
28 Other ▶ ()				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?				Yes No
b If "Yes," describe the arrangement in Part II				
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?				Yes
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?				No
b If "Yes," describe in Part II				
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II				

Part II

Supplemental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
Schedule M, Part I, Line 9	The securities were contributed by a single donee and are treated as one donation for purposes of Scheduled M

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 990-EZ 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

2014

Open to Public
Inspection

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

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

Return Reference	Explanation	
FORM 990, PART III, LINE 4A	<p>SUTTER HEALTH SACRAMENTO SIERRA REGION SUTTER HEALTH SACRAMENTO SIERRA REGION SERVES SACRAMENTO, PLACER, YOLO, SOLANO, YUBA, AND SUTTER COUNTIES WITH COMPREHENSIVE HEALTH CARE WE STRIVE TO PROVIDE ACCESS TO PRIMARY CARE PHYSICIANS AND SPECIALTY SERVICES IN EACH OF OUR COMMUNITIES, AND HAVE A NETWORK OF OVER 1,000 PHYSICIANS LOCALLY AND OVER 3,500 THROUGHOUT THE SUTTER HEALTH SYSTEM DURING 2014 THE NUMBER OF PATIENT DAYS WAS 266,885 COMMUNITY BENEFIT PROGRAMS FREE MAMMOGRAM SCREENING PROGRAM THROUGHOUT THE MONTH OF OCTOBER, SUTTER DIAGNOSTIC IMAGING CENTERS ACROSS THE REGION PROVIDED UNINSURED/UNDERINSURED WOMEN THE OPPORTUNITY TO RECEIVE FREE DIGITAL MAMMOGRAMS AS A RESULT OF THESE COLLABORATIVE EVENTS, WE WERE ABLE TO SCREEN MORE THAN 400 UNINSURED WOMEN IN 2014, WE HAD INSURANCE ENROLLMENT SPECIALISTS FROM COVERED CALIFORNIA ATTEND SOME OF THE SCREENING EVENTS TO EDUCATE, CONNECT AND ENROLL PATIENTS WHO NEED IT, IN HEALTH INSURANCE AS A RESULT, THE COVERED CA TEAM MADE MANY GREAT CONNECTIONS WITH HUNDREDS OF WOMEN AND WILL BE FOLLOWING UP WITH MANY OF THE WOMEN TO HELP ENROLL THEM IN INSURANCE IN ADDITION, WE ARE INTEGRATING OUR ED NAVIGATORS INTO SOME OF THE SCREENING EVENTS, TO PROVIDE ONSITE PRIMARY AND MENTAL HEALTH CARE REFERRALS AND OTHER COMMUNITY RESOURCES TO THE WOMEN CONNECTING THE UN- AND UNDERINSURED POPULATION TO INSURANCE AND A MEDICAL HOME IS MORE CRITICAL THAN EVER, AS WE ADAPT TO THE IMPLEMENTATION OF THE AFFORDABLE CARE ACT</p> <p>SUTTER AUBURN FAITH HOSPITAL SUTTER AUBURN FAITH HOSPITAL IS CURRENTLY LICENSED FOR 72 ACUTE BEDS SUTTER AUBURN FAITH HOSPITAL PROVIDES THE FOLLOWING SERVICES CARDIAC CARE UNIT, CARDIAC CATHETERIZATION/VASCULAR LAB, CARDIOPULMONARY SERVICES, DIAGNOSTIC IMAGING, EMERGENCY DEPARTMENT, ENDOSCOPY SERVICES, FULL LABORATORY, HOME HEALTH/HOSPICE, INFUSION CENTER, INTENSIVE CARE UNIT, NUCLEAR MEDICINE, OUTPATIENT/INPATIENT SURGERY, PHYSICAL THERAPY, RADIOLOGY, SENIOR SERVICES, TELEMETRY AND WOUND CARE SUTTER AUBURN FAITH HOSPITAL SERVES THE COMMUNITY THROUGH A VARIETY OF MEDICAL AND SURGICAL SPECIALTIES, INCLUDING ANESTHESIOLOGY BARIATRIC SERVICES CARDIOLOGY CARDIAC CATH LAB DENTISTRY DERMATOLOGY DIAGNOSTIC IMAGING ENDOSCOPY EMERGENCY MEDICINE GASTROENTEROLOGY INFUSION THERAPY INTERNAL MEDICINE LABORATORY NEPHROLOGY NEUROLOGY NUCLEAR MEDICINE OUTPATIENT SURGERY OCCUPATIONAL MEDICINE ONCOLOGY OPHTHALMOLOGY ORAL SURGERY OTOLARYNGOLOGY PALLIATIVE CARE PATHOLOGY PEDIATRICS PLASTIC SURGERY PODIATRY PRIMARY CARE/FAMILY PRACTICE RADIATION ONCOLOGY RADIOLOGY RESPIRATORY THERAPY SOCIAL SERVICES SURGERY TRANSFUSION MEDICINE TELEMETRY UROLOGY WOMEN'S IMAGING CENTER WOUND CARE SUTTER AUBURN FAITH HOSPITAL'S MISSION IS TO SERVE THE HEALTH CARE NEEDS OF AUBURN AND SURROUNDING FOOTHILL COMMUNITIES THROUGH PARTNERSHIPS WITH PHYSICIANS, PAYORS, OTHER HEALTH AND HUMAN SERVICES AGENCIES AND WITH OUR EMPLOYEES AND VOLUNTEER LEADERSHIP, SUTTER AUBURN FAITH HOSPITAL SEEKS TO PROVIDE A CONTINUUM OF HEALTH AND WELLNESS SERVICES TO ASSURE A HIGH QUALITY OF LIFE FOR THE PEOPLE LIVING IN OUR SERVICE AREA</p> <p>COMMUNITY BENEFIT PROGRAMS T3 FOOTHILLS THE TRIAGE, TRANSPORT AND TREAT PROGRAM (T3) PROVIDES ONGOING CASE MANAGEMENT TO PEOPLE WHO UTILIZE THE EMERGENCY DEPARTMENT FOR NON-URGENT REASONS AND CAN BE BETTER SERVED WITH A WARM-HANDOFF TO A MEDICAL HOME AND VARIOUS BEHAVIORAL AND SOCIAL SERVICES T3 IS CRITICAL IN CONNECTING PATIENTS TO PRIMARY AND BEHAVIORAL HEALTH CARE, AS WELL AS LONG TERM COMMUNITY SUPPORT, ALLOWING THIS PATIENT POPULATION ACCESS CARE AND RESOURCES IN A MORE APPROPRIATE, CONSISTENT MANNER</p> <p>ICP PLACER COUNTY THE INTERIM CARE PROGRAM (ICP) PROVIDES A PLACE FOR HOMELESS PATIENTS TO HEAL, WHEN THEY'RE READY TO BE DISCHARGED FROM THE HOSPITAL, BUT DO NOT HAVE A SAFE PLACE TO GO ICP WRAPS PATIENTS WITH SERVICES, INCLUDING PRIMARY AND MENTAL HEALTH CARE, COMMUNITY SERVICES, HOUSING AND OTHER NECESSARY RESOURCES, NEEDED FOR PATIENTS TO LIVE A HEALTHIER LIFE THIS PROGRAM PROVIDES VITAL LINKAGES BETWEEN SUTTER HEALTH AND OUR COMMUNITY PARTNERS, SUCH AS THE GATHERING INN, WELLSPACE HEALTH AND OTHER KEY HEALTH AND COMMUNITY BASED ORGANIZATIONS, TO ENSURE PATIENTS DON'T FALL THROUGH THE CRACKS WHEN THEY'RE DISCHARGED FROM AN INPATIENT HOSPITAL SETTING</p> <p>PROMOTORAS PROMOTORAS ARE NAVIGATORS FROM THE LATINO LEADERSHIP COUNCIL WHO WORK DIRECTLY WITH SPANISH-SPEAKING PATIENTS WHO NEED TRANSLATION SERVICES, CONNECTION TO EXTERNAL HEALTH AND SOCIAL RESOURCES AND CULTURALLY COMPETENT CASE MANAGEMENT SERVICES THE PROMOTORA FOLLOWS PATIENTS FOR AS LONG AS NEEDED, ENSURING THAT THEY (ALONG WITH THEIR FAMILIES) UNDERSTAND FOLLOW UP CARE INSTRUCTIONS WHEN DISCHARGED FROM THE HOSPITAL, ARE CONNECTED WITH PRIMARY CARE APPOINTMENTS, HAVE LINKAGES TO THE NECESSARY SOCIAL RESOURCES AND THAT SUPPORT IS AVAILABLE FOR THE ENTIRE FAMILY THIS PROGRAM SEEKS TO ENSURE THAT UNDERSERVED PATIENTS WHO DO NOT HAVE THE RESOURCES OR LANGUAGE SKILLS TO EFFECTIVELY COMMUNICATE THEIR EXTENSIVE NEEDS, ARE P</p>	

