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|--|--|--|
| <p>Form <b>990</b></p> <p></p> <p>Department of the Treasury<br/>Internal Revenue Service</p> | <p><b>Return of Organization Exempt From Income Tax</b></p> <p><b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)</b></p> <p>▶ Do not enter social security numbers on this form as it may be made public.<br/>▶ Information about Form 990 and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a></p> | <p>OMB No 1545-0047</p> <p><b>2015</b></p> <p><b>Open to Public Inspection</b></p> |
|--|--|--|

|  |   |  |   |
|--|---|--|---|
| <b>A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015</b>  |   |  |   |
| <b>B</b> Check if applicable<br><input checked="" type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>SUTTER ROSEVILLE MEDICAL CENTER FOUNDATION                                 |  | <b>D</b> Employer identification number<br><br>68-0040113 |
|  | % SHAWNA CHIARAVALOTTI<br>Doing business as   |  | <b>E</b> Telephone number<br><br>(916) 286-6665           |
|  | Number and street (or P O box if mail is not delivered to street address)<br>C/O SH TAX 2200 RIVER PLAZA DR | Room/suite   |   |
|  | City or town, state or province, country, and ZIP or foreign postal code<br>SACRAMENTO, CA 95833            |  | <b>G</b> Gross receipts \$ 1,743,898                      |
| <b>F</b> Name and address of principal officer<br>PATRICIA MARQUEZ<br>C/O SH TAX 2200 RIVER PLAZA DR<br>SACRAMENTO, CA 95833   |   | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                         |   |
| <b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527  |   | <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list (see instructions) |   |
| <b>J</b> Website: ▶ WWW.SUTTERHEALTH.ORG   |   | <b>H(c)</b> Group exemption number ▶   |   |
| <b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶   |   | <b>L</b> Year of formation 1977  | <b>M</b> State of legal domicile C                        |

| Part I Summary  |  |
|---|--|
| Activities & Governance   | 1 Briefly describe the organization's mission or most significant activities<br>SEE SCHEDULE O   |
|   | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets |
|   | 3 Number of voting members of the governing body (Part VI, line 1a) . . . . . 3 19   |
|   | 4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . . 4 15   |
|   | 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) . . . . . 5 0   |
|   | 6 Total number of volunteers (estimate if necessary) . . . . . 6 30  |
|   | 7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . 7a 0   |
| b Net unrelated business taxable income from Form 990-T, line 34 . . . . . 7b |  |
| Revenue   | 8 Contributions and grants (Part VIII, line 1h) . . . . . 1,615,212 708,078  |
|   | 9 Program service revenue (Part VIII, line 2g) . . . . . 846,564 919,889   |
|   | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . . 209,986 73,973  |
|   | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . . -13,874 -18,949                                    |
|   | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . 2,657,888 1,682,993                        |
|   | 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . . 1,006,043 426,229  |
| Expenses  | 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . 0 0   |
|   | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . . 391,892 421,178                           |
|   | 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . . 0 0  |
|   | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0  |
|   | 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . . 466,055 510,176  |
|   | 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . . 1,863,990 1,357,583                                |
|   | 19 Revenue less expenses Subtract line 18 from line 12 . . . . . 793,898 325,408   |
| Net Assets or Fund Balances   | 20 Total assets (Part X, line 16) . . . . . 6,375,174 6,261,024  |
|   | 21 Total liabilities (Part X, line 26) . . . . . 300,981 37,651  |
|   | 22 Net assets or fund balances Subtract line 21 from line 20 . . . . . 6,074,193 6,223,373   |

|   |   |  |                                   |      |   |
|---|---|--|-----------------------------------|------|---|
| <b>Part II Signature Block</b>  |   |  |                                   |      |   |
| 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 |   |  |                                   |      |   |
| <b>Sign Here</b>  | Signature of officer  |  |                                   |      | 2016-11-03  |
|   | Date  |  |                                   |      |   |
|   | GARY HUBSCHMAN CFO<br>Type or print name and title                  |  |                                   |      |   |
| <b>Paid Preparer Use Only</b>   | Print/Type preparer's name<br>EVA NITTA                             |  | Preparer's signature<br>EVA NITTA | Date | Check <input type="checkbox"/> if self-employed PTIN<br>P01286320 |
|   | Firm's name ▶ ERNST & YOUNG US LLP                                  |  |                                   |      | Firm's EIN ▶  |
|   | Firm's address ▶ 560 MISSION ST STE 1600<br>SAN FRANCISCO, CA 94105 |  |                                   |      | Phone no (415) 894-8000   |

**Part III**   **Statement of Program Service Accomplishments**

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

**1**   Briefly describe the organization's mission

SEE SCHEDULE O

**2**   Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?   . . . . . ☐ **Yes**   ☒ **No**  
If "Yes," describe these new services on Schedule O

**3**   Did the organization cease conducting, or make significant changes in how it conducts, any program services?   . . . . . ☐ **Yes**   ☒ **No**  
If "Yes," describe these changes on Schedule O

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

|                |   |
|----------------|---|
| <b>4a</b>      | (Code ) (Expenses \$ 767,862 including grants of \$ 426,229 ) (Revenue \$ 919,889 ) |
| SEE SCHEDULE O |   |

|           |   |
|-----------|---|
| <b>4b</b> | (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ ) |
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|           |   |
|-----------|---|
| <b>4c</b> | (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ ) |
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|---|--|
| <b>4d</b>   | Other program services (Describe in Schedule O ) |
| (Expenses \$ including grants of \$ ) (Revenue \$ ) |  |

|           |   |
|-----------|---|
| <b>4e</b> | <b>Total program service expenses ▶</b> 767,862 |
|-----------|---|

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.<br>Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II   | 4       | No |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   | 5       |    |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts 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     | No |
| b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | 11b     | No |
| c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c     | No |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d     | No |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e Yes |    |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  | 11f Yes |    |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII  | 12a     | No |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional   | 12b Yes |    |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13      | No |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?   | 14a     | No |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b     | No |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15      | No |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   | 16      | No |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)  | 17      | No |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II   | 18 Yes  |    |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III   | 19      | No |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a     | No |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b     |    |

**Part IV**

Checklist of Required Schedules (continued)

|            |  |            |     |    |
|------------|--|------------|-----|----|
| <b>21</b>  | 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> . . . . .   | <b>21</b>  | Yes |    |
| <b>22</b>  | 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> . . . . .   | <b>22</b>  |     | No |
| <b>23</b>  | 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> . . . . .  | <b>23</b>  | Yes |    |
| <b>24a</b> | 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> . . . . .                            | <b>24a</b> |     | No |
| <b>b</b>   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .  | <b>24b</b> |     |    |
| <b>c</b>   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .   | <b>24c</b> |     |    |
| <b>d</b>   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .  | <b>24d</b> |     |    |
| <b>25a</b> | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b><br>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> . . . . .  | <b>25a</b> |     | No |
| <b>b</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> . . . . .                                       | <b>25b</b> |     | No |
| <b>26</b>  | 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> . . . . .                                 | <b>26</b>  |     | No |
| <b>27</b>  | 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> . . . . . | <b>27</b>  |     | No |
| <b>28</b>  | 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)   |            |     |    |
| <b>a</b>   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .   | <b>28a</b> |     | No |
| <b>b</b>   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  | <b>28b</b> |     | No |
| <b>c</b>   | 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> . . . .  | <b>28c</b> |     | No |
| <b>29</b>  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . .  | <b>29</b>  |     | No |
| <b>30</b>  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .  | <b>30</b>  |     | No |
| <b>31</b>  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .  | <b>31</b>  |     | No |
| <b>32</b>  | 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> . . . . .  | <b>32</b>  |     | No |
| <b>33</b>  | 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> . . . . .  | <b>33</b>  |     | No |
| <b>34</b>  | 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> . . . . .  | <b>34</b>  | Yes |    |
| <b>35a</b> | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | <b>35a</b> | Yes |    |
| <b>b</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> . . . .   | <b>35b</b> | Yes |    |
| <b>36</b>  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .   | <b>36</b>  |     | No |
| <b>37</b>  | 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> . . .   | <b>37</b>  |     | No |
| <b>38</b>  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .  | <b>38</b>  | Yes |    |

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

Form **990** (2015)

