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<p>Form 990</p> <p></p> <p>Department of the Treasury</p> <p>Internal Revenue Service</p>	<p>Return of Organization Exempt From Income Tax</p> <p>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)</p> <p>▶ Do not enter social security numbers on this form as it may be made public.</p> <p>▶ Information about Form 990 and its instructions is at www.irs.gov/foi/m990</p>	<p>OMB No 1545-0047</p> <p>2015</p> <p>Open to Public Inspection</p>
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A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015			
B Check if applicable <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SUTTER HEALTH SACRAMENTO SIERRA REGION		D Employer identification number 94-1156621
	% CARLA WHITE-SNYDER		
	Doing business as		
	Number and street (or P O box if mail is not delivered to street address) C/O SH TAX 2200 RIVER PLAZA DRIVE	Room/suite	E Telephone number (916) 286-6665
	City or town, state or province, country, and ZIP or foreign postal code SACRAMENTO, CA 95833		G Gross receipts \$ 2,101,387,655
	F Name and address of principal officer JAMES CONFORTI C/O SH TAX 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95816		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I 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			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
J Website: ► WWW.SUTTERHEALTH.ORG		H(c) Group exemption number ►	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		L Year of formation 1935	M State of legal domicile CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> If the organization discontinued its operations or disposed of more than 25% of its net assets		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	10,030
	6 Total number of volunteers (estimate if necessary)	6	1,159
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	336,211
	b Net unrelated business taxable income from Form 990-T, line 34	7b	-604,835
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	11,938,059	8,857,818
	9 Program service revenue (Part VIII, line 2g)	1,935,783,239	2,085,904,099
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,481,561	1,064,782
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,552,356	3,029,804
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,954,755,215	2,098,856,503
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,149,472	9,782,824
	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)	889,426,297	976,027,857
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) <u>88,186</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	871,558,764	1,065,839,883
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,765,134,533	2,051,650,564
	19 Revenue less expenses Subtract line 18 from line 12	189,620,682	47,205,939
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	1,866,955,706	1,855,081,331
	21 Total liabilities (Part X, line 26)	1,199,059,743	1,139,660,646
	22 Net assets or fund balances Subtract line 21 from line 20	667,895,963	715,420,685

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

Sign Here	Signature of officer			2016-11-04	
	PAIGE TERRA CFO Type or print name and title			Date	
Paid Preparer Use Only	Print/Type preparer's name DEBRA HEISKALA		Preparer's signature DEBRA HEISKALA		Date
	Check <input type="checkbox"/> if self-employed			PTIN P00649485	
	Firm's name ▶ ERNST & YOUNG US LLP			Firm's EIN ▶	
Firm's address ▶ 4370 LA JOLLA VILLAGE DR STE 500 SAN DIEGO, CA 92122			Phone no (858) 535-7200		

Part III

Statement of Program Service Accomplishments

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

☐

☒

1

Briefly describe the organization's mission

SEE SCHEDULE O

2

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

☐ Yes

☒ No

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

3

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

☐ Yes

☒ No

If "Yes," describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 1,793,802,192 including grants of \$ 9,880,004) (Revenue \$ 2,085,904,099)

SEE SCHEDULE O

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses ▶ 1,793,802,192

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.			
	Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	981	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	10,030	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c	Enter the amount of reserves on hand.	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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	17	
1b	Enter the number of voting members included in line 1a, above, who are independent	12	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Yes
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes

Section C. Disclosure

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
▶CARLA WHITE-SNYDER 9100 FOOTHILLS BLVD ROSEVILLE, CA 95747 (916) 297-9847

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

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

[illegible]

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							208,000	18,926,296	7,043,701	

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 ► 3,058

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <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)	(B)	(C)
Name and business address	Description of services	Compensation
TOWERS WATSON DELAWARE INC, 28025 NETWORK PL CHICAGO, IL 606731280	CONSULTING SERVICES	16,793,546
AMN HEALTHCARE INC, FILE 56157 LOS ANGELES, CA 900746157	STAFFING SERVICES	16,141,778
SANTA ROSA CONSULTING INC, PO BOX 347747 PITTSBURGH, PA 152514747	MANAGEMENT SERVICES	15,512,813
UNGER CONSTRUCTION COMPANY, 910 X STREET SACRAMENTO, CA 95818	CONSTRUCTION SRVCS	10,454,724
ACUTE CARE SURGERY MEDICAL GROUP, PO BOX 1528 SACRAMENTO, CA 95812	MEDICAL SERVICES	5,669,105

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 ▶ 240

Part VIII

Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	50,186			
	d	Related organizations	1d	6,050,188			
	e	Government grants (contributions)	1e	1,319,042			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,438,402			
	g	Noncash contributions included in lines 1a-1f \$		681,407			
	h	Total. Add lines 1a-1f		8,857,818			
Program Service Revenue	2a	PATIENT SERVICE REVENUE	Business Code 621110	2,080,264,279	2,080,264,279		
	b	RENTAL TO AFFILIATES	621110	5,319,029	5,319,029		
	c	ROSEVILLE ENDOSCOPY	621110	394,805	394,805		
	d	SUTTER AMADOR SURGERY	621110	-74,014	-74,014		
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		2,085,904,099			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,043,018		
4		Income from investment of tax-exempt bond proceeds . . .		0			
5		Royalties		0			
6a		Gross rents	(i) Real 5,190,917	(ii) Personal			
b		Less rental expenses	2,505,541				
c		Rental income or (loss)	2,685,376	0			
d		Net rental income or (loss)		2,685,376			2,685,376
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other 25,000			
b		Less cost or other basis and sales expenses		3,236			
c		Gain or (loss)		21,764			
d		Net gain or (loss)		21,764			21,764
8a		Gross income from fundraising events (not including \$ 50,186 of contributions reported on line 1c) See Part IV, line 18	a	27,022			
b		Less direct expenses	b	22,375			
c		Net income or (loss) from fundraising events . . .		4,647			4,647
9a		Gross income from gaming activities See Part IV, line 19	a	3,570			
b		Less direct expenses	b				
c		Net income or (loss) from gaming activities		3,570			3,570
10a		Gross sales of inventory, less returns and allowances	a				
b		Less cost of goods sold	b				
c		Net income or (loss) from sales of inventory . . .		0			
Miscellaneous Revenue		Business Code					
11a		UBI - LABORATORY	621500	62,228		62,228	
b	UBI - PARKING	812930	145,616		145,616		
c	UBI - TELECOM	517000	128,367		128,367		
d	All other revenue						
e	Total. Add lines 11a-11d		336,211				
12	Total revenue. See Instructions		2,098,856,503	2,085,904,099	336,211	3,758,375	