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	<p>ROVIDED WITH WARM-HAND OFFS AND SUPPORT, EVEN AFTER THEY LEAVE THE HOSPITAL FAMILY SUPPORT PROGRAM THE FSP PROGRAM LINKS PLACER COUNTY RESIDENTS WITH COMMUNITY SUPPORT GROUPS AND SERVICES SUTTER ROSEVILLE MEDICAL CENTER AND SUTTER AUBURN FAITH HOSPITAL CONTRACT WITH THE PLACER COUNTY DEPARTMENT OF HEALTH TO PROVIDE A PUBLIC HEALTH NURSE IN THE HOSPITAL TO CONNECT WITH PATIENTS AND PROVIDE EDUCATION AND REFERRALS SENIOR RECREATION AND RESPITE PROGRAM (R & R) IS DESIGNED TO MEET THE NEEDS OF OLDER ADULTS WITH MEMORY OR PHYSICAL IMPAIRMENT THE PROGRAM PROVIDES RECREATIONAL, SOCIAL AND EDUCATIONAL ACTIVITIES FOR THE PARTICIPANTS, AND RESPITE FOR CAREGIVERS TO ENJOY SOME FREE TIME TO THEMSELVES THE STAFF IS SUPPORTED BY ITS VALUABLE TEAM OF VOLUNTEERS AND COMPLETED BY PERSONAL CARE AIDS R & R MEETS ONCE A WEEK IN AUBURN, AND FOUR DAYS A WEEK IN LINCOLN ADDITIONALLY, THE SENIOR RESOURCE GUIDE IS A BOOKLET, FREE TO THE PUBLIC, WITH INFORMATION ON A MULTITUDE OF SENIOR SERVICES AVAILABLE IN PLACER COUNTY THE GUIDE IS UPDATED AND DISTRIBUTED SEMI-ANNUALLY VIA PHYSICIAN OFFICES, SENIOR APARTMENT COMPLEXES, SENIOR CENTERS, SKILLED NURSING FACILITIES, LIBRARIES, MOBILE HOME COMMUNITIES, SENIOR SERVICE PROVIDERS, HOME HEALTH AND HOSPICE AGENCIES AND MANY OTHER SERVICE ORGANIZATIONS AND PUBLIC PLACES WE ARE ABLE TO PRODUCE THIS GUIDE IN PARTNERSHIP WITH SENIORS FIRST, SUTTER ROSEVILLE MEDICAL CENTER, THE SUTTER ROSEVILLE MEDICAL CENTER FOUNDATION, SUTTER AUBURN FAITH HOSPITAL AND THE SUTTER AUBURN FAITH HOSPITAL FOUNDATION HEALTH EXPRESS HEALTH EXPRESS SEEKS TO PROVIDE TRANSPORTATION TO AND FROM MEDICAL APPOINTMENTS FOR PLACER COUNTY'S MOST VULNERABLE POPULATIONS, INCLUDING SENIOR RESIDENTS ONE OF THE KEY ISSUES OFTEN IDENTIFIED DURING COMMUNITY HEALTH NEEDS ASSESSMENTS ARE GAPS IN BASIC TRANSPORTATION SERVICES FOR SENIORS AND THE UNDERSERVED POPULATION, WHO OFTEN SITE LACK OF TRANSPORTATION AS A KEY BARRIER TO ACCESSING APPROPRIATE PRIMARY CARE AND HEALTH-RELATED APPOINTMENTS HEALTH EXPRESS SEEKS TO BRIDGE THIS GAP, TO ENSURE THAT THE PLACER COUNTY CITIZENS WHO WOULD OTHERWISE NOT HAVE ACCESS TO TRANSPORTATION, NECESSARY TO OBTAIN APPROPRIATE MEDICAL CARE SRMC PROVIDES FUNDING TO HEALTH EXPRESS AND PARTNERS WITH SENIORS FIRST, PLACER COUNTY TRANSPORTATION PLANNING AGENCY AND KAISER PERMANENTE THE HEALTH EXPRESS PARTNERSHIP PROVIDES TRANSPORTATION TO AND FROM MEDICAL APPOINTMENTS FOR PLACER COUNTY'S UNDERSERVED, VULNERABLE AND ELDERLY POPULATION, WHO ARE UNABLE TO ACCESS NECESSARY MEDICAL CARE, DUE TO TRANSPORTATION CONSTRAINTS THIS PROGRAM IS PUBLICIZED THROUGHOUT PLACER COUNTY TO ENCOURAGE USE ADDITIONAL COMMUNITY SERVICES - SUTTER AUBURN FAITH HOSPITAL RESPONDS TO MORE THAN 56,000 INPATIENT AND OUTPATIENT VISITS PER YEAR IT'S EMERGENCY DEPARTMENT, WHICH IS STAFFED 24 HOURS A DAY AND IS LINKED TO THE TRAUMA CENTER AT SUTTER ROSEVILLE MEDICAL CENTER - SUTTER AUBURN FAITH PROVIDES A FULL RANGE OF HOME HEALTH CARE THROUGH ITS AFFILIATED VISITING NURSES ASSOCIATION (VNA), WHICH CONTINUES TO EXPAND ITS PREVENTIVE HEALTH PROGRAMMING THROUGH SUCH OUTREACH EFFORTS AS FLU AND PNEUMONIA CLINICS FOR SENIORS AND PEOPLE WITH CHRONIC HEALTH PROBLEMS - SUTTER AUBURN FAITH HAS A 24-HOUR PER DAY OUTPATIENT HOSPICE PROGRAM (MEDICARE CERTIFIED) WHICH USES A TEAM OF MEDICAL PROFESSIONALS AND VOLUNTEERS TO PROVIDE IN-HOME AND CAREGIVER SUPPORT, PAIN MITIGATION, BEREAVEMENT SUPPORT GROUPS (INCLUDING A CHILDREN'S BEREAVEMENT ART PROGRAM) AND CHAPLAINCY ASSISTANCE INSPIRED BY A GROUP OF LOCAL CITIZENS IN 1981, AND ASSISTED TODAY BY AN ACTIVE COMMUNITY ADVISORY BOARD, HOSPICE SERVICES ARE PROVIDED FREE OF CHARGE REGARDLESS OF INSURANCE COVERAGE OR ABILITY TO PAY - THE SAFH GUILD IS COMPRISED OF 120 VOLUNTEERS WHO PROVIDE HIGHLY SPECIALIZED SKILLS AND EXPERIENCE-BOTH WITHIN THE HOSPITAL AND VIA OUTREACH EFFORTS TO THE COMMUNITY-WHICH WOULD NOT OTHERWISE BE AFFORDABLE SUTTER AUBURN FAITH HOSPITAL HAS A STRONG TRADITION OF PROVIDING CHARITY</p>

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A CONTINUED	<p>SUTTER AMADOR HOSPITAL SUTTER AMADOR HOSPITAL IS A 52-BED ACUTE CARE HOSPITAL LOCATED IN JACKSON, CALIFORNIA APPROXIMATELY 55 MILES SOUTHEAST OF SACRAMENTO IN AMADOR COUNTY THE HOSPITAL WAS ESTABLISHED IN THE MID-1800'S AND BECAME AFFILIATED WITH SUTTER HEALTH IN 1993 AS ONE OF AMADOR COUNTY'S LARGEST EMPLOYER, SUTTER AMADOR HOSPITAL EMPLOYS OVER 386 INDIVIDUALS THE PATIENTS ARE SERVED BY A MEDICAL STAFF OF MORE THAN 125 ACTIVE MEDICAL STAFF PHYSICIANS AND AN ACTIVE AUXILIARY OF 90 VOLUNTEERS IN ADDITION, SUTTER AMADOR HOSPITAL IS A UC DAVIS RURAL PRIME SITE FOR MEDICAL STUDENTS AND PARTICIPATES IN THE AMADOR AND CALA VERAS COUNTIES HIGH SCHOOL ROP PROGRAM SUTTER AMADOR HOSPITAL IS ACCREDITED BY THE JOINT COMMISSION ON THE ACCREDITATION OF HEALTHCARE ORGANIZATIONS IT IS MEDICARE CERTIFIED AND ACCEPTS MOST PRIVATE INSURANCE PLANS AS A NOT-FOR-PROFIT HOSPITAL, SUTTER AMADOR HOSPITAL ALSO DONATES MANY COMMUNITY SERVICES AND HAS A STRONG TRADITION OF PROVIDING CHARITY AND UNCOMPENSATED CARE TO ITS COMMUNITIES ADDITIONALLY, OVER THE YEARS, THE HOSPITAL HAS INITIATED AND PROVIDED SUPPORT TO A WIDE RANGE OF HEALTH EDUCATION CLASSES, HEALTH MAINTENANCE PROGRAMS, SPECIALIZED SUPPORT GROUPS, HEALTH FAIRS, AND COOPERATIVE PROGRAMS FOR VULNERABLE POPULATIONS AND COMMUNITY EFFORTS TO IMPROVE THE OVERALL QUALITY OF LIFE FOR LOCAL RESIDENTS SUTTER AMADOR HOSPITAL SERVES THE COMMUNITY THROUGH A VARIETY OF COMPREHENSIVE PROGRAMS AND SERVICES, INCLUDING 24-HOUR EMERGENCY DEPARTMENT WITH FAST TRACK SUTTER MEDICAL FOUNDATION PEDIATRIC CENTER SUTTER MEDICAL FOUNDATION WOMEN'S SERVICES FAMILY BIRTH CENTER INPATIENT AND OUTPATIENT SURGICAL AND MEDICAL CARE CRITICAL CARE WITH EICU CARDIOLOGY CARDIOPULMONARY SERVICES DIAGNOSTIC IMAGING INPATIENT REHABILITATION SERVICES ENDOSCOPY AND INFUSION SUITE GASTROENTEROLOGY SUTTER MEDICAL FOUNDATION LAB PATIENT SERVICE CENTER NEUROLOGY - A CERTIFIED STROKE CENTER NUCLEAR MEDICINE OPHTHALMOLOGY ORTHOPEDICS INPATIENT AND OUTPATIENT HAND AND SPEECH THERAPY OUTPATIENT DIABETES EDUCATION PROGRAM SUTTER MEDICAL FOUNDATION FAMILY PRACTICE OFFICES LOCATED IN JACKSON, PIONEER, PLYMOUTH SLEEP DISORDERS CENTER SURGERY SUTTER AMADOR HOSPITAL'S MISSION IS TO ENHANCE THE HEALTH AND WELL-BEING OF THE RESIDENTS IN THE COMMUNITIES WE SERVE BY PROVIDING COORDINATED, EFFECTIVE, AFFORDABLE AND ACCESSIBLE HEALTH AND WELLNESS SERVICES SUTTER AMADOR HOSPITAL CONTINUOUSLY STRIVES TO IDENTIFY THE HEALTH CARE NEEDS OF THESE COMMUNITIES AND RESPOND BY PROVIDING HEALTH AND WELLNESS SERVICES CONSISTENT WITH THE STATED VALUES AND VISION OF THE HOSPITAL COMMUNITY BENEFIT AMADOR RIDES STARTED LESS THAN A YEAR AGO, THE AMADOR RIDES PROGRAM HAS ALREADY HAD A LARGE IMPACT IN THE COMMUNITY THIS PROGRAM WAS DESIGNED TO PROVIDE RIDES TO AND FROM MEDICAL APPOINTMENTS FOR THE ELDERLY AND UNDERSERVED, ESPECIALLY IN THE RURAL AREAS OF AMADOR COUNTY SINCE THIS PROGRAM IS STILL NEW, A FULL YEAR OF OUTCOMES IS NOT AVAILABLE, HOWEVER IN ABOUT 6 MONTHS, THIS PROGRAM SERVED NEARLY 30 CLIENTS WITH MORE THAN 70 RIDES TO MEDICAL APPOINTMENTS AMADOR LIFELINE AMADOR LIFELINE IS AN IN-HOME COMMUNICATOR DESIGNED FOR MEDICAL EMERGENCY RESPONSE FOR 33 YEARS, AMADOR LIFELINE HAS HELPED SENIORS AND OTHERS WITH DISABILITIES, CHRONIC ILLNESSES, IN REHABILITATION OR ON HOSPICE LIVE INDEPENDENTLY IN THEIR HOMES BY OFFERING MEDICAL EMERGENCY RESPONSE AT THE TOUCH OF A BUTTON THE NOT-FOR-PROFIT PROGRAM RECENTLY RECEIVED FUNDING FROM SUTTER AMADOR HOSPITAL TO FUND THE UPGRADE OF COMMUNICATOR EQUIPMENT THAT IS USED IN CLIENTS' HOMES THE LIFELINE SYSTEM USES A TWO-WAY VOICE COMMUNICATOR AND WATERPROOF PERSONAL HELP BUTTON THAT CAN BE WORN AS A NECKLACE OR WRISTBAND IN THE EVENT OF AN EMERGENCY AT HOME, THE WEARER PRESSES THE BUTTON, SENDING A SIGNAL TO THE LIFELINE RESPONSE CENTER DISPATCHER THE DISPATCHER EVALUATES THE URGENCY OF THE SITUATION AND CALLS EITHER A RESPONDER LISTED ON THE INDIVIDUAL'S CARE PLAN OR EMERGENCY MEDICAL PERSONNEL WHEN NEEDED SUTTER AMADOR HOSPITAL'S COMMUNITY PARTNERSHIP AND SUPPORT WILL FUND THE PURCHASE OF FIVE TWO-WAY COMMUNICATOR UNITS, WHICH WILL REPLACE AGING UNITS THAT CAN NO LONGER BE REPAIRED IN ADDITION, LIFELINE HAS INTRODUCED A NEW WIRELESS SOLUTION CALLED HOMESAFE FOR THOSE WHO DO NOT HAVE A HOME PHONE LINE THE DONATION WILL ALSO SUPPORT THE PURCHASE OF ONE HOMESAFE WIRELESS COMMUNICATOR AMADOR LIFELINE SERVES BETWEEN 235 - 240 CLIENTS A MONTH, MOST OF WHOM ARE SENIORS THE MAJORITY OF CALLS TO LIFELINE ARE RELATED TO FALLS IN THE HOME WITHOUT IMMEDIATE HELP AFTER A FALL, ELDERLY INDIVIDUALS MAY SUFFER PAIN, EMOTIONAL DISTRESS, OR SECONDARY MEDICAL PROBLEMS LIKE DEHYDRATION, PNEUMONIA, RENAL FAILURE AND PRESSURE ULCERS THE PROGRAM IS INVALUABLE IN HELPING COMMUNITY MEMBERS LIVE SAFELY AT HOME AND PREVENTING HOSPITALIZATIONS LIFELINE REGULARLY PARTNERS WITH SUTTER AMADOR HOSPITAL AND OTHER COMMUNITY ORGANIZATIONS TO LET SENIORS KNOW ABOUT THE SERVICE MEDICAL ALERT SCAMS ARE AT AN EPIDEMIC LEVEL</p>