**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 |
|-----------|---|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year<br>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 | 19  |    |
| <b>b</b>  | Enter the number of voting members included in line 1a, above, who are independent  | 15  |    |
| <b>2</b>  | 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?   |     | No |
| <b>3</b>  | 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?   |     | No |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  |     | No |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?  |     | No |
| <b>6</b>  | Did the organization have members or stockholders?  | Yes |    |
| <b>7a</b> | 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?  | Yes |    |
| <b>b</b>  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?   | Yes |    |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  |     |    |
| <b>a</b>  | The governing body?   | Yes |    |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body?   | Yes |    |
| <b>9</b>  | 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  |     | No |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|            |  | Yes | No |
|------------|--|-----|----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates?   |     | No |
| <b>b</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?   |     |    |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | Yes |    |
| <b>b</b>   | Describe in Schedule O the process, if any, used by the organization to review this Form 990   |     |    |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13  | Yes |    |
| <b>b</b>   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | Yes |    |
| <b>c</b>   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | Yes |    |
| <b>13</b>  | Did the organization have a written whistleblower policy?  | Yes |    |
| <b>14</b>  | Did the organization have a written document retention and destruction policy?   | Yes |    |
| <b>15</b>  | 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?   |     |    |
| <b>a</b>   | The organization's CEO, Executive Director, or top management official   |     | No |
| <b>b</b>   | Other officers or key employees of the organization  | Yes |    |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)   |     |    |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  |     | No |
| <b>b</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? |     |    |

**Section C. Disclosure**

**17** List the States with which a copy of this Form 990 is required to be filed **CA**

**18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

**20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**SHAWNA CHIARAVALOTTI 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 (916) 286-6665**

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)<br>Name and Title   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (1) LARRY BOOTH<br>.....<br>TRUSTEE                             | 1 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (2) STUART BOSTROM MD<br>.....<br>TRUSTEE,PHYS. QUALITY OFFICER | 1 0<br>.....<br>40 0   | X   |                       |         |              |                              |        | 0   | 222,024  | 0   |
| (3) PATRICK R BRADY<br>.....<br>TRUSTEE, CEO SRMC               | 1 0<br>.....<br>40 0   | X   |                       |         |              |                              |        | 0   | 893,364  | 194,884   |
| (4) NEIL CLARK<br>.....<br>TRUSTEE                              | 1 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (5) DAVE COOK<br>.....<br>TRUSTEE, CHAIR                        | 1 0<br>.....<br>0 0  | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| (6) ALLAN HENRIQUES<br>.....<br>TRUSTEE                         | 1 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (7) DOUG MACFARLANE<br>.....<br>TRUSTEE, CHAIR MAJOR GIFTS      | 1 0<br>.....<br>0 0  | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| (8) PATRICIA MARQUEZ<br>.....<br>TRUSTEE, EXECUTIVE DIRECTOR    | 40 0<br>.....<br>0 0   | X   |                       | X       |              |                              |        | 0   | 134,827  | 15,594  |
| (9) GREGG MCKENZIE<br>.....<br>TRUSTEE                          | 1 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (10) KELVIN MOSS<br>.....<br>TRUSTEE                            | 1 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (11) MICHAEL J MURPHY<br>.....<br>TRUSTEE, SECRETARY            | 1 0<br>.....<br>0 0  | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| (12) STANLEY NADER<br>.....<br>TRUSTEE                          | 1 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (13) JOHN NUNAN<br>.....<br>TRUSTEE                             | 1 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (14) GARY M ORR<br>.....<br>TRUSTEE                             | 1 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |



Part VII

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

| (A)<br>Name and Title                                     | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (15) COLIN SHELDON<br>.....<br>TRUSTEE, VICE-CHAIR        | 1 0<br>.....<br>0 0  | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| (16) CLIFTON R TAYLOR<br>.....<br>TRUSTEE                 | 1 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (17) DAVID YAMAMOTO<br>.....<br>TRUSTEE,SVC AREA DIR SVMF | 1 0<br>.....<br>40 0   | X   |                       |         |              |                              |        | 0   | 256,010  | 34,363  |
| (18) GERALD E MITCHELL<br>.....<br>TRUSTEE                | 1 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (19) PATRICK L REILLY<br>.....<br>TRUSTEE                 | 1 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (20) VIJAY S SUHAG MD<br>.....<br>TRUSTEE                 | 1 0<br>.....<br>0 0  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (21) GARY HUBSCHMAN<br>.....<br>CFO, SRMC                 | 1 0<br>.....<br>40 0   |   |                       | X       |              |                              |        | 0   | 345,248  | 55,000  |
|   |  |   |                       |         |              |                              |        |   |  |   |
|   |  |   |                       |         |              |                              |        |   |  |   |
|   |  |   |                       |         |              |                              |        |   |  |   |
|   |  |   |                       |         |              |                              |        |   |  |   |

|    |   |   |           |         |
|----|---|---|-----------|---------|
| 1b | Sub-Total . . . . .   |   |           |         |
| c  | Total from continuation sheets to Part VII, Section A . . . . . |   |           |         |
| d  | Total (add lines 1b and 1c) . . . . .                           | 0 | 1,851,473 | 299,841 |

|   |   |   |     |
|---|---|---|-----|
| 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 ► 0   |   |     |
| 3 | Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .  | 3 | No  |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . | 4 | Yes |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       | 5 | No  |

Section B. Independent Contractors

|   |  |                                |                     |
|---|--|--------------------------------|---------------------|
| 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)<br>Name and business address   | (B)<br>Description of services | (C)<br>Compensation |
|   |  |                                |                     |
|   |  |                                |                     |
|   |  |                                |                     |
|   |  |                                |                     |
| 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 ► 0   |                                |                     |

**Part VIII**   **Statement of Revenue**

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

|   |  |  |   | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections<br>512-514 |         |
|---|--|--|---|----------------------|--|---|---|---------|
| Contributions, Gifts, Grants<br>and Other Similar Amounts | <b>1a</b>  | Federated campaigns . . . . .  | <b>1a</b> 26,030  | 708,078              |  |   |   |         |
|   | <b>b</b>   | Membership dues . . . . .  | <b>1b</b>   |                      |  |   |   |         |
|   | <b>c</b>   | Fundraising events . . . . .   | <b>1c</b> 104,429   |                      |  |   |   |         |
|   | <b>d</b>   | Related organizations . . . . .  | <b>1d</b>   |                      |  |   |   |         |
|   | <b>e</b>   | Government grants (contributions)  | <b>1e</b>   |                      |  |   |   |         |
|   | <b>f</b>   | All other contributions, gifts, grants, and<br>similar amounts not included above  | <b>1f</b> 577,619   |                      |  |   |   |         |
|   | <b>g</b>   | Noncash contributions included in lines<br>1a-1f \$  | 9,558   |                      |  |   |   |         |
|   | <b>h</b>   | <b>Total.</b> Add lines 1a-1f . . . . . ▶  |   |                      |  |   |   |         |
| Program Service Revenue                                   | <b>2a</b>  | HOSPITAL SUPPORT   | Business Code<br>900099   | 919,889              | 919,889  |   |   |         |
|   | <b>b</b>   |  |   |                      |  |   |   |         |
|   | <b>c</b>   |  |   |                      |  |   |   |         |
|   | <b>d</b>   |  |   |                      |  |   |   |         |
|   | <b>e</b>   |  |   |                      |  |   |   |         |
|   | <b>f</b>   | All other program service revenue  |   |                      |  |   |   |         |
|   | <b>g</b>   | <b>Total.</b> Add lines 2a-2f . . . . . ▶  |   |                      | 919,889  |   |   |         |
|   | Other Revenue                                      | <b>3</b>   | Investment income (including dividends, interest,<br>and other similar amounts) . . . . . ▶ |                      | 62,979   |   |   | 62,979  |
| <b>4</b>  |  | Income from investment of tax-exempt bond proceeds . . ▶   |   | 0                    |  |   |   |         |
| <b>5</b>  |  | Royalties . . . . . ▶  |   | 0                    |  |   |   |         |
| <b>6a</b>   |  | Gross rents  | (i) Real  | (ii) Personal        |  |   |   |         |
|   |  |  |   |                      |  |   |   |         |
|   |  |  |   |                      |  |   |   |         |
|   |  |  |   |                      |  |   |   |         |
| <b>b</b>  |  | Less rental expenses   |   |                      |  |   |   |         |
| <b>c</b>  |  | Rental income or (loss)  | 0   | 0                    |  |   |   |         |
| <b>d</b>  |  | Net rental income or (loss) . . . . . ▶  |   |                      | 0  |   |   |         |
| <b>7a</b>   |  | Gross amount from sales of assets other than inventory   | (i) Securities  | (ii) Other           |  |   |   |         |
|   |  |  |   |                      |  |   |   |         |
|   |  |  |   |                      |  |   |   |         |
|   |  |  |   |                      |  |   |   |         |
| <b>b</b>  |  | Less cost or other basis and sales expenses  |   |                      |  |   |   |         |
| <b>c</b>  |  | Gain or (loss)   | 10,994  |                      |  |   |   |         |
| <b>d</b>  |  | Net gain or (loss) . . . . . ▶   |   |                      | 10,994   |   |   | 10,994  |
| <b>8a</b>   |  | Gross income from fundraising events (not including<br>\$ 104,429<br>of contributions reported on line 1c)<br>See Part IV, line 18 . . . . . |   |                      | -19,029  |   |   | -19,029 |
|   |  |  | <b>a</b>  | 41,567               |  |   |   |         |
|   |  |  | <b>b</b>  | 60,596               |  |   |   |         |
| <b>c</b>  |  | Net income or (loss) from fundraising events . . ▶   |   |                      |  |   |   |         |
| <b>9a</b>   |  | Gross income from gaming activities<br>See Part IV, line 19 . . . . .  |   |                      | 80   |   |   | 80      |
|   |  |  | <b>a</b>  | 391                  |  |   |   |         |
|   |  |  | <b>b</b>  | 311                  |  |   |   |         |
| <b>c</b>  |  | Net income or (loss) from gaming activities . . . ▶  |   |                      |  |   |   |         |
| <b>10a</b>  |  | Gross sales of inventory, less<br>returns and allowances . . . . .   |   |                      | 0  |   |   |         |
|   |  |  | <b>a</b>  |                      |  |   |   |         |
|   |  |  | <b>b</b>  |                      |  |   |   |         |
| <b>b</b>  | Less cost of goods sold . . . . .                  | <b>b</b>   |   |                      |  |   |   |         |
| <b>c</b>  | Net income or (loss) from sales of inventory . . ▶ |  |   |                      |  |   |   |         |
| Miscellaneous Revenue                                     |  |  | Business Code   |                      |  |   |   |         |
| <b>11a</b>  |  |  |   |                      |  |   |   |         |
| <b>b</b>  |  |  |   |                      |  |   |   |         |
| <b>c</b>  |  |  |   |                      |  |   |   |         |
| <b>d</b>  | All other revenue . . . . .                        |  |   |                      |  |   |   |         |
| <b>e</b>  | <b>Total.</b> Add lines 11a-11d . . . . . ▶        |  |   | 0                    |  |   |   |         |
| <b>12</b>   | <b>Total revenue.</b> See Instructions . . . . . ▶ |  |   | 1,682,991            | 919,889  |   | 55,024  |         |