Part IX **Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	9,782,824	9,782,824		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	11,570,572		11,570,572	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	111,223	111,223		
7	Other salaries and wages	634,698,250	549,273,625	85,379,695	44,930
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	35,540,806	30,209,685	5,331,121	
9	Other employee benefits	240,192,011	204,138,370	36,024,418	29,223
10	Payroll taxes	53,914,995	45,827,746	8,087,249	
11	Fees for services (non-employees)				
a	Management	8,512,274		8,512,274	
b	Legal	994,987		994,987	
c	Accounting	87,487		87,487	
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	340,539		340,539	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	111,244,179	92,002,595	19,241,584	
12	Advertising and promotion	1,134,810	1,126,186	8,624	
13	Office expenses	45,578,054	34,531,279	11,044,019	2,756
14	Information technology	68,472,582	67,004,936	1,467,646	
15	Royalties	0			
16	Occupancy	27,413,004	27,413,004		
17	Travel	1,565,535	1,251,915	312,979	641
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	659,418	591,642	67,776	
20	Interest	29,946,052	29,946,052		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	96,045,559	96,045,559		
23	Insurance	13,860,385	11,678,489	2,181,896	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	MEDICAL SUPPLIES	291,786,580	289,942,540	1,838,211	5,829
b	PURCHASED SERVICES	218,197,229	186,507,768	31,689,461	
c	HOSPITAL PROVIDER FEES	89,176,986	89,176,986		
d	SYSTEM ALLOCATIONS	23,548,960		23,548,960	
e	All other expenses	37,275,263	27,239,768	10,030,688	4,807
25	Total functional expenses. Add lines 1 through 24e	2,051,650,564	1,793,802,192	257,760,186	88,186
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

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

				(A)		(B)	
				Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing		0	1	0	
	2	Savings and temporary cash investments		83,587,028	2	43,617,450	
	3	Pledges and grants receivable, net		75,869	3	244,967	
	4	Accounts receivable, net		270,450,987	4	299,431,571	
	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		26,151,250	8	26,905,318	
	9	Prepaid expenses and deferred charges		11,072,282	9	15,447,926	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	2,314,279,432			
	b	Less: accumulated depreciation	10b	943,262,701	1,290,333,370	10c	1,371,016,731
	11	Investments—publicly traded securities		27,042,041	11	10,476,227	
	12	Investments—other securities. See Part IV, line 11		0	12	0	
	13	Investments—program-related. See Part IV, line 11		976,468	13	916,057	
	14	Intangible assets		0	14	0	
	15	Other assets. See Part IV, line 11		157,266,411	15	87,025,084	
16	Total assets. Add lines 1 through 15 (must equal line 34)		1,866,955,706	16	1,855,081,331		
Liabilities	17	Accounts payable and accrued expenses		252,113,401	17	213,312,877	
	18	Grants payable		0	18	0	
	19	Deferred revenue		0	19	0	
	20	Tax-exempt bond liabilities		931,085,770	20	913,286,407	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	0	
	23	Secured mortgages and notes payable to unrelated third parties		4,795,321	23	4,931,970	
	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		11,065,251	25	8,129,392	
	26	Total liabilities. Add lines 17 through 25		1,199,059,743	26	1,139,660,646	
	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		665,425,208	27	713,841,877	
28		Temporarily restricted net assets		2,470,755	28	1,578,808	
29		Permanently restricted net assets		0	29	0	
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.							
30		Capital stock or trust principal, or current funds			30		
31		Paid-in or capital surplus, or land, building or equipment fund			31		
32		Retained earnings, endowment, accumulated income, or other funds			32		
33		Total net assets or fund balances		667,895,963	33	715,420,685	
34		Total liabilities and net assets/fund balances		1,866,955,706	34	1,855,081,331	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,098,856,503
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,051,650,564
3	Revenue less expenses Subtract line 2 from line 1	3	47,205,939
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	667,895,963
5	Net unrealized gains (losses) on investments	5	27,610
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	291,173
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	715,420,685

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both		No
Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	Yes	
Separate basis Consolidated basis Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
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	Yes	

Additional Data

Software ID:

Software Version:

EIN: 94-1156621

Name: SUTTER HEALTH SACRAMENTO SIERRA REGION

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
David Adkins MD Trustee (Part Year)	2 0	X						0	0	0	
Timothy Byrd Trustee (Part Year)	2 0	X						0	0	0	
James Conforti Regional President, SHSSR	40 0 4 0	X		X				0	1,358,530	401,195	
Viva Ettin Trustee	2 0 2 0	X						0	0	0	
Beverly M Finley Trustee (Part Year)	2 0 2 0	X						0	0	0	
Patrick Fry President & CEO SH (PART YEAR)	2 0 40 0	X						0	3,841,745	3,627,909	
Gary Hooper Trustee, Chair F&P (PART YEAR)	4 0 4 0	X		X				0	0	0	
Scott Howell Trustee	2 0 2 0	X						0	0	0	
I-Mei Hsiu MD Trustee (Part Year)	2 0 2 0	X						0	0	0	
Peter Hull MD Trustee	2 0 2 0	X						208,000	0	0	

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Christopher Johnson Trustee (Part Year)	2 0	X						0	0	0
Richard Kramer Trustee (Part Year)	2 0	X						0	0	0
Sarah Krevans PRES & COO SH, ASST SEC SHSSR	2 0 40 0	X		X				0	2,077,694	496,140
Pat Fong Kushida Trustee (Part Year)	2 0	X						0	0	0
Ted Leland PHD Trustee (Part Year)	2 0	X						0	0	0
Marion Leff MD Trustee (Part Year)	2 0	X						0	0	0
Jerry May PHD Trustee (PART YEAR)	4 0	X						0	0	0
Mike Newell Trustee, Chair	4 0	X		X				0	0	0
Pat Pathipati Trustee	2 0	X						0	0	0
Fatima Seward Trustee, Chair F&P (PART YEAR)	4 0 2 0	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Kurt Shuler MD Trustee	2 0 2 0	X						0	0	0
Todd Smith MD Trustee (Part Year)	2 0 2 0	X						0	27,500	0
Paige Stauss Trustee (Part Year)	2 0 2 0	X						0	0	0
Helen Thomson Trustee, Vice-Chair (PT YR)	4 0 2 0	X		X				0	0	0
Paige Terra CONTROLLER, SHSSR	20 0 20 0			X				0	663,502	127,355
PENNY WESTFALL VP & REG COUNSEL, SSR	40 0 4 0			X				0	545,472	112,211
Thomas Blinn CEO, Reg Amb Care, SRR	20 0 20 0				X			0	859,309	186,074
Pat Brady CEO, Sutter Roseville Med Ctr	40 0 0 0				X			0	893,364	194,884
Dennie Conrad REG VP, PLNNG & BUS DEV SHSSR	40 0 0 0				X			0	472,356	80,843
Terry Glubka CEO, Sutter Solano Medical Ctr	40 0 0 0				X			0	681,570	133,948