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A CONTINUED	EVEL NATIONALLY , AND LOCALLY , MANY HAVE ALSO FALLEN PREY TO THESE SCAMS STAFFED BY TWO PR OFessionALS AND 25 VOLUNTEERS, A MADOR LIFELINE IS THE ONLY LOCAL, NOT-FOR-PROFIT PROGRAM P ROVIDING SERVICE EACH DAY TO KEEP THE COMMUNITY'S MOST VULNERABLE RESIDENTS LIVING SAFE AN D SECURE IN THEIR OWN HOMES

Return Reference	Explanation	
FORM 990, PART III, LINE 4A CONTINUED	<p>SUTTER DAVIS HOSPITAL SUTTER DAVIS HOSPITAL IS A TWO-STORY 90,000 SQUARE FOOT ACUTE CARE HOSPITAL LICENSED FOR 48 BEDS THAT SERVES THE HEALTH CARE NEEDS OF RESIDENTS LIVING IN DAVIS, DIXON, WOODLAND AND WINTERS THE FACILITY IS LOCATED IN THE WESTERN-MOST SECTION OF THE CITY OF DAVIS AT THE CORNER OF HIGHWAY 113 AND COVELL BOULEVARD AS DAVIS' THIRD LARGEST EMPLOYER, SUTTER DAVIS EMPLOYS APPROXIMATELY 400 INDIVIDUALS WHO PROVIDE ROUND-THE-CLOCK CARE TO THE SICK, THE INJURED AND THOSE RECUPERATING FROM SURGERY PERFORMED IN THE HOSPITAL'S THREE FULLY EQUIPPED OPERATING SUITES THE PATIENTS ARE SERVED BY A MEDICAL STAFF OF MORE THAN 160, AN ACTIVE AUXILIARY OF 70 PEOPLE AND A GROUP OF STUDENTS SERVE THE HOSPITAL AS VOLUNTEERS SUTTER DAVIS IS ACCREDITED BY THE JOINT COMMISSION ON THE ACCREDITATION OF HEALTHCARE ORGANIZATIONS IT IS MEDICARE CERTIFIED AND ACCEPTS MOST PRIVATE INSURANCE PLANS AS A NOT-FOR-PROFIT HOSPITAL, SUTTER DAVIS ALSO DONATES MANY COMMUNITY SERVICES SUTTER DAVIS HOSPITAL SEEKS TO PROVIDE A CONTINUUM OF HEALTH AND WELLNESS SERVICES TO ASSURE A HIGH QUALITY OF LIFE FOR THE PEOPLE LIVING IN OUR SERVICE AREA SUTTER DAVIS HOSPITAL SERVES THE COMMUNITY THROUGH A VARIETY OF MEDICAL AND SURGICAL SERVICES, INCLUDING CANCER CARE CARDIAC REHABILITATION DIGITAL MAMMOGRAPHY DIAGNOSTIC IMAGING EMERGENCY SERVICES HEART AND VASCULAR INSTITUTE INFUSION CENTER INTENSIVE CARE NUCLEAR MEDICINE FAMILY BIRTH CENTER COMMUNITY BENEFIT PROGRAMS COMMUNICARE AS WE PREPARE FOR THE IMPLEMENTATION OF THE AFFORDABLE CARE ACT, WE UNDERSTAND THAT NOTHING IS MORE IMPORTANT THAN EXPANDING ACCESS TO CARE AND BUILDING CAPACITY FOR THE UNDERSERVED CURRENTLY, LIMITED ACCESS TO CARE REMAINS THE TOP PRIORITY IN THE GREATER SACRAMENTO REGION, AND WHILE SUTTER DAVIS HOSPITAL FUNDS AND SUPPORTS MANY INITIATIVES AND ORGANIZATIONS THAT DO AMAZING WORK IN OUR COMMUNITY, THE INVESTMENTS WE PROVIDE TO COMMUNICARE TO EXPAND CAPACITY AND ACCESS TO CARE REMAIN PARAMOUNT SDH HAS BEEN A LONGTIME PARTNER WITH COMMUNICARE AND WILL CONTINUE TO MAKE STRATEGIC INVESTMENTS AND PROVIDE SUPPORT TO THIS CRITICALLY IMPORTANT NETWORK, AS COMMUNICARE MEETS THE NEEDS OF MORE AND MORE PEOPLE THROUGHOUT YOLO COUNTY AND THE SDH HSA COMMUNICARE PROVIDES CARE TO SOME OF THE MOST VULNERABLE POPULATIONS IN OUR REGION BY CONTINUING TO MAKE STRATEGIC INVESTMENTS IN THIS IMPORTANT HEALTH CENTER, WE ARE ENSURING THE UNDERSERVED HAVE ACCESS TO CARE AND A MEDICAL HOME THIS FEDERALLY QUALIFIED HEALTH CENTER (FQHC) HAS BEEN PROVIDING HEALTH CARE TO THOSE IN NEED SINCE 1972 COMMUNICARE OFFERS COMPREHENSIVE PRIMARY MEDICAL AND DENTAL SERVICES, SUBSTANCE ABUSE TREATMENT, BEHAVIORAL HEALTH SERVICES, HEALTH EDUCATION AND SUPPORT SERVICES IN YOLO COUNTY AND THE SURROUNDING COMMUNITIES THROUGH FIVE COMMUNITY CLINIC SITES AND OUTREACH PROGRAMS COMMUNICARE PROVIDED MORE THAN 106,000 PATIENT VISITS IN 2014 DAVIS FARMER'S MARKET SUTTER DAVIS HOSPITAL BECAME THE MAJOR SPONSOR FOR THE DAVIS FARMERS MARKET WITH THE GOAL OF BUILDING PUBLIC AWARENESS ABOUT THE RELATIONSHIP BETWEEN EATING FARM-FRESH, LOCAL FOODS AND GOOD HEALTH IN ADDITION, SUTTER DAVIS HOSPITAL ALSO SUPPORTS THE FARM TO SCHOOL PROGRAM, WHICH BRINGS LOCALLY GROWN FARM-FRESH FOODS INTO THE LOCAL SCHOOLS ADDITIONAL COMMUNITY SERVICES - 24-HOUR EMERGENCY SERVICES - OUR EMERGENCY DEPARTMENT IS STAFFED AND EQUIPPED TO CARE FOR MOST EMERGENCY NEEDS AROUND THE CLOCK - BIRTHING CENTER- THE SELF-CONTAINED BIRTHING CENTER HAS SIX LABOR AND DELIVERY ROOMS AND 12 POSTPARTUM ROOMS, AS WELL AS ITS OWN DIAGNOSTIC CAPABILITIES AND OPERATING SUITE ALTERNATIVE BIRTHING METHODS ARE ALSO AVAILABLE SUCH AS WATER BIRTHS, MIDWIVES AS WELL AS A VOLUNTEER DOULA PROGRAM - INTENSIVE CARE UNIT - AN INTENSIVE CARE UNIT IS STAFFED BY SPECIALLY TRAINED NURSES AND DIRECTED BY A BOARD-CERTIFIED CRITICAL CARE INTERNIST FOR AROUND-THE-CLOCK MONITORING OF THE EXTREMELY ILL - THE HEART AND VASCULAR INSTITUTE AT SUTTER DAVIS HOSPITAL PROVIDES OUR PATIENTS WITH COMPREHENSIVE CARDIAC DIAGNOSTIC, REHABILITATION AND PREVENTION SERVICES OUR RECENTLY RENOVATED CARDIAC REHABILITATION DEPARTMENT BOOSTS A 12 CHANNEL TELEMETRY SYSTEM AND A GYM WITH CARDIORESPIRATORY EMPHASIS - INCLUDING TREMILLS, ELLIPTICAL WALKERS, NEUTEPS, BIKES, STRENGTH AND STRETCH TRAINING, AND BALANCE SYSTEM USING THE LATEST TECHNOLOGY AND RESEARCH AVAILABLE, OUR CARING STAFF PROVIDES PATIENTS WITH AN INDIVIDUALIZED PROGRAM TO ENHANCE THEIR HEALTH AND WELL-BEING THROUGH EXERCISE AND PREVENTION - CANCER CARE - AS A SATELLITE CARE CENTER OF SUTTER CANCER CENTER IN SACRAMENTO, SUTTER DAVIS GIVES LOCAL PATIENTS THE ABILITY TO RECEIVE QUALITY CARE, CLOSE TO HOME OUR RECENTLY EXPANDED INFUSION CENTER PROVIDES INFUSION THERAPY, INCLUDING CHEMOTHERAPY, BLOOD TRANSFUSIONS, INTRAVENOUS INFUSIONS, INJECTIONS AND PATIENT EDUCATION WE COORDINATE SERVICES WITH OUR LOCAL ONCOLOGISTS AND CANCER SURGEONS TO MAKE SURE PATIENTS WITH CANCER DON'T HAVE TO TRAVEL TO RECEIVE GOOD CARE - VA</p>	