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b>   | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .  | 426,030               | 426,030                         |  |                             |
| <b>2</b>   | Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .   | 199                   | 199                             |  |                             |
| <b>3</b>   | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .  | 0                     |                                 |  |                             |
| <b>4</b>   | Benefits paid to or for members . . . . .   | 0                     |                                 |  |                             |
| <b>5</b>   | Compensation of current officers, directors, trustees, and key employees . . . . .  | 150,825               | 96,832                          | 53,993                                 |                             |
| <b>6</b>   | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .   | 0                     |                                 |  |                             |
| <b>7</b>   | Other salaries and wages . . . . .  | 111,312               | 111,312                         |  |                             |
| <b>8</b>   | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .  | 0                     |                                 |  |                             |
| <b>9</b>   | Other employee benefits . . . . .   | 159,041               | 110,447                         | 48,594                                 |                             |
| <b>10</b>  | Payroll taxes . . . . .   | 0                     |                                 |  |                             |
| <b>11</b>  | Fees for services (non-employees)   |                       |                                 |  |                             |
| <b>a</b>   | Management . . . . .  | 0                     |                                 |  |                             |
| <b>b</b>   | Legal . . . . .   | 0                     |                                 |  |                             |
| <b>c</b>   | Accounting . . . . .  | 0                     |                                 |  |                             |
| <b>d</b>   | Lobbying . . . . .  | 0                     |                                 |  |                             |
| <b>e</b>   | Professional fundraising services. See Part IV, line 17   | 0                     |                                 |  |                             |
| <b>f</b>   | Investment management fees . . . . .  | 11,490                |                                 | 11,490                                 |                             |
| <b>g</b>   | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .  | 0                     |                                 |  |                             |
| <b>12</b>  | Advertising and promotion . . . . .   | 0                     |                                 |  |                             |
| <b>13</b>  | Office expenses . . . . .   | 3,516                 |                                 | 3,516                                  |                             |
| <b>14</b>  | Information technology . . . . .  | 0                     |                                 |  |                             |
| <b>15</b>  | Royalties . . . . .   | 0                     |                                 |  |                             |
| <b>16</b>  | Occupancy . . . . .   | 0                     |                                 |  |                             |
| <b>17</b>  | Travel . . . . .  | 5,415                 | 5,415                           |  |                             |
| <b>18</b>  | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  | 0                     |                                 |  |                             |
| <b>19</b>  | Conferences, conventions, and meetings . . . . .  | 0                     |                                 |  |                             |
| <b>20</b>  | Interest . . . . .  | 0                     |                                 |  |                             |
| <b>21</b>  | Payments to affiliates . . . . .  | 0                     |                                 |  |                             |
| <b>22</b>  | Depreciation, depletion, and amortization . . . . .   | 0                     |                                 |  |                             |
| <b>23</b>  | Insurance . . . . .   | 2,915                 |                                 | 2,915                                  |                             |
| <b>24</b>  | 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.)   |                       |                                 |  |                             |
| <b>a</b>   | REGIONAL ALLOCATION   | 436,450               |                                 | 436,450                                |                             |
| <b>b</b>   | DONOR RECOGNITION   | 15,152                | 340                             | 14,812                                 |                             |
| <b>c</b>   | PURCHASED SERVICES  | 18,812                | 3,041                           | 15,771                                 |                             |
| <b>d</b>   | SUTTER CHARGEBACKS  | 7,678                 | 7,333                           | 345                                    | 0                           |
| <b>e</b>   | All other expenses  | 8,748                 | 6,913                           | 1,835                                  |                             |
| <b>25</b>  | <b>Total functional expenses.</b> Add lines 1 through 24e   | 1,357,583             | 767,862                         | 589,721                                | 0                           |
| <b>26</b>  | <b>Joint costs.</b> 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   |     | 1,541,528         | 2   | 1,978,068   |
|                             | 3   | Pledges and grants receivable, net   |     | 633,829           | 3   | 612,329     |
|                             | 4   | Accounts receivable, net   |     | 889,457           | 4   | 489,458     |
|                             | 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  |     | 0                 | 8   | 0           |
|                             | 9   | Prepaid expenses and deferred charges  |     | 0                 | 9   | 0           |
|                             | 10a   | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  | 10a |                   |     |             |
|                             | b   | Less accumulated depreciation  | 10b | 0                 | 10c |             |
|                             | 11  | Investments—publicly traded securities   |     | 3,310,360         | 11  | 3,181,169   |
|                             | 12  | Investments—other securities See Part IV, line 11  |     | 0                 | 12  | 0           |
|                             | 13  | Investments—program-related See Part IV, line 11   |     | 0                 | 13  | 0           |
|                             | 14  | Intangible assets  |     | 0                 | 14  | 0           |
|                             | 15  | Other assets See Part IV, line 11  |     | 0                 | 15  | 0           |
|                             | 16  | Total assets. Add lines 1 through 15 (must equal line 34)  |     | 6,375,174         | 16  | 6,261,024   |
| Liabilities                 | 17  | Accounts payable and accrued expenses  |     | 300,321           | 17  | 35,958      |
|                             | 18  | Grants payable   |     | 0                 | 18  | 0           |
|                             | 19  | Deferred revenue   |     | 0                 | 19  | 0           |
|                             | 20  | Tax-exempt bond liabilities  |     | 0                 | 20  | 0           |
|                             | 21  | Escrow or custodial account liability Complete Part IV of Schedule D   |     | 0                 | 21  | 0           |
|                             | 22  | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L  |     | 0                 | 22  | 0           |
|                             | 23  | Secured mortgages and notes payable to unrelated third parties   |     | 0                 | 23  | 0           |
|                             | 24  | Unsecured notes and loans payable to unrelated third parties   |     | 0                 | 24  | 0           |
|                             | 25  | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D   |     | 660               | 25  | 1,693       |
|                             | 26  | Total liabilities. Add lines 17 through 25   |     | 300,981           | 26  | 37,651      |
| 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  |     | 2,168,903         | 27  | 2,489,920   |
|                             | 28  | Temporarily restricted net assets  |     | 3,805,290         | 28  | 3,633,453   |
|                             | 29  | Permanently restricted net assets  |     | 100,000           | 29  | 100,000     |
|                             | 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  |     | 6,074,193         | 33  | 6,223,373   |
|                             | 34  | Total liabilities and net assets/fund balances   |     | 6,375,174         | 34  | 6,261,024   |