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Mitch Hanna CAO, SAFH	40 0 0 0				X			0	625,417	126,969
Jennifer Maher CEO, Sutter Davis Hospital	40 0 0 0				X			0	323,738	74,932
Carrie Owen-Plietz CEO, Sutter Med Ctr Sacramento	40 0 0 0				X			0	908,913	164,454
Anne Platt CEO, SUTTER AMADOR HOSPITAL	40 0 0 0				X			0	474,055	99,894
Thomas Ream II Reg CIO, Sac Sierra Region	40 0 0 0				X			0	433,687	60,467
John Boyd CAO, MNTL HLTH & CONT CARE SSR	40 0 0 0					X		0	454,967	96,865
Shelly McGniff CNE Sutter Med Ctr Sac	40 0 0 0					X		0	439,544	50,077
John Mesic MD CMO, Sac Sierra Region	40 0 0 0					X		0	838,603	172,370
BARBARA NELSON CNE, SUTTER ROSEVILLE MED CTR	40 0 0 0					X		0	424,423	66,979
Jeffrey Szczesny Reg VP HR, Sac Sierra Region	40 0 0 0					X		0	627,206	108,540

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Jeff Sprague SVP & CFO, SHSSR (FMR OFFICER)	0 0 40 0						X	0	1,264,833	516,068
Janet Wagner CEO MILLS PNSLA DIV (FMR KEY)	0 0 40 0						X	0	689,868	145,527

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

SUTTER HEALTH SACRAMENTO SIERRA REGION

Employer identification number

94-1156621

Part I

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

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

1

☐

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

2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (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) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2014 Schedule A, Part II, line 14					15	
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						<input type="checkbox"/>
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						<input type="checkbox"/>
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						<input type="checkbox"/>
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						<input type="checkbox"/>
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						<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	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) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable 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

Name of the organization SUTTER HEALTH SACRAMENTO SIERRA REGION	Employer identification number 94-1156621
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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) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education)<div><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space</div><input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Preservation of a certified historic structure</div>	
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	
a	Total number of conservation easements	Held at the End of the Year
b	Total acreage restricted by conservation easements	2a
c	Number of conservation easements on a certified historic structure included in (a)	2b
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	2d
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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	19,993,368	20,085,053	17,651,842	16,233,588	17,264,360
b Contributions	408,961	999	151,996	1,009	1,279
c Net investment earnings, gains, and losses	-670,838	293,955	1,678,960	1,935,574	-456,995
d Grants or scholarships					
e Other expenditures for facilities and programs	557,657	386,639	335,757	518,329	575,056
f Administrative expenses					
g End of year balance	19,173,834	19,993,368	19,147,041	17,651,842	16,233,588

2

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

a

Board designated or quasi-endowment ▶ 53 190 %

b

Permanent endowment ▶ 37 910 %

c

Temporarily restricted endowment ▶ 8 900 %

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)

Yes

3b

Yes

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	(a)Cost or other basis (investment)	(b)Cost or other basis (other)	Accumulated (c)depreciation	(d)Book value
1a Land		45,258,024		45,258,024
b Buildings		1,503,497,178	532,684,321	970,812,857
c Leasehold improvements		19,489,223	10,425,045	9,064,178
d Equipment		515,304,711	362,183,739	153,120,972
e Other		230,730,296	37,969,596	192,760,700
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				1,371,016,731

Schedule D (Form 990) 2015

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.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

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

Return Reference	Explanation
SCHEDULE D, PART V, LINE 1A, COLUMN (B)	PRIOR YEAR'S BEGINNING BALANCE INCLUDES A PRIOR YEAR ADJUSTMENT TO THE AUDITED FINANCIALS IN THE AMOUNT OF \$938,012

Part XIII **Supplemental Information (continued)**

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	THIS ORGANIZATION WAS PART OF A CONSOLIDATED FINANCIAL SYSTEM AUDIT. THE ASC 740 AUDIT FOOTNOTE DISCLOSURE FOR THE SUTTER SYSTEM IS AS FOLLOWS: SUTTER HEALTH, THE LEGAL ENTITY, AND MOST AFFILIATES HAVE BEEN DETERMINED TO BE EXEMPT ORGANIZATIONS BY THE INTERNAL REVENUE SERVICE, (PURSUANT TO INTERNAL REVENUE CODE SECTION 501(C)(3)), AND THE CALIFORNIA FRANCHISE TAX BOARD (PURSUANT TO CALIFORNIA REVENUE AND TAXATION CODE 23701(D)) AND, GENERALLY, ARE NOT SUBJECT TO TAXES ON INCOME. CERTAIN ACTIVITIES OF SUTTER ARE SUBJECT TO INCOME TAXES, HOWEVER, SUCH ACTIVITIES ARE NOT SIGNIFICANT TO THE CONSOLIDATED FINANCIAL STATEMENTS. WITH RESPECT TO ITS TAXABLE ACTIVITIES, SUTTER RECORDS INCOME TAXES USING THE LIABILITY METHOD, UNDER WHICH DEFERRED TAX ASSETS AND LIABILITIES ARE DETERMINED BASED ON THE DIFFERENCES BETWEEN THE FINANCIAL ACCOUNTING AND TAX BASIS OF ASSETS AND LIABILITIES. DEFERRED TAX ASSETS OR LIABILITIES AT THE END OF EACH PERIOD ARE DETERMINED USING THE CURRENTLY ENACTED TAX RATE EXPECTED TO APPLY TO TAXABLE INCOME IN THE PERIODS THAT THE DEFERRED TAX ASSET OR LIABILITY IS EXPECTED TO BE REALIZED OR SETTLED. SUTTER RECOGNIZES THE TAX BENEFIT FROM UNCERTAIN TAX POSITIONS ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITIONS WILL BE SUSTAINED ON EXAMINATION BY THE TAX AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFIT IS MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. SUTTER RECOGNIZES INTEREST AND PENALTIES RELATED TO INCOME TAX MATTERS IN OPERATING EXPENSES. AT DECEMBER 31, 2015 AND 2014, THERE WERE NO SUCH UNCERTAIN TAX POSITIONS.

94-1156621

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.

Revenue		(a)Event #1 THEME BALL (event type)	(b)Event #2 (event type)	(c)Other events 0 (total number)	(d) Total events (add col (a) through col (c))
	1 Gross receipts	77,208			77,208
	2 Less Contributions	50,186			50,186
	3 Gross income (line 1 minus line 2)	27,022			27,022
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	2,207			2,207
	7 Food and beverages	11,206			11,206
	8 Entertainment	2,400			2,400
	9 Other direct expenses	6,562			6,562
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				22,375
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				4,647

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.