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A CONTINUED	UGHN RESOURCE CENTER/CRONAN MEDICAL LIBRARY - PROVIDER AND COMMUNITY-BASED VIDEOTAPES, BRO CHURES AND HANDOUTS ARE AVAILABLE IN THIS INFORMATION CENTER COMPUTER WORKSTATIONS PROVID E LOCAL RESOURCES FOR SUPPORT GROUPS AND SERVICES, A DATABASE UPDATED MONTHLY WITH FOUR YE ARS OF HARD-TO-FIND MEDICAL INFORMATION FROM PERIODICALS, PAMPHLETS AND REFERENCE BOOKS, A ND ACCESS TO PROVIDER AND PATIENT EDUCATION INCLUDING BIBLIOMED REFERENCE LIBRARY , MEDICAL HOUSE CALLS AND CLINICAL REFERENCE SY STEM - ADULT HEALTH ADVISOR THE RESOURCE CENTER IS STAFFED WEEKDAYS BY VOLUNTEERS PHONE AND MAILING SERVICE IS AVAILABLE - SUTTER DAVIS HOS PITAL AUXILIARY - VOLUNTEERS CONTRIBUTE MANY HOURS OF SERVICE TO THE HOSPITAL EACH YEAR TH ROUGH DIRECT PATIENT CONTACT SERVICES TO THE MORE TRADITIONAL VOLUNTEER ROLES SUCH AS WORK ING AT THE INFORMATION DESK AND GIFT SHOP

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A CONTINUED	<p>SUTTER MEDICAL CENTER OF SACRAMENTO (HOSPITAL ORGANIZATION) GENERAL DESCRIPTION SUTTER MEDICAL CENTER, SACRAMENTO (SMCS) HAS TWO ACUTE CARE HOSPITAL CAMPUSES, SUTTER GENERAL AND SUTTER MEMORIAL, AND HAS PROVIDED HEALTH CARE TO RESIDENTS OF SACRAMENTO SINCE 1923 SUTTER MEDICAL CENTER, SACRAMENTO ALSO INCLUDES SUTTER CENTER FOR PSYCHIATRY, PROVIDING PSYCHIATRIC, MENTAL HEALTH AND CHEMICAL DEPENDENCY SERVICES SINCE 1958 WITH 723 LICENSED BEDS, SMCS IS NOT-FOR-PROFIT AND FULLY ACCREDITED BY THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS PATIENT SERVICES SERVICES AT BOTH SUTTER GENERAL AND SUTTER MEMORIAL CAMPUSES INCLUDE 24-HOUR EMERGENCY SERVICES, SURGERY, RESPIRATORY THERAPY, INTENSIVE CARE, DIAGNOSTIC IMAGING, REHABILITATION, CARDIOPULMONARY, OCCUPATIONAL HEALTH, LABORATORY, PHYSICAL THERAPY, HOME HEALTH AND HOSPICE SERVICES IMPROVING FACILITIES AND ACCESS SUTTER MEDICAL CENTER SACRAMENTO'S MISSION STATEMENT IS TO EXIST TO PROVIDE PRIMARY, TERTIARY AND A CONTINUUM OF SERVICES TO MEET THE HEALTH CARE NEEDS OF PEOPLE LIVING IN THE GREATER SACRAMENTO AREA AND THROUGHOUT NORTHERN CALIFORNIA, AND TO BE THE PROVIDER OF CHOICE TO OUR PATIENTS, PARTNER OF CHOICE TO PHYSICIANS AND PAYORS, AND THE EMPLOYER OF CHOICE TO OUR STAFF THE SUTTER HEALTH NETWORK OF PHYSICIANS AND NOT-FOR-PROFIT HOSPITALS WILL INVEST BILLIONS OF DOLLARS OVER TEN YEARS TO REBUILD, REPLACE AND EXPAND MUCH OF NORTHERN CALIFORNIA'S HEALTH CARE INFRASTRUCTURE LOCALLY, PLANS (OR COMPLETED PROJECTS) INCLUDE - CONSTRUCTION OF A 10-STORY WOMEN'S AND CHILDREN'S HOSPITAL CAMPUS AT OUR MIDTOWN CAMPUS OPENING IN 2015, IT WILL FEATURE NEONATAL AND PEDIATRIC INTENSIVE CARE UNITS, THE LATEST LABOR AND DELIVERY SERVICES AND A HELISTOP A THREE-STORY SPANNING STRUCTURE WILL SEAMLESSLY LINK THE NEW WOMEN'S AND CHILDREN'S CENTER TO SUTTER GENERAL HOSPITAL - TOTAL REMODELING OF THE SUTTER GENERAL HOSPITAL CAMPUS INCLUDING SPECIALIZED OPERATING ROOMS AND CATH LABS FOR CARDIOVASCULAR AND TRANSPLANT SERVICES EXPANDED EMERGENCY DEPARTMENT WILL HAVE DEDICATED SERVICES FOR PEDIATRIC PATIENTS - SUTTER CAPITOL PAVILION, A NEW MEDICAL OFFICE BUILDING FOR SPECIALTY PHYSICIANS AND OUTPATIENT SERVICES CENTER, OPENED IN 2010 THE NEW BUILDING IS CONNECTED TO THE ENTIRE SUTTER MEDICAL CENTER, SACRAMENTO CAMPUS BY A PEDESTRIAN BRIDGE OVER 28TH STREET - A MULTI-LEVEL PARKING GARAGE, THE SUTTER COMMUNITY GARAGE, OPENED IN 2008 AND PROVIDES 1,100 PARKING SPACES FACILITIES WITHIN SUTTER MEDICAL CENTER, SACRAMENTO SUTTER GENERAL HOSPITAL IS AN ACUTE CARE FACILITY LICENSED AS A COMMUNITY HOSPITAL A MAJOR TERTIARY REFERRAL CENTER, IT HOUSES 306 BEDS SUTTER GENERAL HOSPITAL PROVIDES GENERAL ACUTE MEDICAL CARE AND SURGICAL SERVICES, SUB ACUTE CARE, AND SPECIALTY SERVICES IN NEUROLOGY, NEUROSURGERY, ORTHOPEDIC, SPINE, DIABETES AND ONCOLOGY CARE OTHER AREAS OF CARE INCLUDE LAPAROSCOPIC SURGERY, DIAGNOSTIC IMAGING, UROLOGY, TELEMETRY, RESPIRATORY, DIALYSIS AND 24 - HOUR EMERGENCY SERVICES IN ADDITION, SUTTER CANCER CENTER, ADJACENT TO SUTTER GENERAL HOSPITAL, IS ONE OF THE LARGEST AND MOST COMPREHENSIVE CENTERS IN CALIFORNIA SUTTER GENERAL'S SUB ACUTE UNIT PROVIDES SHORT TERM, STEP-DOWN ACUTE CARE WITH PHYSICAL, OCCUPATIONAL, SPEECH AND RESPIRATORY REHABILITATION, IV THERAPY AND WOUND CARE SUTTER GENERAL HOSPITAL OFFERS SEVERAL EDUCATIONAL AND SUPPORT GROUPS AS PART OF ITS HEALTH CARE SERVICES HIGHLIGHTS OF NEW PROGRAMS AND SERVICES AT SUTTER GENERAL INCLUDE COMPUTER-ASSISTED TOTAL JOINT REPLACEMENT, DA VINCI ROBOTIC SURGICAL PROCEDURE, EICU, EXPANDED EPILEPSY PROGRAM, GLIASITE PROCEDURE TO TREAT BRAIN CANCER, TELEMETRY UNIT, NEW LANGUAGE INTERPRETATION AND TRANSLATION SERVICE, BARIATRIC SURGERY, DEEP BRAIN STIMULATION, ENHANCED NUCLEAR MEDICINE CAPABILITIES, EXPANDED EMERGENCY DEPARTMENT, GAMMA KNIFE RADIOSURGERY, 3-DIMENSIONAL ANGIOGRAPHY SUTTER MEMORIAL HOSPITAL IS A 348-BED ACUTE CARE FACILITY LICENSED AS A COMMUNITY HOSPITAL ANOTHER MAJOR TERTIARY REFERRAL CENTER, IT PROVIDES GENERAL ACUTE MEDICAL CARE AND SURGICAL SERVICES, WITH SPECIALTY SERVICES IN CARDIAC CARE, MATERNITY, NEONATAL PEDIATRICS, AND ORGAN TRANSPLANTATION HIGHLIGHTS OF NEW PROGRAMS AND SERVICES AT SUTTER MEMORIAL INCLUDE LASER ABLATION SURGERY FOR EPILEPSY AND BRAIN LESIONS, OUTPATIENT CONGESTIVE HEART FAILURE CLINIC, ELECTROPHYSIOLOGY LAB, PEDIATRIC LIFESTYLES PROGRAM, INTERVENTIONAL OBSERVATIONAL UNIT, BRACHYTHERAPY TREATMENT FOR CARDIAC PATIENTS, VENTRICULAR ASSIST DEVICE PROGRAM SUTTER CENTER FOR PSYCHIATRY IS A 69-BED ACUTE BEHAVIORAL MEDICINE SPECIALTY HOSPITAL THAT TREATS ADULTS, ADOLESCENTS AND CHILDREN IT ALSO OFFERS A CRITICAL INCIDENT DEBRIEFING TEAM TO HELP EMPLOYEES OF BUSINESSES COPE AFTER A TRAUMATIC OR VIOLENT EPISODE SUTTER HEALTH HCAP RESOURCES OFFERS CONFIDENTIAL ASSESSMENT, COUNSELING AND REFERRAL SERVICES TO EMPLOYEES OF LARGE AND SMALL BUSINESSES SUTTER CENTER FOR PSYCHIATRY OFFERS THE ONLY INPATIENT EATING DISORDER PROGRAM IN NORTHERN CALIFORNIA TH</p>