**Part XI Reconciliation of Net Assets**

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

|           |   |           |           |
|-----------|---|-----------|-----------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)   | <b>1</b>  | 1,682,991 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)  | <b>2</b>  | 1,357,583 |
| <b>3</b>  | Revenue less expenses Subtract line 2 from line 1   | <b>3</b>  | 325,408   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | <b>4</b>  | 6,074,193 |
| <b>5</b>  | Net unrealized gains (losses) on investments  | <b>5</b>  | -184,938  |
| <b>6</b>  | Donated services and use of facilities  | <b>6</b>  |           |
| <b>7</b>  | Investment expenses   | <b>7</b>  |           |
| <b>8</b>  | Prior period adjustments  | <b>8</b>  |           |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)  | <b>9</b>  | 8,710     |
| <b>10</b> | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 6,223,373 |

**Part XII Financial Statements and Reporting**

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

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O  |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>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<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | No |
| <b>b</b>  | Were the organization's financial statements audited by an independent accountant?<br>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<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | Yes |    |
| <b>c</b>  | 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  | Yes |    |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?   |     | No |
| <b>b</b>  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits   |     |    |

SCHEDULE A  
(Form 990 or 990EZ)

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](http://www.irs.gov/form990).

OMB No 1545-0047  
**2015**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

|  |  |
|--|--|
| Name of the organization<br>SUTTER ROSEVILLE MEDICAL CENTER FOUNDATION | Employer identification number<br>68-0040113 |
|--|--|

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 (Form 990 or 990-EZ))

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)<br>Name of supported organization | (ii)EIN | (iii)<br>Type of organization<br>(described on lines 1- 9 above (see instructions)) | (iv)<br>Is the organization listed in your governing document? |    | (v)<br>Amount of monetary support (see instructions) | (vi)<br>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<br>(or fiscal year beginning in) ►   | (a)2011   | (b)2012 | (c)2013   | (d)2014   | (e)2015 | (f)Total  |
|--|-----------|---------|-----------|-----------|---------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.)   | 1,098,307 | 703,136 | 1,021,335 | 1,615,212 | 708,078 | 5,146,068 |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |           |         |           |           |         | 0         |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge   |           |         |           |           |         | 0         |
| <b>4 Total.</b> Add lines 1 through 3  | 1,098,307 | 703,136 | 1,021,335 | 1,615,212 | 708,078 | 5,146,068 |
| <b>5</b> 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) |           |         |           |           |         | 1,136,051 |
| <b>6 Public support.</b> Subtract line 5 from line 4   |           |         |           |           |         | 4,010,017 |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ►  | (a)2011   | (b)2012 | (c)2013   | (d)2014   | (e)2015 | (f)Total  |
|---|-----------|---------|-----------|-----------|---------|-----------|
| <b>7</b> Amounts from line 4  | 1,098,307 | 703,136 | 1,021,335 | 1,615,212 | 708,078 | 5,146,068 |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 94,395    | 65,204  | 57,677    | 66,057    | 62,979  | 346,312   |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on                             |           |         |           |           |         | 0         |
| <b>10</b> Other income (Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                               |           |         |           |           |         | 0         |
| <b>11 Total support.</b> Add lines 7 through 10   |           |         |           |           |         | 5,492,380 |

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

**12**3,791,602

**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**

|  |           |         |
|--|-----------|---------|
| <b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) | <b>14</b> | 73.011% |
| <b>15</b> Public support percentage for 2014 Schedule A, Part II, line 14                        | <b>15</b> | 70.287% |

- 16a 33 1/3% support test—2015.**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—2014.**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—2015.**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—2014.**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 III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year<br>(or fiscal year beginning in) ►  | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (f)Total |
|---|---------|---------|---------|---------|---------|----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  |         |         |         |         |         |          |
| <b>2</b> 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 |         |         |         |         |         |          |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |         |         |         |         |         |          |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |         |         |         |         |         |          |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |         |         |         |         |         |          |
| <b>6</b> <b>Total.</b> Add lines 1 through 5  |         |         |         |         |         |          |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |         |         |         |         |         |          |
| <b>b</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           |         |         |         |         |         |          |
| <b>c</b> Add lines 7a and 7b  |         |         |         |         |         |          |
| <b>8</b> <b>Public support.</b> (Subtract line 7c from line 6 )   |         |         |         |         |         |          |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ►   | (a)2011 | (b)2012 | (c)2013 | (d)2014 | (e)2015 | (f)Total |
|--|---------|---------|---------|---------|---------|----------|
| <b>9</b> Amounts from line 6   |         |         |         |         |         |          |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  |         |         |         |         |         |          |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975   |         |         |         |         |         |          |
| <b>c</b> Add lines 10a and 10b   |         |         |         |         |         |          |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  |         |         |         |         |         |          |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI )  |         |         |         |         |         |          |
| <b>13</b> <b>Total support.</b> (Add lines 9, 10c, 11, and 12 )  |         |         |         |         |         |          |
| <b>14</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ► <input type="checkbox"/> |         |         |         |         |         |          |

**Section C. Computation of Public Support Percentage**

|  |           |  |
|--|-----------|--|
| <b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> |  |
| <b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15                      | <b>16</b> |  |

**Section D. Computation of Investment Income Percentage**

|  |           |  |
|--|-----------|--|
| <b>17</b> Investment income percentage for <b>2015</b> (line 10c, column (f) divided by line 13, column (f))   | <b>17</b> |  |
| <b>18</b> Investment income percentage from <b>2014</b> Schedule A, Part III, line 17  | <b>18</b> |  |
| <b>19a 33 1/3% support tests—2015.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>        |           |  |
| <b>b 33 1/3% support tests—2014.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/> |           |  |
| <b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>  |           |  |



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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   | 5b  |    |
| c <b>Substitutions only.</b> 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 <b>Part VI</b> .   | 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 <b>Part VI</b> .  | 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 <b>Part VI</b> .  | 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 <b>Part VI</b> .   | 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 |
|---|-----|----|
| <div>1</div> <div>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?<br/><i>If "No," describe in <b>Part VI</b> 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.</i></div> |     |    |
| <div>2</div> <div>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?<br/><i>If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i></div>  |     |    |

Section C. Type II Supporting Organizations

|  | Yes | No |
|--|-----|----|
| <div>1</div> <div>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)?<br/><i>If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i></div> |     |    |

Section D. All Type III Supporting Organizations

|   | Yes | No |
|---|-----|----|
| <div>1</div> <div>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?</div> |     |    |
| <div>2</div> <div>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?<br/><i>If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).</i></div>   |     |    |
| <div>3</div> <div>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?<br/><i>If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.</i></div>  |     |    |

Section E. Type III Functionally-Integrated Supporting Organizations

|  |  |  |
|--|--|--|
| <div>1</div> <div>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)</div> <div><div>a</div><div><input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.</div><div><div>b</div><div><input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.</div><div><div>c</div><div><input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</div></div></div></div> |  |  |
| <div>2</div> <div>Activities Test. Answer (a) and (b) below.</div>   |  |  |
| <div>a</div> <div>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?<br/><i>If "Yes," then in <b>Part VI</b> 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.</i></div>  |  |  |
| <div>b</div> <div>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?<br/><i>If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i></div>   |  |  |
| <div>3</div> <div>Parent of Supported Organizations. Answer (a) and (b) below.</div>   |  |  |
| <div>a</div> <div>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.</div>   |  |  |
| <div>b</div> <div>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.</div>   |  |  |

**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) |
|---------------------------------|--|----------------|-----------------------------|
| <b>1</b>                        | Net short-term capital gain  | <b>1</b>       |                             |
| <b>2</b>                        | Recoveries of prior-year distributions   | <b>2</b>       |                             |
| <b>3</b>                        | Other gross income (see instructions)  | <b>3</b>       |                             |
| <b>4</b>                        | Add lines 1 through 3  | <b>4</b>       |                             |
| <b>5</b>                        | Depreciation and depletion   | <b>5</b>       |                             |
| <b>6</b>                        | 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) | <b>6</b>       |                             |
| <b>7</b>                        | Other expenses (see instructions)  | <b>7</b>       |                             |
| <b>8</b>                        | <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)   | <b>8</b>       |                             |