Revenue		(a)Bingo	(b)Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d) Total gaming (add col (a) through col (c))
	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 _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <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 _____

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	13a	%
b	An outside facility	13b	%

14

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

Name ▶

Address ▶

15a

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

☐ **Yes** ☐ **No**

b

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

c

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

Name ▶

Address ▶

16

Gaming manager information

Name ▶

Gaming manager compensation ▶ \$ _____

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17

Mandatory distributions

a

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

☐ **Yes** ☐ **No**

b

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

Part IV

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

Return Reference	Explanation
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SCHEDULE H
(Form 990)

Department of the
Treasury
Internal Revenue
Service

Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization SUTTER HEALTH SACRAMENTO SIERRA REGION	Employer identification number 94-1156621
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Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			16,038,403		16,038,403	0 780 %
b Medicaid (from Worksheet 3, column a)			586,215,622	384,248,229	201,967,393	9 840 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			21,095,051	10,986,460	10,108,591	0 490 %
Total Financial Assistance and Means-Tested Government Programs			623,349,076	395,234,689	228,114,387	11 110 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	19		3,330,965		3,330,965	0 160 %
f Health professions education (from Worksheet 5)	12		3,236,401	1,020,083	2,216,318	0 110 %
g Subsidized health services (from Worksheet 6)	6		3,237,657		3,237,657	0 160 %
h Research (from Worksheet 7)	6		2,191,048	1,495,061	695,987	0 030 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	28		12,258,266		12,258,266	0 600 %
j Total. Other Benefits	71		24,254,337	2,515,144	21,739,193	1 060 %
k Total. Add lines 7d and 7j	71		647,603,413	397,749,833	249,853,580	12 170 %

Part IICommunity Building Activities

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

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

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

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

1

No

2

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

2

7,270,677

3

Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

4

Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5

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

5

467,650,131

6

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

6

575,158,707

7

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

7

-107,508,576

8

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

Section C. Collection Practices

9a

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

9a

Yes

b

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

9b

Yes

Part IVManagement Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 SUTTER AMADOR SURG C	MEDICAL SERVICES	32 %		30 %
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

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

9

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

Part V

Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group

A

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

18

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply) a <input type="checkbox"/> A definition of the community served by the hospital facility b <input type="checkbox"/> Demographics of the community c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input type="checkbox"/> How data was obtained e <input type="checkbox"/> The significant health needs of the community f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs h <input type="checkbox"/> The process for consulting with persons representing the community's interests i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs j <input type="checkbox"/> Other (describe in Section C)	3	Yes
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>13</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply) a <input type="checkbox"/> Hospital facility's website (list url) <u>SEE PART V, SECTION C</u> b <input type="checkbox"/> Other website (list url) <u>SEE PART V, SECTION C</u> c <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility d <input type="checkbox"/> Other (describe in Section C)	7	Yes
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>13</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? a If "Yes" (list url) <u>SEE PART V, SECTION C</u> b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10	Yes
10b		No
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

		A	
Name of hospital facility or letter of facility reporting group			
		Yes	No
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a	<input type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 400 % and FPG family income limit for eligibility for discounted care of 0 %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes
a	<input type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes
a	<input type="checkbox"/> The FAP was widely available on a website (list url)		
b	<input type="checkbox"/> The FAP application form was widely available on a website (list url)		
c	<input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url)		
d	<input type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> Other (describe in Section C)		
Billing and Collections			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input type="checkbox"/> None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

A

Name of hospital facility or letter of facility reporting group

		Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19	No
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
a	<input type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b	<input type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c	<input type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d	<input type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e	<input type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		
Policy Relating to Emergency Medical Care			
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	21	Yes
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d	<input type="checkbox"/> Other (describe in Section C)		
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)			
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input type="checkbox"/> Other (describe in Section C)		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C	23	No
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	24	No

Part V

Facility Information (continued)

Section B. Facility Policies and Practices

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

SUTTER MED CTR SAC WOMEN & CHILDRENS

Name of hospital facility or letter of facility reporting group

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

9

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	Yes
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	Yes
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	No
	If "Yes," indicate what the CHNA report describes (check all that apply)		
	a <input type="checkbox"/> A definition of the community served by the hospital facility		
	b <input type="checkbox"/> Demographics of the community		
	c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
	d <input type="checkbox"/> How data was obtained		
	e <input type="checkbox"/> The significant health needs of the community		
	f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
	g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
	h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
	i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
	j <input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 ____		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	
6b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	
	a <input type="checkbox"/> Hospital facility's website (list url) _____		
	b <input type="checkbox"/> Other website (list url) _____		
	c <input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
	d <input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 ____		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	
	a If "Yes" (list url) _____		
	b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
	b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
	c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

SUTTER MED CTR SAC WOMEN & CHILDRENS

Name of hospital facility or letter of facility reporting group		Yes	No
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP <div><div>a</div><div><input type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 400 % and FPG family income limit for eligibility for discounted care of 0 %</div><div><div>b</div><div><input type="checkbox"/> Income level other than FPG (describe in Section C)</div><div><div>c</div><div><input type="checkbox"/> Asset level</div><div><div>d</div><div><input type="checkbox"/> Medical indigency</div><div><div>e</div><div><input type="checkbox"/> Insurance status</div><div><div>f</div><div><input type="checkbox"/> Underinsurance discount</div><div><div>g</div><div><input type="checkbox"/> Residency</div><div><div>h</div><div><input type="checkbox"/> Other (describe in Section C)</div></div></div></div></div></div></div></div></div>	13	Yes
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply) <div><div>a</div><div><input type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</div><div><div>b</div><div><input type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</div><div><div>c</div><div><input type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process</div><div><div>d</div><div><input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</div><div><div>e</div><div><input type="checkbox"/> Other (describe in Section C)</div></div></div></div></div></div>	15	Yes
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) <div><div>a</div><div><input type="checkbox"/> The FAP was widely available on a website (list url)</div><div><div>b</div><div><input type="checkbox"/> The FAP application form was widely available on a website (list url)</div><div><div>c</div><div><input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url)</div><div><div>d</div><div><input type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div><div>e</div><div><input type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div><div>f</div><div><input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div><div>g</div><div><input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility</div><div><div>h</div><div><input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</div><div><div>i</div><div><input type="checkbox"/> Other (describe in Section C)</div></div></div></div></div></div></div></div></div></div>	16	Yes
Billing and Collections			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP <div><div>a</div><div><input type="checkbox"/> Reporting to credit agency(ies)</div><div><div>b</div><div><input type="checkbox"/> Selling an individual's debt to another party</div><div><div>c</div><div><input type="checkbox"/> Actions that require a legal or judicial process</div><div><div>d</div><div><input type="checkbox"/> Other similar actions (describe in Section C)</div><div><div>e</div><div><input type="checkbox"/> None of these actions or other similar actions were permitted</div></div></div></div></div></div>		

Part V

Facility Information (continued)

SUTTER MED CTR SAC WOMEN & CHILDRENS

Name of hospital facility or letter of facility reporting group			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> Actions that require a legal or judicial process			
d	<input type="checkbox"/> Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a	<input type="checkbox"/> Notified individuals of the financial assistance policy on admission			
b	<input type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge			
c	<input type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	<input type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	<input type="checkbox"/> Other (describe in Section C)			
f	<input type="checkbox"/> None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	21	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b	<input type="checkbox"/> The hospital facility's policy was not in writing			
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	<input type="checkbox"/> Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	<input type="checkbox"/> Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C	23		No
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	24		No