Return Reference	Explanation	
FORM 990, PART III, LINE 4A CONTINUED	<p>IS PROGRAM IS A SIX-BED SPECIALIZED TREATMENT PROGRAM FOR EATING DISORDER PATIENTS SUTTER INSTITUTE FOR MEDICAL RESEARCH (SIMR) CLINICAL INVESTIGATION IS AN INCREASINGLY IMPORTANT LINK IN COORDINATING THE LATEST ADVANCES IN SCIENCE AND TECHNOLOGY WITH DIAGNOSIS AND TREATMENT IN ORDER TO BENEFIT FROM THESE ADVANCES AND REMAIN AT THE FOREFRONT OF INNOVATION AND QUALITY IN HEALTHCARE SERVICES, IT IS ESSENTIAL THAT WE PROVIDE A CLINICAL SETTING FOR OUR PHYSICIANS AND HEALTHCARE PROFESSIONALS WHICH ARE COMPLEMENTED BY A COMPREHENSIVE RESEARCH AND DEVELOPMENT PROGRAM SUTTER HEALTH SACRAMENTO SIERRA REGION SERVICE AREA IS COMMITTED TO PROVIDING THE BEST POSSIBLE HEALTHCARE TO ITS PATIENTS, AND THE SUTTER INSTITUTE FOR MEDICAL RESEARCH SUPPORTS THIS COMMITMENT BY PROVIDING RESEARCH SUPPORT AND EDUCATION PROGRAMS SIMR HAS A HISTORY OF OVER FIVE DECADES OF COMMITMENT TO MEDICAL RESEARCH SIMR HAS GAINED RECOGNITION FOR ITS INVESTIGATIVE STUDIES IN THE AREAS OF HEART, CANCER, ORTHOPEDICS, RESPIRATORY, NEUROLOGY, GI/GU AND MANY OTHER AREAS OF MEDICINE SIMR'S PRIMARY OBJECTIVE IS TO HELP HEALTH PROFESSIONALS CONDUCT RESEARCH IN A CLINICAL SETTING BY PROVIDING MANAGEMENT AND ADMINISTRATIVE RESOURCES OTHERWISE UNAVAILABLE TO THE PRIVATE PRACTITIONER AT SIMR, SUTTER INVESTIGATORS RECEIVE SUPPORT IN FIVE AREAS RESEARCH ADMINISTRATIVE SERVICES SIMR IS THE REGIONAL OVERSIGHT FOR ALL RESEARCH CONDUCTED IN THE SUTTER HEALTH SACRAMENTO SIERRA REGION SINCE 1996 SIMR'S OFFICE OF RESEARCH ADMINISTRATION (ORA) HAS BEEN CHARGED WITH ASSISTING, GUIDING AND FACILITATING THIS RESEARCH THE ORA SERVES AS A CLEARINGHOUSE FOR THE REVIEW, ADMINISTRATION, REPORTING AND MONITORING OF ALL RESEARCH ACTIVITY CONDUCTED AT SUTTER AFFILIATES WITHIN THE REGION, INCLUDING SUTTER MEDICAL CENTER (SUTTER GENERAL AND MEMORIAL HOSPITALS, AND SUTTER CENTER FOR PSYCHIATRY), SUTTER DAVIS HOSPITAL, SUTTER AUBURN FAITH HOSPITAL, SUTTER ROSEVILLE MEDICAL CENTER, SUTTER SOLANO, SUTTER YUBA CITY AND SUTTER MEDICAL FOUNDATION RESEARCH SUPPORT SERVICES SIMR PROVIDES A VARIETY OF SUPPORT SERVICES TO SUTTER CLINICAL INVESTIGATORS, INCLUDING A GRANTS PROGRAM FOR FUNDING MERITORIOUS RESEARCH PROJECTS INITIATED BY SUTTER INVESTIGATORS FUNDS TO FINANCE THESE GRANTS COME FROM DONATIONS AND OTHER PHILANTHROPIC GIFTS MADE TO SUTTER MEDICAL CENTER FOUNDATION SINCE 1989, SUTTER MEDICAL CENTER FOUNDATION AND SIMR HAVE FUNDED 40 RESEARCH PROJECTS TOTALING APPROXIMATELY \$1 MILLION OTHER SERVICES INCLUDE STATISTICAL ANALYSIS AND CONSULTATION FOR CLINICAL RESEARCH PROJECTS, QUALITY INDICATOR STUDIES, CLINICAL EFFECTIVENESS AND CLINICAL OUTCOMES STUDIES CLINICAL TRIALS PROGRAM THE SIMR CLINICAL TRIALS PROGRAM PROVIDES AN ENVIRONMENT FOR BRINGING HEALTH PROFESSIONALS AT SUTTER HEALTH AND CLINICAL TRIAL SPONSORS TOGETHER TO PARTICIPATE IN INNOVATIVE CLINICAL RESEARCH PROGRAMS OUR PROGRAM OFFERS A STRONG INFRASTRUCTURE FOR CLINICAL INVESTIGATORS WHO WISH TO OFFER THEIR PATIENTS THE LATEST INVESTIGATIVE TREATMENT MODALITIES WE OFFER A COMPREHENSIVE MANAGEMENT AND CLINICAL SUPPORT SERVICES FOR THE CONDUCT OF CLINICAL RESEARCH AT SUTTER SITES INCLUDING SERVICES SUCH AS EXPERIENCED CLINICAL RESEARCH COORDINATORS, REGULATORY PREPARATION, CONTRACT PREPARATION, STUDY FINANCIAL MANAGEMENT, BILLING COMPLIANCE OVERSIGHT AND QUALITY ASSURANCE AUDITING THROUGH PARTICIPATION IN CLINICAL TRIALS OF NEW TREATMENT MODALITIES, THE COMMUNITY IS PROVIDED ACCESS TO THE LATEST INNOVATIONS AND DISCOVERIES IN PATIENT CARE AND TREATMENT SINCE ITS INCEPTION IN 1991, THOUSANDS OF SUTTER PATIENTS HAVE HAD ACCESS TO INVESTIGATIONAL TREATMENT MODALITIES OTHERWISE UNAVAILABLE TO THE PUBLIC LABORATORY RESEARCH AND TRAINING THE SIMR RESEARCH AND TRAINING LABORATORY PROVIDE FULLY EQUIPPED AND STAFFED SURGICAL RESEARCH AND TRAINING FACILITIES THE LABORATORY PROGRAM SUPPORTS RESEARCH AND TRAINING IN AREAS THAT INCLUDE CARDIOLOGY, CARDIOVASCULAR SURGERY, GENERAL SURGERY, NEONATOLOGY, PULMONARY MEDICINE, THORACIC SURG</p>	

Return Reference	Explanation	
FORM 990, PART III, LINE 4A CONTINUED	<p>SUTTER ROSEVILLE MEDICAL CENTER SUTTER ROSEVILLE MEDICAL CENTER (SRMC) WAS ESTABLISHED IN 1952 AND AFFILIATED WITH SUTTER HEALTH IN MAY 1993 IN THE MID-90S, SUTTER HEALTH CONSTRU CTED A 315,000-SQUARE-FOOT, 172-BED FACILITY IN THE NORTHEAST AREA OF ROSEVILLE, APPROXIMA TELY 20 MILES FROM DOWNTOWN SACRAMENTO THE HOSPITAL, WHICH HAS EXPANDED TO 328 BEDS, PROV IDES RESIDENTS OF SOUTHERN PLACER AND NORTHEASTERN SACRAMENTO COUNTIES WITH COMPREHENSIVE COMMUNITY HEALTH CARE THE FACILITY HAS AN EXPANDED HELIPAD ONSITE FOR QUICK ACCESS TO THE HOSPITAL'S LEVEL II TRAUMA CENTER OTHER SERVICES AVAILABLE AT SUTTER ROSEVILLE MEDICAL C ENTER INCLUDE INPATIENT AND OUTPATIENT SURGERY OBSTETRICS AND PERINATAL CARE NEO NATAL IN TENSIVE CARE PEDIATRICS ONCOLOGY FAMILY BIRTH CENTER SUTTER CANCER CENTER CARDIAC CATHETER IZATION LABORATORY TELEMETRY LEVEL II TRAUMA CENTER CARDIAC REHABILITATION DIAGNOSTIC IMAG ING IV THERAPY SOCIAL SERVICES 24-HOUR EMERGENCY TREATMENT BARIATRIC SERVICES RESPIRATORY THERAPY SUTTER REHABILITATION INSTITUTE LABORATORY CARDIOPULMONARY SERVICES ACUTE REHABI LITATION MEDICAL LIBRARY ACCESS HOME HEALTH AND HOSPICE CARE NUTRITIONAL SUPPORT SERVICES PA STORAL CARE PATIENT AND COMMUNITY EDUCATION SENIOR SERVICES HOME INFUSION THERAPY CRITICAL CARE SUB-ACUTE UNIT TRAUMA NEURO INTENSIVE CARE UNIT NUCLEAR MEDICINE (NATIONALLY RECOGNI ZED) WOUND CARE CENTER SUTTER ROSEVILLE MEDICAL CENTER'S MISSION IS TO IMPROVE THE HEALTH AND WELL-BEING OF THE PEOPLE LIVING IN THE COMMUNITIES IT SERVES SUTTER ROSEVILLE MEDICA L CENTER STRIVES CONTINUOUSLY TO IDENTIFY THE HEALTH CARE NEEDS OF THESE COMMUNITIES AND R ESPOND BY PROVIDING WELLNESS, PREVENTIVE, CURATIVE AND RESTORATIVE PROGRAMS AND SERVICES C ONSISTENT WITH THE STATED VALUES AND VISION OF THE HOSPITAL COMMUNITY BENEFIT PROGRAMS T3 FOOTHILLS THE TRIAGE, TRANSPORT AND TREAT PROGRAM (T3) PROVIDES ONGOING CASE MANAGEMENT TO PEOPLE WHO UTILIZE THE EMERGENCY DEPARTMENT FOR NON-URGENT REASONS AND CAN BE BETTER SE RVED WITH A WARM-HANDOFF TO A MEDICAL HOME AND VARIOUS BEHAVIORAL AND SOCIAL SERVICES T3 IS CRITICAL IN CONNECTING PATIENTS TO PRIMARY AND BEHAVIORAL HEALTH CARE, AS WELL AS LONG TERM COMMUNITY SUPPORT, ALLOWING THIS PATIENT POPULATION ACCESS CARE AND RESOURCES IN A MO RE APPROPRIATE, CONSISTENT MANNER ED NAVIGATION ED NAVIGATORS ARE STAFF MEMBERS OF WELLS PACE HEALTH, WHO RESIDE IN THE EMERGENCY DEPARTMENT AND CONNECT WITH PATIENTS SEEKING NON- URGENT CARE BY WORKING WITH PATIENTS DIRECTLY IN THE ED, THE ED NAVIGATOR IS ABLE TO LINK PATIENTS TO OTHER COMMUNITY BENEFIT PROGRAMS SUCH AS T3 (FOR PATIENTS NEEDING MORE LONG T ERM SUPPORT) OR CAN PROVIDE MULTIPLE REFERRALS TO EVERYTHING FROM FOOD BANKS, HEALTH CLINI CS, INSURANCE AND HOUSING FOR SOMEONE NEEDING LESS INTENSIVE ASSISTANCE THE ED NAVIGATORS ARE A CRITICAL COMPONENT IN DIRECTING THOSE WHO NEED MEDICAL HOMES OR ACCESS TO SERVICES, TO THE RIGHT CARE, IN THE RIGHT PLACE, AT THE RIGHT TIME ICP PLACER COUNTY THE INTERIM CARE PROGRAM (ICP) PROVIDES A PLACE FOR HOMELESS PATIENTS TO HEAL, WHEN THEY'RE READY TO B E DISCHARGED FROM THE HOSPITAL, BUT DO NOT HAVE A SAFE PLACE TO GO ICP WRAPS PATIENTS WIT H SERVICES, INCLUDING PRIMARY AND MENTAL HEALTH CARE COMMUNITY SERVICES, HOUSING AND OTHE R NECESSARY RESOURCES, NEEDED FOR PATIENTS TO LIVE A HEALTHIER LIFE THIS PROGRAM PROVIDES VITAL LINKAGES BETWEEN SUTTER HEALTH AND OUR COMMUNITY PARTNERS, SUCH AS THE GATHERING IN N, WELLSPACE HEALTH AND OTHER KEY HEALTH AND COMMUNITY BASED ORGANIZATIONS, TO ENSURE PATI ENTS DON'T FALL THROUGH THE CRACKS WHEN THEY'RE DISCHARGED FROM AN INPATIENT HOSPITAL SETT ING PROMOTORAS PROMOTORAS ARE NAVIGATORS FROM THE LATINO LEADERSHIP COUNCIL WHO WORK DIR ECTLY WITH SPANISH-SPEAKING PATIENTS WHO NEED TRANSLATION SERVICES, CONNECTION TO EXTERNAL HEALTH AND SOCIAL RESOURCES AND CULTURALLY COMPETENT CASE MANAGEMENT SERVICES THE PROMOT ORA FOLLOWS PATIENTS FOR AS LONG AS NEEDED, ENSURING THAT THEY (ALONG WITH THEIR FAMILIES) UNDERSTAND FOLLOW UP CARE INSTRUCTIONS WHEN DISCHARGED FROM THE HOSPITAL, ARE CONNECTED W ITH PRIMARY CARE APPOINTMENTS, HAVE LINKAGES TO THE NECESSARY SOCIAL RESOURCES AND THAT SU PPORT IS AVAILABLE FOR THE ENTIRE FAMILY THIS PROGRAM SEEKS TO ENSURE THAT UNDERSERVED PA TIENTS WHO DO NOT HAVE THE RESOURCES OR LANGUAGE SKILLS TO EFFECTIVELY COMMUNICATE THEIR E XTENSIVE NEEDS, ARE PROVIDED WITH WARM-HAND OFFS AND SUPPORT, EVEN AFTER THEY LEAVE THE HO SPITAL FAMILY SUPPORT PROGRAM THE FSP PROGRAM LINKS PLACER COUNTY RESIDENTS WITH COMMUNI TY SUPPORT GROUPS AND SERVICES SUTTER ROSEVILLE MEDICAL CENTER AND SUTTER AUBURN FAITH HO SPITAL CONTRACT WITH THE PLACER COUNTY DEPARTMENT OF HEALTH TO PROVIDE A PUBLIC HEALTH NUR SE IN THE HOSPITAL TO CONNECT WITH PATIENTS AND PROVIDE EDUCATION AND REFERRALS SENIOR RE CREATION AND RESPITE PROGRAM (R & R) IS DESIGNED TO MEET THE NEEDS OF OLDER ADULTS WITH M EMORY OR PHYSICAL IMPAIRMENT THE PROGRAM PROVIDES RECREATIONAL, SOCIAL AND EDUCATIONAL AC TIVITIES FOR THE PARTICIPANTS, AND RESPITE FOR CAR</p>	