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

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

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

| 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 2015 from Section C, line 6   |              |
| 10 Line 8 amount divided by Line 9 amount  |              |

| Section E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2015 | (iii)<br>Distributable<br>Amount for 2015 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2015 from Section C, line 6  |                             |  |   |
| 2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)   |                             |  |   |
| 3 Excess distributions carryover, if any, to 2015   |                             |  |   |
| a   |                             |  |   |
| b   |                             |  |   |
| c   |                             |  |   |
| d From 2013. . . . .  |                             |  |   |
| e From 2014. . . . .  |                             |  |   |
| f Total of lines 3a through e   |                             |  |   |
| g Applied to underdistributions of prior years  |                             |  |   |
| h Applied to 2015 distributable amount  |                             |  |   |
| i Carryover from 2010 not applied (see instructions)  |                             |  |   |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f   |                             |  |   |
| 4 Distributions for 2015 from Section D, line 7   |                             |  |   |
| \$  |                             |  |   |
| a Applied to underdistributions of prior years  |                             |  |   |
| b Applied to 2015 distributable amount  |                             |  |   |
| c Remainder Subtract lines 4a and 4b from 4   |                             |  |   |
| 5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) |                             |  |   |
| 6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)                        |                             |  |   |
| 7 Excess distributions carryover to 2016. Add lines 3j and 4c   |                             |  |   |
| 8 Breakdown of line 7   |                             |  |   |
| a   |                             |  |   |
| b   |                             |  |   |
| c Excess from 2013. . . . .   |                             |  |   |
| d From 2014. . . . .  |                             |  |   |
| e From 2015. . . . .  |                             |  |   |

**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 D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

► Complete if the organization answered "Yes," on 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](http://www.irs.gov/form990).

Name of the organization  
SUTTER ROSEVILLE MEDICAL CENTER FOUNDATION

Employer identification number  
68-0040113

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.  
Complete if the organization answered "Yes" on 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" on 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)

☐ Protection of natural habitat

☐ Preservation of open space

☐ Preservation of an historically important land area

☐ Preservation of a certified historic structure

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, handling of violations, and enforcing conservation easements during the year  
►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on 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" on 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 . . . . .                     | 1,838,661       | 1,819,247     | 1,689,370           | 1,511,221           | 1,677,695          |
| b Contributions . . . . .                                  |                 |               | 280                 |                     |                    |
| c Net investment earnings, gains, and losses               | -66,692         | 19,414        | 163,844             | 188,580             | 76,696             |
| d Grants or scholarships . . . . .                         |                 |               |                     |                     |                    |
| e Other expenditures for facilities and programs . . . . . | 0               | 0             | 34,247              | 10,431              | 243,170            |
| f Administrative expenses . . . . .                        |                 |               |                     |                     |                    |
| g End of year balance . . . . .                            | 1,771,969       | 1,838,661     | 1,819,247           | 1,689,370           | 1,511,221          |

2

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

a

Board designated or quasi-endowment ▶ 91 780 %

b

Permanent endowment ▶ 5 640 %

c

Temporarily restricted endowment ▶ 2 580 %

The percentages on 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) |     | No |
| 3b     |     |    |

b

If "Yes" on 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  | Cost or other basis (a)<br>(investment) | (b)<br>Cost or other basis (other) | Accumulated (c)<br>depreciation | (d)Book value |
|--|---|------------------------------------|---------------------------------|---------------|
| 1a Land . . . . .  |   |                                    |                                 |               |
| b Buildings . . . . .  |   |                                    |                                 |               |
| c Leasehold improvements . . . . .   |   |                                    |                                 |               |
| d Equipment . . . . .  |   |                                    |                                 |               |
| e Other . . . . .  |   |                                    |                                 |               |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) ▶ |   |                                    |                                 |               |





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

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

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

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

**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 4 | THE BOARD ENDOWMENT HAS BEEN FUNDED THROUGH SPECIFIC DONATIONS AND PROCEEDS OF UNDESIGNATED WILLS AND BEQUESTS. ONCE THE FUND BALANCE REACHES \$1 MILLION OR MORE, THE BOARD OF DIRECTORS MAY AUTHORIZE THE SPENDING OF UP TO 100% OF THE ANNUAL CASH FLOW (EARNINGS AND APPRECIATION FROM THE ENDOWMENT ASSETS) FOR PROGRAMS AND PROJECTS THAT ENHANCE THE PATIENT CARE PROVIDED BY SUTTER ROSEVILLE MEDICAL CENTER. THE FUND PRINCIPAL MUST BE PERMANENTLY MAINTAINED AND ONLY THE INCOME GENERATED FROM IT CAN BE USED BY THE ORGANIZATION. |

**Part XIII**   **Supplemental Information** *(continued)*

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

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on 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](http://www.irs.gov/form990)

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
SUTTER ROSEVILLE MEDICAL CENTER FOUNDATION

Employer identification number  
68-0040113

Part I Fundraising Activities

Complete if the organization answered "Yes" on 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" on 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)  |
|-----------------|--|-----------------------------|----------------------|---------------------|--|
|                 |  | GALA & GOLF<br>(event type) | NONE<br>(event type) | 0<br>(total number) | Total events<br>(add col (a) through<br>col (c)) |
| Revenue         | 1 Gross receipts . . . . .   | 145,996                     | 0                    | 0                   | 145,996  |
|                 | 2 Less Contributions . . . . .   | 104,429                     | 0                    | 0                   | 104,429  |
|                 | 3 Gross income (line 1 minus<br>line 2) . . . . .                          | 41,567                      | 0                    | 0                   | 41,567   |
| Direct Expenses | 4 Cash prizes . . . . .  | 0                           | 0                    | 0                   | 0  |
|                 | 5 Noncash prizes . . . . .   | 16,647                      | 0                    | 0                   | 16,647   |
|                 | 6 Rent/facility costs . . . . .  | 8,044                       | 0                    | 0                   | 8,044  |
|                 | 7 Food and beverages . . . . .   | 12,761                      | 0                    | 0                   | 12,761   |
|                 | 8 Entertainment . . . . .  | 3,158                       | 0                    | 0                   | 3,158  |
|                 | 9 Other direct expenses . . . . .  | 19,986                      | 0                    | 0                   | 19,986   |
|                 | 10 Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶  |                             |                      |                     | 60,596   |
|                 | 11 Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶ |                             |                      |                     | -19,029  |

Part III Gaming.

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

|                 |  | (a)Bingo  | (b)Pull tabs/Instant<br>bingo/progressive bingo                     | (c)Other gaming   | (d)   |
|-----------------|--|---|---|---|---|
|                 |  |   |   |   | Total gaming (add col<br>(a) through col (c)) |
| Revenue         | 1 Gross revenue . . . . .  |   |   |   |   |
|                 |  |   |   |   |   |
| Direct Expenses | 2 Cash prizes . . . . .  |   |   |   |   |
|                 | 3 Noncash prizes . . . . .   |   |   |   |   |
|                 | 4 Rent/facility costs . . . . .  |   |   |   |   |
|                 | 5 Other direct expenses . . . . .  |   |   |   |   |
|                 |  |   |   |   |   |
|                 | 6 Volunteer labor . . . . .  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |   |
|                 | 7 Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶       |   |   |   |   |
|                 | 8 Net gaming income summary Subtract line 7 from line 1, column (d). . . . . ▶ |   |   |   |   |

9 Enter the state(s) in which the organization conducts gaming activities CA

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 activity conducted in

**a**

The organization's facility

**b**

An outside facility

**13a**

%

**13b**

%

**14**

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

Name ▶

Address ▶

**15a**

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ **Yes** ☐ **No**

**b**

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

**c**

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

Name ▶

Address ▶

**16**

Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer

☐ Employee

☐ Independent contractor

**17**

Mandatory distributions

**a**

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ **Yes** ☐ **No**

**b**

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

**Part IV**

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

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

Schedule G (Form 990 or 990-EZ) 2015

OMB No 1545-0047

**Open to Public Inspection**

68-0040113

(h) Purpose of grant or assistance

Schedule I (Form 990) 2015

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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 | 1 VARIOUS DEPARTMENTS OF THE HOSPITAL REQUEST FUNDING 2 THE BOARD OF TRUSTEES & THE EXECUTIVE DIRECTOR REVIEW & APPROVE THE REQUEST(S) 3 THE APPROVAL IS SENT TO THE REQUESTING DEPARTMENT 4 THE REQUESTING DEPARTMENT PROVIDES THE FOUNDATION WITH A COPY OF THE INVOICE SUBSTANTIATING THE COSTS INCURRED 5 THE FOUNDATION FORWARDS THE REQUEST(S) WITH THE MINUTES FROM THE BOARD OF TRUSTEES' MEETING APPROVING THE FUNDING AND THE COPY OF THE INVOICE(S) TO THE ACCOUNTANT FOR RELEASE OF THE FUNDS THE SUTTER HEALTH SYSTEM HAS AN OVERLAP IN LEADERSHIP WHICH MONITORS THE USE OF GRANTS BETWEEN AFFILIATES |