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation

Part V **Facility Information** *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 25

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 3C	FINANCIAL ASSISTANCE ELIGIBILITY CRITERIA FOR UNINSURED PATIENTS TO BE ELIGIBLE FOR FREE CARE THE ORGANIZATION USES THE FEDERAL POVERTY GUIDELINES (FPG) FOR FAMILY INCOMES THAT ARE AT OR BELOW 400% OF FPG IN ADDITION THE ORGANIZATION HAS A HIGH MEDICAL COST CHARITY CARE CATEGORY IN WHICH A WRITE OFF OF THE PATIENT RESPONSIBILITY FOR HOSPITAL SERVICES CAN OCCUR IF THE INSURED PATIENT HAS FAMILY INCOME AT OR BELOW 400% FPG AND EXPENSES INCURRED FOR THEMSELVES OR THEIR FAMILY EXCEED 10% OF THE PATIENTS FAMILY INCOME

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

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 2	METHODOLOGY FOR CALCULATING BAD DEBT (AT COST) THE RATIO OF PATIENT CARE COST TO CHARGES IS APPLIED TO THE BAD DEBT ATTRIBUTABLE TO PATIENT ACCOUNTS TO CALCULATE THE ESTIMATED COST OF BAD DEBT ATTRIBUTABLE TO PATIENT ACCOUNTS THAT IS REPORTED ON LINE 2 DISCOUNTS AND PAYMENTS ON PATIENT ACCOUNTS ARE RECORDED AS AN ADJUSTMENT TO REVENUE, NOT BAD DEBT EXPENSE

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 3	METHODOLOGY FOR DETERMINING THE AMOUNT OF BAD DEBT LIKELY ATTRIBUTABLE TO CHARITY CARE AMOUNTS MAY BE INCLUDED IN BAD DEBT PENDING A CHARITY CARE DETERMINATION UPON ELIGIBILITY THESE AMOUNTS WOULD BE RECLASSIFIED AS CHARITY CARE

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 4	<p>AUDIT FOOTNOTE THE ORGANIZATION IS AN AFFILIATE OF SUTTER HEALTH WHICH UNDERWENT A SYSTEM-WIDE AUDIT THE AUDIT REPORT DOES NOT INCLUDE A BAD DEBT EXPENSE FOOTNOTE PROVISION FOR BAD DEBTS IS LISTED ON A SEPARATE LINE ITEM IN THE FINANCIAL STATEMENTS THE AUDIT DOES INCLUDE A FOOTNOTE FOR PATIENT SERVICE REVENUES LESS PROVISION FOR BAD DEBTS PATIENT SERVICE REVENUES FOOTNOTE PATIENT SERVICE REVENUES ARE REPORTED AT THE ESTIMATED NET REALIZABLE AMOUNTS FROM PATIENTS AND THIRD-PARTY PAYERS FOR SERVICES RENDERED, INCLUDING ESTIMATED RETROACTIVE ADJUSTMENTS UNDER REIMBURSEMENT PROGRAMS WITH THIRD-PARTY PAYERS ESTIMATED SETTLEMENTS UNDER THIRD-PARTY REIMBURSEMENT PROGRAMS ARE ACCRUED IN THE PERIOD THE RELATED SERVICES ARE RENDERED AND ADJUSTED IN FUTURE PERIODS, PRIMARILY AS A RESULT OF FINAL COST REPORT SETTLEMENTS WITH GOVERNMENTAL AGENCIES PATIENT SERVICE REVENUES LESS PROVISION FOR BAD DEBTS ARE REPORTED NET OF THE PROVISION FOR BAD DEBTS ON THE CONSOLIDATED STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS SUTTER'S SELF-PAY WRITE-OFFS WERE \$192 MILLION AND \$287 MILLION FOR 2015 AND 2014, RESPECTIVELY</p>

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

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 8	COSTING METHODOLOGY MEDICARE ALLOWABLE COSTS WERE CALCULATED USING A COST TO CHARGE RATIO COMMUNITY BENEFIT MEDICARE SHORTFALL THE IRS COMMUNITY BENEFIT STANDARD INCLUDES THE PROVISION OF CARE TO THE ELDERLY AND MEDICARE PATIENTS CARING FOR MEDICARE PATIENTS FULFILLS A COMMUNITY NEED AND RELIEVES A GOVERNMENT BURDEN AS THESE PATIENTS TYPICALLY HAVE LOW AND/OR FIXED INCOMES MEDICARE DOES NOT PROVIDE SUFFICIENT REIMBURSEMENT TO COVER THE COST OF PROVIDING CARE FOR THESE PATIENTS FORCING THE HOSPITAL TO USE OTHER FUNDS TO COVER THE DEFICIT