Return Reference	Explanation	
FORM 990, PART III, LINE 4A CONTINUED		<p>EGIVERS TO ENJOY SOME FREE TIME TO THEMSELVES. THE STAFF IS SUPPORTED BY ITS VALUABLE TEAM OF VOLUNTEERS AND COMPLETED BY PERSONAL CARE AIDS. R & R MEETS ONCE A WEEK IN AUBURN, AND FOUR DAYS A WEEK IN LINCOLN. ADDITIONALLY, THE SENIOR RESOURCE GUIDE IS A BOOKLET, FREE TO THE PUBLIC, WITH INFORMATION ON A MULTITUDE OF SENIOR SERVICES AVAILABLE IN PLACER COUNTY. THE GUIDE IS UPDATED AND DISTRIBUTED SEMI-ANNUALLY VIA PHYSICIAN OFFICES, SENIOR APARTMENT COMPLEXES, SENIOR CENTERS, SKILLED NURSING FACILITIES, LIBRARIES, MOBILE HOME COMMUNITIES, SENIOR SERVICE PROVIDERS, HOME HEALTH AND HOSPICE AGENCIES AND MANY OTHER SERVICE ORGANIZATIONS AND PUBLIC PLACES. WE ARE ABLE TO PRODUCE THIS GUIDE IN PARTNERSHIP WITH SENIORS FIRST, SUTTER ROSEVILLE MEDICAL CENTER, THE SUTTER ROSEVILLE MEDICAL CENTER FOUNDATION, SUTTER AUBURN FAITH HOSPITAL AND THE SUTTER AUBURN FAITH HOSPITAL FOUNDATION. HEALTH EXPRESS HEALTH EXPRESS SEEKS TO PROVIDE TRANSPORTATION TO AND FROM MEDICAL APPOINTMENTS FOR PLACER COUNTY'S MOST VULNERABLE POPULATIONS, INCLUDING SENIOR RESIDENTS. ONE OF THE KEY ISSUES OFTEN IDENTIFIED DURING COMMUNITY HEALTH NEEDS ASSESSMENTS ARE GAPS IN BASIC TRANSPORTATION SERVICES FOR SENIORS AND THE UNDERSERVED POPULATION, WHO OFTEN SITE LACK OF TRANSPORTATION AS A KEY BARRIER TO ACCESSING APPROPRIATE PRIMARY CARE AND HEALTH-RELATED APPOINTMENTS. HEALTH EXPRESS SEEKS TO BRIDGE THIS GAP, TO ENSURE THAT THE PLACER COUNTY CITIZENS WHO WOULD OTHERWISE NOT HAVE ACCESS TO TRANSPORTATION, NECESSARY TO OBTAIN APPROPRIATE MEDICAL CARE. SRMC PROVIDES FUNDING TO HEALTH EXPRESS AND PARTNERS WITH SENIORS FIRST, PLACER COUNTY TRANSPORTATION PLANNING AGENCY AND KAISER PERMANENTE. THE HEALTH EXPRESS PARTNERSHIP PROVIDES TRANSPORTATION TO AND FROM MEDICAL APPOINTMENTS FOR PLACER COUNTY'S UNDERSERVED, VULNERABLE AND ELDERLY POPULATION, WHO ARE UNABLE TO ACCESS NECESSARY MEDICAL CARE, DUE TO TRANSPORTATION CONSTRAINTS. THIS PROGRAM IS PUBLICIZED THROUGHOUT PLACER COUNTY TO ENCOURAGE USE. OTHER COMMUNITY SERVICES THE HOSPICE PROGRAM WAS ESTABLISHED IN 1984 TO PROVIDE MEDICAL, SOCIAL, EMOTIONAL AND SPIRITUAL SUPPORT TO TERMINALLY ILL PATIENTS AND THEIR FAMILIES AT NO COST BEYOND WHAT INSURANCE, MEDICARE OR OTHER PROVIDERS PAY. THE CHILDREN'S BEREAVEMENT ART GROUP GREW OUT OF HOSPICE IN 1993 TO EXTEND EXISTING BEREAVEMENT SERVICES FOR ADULTS TO MEET THE SPECIAL NEEDS OF CHILDREN. IN 1987, THE HOSPITAL OPENED ITS PASTORAL CARE DEPARTMENT WITH A FULL-TIME CHAPLAIN TO WORK IN COORDINATION WITH THE HOSPITAL'S SOCIAL SERVICE PROGRAM. SUTTER ROSEVILLE MEDICAL CENTER IS AN ACTIVE PARTNER WITH THE SAFE KIDS COALITION OF PLACER COUNTY, WHICH IS COMPRISED OF REPRESENTATIVES FROM LOCAL HEALTH CARE AGENCIES, GOVERNMENT AND PRIVATE AGENCIES IN PLACER COUNTY. ITS GOAL IS TO REDUCE THE INCIDENCE OF INJURY RELATED TO MORBIDITY AND MORTALITY AND ADDRESSES THESE ISSUES THROUGH EDUCATION, TRAINING, ORGANIZATIONAL POLICY, NETWORKING, LEGISLATIVE ADVOCACY AND EVALUATION.</p>