Additional Data

Software ID:  
Software Version:  
EIN: 68-0040113  
Name: SUTTER ROSEVILLE MEDICAL CENTER FOUNDATION

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 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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|--|--|------------------------------------|
| SHSSR DBA SUTTER ROSEVILLE MEDICAL CTR<br>C/O SH TAX 2200 RIVER PLAZA DR<br>SACRAMENTO,CA 95833 | 94-1156621 | 501(C)(3)                     | 316,846                  |                                   |  |  | PROGRAM SUPPORT                    |
| SVNAH DBA SUTTER CARE AT HOME<br>C/O SH TAX 2200 RIVER PLAZA DR<br>SACRAMENTO,CA 95833          | 94-6068843 | 501(C)(3)                     | 75,184                   |                                   |  |  | PROGRAM SUPPORT                    |
| SUTTER VALLEY MEDICAL FOUNDATION<br>C/O SH TAX 2200 RIVER PLAZA DR<br>SACRAMENTO,CA 95833       | 68-0273974 | 501(C)(3)                     | 34,000                   |                                   |  |  | PROGRAM 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" on 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](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
SUTTER ROSEVILLE MEDICAL CENTER FOUNDATION

Employer identification number  
68-0040113

Part I

Questions Regarding Compensation

|  | Yes | No  |
|--|-----|-----|
| <div>1a</div> <div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</div> <div> <div> <input type="checkbox"/> First-class or charter travel                             <input type="checkbox"/> Housing allowance or residence for personal use                         </div> <div> <input type="checkbox"/> Travel for companions                             <input type="checkbox"/> Payments for business use of personal residence                         </div> <div> <input type="checkbox"/> Tax indemnification and gross-up payments                             <input type="checkbox"/> Health or social club dues or initiation fees                         </div> <div> <input type="checkbox"/> Discretionary spending account                             <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                         </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>  | 1b  |     |
| <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>   | 2   |     |
| <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> <input type="checkbox"/> Compensation committee                             <input type="checkbox"/> Written employment contract                         </div> <div> <input type="checkbox"/> Independent compensation consultant                             <input type="checkbox"/> Compensation survey or study                         </div> <div> <input type="checkbox"/> Form 990 of other organizations                             <input type="checkbox"/> Approval by the board or compensation committee                         </div> </div>  |     |     |
| <div>4</div> <div>During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</div>  |     |     |
| <div>a</div> <div>Receive a severance payment or change-of-control payment?</div>  | 4a  | No  |
| <div>b</div> <div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div>  | 4b  | Yes |
| <div>c</div> <div>Participate in, or receive payment from, an equity-based compensation arrangement?</div>   | 4c  | No  |
| <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>   |     |     |
| <div></div> <div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div>  |     |     |
| <div>5</div> <div>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</div>   |     |     |
| <div>a</div> <div>The organization?</div>  | 5a  | No  |
| <div>b</div> <div>Any related organization?</div>  | 5b  | No  |
| <div></div> <div>If "Yes," on line 5a or 5b, describe in Part III.</div>   |     |     |
| <div>6</div> <div>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</div>   |     |     |
| <div>a</div> <div>The organization?</div>  | 6a  | No  |
| <div>b</div> <div>Any related organization?</div>  | 6b  | No  |
| <div></div> <div>If "Yes," on line 6a or 6b, describe in Part III.</div>   |     |     |
| <div>7</div> <div>For persons listed on 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>  | 7   | Yes |
| <div>8</div> <div>Were any amounts reported on 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>   | 8   | No  |
| <div>9</div> <div>If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div>   | 9   |     |

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

For each individual whose compensation must be reported on 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 on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|--|
|  |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |  |
| 1 STUART BOSTROM MD TRUSTEE,PHYS QUALITY OFFICER | (i)  | 0<br>-----   | 0<br>-----                          | 0<br>-----                          | 0<br>-----                                     | 0<br>-----              | 0<br>-----                      | 0<br>-----   |
|  | (ii) | 0  | 0                                   | 222,024                             | 0  | 0                       | 222,024                         | 0  |
| 2 PATRICK R BRADY TRUSTEE, CEO SRMC              | (i)  | 0<br>-----   | 0<br>-----                          | 0<br>-----                          | 0<br>-----                                     | 0<br>-----              | 0<br>-----                      | 0<br>-----   |
|  | (ii) | 469,528  | 322,547                             | 101,289                             | 175,242  | 19,642                  | 1,088,248                       | 212,302  |
| 3 GARY HUBSCHMAN CFO, SRMC                       | (i)  | 0<br>-----   | 0<br>-----                          | 0<br>-----                          | 0<br>-----                                     | 0<br>-----              | 0<br>-----                      | 0<br>-----   |
|  | (ii) | 234,055  | 99,875                              | 11,318                              | 42,382   | 12,618                  | 400,248                         | 45,299   |
| 4 PATRICIA MARQUEZ TRUSTEE, EXECUTIVE DIRECTOR   | (i)  | 0<br>-----   | 0<br>-----                          | 0<br>-----                          | 0<br>-----                                     | 0<br>-----              | 0<br>-----                      | 0<br>-----   |
|  | (ii) | 117,087  | 17,018                              | 722                                 | 7,011  | 8,583                   | 150,421                         | 0  |
| 5 DAVID YAMAMOTO TRUSTEE,SVC AREA DIR SVMF       | (i)  | 0<br>-----   | 0<br>-----                          | 0<br>-----                          | 0<br>-----                                     | 0<br>-----              | 0<br>-----                      | 0<br>-----   |
|  | (ii) | 213,935  | 13,343                              | 28,732                              | 13,113   | 21,250                  | 290,373                         | 0  |

**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 3  | THE COMPENSATION FOR THE POSITION OF EXECUTIVE DIRECTOR/TOP MANAGEMENT OFFICIAL IS DETERMINED THROUGH A QUANTITATIVE POINT FACTOR REVIEW OF THE KNOW-HOW, PROBLEM SOLVING, AND ACCOUNTABILITY ASSOCIATED WITH A GIVEN POSITION AS IDENTIFIED IN THE DETAILED POSITION DESCRIPTION. ADDITIONALLY, ALL APPLICABLE MARKET SALARY SURVEY DATA IS REVIEWED TO ENSURE THE POSITION IS BOTH INTERNALLY EQUITABLE AND EXTERNALLY COMPETITIVE/MARKET APPROPRIATE. SEE SCHEDULE O NARRATIVE FOR PART VI LINE 15 FOR A FULL DESCRIPTION OF THE COMPENSATION APPROVAL PROCESS.   |
| SCHEDULE J PART I LINE 4B | INDIVIDUALS PAID BY SUTTER HEALTH PARTICIPATE IN A SUPPLEMENTAL 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. A 457(F) PAYOUT IN THE AMOUNT OF \$17,446 WAS MADE TO PAT BRADY.  |
| SCHEDULE J PART I LINE 7  | SPOT AWARDS ARE INFREQUENTLY USED TO REWARD EMPLOYEES. THERE ARE NO SPECIFIC GUIDELINES FOR THE AMOUNT OF THE SPOT AWARD, BUT THE AMOUNT TENDS TO NOT EXCEED 5% OF GROSS PAY. ANNUAL INCENTIVE PLAN (AIP). THE PURPOSE OF THE PLAN IS TO FOCUS EXECUTIVES ON SPECIFIC, SHORTER-TERM GOALS THAT ARE CRITICAL TO THE ACHIEVEMENT OF AFFILIATE, REGION, AND SYSTEM-WIDE OBJECTIVES THAT DRIVE OVERALL ORGANIZATION PERFORMANCE. A PORTION OF THE PLAN AWARD IS DISCRETIONARY IN THAT THE SUPERVISOR MAY ADD +/- 5% TO THE AWARD PROVIDED THE TOTAL AWARD (FORMULA PORTION PLUS DISCRETIONARY) DOES NOT EXCEED THE MAXIMUM ESTABLISHED FOR ANY GIVEN EXECUTIVE. LONG TERM PERFORMANCE PLANS. SUTTER HEALTH EMPLOYEES ARE ELIGIBLE FOR 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. |