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 9B	<p>DEBT COLLECTION POLICY COLLECTION PRACTICES ARE CONSISTENT FOR ALL PATIENTS AND COMPLY WITH APPLICABLE PROVISIONS OF FEDERAL AND CALIFORNIA LAW DURING PREADMISSION OR REGISTRATION, THE HOSPITAL PROVIDES ALL PATIENTS WITH INFORMATION REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE AN UNINSURED PATIENT WHO INDICATES THE FINANCIAL INABILITY TO PAY A BILL IS EVALUATED FOR FINANCIAL ASSISTANCE AT DISCHARGE PATIENTS WILL BE GIVEN AN APPLICATION WHICH WILL DOCUMENT THE PATIENT'S OVERALL FINANCIAL SITUATION IF AN UNINSURED PATIENT DOES NOT COMPLETE THE APPLICATION FORM WITHIN 30 DAYS OF DELIVERY, THE HOSPITAL WILL NOTIFY THE PATIENT THAT THE APPLICATION HAS NOT BEEN RECEIVED AND WILL PROVIDE THE PATIENT AN ADDITIONAL 210 DAYS TO COMPLETE THE APPLICATION IF A PATIENT HAS APPLIED FOR CHARITY CARE, HAS BEEN APPROVED TO RECEIVE CHARITY CARE, OR IS COOPERATING WITH THE HOSPITAL'S EFFORTS TO SETTLE AN OUTSTANDING BILL WITHIN A REASONABLE TIME PERIOD, THE HOSPITAL WILL NOT PURSUE COLLECTIONS</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	<p>SUTTER MEDICAL CENTER SACRAMENTO BEGINNING IN EARLY 2012 THROUGH FEBRUARY 2013, VALLEY VISION, INC CONDUCTED AN ASSESSMENT OF THE HEALTH NEEDS OF RESIDENTS LIVING IN THE SERVICE AREA OF SUTTER MEDICAL CENTER, SACRAMENTO (SMCS) FOR THE PURPOSES OF THE ASSESSMENT, A HEALTH NEED WAS DEFINED AS "A POOR HEALTH OUTCOME AND ITS ASSOCIATED DRIVER " A HEALTH DRIVER WAS DEFINED AS "A BEHAVIORAL, ENVIRONMENTAL, AND/OR CLINICAL FACTOR, AS WELL AS MORE UPSTREAM SOCIAL ECONOMIC FACTORS THAT IMPACT HEALTH " A COMMUNITY-BASED PARTICIPATORY RESEARCH ORIENTATION WAS USED TO CONDUCT THE ASSESSMENT THAT INCLUDED BOTH PRIMARY AND SECONDARY DATA PRIMARY DATA COLLECTION INCLUDED INPUT FROM THE HEALTHY SACRAMENTO COALITION (FOCUSED ON SACRAMENTO COUNTY ONLY), EXPERT INTERVIEWS WITH 40 KEY INFORMANTS AND 10 FOCUS GROUP INTERVIEWS COMPRISED OF 129 COMMUNITY MEMBERS IN ADDITION, A COMMUNITY HEALTH ASSETS ASSESSMENT COLLECTED DATA ON MORE THAN 200 HEALTH RELATED ASSETS IN ALL OF THE COUNTIES IN WHICH THE SMCS HOSPITAL SERVICE AREA (HSA) EXTENDED SECONDARY DATA USED INCLUDED HEALTH OUTCOME DATA, SOCIO-DEMOGRAPHIC DATA, AND BEHAVIORAL AND ENVIRONMENTAL DATA AT THE ZIP CODE OR CENSUS TRACT LEVEL HEALTH OUTCOME DATA INCLUDED EMERGENCY DEPARTMENT (ED) VISITS, HOSPITALIZATION, AND MORTALITY RATES RELATED TO HEART DISEASE, DIABETES, STROKE, HYPERTENSION, COPD, ASTHMA, AND SAFETY AND MENTAL HEALTH CONDITIONS SOCIO-DEMOGRAPHIC DATA INCLUDED DATA ON RACE AND ETHNICITY, POVERTY (FEMALE-HEADED HOUSEHOLDS, FAMILIES WITH CHILDREN, PEOPLE OVER 65 YEARS OF AGE), EDUCATIONAL ATTAINMENT, INSURANCE STATUS, AND HOUSING ARRANGEMENT (RENT OR OWN) BEHAVIORAL AND ENVIRONMENTAL DATA HELPED DESCRIBE GENERAL LIVING CONDITIONS OF THE HOSPITAL SERVICE AREA (HSA) SUCH AS CRIME RATES, ACCESS TO PARKS, AVAILABILITY OF HEALTHY FOOD, AND LEADING CAUSES OF DEATH ANALYSIS OF BOTH PRIMARY AND SECONDARY DATA REVEALED SIX SPECIFIC ZIP CODE COMMUNITIES OF CONCERN WITHIN THE HSA THAT WERE LIVING WITH A HIGH BURDEN OF DISEASE THESE SIX COMMUNITIES HAD CONSISTENTLY HIGH RATES OF NEGATIVE HEALTH OUTCOMES THAT FREQUENTLY EXCEEDED COUNTY, STATE, AND HEALTHY PEOPLE 2020 BENCHMARKS THEY WERE CONFIRMED BY EXPERTS AS AREAS PRONE TO EXPERIENCE POORER HEALTH OUTCOMES RELATIVE TO OTHER COMMUNITIES IN THE HSA AGE-ADJUSTED RATES OF ED VISITS AND HOSPITALIZATION DUE TO HEART DISEASE, DIABETES, STROKE, AND HYPERTENSION WERE NOTABLY HIGHER IN THESE ZIP CODES COMPARED TO OTHERS WITHIN THE HSA WITH A FEW EXCEPTIONS, BLACKS AND WHITES HAD THE HIGHEST RATES FOR THESE CONDITIONS COMPARED TO OTHER RACIAL AND ETHNIC GROUPS MORTALITY DATA FOR THESE CONDITIONS SHOWED HIGH RATES AS WELL ANALYSIS OF ENVIRONMENTAL INDICATORS SHOWED THAT MANY OF THESE COMMUNITIES HAD CONDITIONS THAT WERE BARRIERS TO ACTIVE LIFESTYLES, SUCH AS ELEVATED CRIME RATES AND A TRAFFIC CLIMATE THAT IS UNFRIENDLY TO BICYCLISTS AND PEDESTRIANS FURTHERMORE, THESE COMMUNITIES FREQUENTLY HAD HIGHER PERCENTAGES OF RESIDENTS THAT WERE OBESE OR OVERWEIGHT ACCESS TO HEALTHY FOOD OUTLETS WAS LIMITED, WHILE THE CONCENTRATION OF FAST FOOD OUTLETS AND CONVENIENCE STORES WERE HIGH ANALYSIS OF THE HEALTH BEHAVIORS OF THESE RESIDENTS ALSO SHOWED MANY BEHAVIORS THAT CORRELATE TO POOR HEALTH, SUCH AS HAVING A DIET THAT IS LIMITED IN FRUIT AND VEGETABLE CONSUMPTION WHEN EXAMINING THESE FINDINGS WITH THOSE OF THE QUALITATIVE DATA (KEY INFORMANT INTERVIEW AND FOCUS GROUPS), A CONSOLIDATED LIST OF PRIORITY HEALTH NEEDS OF THESE COMMUNITIES WAS COMPILED THESE PRIORITIZED HEALTH NEEDS ARE 1 LACK OF