Return Reference	Explanation
FORM 990, PART III, LINE 4A CONTINUED	<p>SUTTER SOLANO MEDICAL CENTER SUTTER SOLANO MEDICAL CENTER (SSMC) IS A 102 LICENSED BED ACUTE CARE HOSPITAL IN VALLEJO, CALIFORNIA, BETWEEN SACRAMENTO AND SAN FRANCISCO THE NOT-FOR-PROFIT, COMMUNITY-BASED FACILITY IS FULLY ACCREDITED BY THE JOINT COMMISSION AND PROVIDES A FULL-RANGE OF GENERAL, EMERGENCY AND MEDICAL/SURGICAL SPECIALTIES THE CARE TEAM AT SSMC INCLUDES 290 STAFF MEMBERS, 690 EMPLOYEES AND 85 VOLUNTEERS SSMC AFFILIATED WITH SUTTER HEALTH IN 1984 ENSURING THE ABILITY TO CONTINUE PROVIDING AND IMPROVING HEALTHCARE AND WELLNESS SERVICES TO THE COMMUNITY MISSION STATEMENT WE ENHANCE THE HEALTH AND WELL-BEING OF PEOPLE IN THE COMMUNITIES WE SERVE, THROUGH A NOT-FOR-PROFIT COMMITMENT TO COMPASSION AND EXCELLENCE IN HEALTH CARE SERVICES HOSPITAL SERVICES SSMC'S EMERGENCY DEPARTMENT IS STAFFED 24-HOURS A DAY, 7 DAYS A WEEK BY BOARD-CERTIFIED EMERGENCY MEDICAL PHYSICIANS AND NURSES WHO SPECIALIZE IN EMERGENCY MEDICINE - ADULT AND PEDIATRIC SSMC IS ONE OF THE ONLY FACILITIES IN THE AREA WITH A HELICOPTER LANDING ZONE FOR ACCESS TO TRANSFER PATIENTS TO A HIGHER LEVEL OF CARE WHEN REQUIRED ON AVERAGE, SSMC DELIVERS NEARLY 700 BABIES EACH YEAR AND SUPPORTS NEW FAMILIES THROUGH ITS FAMILY BIRTHING CENTER, PRIVATE LABOR/DELIVER/RECOVERY (LDR) SUITES AND A VARIETY OF PRENATAL CLASSES IN ADDITION TO THE ACUTE CARE FACILITY, SSMC OPERATES A CANCER CENTER, FULLY ACCREDITED BY THE COMMISSION ON CANCER OF THE AMERICAN COLLEGE OF SURGEONS (ACOS) COMPREHENSIVE CANCER SERVICES INCLUDE CHEMOTHERAPY, INFUSION THERAPY, LABORATORY AND PATHOLOGY, GENETIC TESTING, PAIN MANAGEMENT AND RADIATION THERAPY PROGRAM SERVICE ACCOMPLISHMENTS SSMC'S SOCIAL WORK SERVICE AND CARE COORDINATORS PLAY KEY ROLES IN HELPING PATIENTS LOCATE THE NECESSARY SERVICES AND EQUIPMENT FOR CARE AFTER HOSPITALIZATION SSMC'S SURGICAL SERVICES ARE PERFORMED ON BOTH AN INPATIENT AND OUTPATIENT BASIS AND INCLUDE THE LATEST TECHNIQUES IN SUCH AREAS AS CARDIAC, ORTHOPEDIC, GENERAL VASCULAR, ENDOSCOPIC AND OPHTHALMIC SURGERY OTHER HOSPITAL SERVICES INCLUDE INPATIENT REHABILITATION SERVICES, DIAGNOSTIC IMAGING SERVICES, RADIATION ONCOLOGY, LABORATORY, DIETARY AND INFUSION THERAPY CANCER SERVICES AVAILABLE INCLUDE PREVENTION, SCREENING, EDUCATION, LECTURES, THE CANCER RESOURCE LIBRARY, AND TREATMENT INCLUDING PROGRAMS SUCH AS RADIATION THERAPY, INTENSITY MODULATED RADIATION THERAPY, RESPIRATORY GAITING, CHEMOTHERAPY, INFUSION AND THE PATIENT NAVIGATOR PROGRAM WHICH PROVIDES A NURSE NAVIGATOR TO GUIDE CANCER PATIENTS THROUGH THEIR TREATMENT AND HEALING PROCESS COMMUNITY BENEFIT PROGRAMS TRANSITIONAL CARE PROGRAM (TCP) THE TRANSITIONAL CARE PROGRAM (TCP) PROVIDES A SAFE PLACE TO DISCHARGE AND CONNECT HOMELESS PATIENTS, WHO ARE TRADITIONALLY UNDERSERVED, WITH RESOURCES AND SUPPORT THIS PROGRAM LINKS HOMELESS ADULTS TO VITAL COMMUNITY SERVICES WHILE GIVING THEM A PLACE TO HEAL, AS WELL AS MEDICAL FOLLOW UP AND CASE MANAGEMENT THE CLIENTS WHO ARE ENROLLED IN THE TCP ARE INDIVIDUALS WHO OTHERWISE WOULD BE DISCHARGED TO THE STREET OR CARED FOR IN AN INPATIENT SETTING ONLY IN ADDITION, THE TCP ALLOWS PATIENTS TO FOCUS ON RECOVERY AND DEVELOPING A LONG-TERM PLAN TO GET OFF THE STREETS, ALL WHILE BEING LINKED TO VITAL COMMUNITY AND MEDICAL SERVICES THE TCP HAS PRODUCED IMPRESSIVE CLIENT OUTCOMES BY PROVIDING "WRAPAROUND" SERVICES INCLUDING CONNECTION TO A MEDICAL HOME AND MENTAL/BEHAVIORAL HEALTH SERVICES, ENROLLMENT IN ELIGIBLE PROGRAMS AND COMMUNITY SUPPORT SERVICES FOR CLIENTS THIS PROGRAM IS A COLLABORATIVE OF SSMC, THE SOLANO COALITION FOR BETTER HEALTH, KAISER PERMANENTE, NORTH BAY AND THE BENICIA COMMUNITY ACTION COUNCIL SSMC EMERGENCY DEPARTMENT NAVIGATOR THE EMERGENCY DEPARTMENT NAVIGATOR PROGRAM SEEKS TO CONNECT WITH PATIENTS WHO ARE INAPPROPRIATELY ACCESSING CARE AT THE SUTTER SOLANO MEDICAL CENTER EMERGENCY DEPARTMENT AND LINKS ALL NON-URGENT USERS OF THE ED TO IMMEDIATE COMMUNITY RESOURCES AND MEDICAL CARE MORE SPECIFICALLY, ED NAVIGATORS REACH OUT TO PATIENTS WHO DO NOT HAVE A PRIMARY CARE PROVIDER AND PROVIDE EXTERNAL MANAGEMENT, CONNECTION TO SERVICES (HOUSING, COMMUNITY RESOURCES, SUBSTANCE ABUSE TREATMENT, ETC) AND FOLLOW UP TO ENSURE A PRIMARY CARE PROVIDER IS BEING UTILIZED ED NAVIGATORS ARE EMPLOYEES OF LA CLINICA AND RESIDE IN THE SSMC ED WHEN DHR PLACED REPRESENTATIVES IN THE ED, WE CHANGED OUR CERTIFIED APPLICATION ASSISTANT POSITION (WHO USED TO WORK IN CONJUNCTION WITH THE ED NAVIGATOR) INTO AN ED NAVIGATOR SUPPORT POSITION THIS NEW POSITION HAS BEEN HIGHLY SUCCESSFUL, BY PROVIDING SUPPORT FOR THE ED NAVIGATOR, SSMC AND LA CLINICA STAFF</p>

Return Reference	Explanation
FORM 990, PART VI, LINE 1A	<p>THE AFFAIRS AND MANAGEMENT OF THE SUTTER HEALTH SACRAMENTO SIERRA REGION (SHSSR) ARE SUPERVISED BY THE EXECUTIVE COMMITTEE WHICH HAS POWER TO TRANSACT ALL REGULAR BUSINESS OF SHSSR DURING THE PERIOD BETWEEN MEETINGS OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE CONSISTS OF SHSSR'S CHAIR WHO SERVES AS CHAIR OF THE COMMITTEE, THE VICE CHAIR, THE CHAIR OF THE FINANCE AND PLANNING COMMITTEE, THE IMMEDIATE PAST CHAIR, IF HE OR SHE CONTINUES TO SERVE AS A DIRECTOR, AN ADDITIONAL DIRECTOR AND THE PRESIDENT OF SHSSR. AT LEAST ONE COMMITTEE MEMBER IS A PHYSICIAN DIRECTOR. FORM 990, PART VI, LINES 6 & 7A. THIS CORPORATION IS AN AFFILIATE OF SUTTER HEALTH, A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION. SUTTER HEALTH IS THE SOLE MEMBER WITH THE RIGHT TO ELECT AT LEAST A MAJORITY OF THE MEMBERS OF THE BOARD OF DIRECTORS.</p>

Return Reference	Explanation
FORM 990, PART VI, LINE 7B	<p>SUTTER HEALTH AS THE SOLE MEMBER OF THE ORGANIZATION IS ENTITLED TO EXERCISE FULLY ALL RIGHTS AND PRIVILEGES OF MEMBERS OF NONPROFIT CORPORATIONS UNDER THE CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION LAW, AND ALL OTHER APPLICABLE LAWS THE MEMBER HAS THE RIGHTS AND POWERS TO APPOINT (AND REMOVE) MEMBERS OF THE CORPORATION'S BOARD OF DIRECTORS, SUBJECT TO THE PROVISIONS OF THE BYLAWS IN ADDITION, THE MEMBER HAS THE RIGHT TO APPROVE THE FOLLOWING ACTIONS OF THE CORPORATION'S BOARD OF DIRECTORS A MERGER, CONSOLIDATION, REORGANIZATION, OR DISSOLUTION OF THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE ENTITY, B AMENDMENT OR RESTATEMENT OF THE ARTICLES OF INCORPORATION OR THE BYLAWS OF THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE ENTITY, C ADOPTION OF OPERATING BUDGETS OF THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE ENTITY, INCLUDING CONSOLIDATED OR COMBINED BUDGETS OF THE CORPORATION AND ALL SUBSIDIARY ORGANIZATIONS OF THE CORPORATION, D ADOPTION OF CAPITAL BUDGETS OF THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE ENTITY, E AGGREGATE OPERATING OR CAPITAL EXPENDITURES ON AN ANNUAL BASIS THAT EXCEED APPROVED OPERATING OR CAPITAL BUDGETS BY A SPECIFIED DOLLAR AMOUNT TO BE DETERMINED FROM TIME TO TIME BY THE GENERAL MEMBER, F LONG-TERM OR MATERIAL AGREEMENTS INCLUDING, BUT NOT LIMITED TO, BORROWINGS, EQUITY FINANCINGS, CAPITALIZED LEASES AND INSTALLMENT CONTRACTS, AND PURCHASE, SALE, LEASE, DISPOSITION, HYPOTHECATION, EXCHANGE, GIFT, PLEDGE, OR ENCUMBRANCE OF ANY ASSET, REAL OR PERSONAL, WITH A FAIR MARKET VALUE IN EXCESS OF A DOLLAR AMOUNT TO BE DETERMINED FROM TIME TO TIME BY THE DIRECTORS OF THE GENERAL MEMBER, WHICH SHALL NOT BE LESS THAN 10% OF THE TOTAL ANNUAL CAPITAL BUDGET OF THE CORPORATION, G APPOINTMENT OF AN INDEPENDENT AUDITOR AND HIRING OF INDEPENDENT COUNSEL EXCEPT IN CONFLICT SITUATIONS BETWEEN THE GENERAL MEMBER AND THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE ENTITY, H THE CREATION OR ACQUISITION OF ANY SUBSIDIARY OR AFFILIATE ENTITY, I CONTRACTING WITH AN UNRELATED THIRD PARTY FOR ALL OR SUBSTANTIALLY ALL OF THE MANAGEMENT OF THE ASSETS OR OPERATIONS OF THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE ENTITY, J APPROVAL OF MAJOR NEW PROGRAMS AND CLINICAL SERVICES OF THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE ENTITY THE GENERAL MEMBER SHALL FROM TIME TO TIME DEFINE THE TERM "MAJOR" IN THIS CONTEXT, K APPROVAL OF STRATEGIC PLANS OF THE CORPORATION OR ANY SUBSIDIARY OR AFFILIATE ENTITY, L ADOPTION OF QUALITY ASSURANCE POLICIES NOT IN CONFORMITY WITH POLICIES ESTABLISHED BY THE GENERAL MEMBER, M ANY TRANSACTION BETWEEN THE CORPORATION, A SUBSIDIARY OR AFFILIATE AND A DIRECTOR OF THE CORPORATION OR AN AFFILIATE OF SUCH DIRECTOR IN ADDITION, THE GENERAL MEMBER SHALL HAVE THE AUTHORITY (BY A VOTE OF NOT LESS THAN TWO-THIRDS (2/3) OF ITS BOARD), TO DECLARE A MAJOR ACTIVITY REQUIRING APPROVAL</p>

Return Reference	Explanation
FORM 990, PART VI, LINE 11B	SUTTER HEALTH, A RELATED TAX-EXEMPT ORGANIZATION, HAS A CENTRALIZED TAX DEPARTMENT RESPONSIBLE FOR THE PREPARATION OF THE FORM 990. ANNUALLY, THE TAX DEPARTMENT PROVIDES TRAINING AND EDUCATION TO AFFILIATE PERSONNEL WHO ASSIST THE TAX DEPARTMENT IN COLLECTING AND REVIEWING DATA TO BE REPORTED ON THE FORM 990. THE PREPARATION MATERIAL IS REVIEWED BY VARIOUS DEPARTMENTS INCLUDING TAX, FINANCE, LEGAL, AND HUMAN RESOURCES. A NATIONAL ACCOUNTING FIRM PREPARES AND/OR REVIEWS THE RETURN. A COMPLETED RETURN IS THEN REVIEWED BY THE TAX DEPARTMENT, THE AFFILIATE, AND THE CFO BEFORE THE RETURN IS FILED. A COPY OF THE FORM 990 HAS BEEN PROVIDED TO ALL MEMBERS OF THE GOVERNING BODY BEFORE FILING THE FORM.