**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2015****Open to Public  
Inspection**Name of the organization  
SUTTER ROSEVILLE MEDICAL CENTER FOUNDATION**Employer identification number**

68-0040113

**Return  
Reference****Explanation**FORM 990 PART I  
& III, LINE 1SUTTER ROSEVILLE MEDICAL FOUNDATION BELIEVES THAT TRUSTED AND RESPECTED HEALTHCARE IS ONE PILLAR OF  
A THRIVING COMMUNITY OUR MISSION IS TO CULTIVATE COMMUNITY PARTNERS AND RESOURCES TO PROVIDE STATE-  
OF-THE-ART MEDICAL SERVICES WITH DIGNITY AND COMPASSION TO THE COMMUNITY

| Return<br>Reference             | Explanation  |
|---------------------------------|--|
| FORM 990<br>PART III LINE<br>4A | <p>Through philanthropy, Sutter Health is able to practice the most innovative, technologically-advanced medicine possible and meet the critical health care demands of our time. In 2015, over \$426,229 in philanthropic gifts supported programs, services and equipment to ensure the highest level of excellence in patient care. This includes our Pet Therapy Program, Music Therapy Program, Breast Health Center, Cardiac Rehab as well as staff education and training. Total Funds Allocated in 2015 for the following programs, services and equipment: \$426,229. Infusion Center Chairs, Rehabilitation Therapy System, Gamma Finder, Breast Biopsy System, Safety Cabinet, Motorized Gurney, Water Purifier, Recumbent Stepper, Hospice, Staff Education &amp; Training, Pet Therapy Program, Music Therapy Program, Cardiac Rehab, Furniture for Recreation &amp; Respite, Breast Health Center, Departmental Patient Care Enhancements, Trauma Programs &amp; Services. Support helped heal neighbors in your community by bringing new innovations that allow us to provide the highest-quality health care, services and technologies close to home. With donor contributions, we were able to purchase leading-edge equipment, launch and continue programs that supported critical needs in our communities, help our physicians and staff save lives and fulfill our not-for-profit mission.</p> |

| Return<br>Reference        | Explanation   |
|----------------------------|---|
| FORM 990 PART<br>V LINE 2A | SUTTER ROSEVILLE MEDICAL CENTER FOUNDATION DOES NOT HAVE EMPLOYEES BUT SHARES THE COSTS OF PERSONNEL, SERVICES, FACILITIES AND EXPENSES WITH ITS PARENTS SUTTER HEALTH AND SUTTER HEALTH SACRAMENTO SIERRA REGION |

| Return<br>Reference                          | Explanation  |
|--|--|
| FORM 990 PART<br>VI SEC A LINE 6,<br>7A & 7B | SUTTER HEALTH SACRAMENTO SIERRA REGION, A RELATED 501(C)(3) ORGANIZATION, IS THE SOLE MEMBER OF THE ORGANIZATION AND 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 |

| Return<br>Reference                   | Explanation  |
|---------------------------------------|--|
| FORM 990<br>PART VI SEC B<br>LINE 11B | SUTTER HEALTH HAS A CENTRALIZED TAX DEPARTMENT RESPONSIBLE FOR THE PREPARATION OF THE FORM 990<br>ANNUALLY THE TAX DEPARTMENT PROVIDES TRAINING AND EDUCATION TO AFFILIATE PERSONNEL WHO ASSIST THE<br>TAX DEPARTMENT IN COLLECTING AND REVIEWING DATA TO BE REPORTED ON THE FORM 990 THE PREPARATION<br>MATERIAL IS REVIEWED BY VARIOUS DEPARTMENTS INCLUDING TAX, FINANCE, LEGAL, AND HUMAN RESOURCES A<br>NATIONAL ACCOUNTING FIRM PREPARES AND/OR REVIEWS THE RETURN A COMPLETED RETURN IS THEN REVIEWED BY<br>THE TAX DEPARTMENT, THE AFFILIATE, AND THE CFO BEFORE THE RETURN IS FILED |



| Return<br>Reference                   | Explanation   |
|---------------------------------------|---|
| FORM 990<br>PART VI SEC<br>B LINE 12C | <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<br>Reference                   | Explanation  |
|---------------------------------------|--|
| FORM 990<br>PART VI SEC<br>B LINE 15B | <p>FOR SUTTER HEALTH EMPLOYEES THE COMPENSATION COMMITTEE OF THE SUTTER HEALTH BOARD OF DIRECTORS RETAINS ULTIMATE DISCRETIONARY AUTHORITY OVER ALL ELEMENTS OF COMPENSATION TO ASSURE THAT ORGANIZATIONAL PURPOSES ARE APPROPRIATELY BEING SERVED THE COMPENSATION COMMITTEE USES CREDIBLE DATA SOURCES AND MAINTAINS AN OBJECTIVE "ARMS LENGTH" DECISION MAKING PROCESS, ENSURING THE INTEGRITY OF SUTTERS EXECUTIVE PROGRAMS AND CONSISTENCY WITH THE ORGANIZATIONS 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 ADJUSTMENTS MAY BE MADE OFFICERS AND KEY EMPLOYEES OF THIS ORGANIZATION UNDERGO A REVIEW AND COMPENSATION COMMITTEE APPROVAL ANNUALLY, AND SUCH APPROVAL IS RECORDED IN THE MINUTES THE COMPENSATION STUDY/APPROVAL LAST TOOK PLACE DECEMBER 2015</p> |

| Return<br>Reference               | Explanation   |
|-----------------------------------|---|
| FORM 990 PART<br>VI SEC C 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 VII, SEC A,<br>LINE 1A & PART IX, LINE 7 | SUTTER ROSEVILLE MEDICAL CENTER FOUNDATION DOES NOT HAVE EMPLOYEES BUT SHARES THE COSTS OF PERSONNEL, SERVICES, FACILITIES AND EXPENSES WITH ITS PARENTS SUTTER HEALTH AND SUTTER HEALTH SACRAMENTO SIERRA REGION |

| Return Reference        | Explanation                      |
|-------------------------|----------------------------------|
| FORM 990 PART XI LINE 9 | CHANGE IN SPLIT INTEREST \$8,709 |

SCHEDULE R

(Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2015

Open to Public Inspection

▶ 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](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SUTTER ROSEVILLE MEDICAL CENTER FOUNDATION

Employer identification number

68-0040113

Part I Identification of Disregarded Entities

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

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

Part II Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled 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)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct<br>controlling<br>entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-<br>514) | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|-------------------------|--|--|--|---------------------------------|--|---|----|--|---|----|--------------------------------|
|  |                         |  |  |  |                                 |  | Yes                                     | No |  | Yes                                       | No |                                |
| 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)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S<br>corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-<br>of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------------|---|---------------------------------|---|--------------------------------|--|----|
|  |                         |   |                                     |   |                                 |   |                                | Yes  | No |
|  |                         |   |                                     |   |                                 |   |                                |  |    |
|  |                         |   |                                     |   |                                 |   |                                |  |    |
|  |                         |   |                                     |   |                                 |   |                                |  |    |
|  |                         |   |                                     |   |                                 |   |                                |  |    |
|  |                         |   |                                     |   |                                 |   |                                |  |    |
|  |                         |   |                                     |   |                                 |   |                                |  |    |
|  |                         |   |                                     |   |                                 |   |                                |  |    |

**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 |
|           |     |    |
| <b>1a</b> |     | No |
| <b>1b</b> | Yes |    |
| <b>1c</b> |     | No |
| <b>1d</b> |     | No |
| <b>1e</b> |     | No |
| <b>1f</b> |     | No |
| <b>1g</b> |     | No |
| <b>1h</b> |     | No |
| <b>1i</b> |     | No |
| <b>1j</b> |     | No |
|           |     |    |
| <b>1k</b> |     | No |
| <b>1l</b> | Yes |    |
|           |     |    |
| <b>1m</b> |     | No |
| <b>1n</b> |     | No |
| <b>1o</b> |     | No |
|           |     |    |
| <b>1p</b> |     | No |
| <b>1q</b> | Yes |    |
|           |     |    |
| <b>1r</b> |     | No |
| <b>1s</b> |     | No |