ACCESS TO PRIMARY AND PREVENTATIVE SERVICES 2 LACK OF ACCESS TO MENTAL HEALTH SERVICES 3 LIVING IN AN UNHEALTHY FOOD ENVIRONMENT 4 PERCEIVED OR REAL FEAR FOR PERSONAL SAFETY 5 INABILITY TO EXERCISE AND BE ACTIVE 6 LACK OF ACCESS TO DENTAL CARE 7 LACK OF ACCESS TO SPECIALTY CARE 8 LACK OF COORDINATION OF CARE AMONG PROVIDERS 9 ACCULTURATION/LIMITED CULTURAL COMPETENCE IN HEALTH AND RELATED SYSTEMS 10 LACK OF HEALTH LITERACY 11 LACK OF HOUSING, BASIC SHELTER THE ENTIRE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT FOR SUTTER MEDICAL CENTER, SACRAMENTO IS AVAILABLE AT HTTP://WWW.SUTTERHEALTH.ORG/COMMUNITYBENEFIT/COMMUNITY-NEEDS-ASSESSMENT HT ML SUTTER ROSEVILLE MEDICAL CENTER BEGINNING IN EARLY 2012 THROUGH FEBRUARY 2013, VALLEY VISION, INC CONDUCTED AN ASSESSMENT OF THE HEALTH NEEDS OF RESIDENTS LIVING IN THE SUTTER ROSEVILLE MEDICAL CENTER (SRMC) SERVICE AREA FOR THE PURPOSES OF THE ASSESSMENT, A HEALTH NEED WAS DEFINED AS, "A POOR HEALTH OUTCOME AND ITS ASSOCIATED DRIVER " A HEALTH DRIVER WAS DEFINED AS, "A BEHAVIORAL, ENVIRONMENTAL, AND/OR CLINIC FACTOR, AS WELL AS MORE UPSTREAM SOCIAL ECONOMIC FACTORS, THAT IMPACT HEALTH " A COMMUNITY-BASED PARTICIPATORY RESEARCH ORIENTATION WAS USED TO CONDUCT THE ASSESSMENT THAT INCLUDED BOTH PRIMARY AND SECONDARY DATA PRIMARY DATA COLLECTION INCLUDED INPUT FROM THE HEALTHY SACRAMENTO COALITION (FOCUSED ON SACRAMENTO COUNTY ONLY), EXPERT INTERVIEWS WITH 21 KEY INFORMANTS, AND 12 FOCUS GROUP</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	<p>INTERVIEWS COMPRISED OF 148 COMMUNITY MEMBERS IN ADDITION, A COMMUNITY HEALTH ASSETS ASSESSMENT COLLECTED DATA ON MORE THAN 260 HEALTH-RELATED ASSETS THROUGHOUT THE SRMC HOSPITAL SERVICE AREA (HSA) IN SACRAMENTO COUNTY AND PLACER COUNTY SECONDARY DATA USED INCLUDED HEALTH OUTCOME DATA, SOCIO-DEMOGRAPHIC DATA, AND BEHAVIORAL AND ENVIRONMENTAL DATA AT THE ZIP CODE OR CENSUS TRACT LEVEL HEALTH OUTCOME DATA INCLUDED EMERGENCY DEPARTMENT (ED) VISITS, HOSPITALIZATION, AND MORTALITY RATES RELATED TO HEART DISEASE, DIABETES, STROKE, HYPERTENSION, CHRONIC OBSTRUCTIVE PULMONARY DISEASE, ASTHMA, AND SAFETY AND MENTAL HEALTH CONDITIONS SOCIO-DEMOGRAPHIC DATA INCLUDED DATA ON RACE AND ETHNICITY, POVERTY (FEMALE-HEADED HOUSEHOLDS, FAMILIES WITH CHILDREN, PEOPLE OVER 65 YEARS OF AGE), EDUCATIONAL ATTAINMENT, INSURANCE STATUS, AND HOUSING ARRANGEMENT (OWN OR RENT) FURTHER, HEALTH BEHAVIORAL AND ENVIRONMENTAL DATA HELPED DESCRIBE GENERAL LIVING CONDITIONS OF THE HSA, SUCH AS CRIME RATES, ACCESS TO PARKS, HEALTHY FOOD AVAILABILITY, AND LEADING CAUSES OF DEATH ANALYSIS OF BOTH PRIMARY AND SECONDARY DATA REVEALED SEVEN SPECIFIC ZIP CODE COMMUNITIES OF CONCERN THAT WERE LIVING WITH A HIGH BURDEN OF DISEASE THESE SEVEN COMMUNITIES HAD CONSISTENTLY HIGH RATES OF NEGATIVE HEALTH OUTCOMES THAT FREQUENTLY EXCEEDED COUNTY, STATE, AND HEALTHY PEOPLE 2020 BENCHMARKS THEY WERE CONFIRMED BY EXPERTS AS AREAS PRONE TO EXPERIENCE POORER HEALTH OUTCOMES RELATIVE TO OTHER COMMUNITIES IN THE HSA AGE-ADJUSTED RATES OF ED VISITS AND HOSPITALIZATION DUE TO HEART DISEASE, DIABETES, STROKE, AND HYPERTENSION WERE NOTABLY HIGHER IN THESE ZIP CODES COMPARED TO OTHER ZIP CODES IN THE HSA IN GENERAL, BLACKS AND WHITES HAD THE HIGHEST RATES FOR THESE CONDITIONS COMPARED TO OTHER RACIAL AND ETHNIC GROUPS WITH A FEW EXCEPTIONS MORTALITY DATA FOR THESE CONDITIONS SHOWED HIGH RATES AS WELL ANALYSIS OF ENVIRONMENTAL INDICATORS SHOWED THAT MANY OF THESE COMMUNITIES HAD CONDITIONS THAT WERE BARRIERS TO ACTIVE LIFESTYLES, SUCH AS ELEVATED RATES OF CRIME AND A TRAFFIC CLIMATE THAT WAS UNFRIENDLY TO BICYCLISTS AND PEDESTRIANS FURTHERMORE, THESE COMMUNITIES FREQUENTLY HAD HIGHER PERCENTAGES OF RESIDENTS THAT WERE OBESE OR OVERWEIGHT ACCESS TO HEALTHY FOOD OUTLETS WAS LIMITED, WHILE THE CONCENTRATION OF FAST FOOD AND CONVENIENCE STORES WAS HIGH ANALYSIS OF THE HEALTH BEHAVIORS OF THESE RESIDENTS SHOWED MANY BEHAVIORS THAT CORRELATE TO POOR HEALTH, SUCH AS HAVING A DIET THAT IS LIMITED IN FRUIT AND VEGETABLE CONSUMPTION WHEN EXAMINING THESE FINDINGS WITH THOSE OF THE QUALITATIVE DATA (KEY INFORMANT INTERVIEW AND FOCUS GROUPS), A CONSOLIDATED LIST OF PRIORITY HEALTH NEEDS OF THESE COMMUNITIES WAS COMPILED THESE PRIORITIZED HEALTH NEEDS ARE 1 LACK OF ACCESS TO PRIMARY AND PREVENTATIVE SERVICES 2 LACK OF ACCESS TO MENTAL HEALTH SERVICES 3 LIVING IN AN UNHEALTHY FOOD ENVIRONMENT 4 PERCEIVED OR REAL FEAR FOR PERSONAL SAFETY 5 INABILITY TO EXERCISE AND BE ACTIVE 6 LACK OF ACCESS TO DENTAL CARE 7 LACK OF ACCESS TO SPECIALTY CARE 8 LACK OF COORDINATION OF CARE AMONG PROVIDERS 9 ACCULTURATION/LIMITED CULTURAL COMPETENCE IN HEALTH AND