Return Reference	Explanation
FORM 990, PART VI, LINE 12	<p>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.</p>

Return Reference	Explanation
FORM 990, PART VI, LINE 15	<p>THE COMPENSATION COMMITTEE OF THE SUTTER HEALTH BOARD OF DIRECTORS RETAINS ULTIMATE DISCRETIONARY AUTHORITY OVER ALL ELEMENTS OF COMPENSATION TO ENSURE THAT ORGANIZATIONAL PURPOSES ARE APPROPRIATELY BEING SERVED. THE COMPENSATION COMMITTEE USES CREDIBLE DATA SOURCES AND MAINTAINS AN OBJECTIVE "ARMS LENGTH" DECISION-MAKING PROCESS, ENSURING THE INTEGRITY OF SUTTER'S EXECUTIVE PROGRAMS AND CONSISTENCY WITH THE ORGANIZATION'S OVERALL MISSION. IN ORDER TO ENSURE EXTERNAL COMPETITIVENESS, NATIONAL, CALIFORNIA AND LOCAL MARKET AREA COMPENSATION DATA COMPARISONS ARE REVIEWED. COMPETITIVE ANALYSIS INCLUDES (A) BASE SALARY, (B) TOTAL CASH (BASE SALARY + ANNUAL INCENTIVE) AND (C) TOTAL REMUNERATION (BASE SALARY + ANNUAL INCENTIVE + BENEFITS AND LONG TERM INCENTIVE). THIS ANALYSIS INCLUDES COMPARABLE ORGANIZATIONS AND GEOGRAPHIC CONSIDERATIONS. FOR THE MOST SENIOR EXECUTIVE POSITIONS, NATIONAL COMPARISONS FOR ORGANIZATIONS SIMILAR IN SIZE, SCOPE AND COMPLEXITY AS SUTTER HEALTH ARE MOST APPROPRIATE SINCE IT IS A NATIONAL MARKETPLACE IN WHICH SUTTER COMPETES FOR EXECUTIVE TALENT. ON THE OTHER HAND, BECAUSE CALIFORNIA'S UNDERLYING COMPENSATION STRUCTURE IS HIGHER THAN NATIONAL DATA (ESPECIALLY IN THE BAY AREA), REGIONAL PAY COMPARISONS AND ADJUSTMENTS ARE MADE. OFFICERS AND KEY EMPLOYEES OF THIS ORGANIZATION WHO ARE SUTTER HEALTH EMPLOYEES UNDERGO A REVIEW AND COMPENSATION COMMITTEE APPROVAL, AND SUCH APPROVAL IS RECORDED IN THE MINUTES. THE COMPENSATION REVIEW PROCESS WAS LAST COMPLETED IN DECEMBER OF 2014.</p>

Return Reference	Explanation
FORM 990, PART VI, LINE 19	THE SUTTER HEALTH SYSTEM POSTS ITS CURRENT AND PAST AUDITED FINANCIAL STATEMENTS AT SUTTERHEALTH.ORG. OTHER DOCUMENTS ARE ALSO LOCATED AT THIS WEBSITE INCLUDING THE ANNUAL REPORT, MISSION STATEMENT, HISTORY, AND LINKS TO AFFILIATE WEBSITES. THE GOVERNING DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC AT THIS TIME.

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN FUND BALANCE K-1 ORDINARY INCOME \$ (488,035) PARTNERSHIP LOSS ON BOOKS 524,921 EQUITY TRANSFERS (NET) (5,505,862) OTHER CHANGES IN FB (1,056,924) ----- TOTAL (6,525,900) =====

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
SUTTER HEALTH SACRAMENTO SIERRA REGION

Employer identification number
94-1156621

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (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

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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
See Additional Data Table												

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) HEALTH VENTURES INC 350 HAWTHORNE ST OAKLAND, CA 94609 94-2918780	HEALTH SERVIC	CA	NA	C CORP				Yes	

Part V

Transactions With Related Organizations

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

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

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

b Gift, grant, or capital contribution to related organization(s)

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

No

1l

Yes

1m

Yes

1n

No

1o

No

1p

Yes

1q

Yes

1r

Yes

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			

Schedule R (Form 990) 2014

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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		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: 94-1156621

Name: SUTTER HEALTH SACRAMENTO SIERRA REGION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if 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) BETTER HEALTH EAST BAY 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 FOUN D 2015 STEINER STREET 2ND FLOOR SAN FRANCISCO, CA 94115 94-2728423	FUNDRAISING	CA	501(C)(3)	7	SUTTER WBH	Yes	
(3) EAST BAY PERINATAL CENTER 3012 SUMMIT STREET 3RD FLOOR OAKLAND, CA 94609 51-0172285	HEALTHCARE	CA	501(C)(3)	3	SUTTER EBH	Yes	
(4) EDEN MEDICAL CENTER 20103 LAKE CHABOT ROAD CASTRO VALLEY, CA 94546 94-2948100	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
(5) MEMORIAL HOSPITAL FOUNDATION 1800 COFFEE ROAD SUITE 76 MODESTO, CA 95355 94-2290244	FUNDRAISING	CA	501(C)(3)	11 a - I	SUTTER CVH	Yes	
(6) MILLS-PENINSULA HEALTH SERVICES 1501 TROUSDALE DRIVE BURLINGAME, CA 94010 94-1156265	HOSPITAL	CA	501(C)(3)	3	PAMF	Yes	
(7) MILLS-PENINSULA HOSPITAL FOUNDATION 1501 TROUSDALE DRIVE BURLINGAME, CA 94010 23-7288765	FUNDRAISING	CA	501(C)(3)	7	MPHS	Yes	
(8) PALO ALTO MEDICAL FOUNDATION 2350 EL CAMINO REAL MOUNTAIN VIEW, CA 94040 94-1156581	HEALTHCARE	CA	501(C)(3)	3	SUTTER HLTH	Yes	
(9) SAMUEL MERRITT UNIVERSITY 450 30TH STREET 2840 OAKLAND, CA 94609 94-2992642	UNIVERSITY	CA	501(C)(3)	2	SUTTER EBH	Yes	
(10) SUTTER AUBURN FAITH HOSPITAL FOUNDATION 11815 EDUCATION ST AUBURN, CA 95602 94-2594966	FUNDRAISING	CA	501(C)(3)	7	SUTTER SSR	Yes	
(11) SUTTER CENTRAL VALLEY HOSPITALS 1800 COFFEE ROAD SUITE 76 MODESTO, CA 95355 94-1080917	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
(12) SUTTER COAST HOSPITAL 800 E WASHINGTON BLVD CRESCENT CITY, CA 95531 94-2988520	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
(13) SUTTER DAVIS HOSPITAL FOUNDATION PO BOX 1617 DAVIS, CA 95617 68-0217870	FUNDRAISING	CA	501(C)(3)	7	SUTTER SSR	Yes	
(14) SUTTER EAST BAY HOSPITALS 3012 SUMMIT STREET 3RD FLOOR OAKLAND, CA 94609 94-1196176	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
(15) SUTTER EAST BAY MEDICAL FOUNDATION 3687 MT DIABLO BLVD 200 LAFAYETTE, CA 94549 94-2690415	HEALTHCARE	CA	501(C)(3)	11 B - II	SUTTER HLTH	Yes	
(16) SUTTER GOULD MEDICAL FOUNDATION 600 COFFEE ROAD MODESTO, CA 95355 94-1682256	HEALTHCARE	CA	501(C)(3)	3	SUTTER HLTH	Yes	
(17) SUTTER HEALTH 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 94-2788907	SUPPORTING OR	CA	501(C)(3)	11 c III-FI	NA		No
(18) SUTTER HEALTH PACIFIC 91-2301 FT WEAVER RD EWA BEACH, HI 96706 99-0298651	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
(19) SUTTER HEALTH PLAN 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 46-1183948	HEALTH PLAN	CA	PENDING	PENDING	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? YesNo	
(21) SUTTER INSURANCE SERVICES CORPORATION 745 FORT STREET SUITE 800 HONOLULU, HI 96813 99-0289310	INSURANCE SER	HI	501(C)(3)	11C III-FI	SUTTER HLTH	Yes	
(1) SUTTER MEDICAL CENTER FOUNDATION PO BOX 160727 SACRAMENTO, CA 95816 94-2788906	FUNDRAISING	CA	501(C)(3)	7	SUTTER SSR	Yes	
(2) SUTTER MEDICAL CENTER CASTRO VALLEY 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 77-0146047	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
(3) SUTTER MEDICAL FOUNDATION 2800 L STREET 7TH FLOOR SACRAMENTO, CA 95816 68-0273974	HEALTHCARE	CA	501(C)(3)	11b - II	SUTTER HLTH	Yes	
(4) SUTTER ROSEVILLE MEDICAL CTR FOUNDATION ONE MEDICAL PLAZA ROSEVILLE, CA 95661 68-0040113	FUNDRAISING	CA	501(C)(3)	7	SUTTER SSR	Yes	
(5) SUTTER SOLANO CHARITABLE FOUNDATION 300 HOSPITAL DRIVE VALLEJO, CA 94589 94-2668262	FUNDRAISING	CA	501(C)(3)	7	SUTTER SSR	Yes	
(6) SUTTER VISITING NURSE ASSOC AND HOSPICE 1900 POWELL ST 300 EMERYVILLE, CA 94608 94-6068843	HEALTHCARE	CA	501(C)(3)	9	SUTTER HLTH	Yes	
(7) SUTTER WEST BAY HOSPITALS 2333 BUCHANAN STREET SAN FRANCISCO, CA 94115 94-0562680	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
(8) 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	
(9) 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 V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
SUTTER CENTRAL VALLEY HOSPITALS	m	1,579,734	FMV
SUTTER COAST HOSPITAL	m	218,970	FMV
SUTTER VISITING NURSES ASSOCIATION	q	6,249,938	FMV
SUTTER MEDICAL FOUNDATION	j	9,035,978	FMV
SUTTER MEDICAL FOUNDATION	C	5,047,676	FMV
SUTTER AMADOR HOSPITAL FOUNDATION	C	1,649,388	FMV
SUTTER DAVIS HOSPITAL FOUNDATION	C	570,071	FMV
SUTTER AUBURN FAITH HOSPITAL FOUNDATION	C	414,506	FMV
SUTTER ROSEVILLE MEDICAL CENTER FOUNDATION	C	819,463	FMV
SUTTER MEDICAL FOUNDATION	L	7,529,313	FMV