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

| (a)<br>Name of related organization          | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|--|----------------------------------|------------------------|--|
| (1)SVNAH DBA SUTTER CARE AT HOME             | B                                | 75,184                 | FMV  |
| (2)SHSSR DBA SUTTER ROSEVILLE MEDICAL CENTER | B                                | 316,846                | FMV  |
| (3)SHSSR DBA SUTTER ROSEVILLE MEDICAL CENTER | L                                | 919,623                | FMV  |
| (4)SHSSR DBA SUTTER ROSEVILLE MEDICAL CENTER | Q                                | 156,284                | FMV  |
| (5)SVNAH DBA SUTTER CARE AT HOME             | Q                                | 111,022                | FMV  |
|  |                                  |                        |  |



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

[illegible]

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 68-0040113

Name: SUTTER ROSEVILLE MEDICAL CENTER FOUNDATION

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

| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512 (b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------|---|----------------------------------|---|----|
|   |                         |  |                            |   |                                  | Yes   | No |
| Better Health East Bay Foundation<br>c/o SH Tax 2200 River Plaza Dr<br>Sacramento, CA 95833<br>51-0160184       | Fundraising             | CA   | 501(c)(3)                  | 7   | Sutter EBH                       | Yes   |    |
| California Pacific Medical Center Found<br>c/o SH Tax 2200 River Plaza Dr<br>Sacramento, CA 95833<br>94-2728423 | Fundraising             | CA   | 501(c)(3)                  | 7   | Sutter WBH                       | Yes   |    |
| East Bay Perinatal Center<br>3012 SUMMIT STREET 3RD FLOOR<br>OAKLAND, CA 94609<br>51-0172285                    | Healthcare              | CA   | 501(c)(3)                  | 3   | Sutter EBH                       | Yes   |    |
| Eden Medical Center<br>c/o SH Tax 2200 River Plaza Dr<br>Sacramento, CA 95833<br>94-2948100                     | Healthcare              | CA   | 501(c)(3)                  | 9   | SH                               | Yes   |    |
| Memorial Hospital Foundation<br>c/o SH Tax 2200 River Plaza Dr<br>Sacramento, CA 95833<br>94-2290244            | Fundraising             | CA   | 501(c)(3)                  | 11A-I   | Sutter CVH                       | Yes   |    |
| Mills-Peninsula Health Services<br>c/o SH Tax 2200 River Plaza Dr<br>Sacramento, CA 95833<br>94-1156265         | Hospital                | CA   | 501(c)(3)                  | 3   | PAMF                             | Yes   |    |
| Mills-Peninsula Hospital Foundation<br>c/o SH Tax 2200 River Plaza Dr<br>Sacramento, CA 95833<br>23-7288765     | Fundraising             | CA   | 501(c)(3)                  | 7   | MPHS                             | Yes   |    |
| Palo Alto Medical Foundation<br>c/o SH Tax 2200 River Plaza Dr<br>Sacramento, CA 95833<br>94-1156581            | Healthcare              | CA   | 501(c)(3)                  | 3   | SH                               | Yes   |    |
| Samuel Merritt University<br>450 30TH STREET SUITE 2820<br>OAKLAND, CA 94609<br>94-2992642                      | University              | CA   | 501(c)(3)                  | 2   | Sutter EBH                       | Yes   |    |
| Sutter Auburn Faith Hospital Foundation<br>c/o SH Tax 2200 River Plaza Dr<br>Sacramento, CA 95833<br>94-2594966 | Fundraising             | CA   | 501(c)(3)                  | 7   | SHSSR                            | Yes   |    |
| Sutter Davis Hospital Foundation<br>c/o SH Tax 2200 River Plaza Dr<br>Sacramento, CA 95833<br>68-0217870        | Fundraising             | CA   | 501(c)(3)                  | 7   | SHSSR                            | Yes   |    |
| Sutter Central Valley Hospitals<br>c/o SH Tax 2200 River Plaza Dr<br>Sacramento, CA 95833<br>94-1080917         | Hospital                | CA   | 501(c)(3)                  | 3   | SH                               | Yes   |    |
| Sutter Coast Hospital<br>c/o SH Tax 2200 River Plaza Dr<br>Sacramento, CA 95833<br>94-2988520                   | Hospital                | CA   | 501(c)(3)                  | 3   | SH                               | Yes   |    |
| Sutter East Bay Hospitals<br>c/o SH Tax 2200 River Plaza Dr<br>Sacramento, CA 95833<br>94-1196176               | Hospital                | CA   | 501(c)(3)                  | 3   | SH                               | Yes   |    |
| Sutter East Bay Medical Foundation<br>c/o SH Tax 2200 River Plaza Dr<br>Sacramento, CA 95833<br>94-2690415      | Healthcare              | CA   | 501(c)(3)                  | 11B-II  | SH                               | Yes   |    |
| Sutter Gould Medical Foundation<br>c/o SH Tax 2200 River Plaza Dr<br>Sacramento, CA 95833<br>94-1682256         | Healthcare              | CA   | 501(c)(3)                  | 3   | SH                               | Yes   |    |
| Sutter Health<br>c/o SH Tax 2200 River Plaza Dr<br>Sacramento, CA 95833<br>94-2788907                           | Support Org             | CA   | 501(c)(3)                  | 11C-III-FI  | NA                               | Yes   |    |
| Sutter Health Pacific<br>91-2301 Fort Weaver Road<br>Ewa Beach, HI 96706<br>99-0298651                          | Hospital                | CA   | 501(c)(3)                  | 3   | SH                               | Yes   |    |
| Sutter Health Plan<br>c/o SH Tax 2200 River Plaza Dr<br>Sacramento, CA 95833<br>46-1183948                      | Health Plan             | CA   | Pending                    | Pending   | SH                               | Yes   |    |
| Sutter Health Sacramento Sierra Region<br>c/o SH Tax 2200 River Plaza Dr<br>Sacramento, CA 95833<br>94-1156621  | Hospital                | CA   | 501(c)(3)                  | 3   | SH                               | Yes   |    |

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

| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512 (b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------|---|----------------------------------|---|----|
|   |                         |  |                            |   |                                  | Yes   | No |
| Sutter Insurance Services Corporation<br>745 Fort St Suite 1100<br>Honolulu, HI 96813<br>99-0289310             | Insur Svcs              | HI   | 501(c)(3)                  | 11C-III-FI  | SH                               | Yes   |    |
| Sutter Medical Center Castro Valley<br>c/o SH Tax 2200 River Plaza Dr<br>Sacramento, CA 95833<br>77-0146047     | Hospital                | CA   | 501(c)(3)                  | 3   | SH                               | Yes   |    |
| Sutter Medical Center Foundation<br>c/o SH ax 2200 River Plaza Dr<br>Sacramento, CA 95833<br>94-2788906         | Fundraising             | CA   | 501(c)(3)                  | 7   | SHSSR                            | Yes   |    |
| Sutter Valley Medical Foundation<br>c/o SH Tax 2200 River Plaza Dr<br>Sacramento, CA 95833<br>68-0273974        | Healthcare              | CA   | 501(c)(3)                  | 11B-II  | SH                               | Yes   |    |
| Sutter Solano Charitable Foundation<br>c/o SH Tax 2200 River Plaza Dr<br>Sacramento, CA 95833<br>94-2668262     | Fundraising             | CA   | 501(c)(3)                  | 7   | SHSSR                            | Yes   |    |
| Sutter Visiting Nurse Association & Hos<br>c/o SH Tax 2200 River Plaza Dr<br>Sacramento, CA 95833<br>94-6068843 | Healthcare              | CA   | 501(c)(3)                  | 9   | SH                               | Yes   |    |
| Sutter West Bay Hospitals<br>c/o SH Tax 2200 River Plaza Dr<br>Sacramento, CA 95833<br>94-0562680               | Hospital                | CA   | 501(c)(3)                  | 3   | SH                               | Yes   |    |
| Sutter West Bay Medical Foundation<br>c/o SH Tax 2200 River Plaza Dr<br>Sacramento, CA 95833<br>94-2948131      | Healthcare              | CA   | 501(c)(3)                  | 3   | SH                               | Yes   |    |
| Tracy Hospital Foundation<br>c/o SH Tax 2200 River Plaza Dr<br>Sacramento, CA 95833<br>68-0318845               | Fundraising             | CA   | 501(c)(3)                  | 11A-I   | Sutter CVH                       | Yes   |    |
| Adolescent Treatment Centers Inc<br>c/o SH Tax 2200 River Plaza Dr<br>Sacramento, CA 95833<br>68-0088443        | Healthcare              | CA   | 501(c)(3)                  | 3   | Sutter EBH                       | Yes   |    |