RELATED SYSTEMS 10 LACK OF HEALTH LITERACY THE ENTIRE 2013 COMMUNITY HEALTH NEEDS ASSESSMENT FOR SUTTER ROSEVILLE MEDICAL CENTER IS AVAILABLE AT HTTP://WWW.SUTTERHEALTH.ORG/COMMUNITYBENEFIT/COMMUNITY-NEEDS-ASSESSMENT.HTML SUTTER SOLANO MEDICAL CENTER BEGINNING IN EARLY 2012 THROUGH FEBRUARY 2013, VALLEY VISION, INC. COMPLETED AN ASSESSMENT OF THE HEALTH NEEDS OF RESIDENTS LIVING IN THE SOLANO COUNTY HEALTH SERVICE AREA (HSA) FOR THE PURPOSES OF THE ASSESSMENT, A HEALTH NEED WAS DEFINED AS "A POOR HEALTH OUTCOME AND ITS ASSOCIATED DRIVER" A HEALTH DRIVER WAS DEFINED AS "A BEHAVIORAL, ENVIRONMENTAL, AND/OR CLINICAL FACTOR, AS WELL AS MORE UPSTREAM SOCIAL ECONOMIC FACTORS THAT IMPACT HEALTH" A COMMUNITY-BASED PARTICIPATORY RESEARCH ORIENTATION WAS USED TO CONDUCT THE ASSESSMENT, WHICH INCLUDED BOTH PRIMARY AND SECONDARY DATA PRIMARY</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 3	<p>PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE SACRAMENTO SIERRA REGION FOLLOWS A SUTTER HEALTH SYSTEM-WIDE CHARITY CARE POLICY, WHICH INCLUDES THE FOLLOWING DETAILS OF HOW THE ORGANIZATION INFORMS AND EDUCATES PATIENTS AND PERSONS WHO MAY BE BILLED FOR PATIENT CARE FOR A MORE DETAILED LOOK AT OUR CHARITY CARE POLICIES BY REGION, PLEASE VISIT THE OFFICE OF STATEWIDE AND HEALTH PLANNING'S WEBSITE AT HTTP //SYFPHR OSHPD CA GOV COMMUNICATIONS OF FINANCIAL ASSISTANCE AVAILABILITY A INFORMATION PROVIDED TO PATIENTS 1 PREADMISSION OR REGISTRATION DURING PREADMISSION OR REGISTRATION (OR AS SOON THEREAFTER AS PRACTICABLE) HOSPITAL AFFILIATES SHALL PROVIDE A ALL PATIENTS WITH INFORMATION REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE AND THEIR RIGHT TO REQUEST AN ESTIMATE OF THEIR FINANCIAL RESPONSIBILITY FOR SERVICES (IMPORTANT BILLING INFORMATION FOR UNINSURED PATIENTS) B PATIENTS WHO THE HOSPITAL IDENTIFIES MAY BE UNINSURED WITH A FINANCIAL ASSISTANCE APPLICATION SUBSTANTIALLY SIMILAR TO THE SUTTER HEALTH STANDARDIZED FINANCIAL ASSISTANCE APPLICATION, "STATEMENT OF FINANCIAL CONDITION" 2 EMERGENCY SERVICES IN THE CASE OF EMERGENCY SERVICES, HOSPITAL AFFILIATES SHALL PROVIDE THE ABOVE INFORMATION AS SOON AS PRACTICABLE AFTER STABILIZATION OF THE PATIENT'S EMERGENCY MEDICAL CONDITION OR UPON DISCHARGE 3 ALL OTHER TIMES UPON REQUEST, HOSPITAL AFFILIATES SHALL PROVIDE PATIENTS WITH INFORMATION ABOUT THEIR RIGHT TO REQUEST AN ESTIMATE OF THEIR FINANCIAL RESPONSIBILITY FOR SERVICES, THE SUTTER HEALTH STANDARDIZED FINANCIAL ASSISTANCE APPLICATION FORM, "STATEMENT OF FINANCIAL CONDITION" B POSTINGS AND OTHER NOTICES INFORMATION ABOUT FINANCIAL ASSISTANCE SHALL ALSO BE PROVIDED AS FOLLOWS 1 BY POSTING NOTICES IN A VISIBLE MANNER IN LOCATIONS WHERE THERE IS A HIGH VOLUME OF INPATIENT OR OUTPATIENT ADMITTING/REGISTRATION, INCLUDING BUT NOT LIMITED TO THE EMERGENCY DEPARTMENT, BILLING OFFICES, ADMITTING OFFICE, AND OTHER HOSPITAL OUTPATIENT SERVICE SETTINGS 2 BY POSTING INFORMATION ABOUT FINANCIAL ASSISTANCE ON THE SUTTER HEALTH WEBSITE AND EACH HOSPITAL AFFILIATE WEBSITE, IF ANY 3 BY INCLUDING INFORMATION ABOUT FINANCIAL ASSISTANCE IN BILLS THAT ARE SENT TO UNINSURED PATIENTS 4 BY INCLUDING LANGUAGE ON BILLS SENT TO UNINSURED PATIENTS AS SPECIFICALLY SET FORTH IN THE MANAGEMENT OF PATIENT ACCOUNTS RECEIVABLE, COLLECTION PRACTICES, HOSPITAL AFFILIATE THIRD-PARTY LIENS, AND AFFILIATE DISPUTE INITIATION POLICY (FINANCE POLICY 14-227) C APPLICATIONS PROVIDED AT DISCHARGE IF NOT PREVIOUSLY PROVIDED, HOSPITAL AFFILIATES SHALL PROVIDE UNINSURED PATIENTS WITH APPLICATIONS FOR MEDI-CAL, HEALTHY FAMILIES, CALIFORNIA CHILDREN'S SERVICES, OR ANY OTHER POTENTIALLY APPLICABLE GOVERNMENT PROGRAM AT THE TIME OF DISCHARGE D LANGUAGES ALL NOTICES/COMMUNICATIONS PROVIDED IN THIS SECTION SHALL BE AVAILABLE IN THE PRIMARY LANGUAGE(S) OF THE AFFILIATE'S SERVICE AREA AND IN A MANNER CONSISTENT WITH ALL APPLICABLE FEDERAL AND STATE LAWS AND REGULATIONS E NOTIFICATIONS TO UNINSURED PATIENTS OF ESTIMATED FINANCIAL RESPONSIBILITY BY LAW, UNINSURED PATIENTS ARE ENTITLED TO RECEIVE AN ESTIMATE OF THEIR FINANCIAL RESPONSIBILITY FOR HOSPITAL SERVICES EXCEPT IN THE CASE OF EMERGENCY SERVICES, HOSPITAL AFFILIATES SHALL NOTIFY PATIENTS WHO THE HOSPITAL IDENTIFIES MAY BE UNINSURED PATIENTS THAT THEY MAY OBTAIN AN ESTIMATE OF THEIR FINANCIAL RESPONSIBILITY FOR HOSPITAL SERVICES, AND PROVIDE ESTIMATES TO THOSE PATIENTS UPON REQUEST ESTIMATES SHALL BE WRITTEN, AND BE PROVIDED DURING NORMAL BUSINESS HOURS ESTIMATES SHALL PROVIDE THE PATIENT WITH AN ESTIMATE OF THE AMOUNT THE HOSPITAL AFFILIATE WILL REQUIRE THE PATIENT TO PAY FOR THE HEALTH CARE SERVICES, PROCEDURES, AND SUPPLIES THAT ARE REASONABLY EXPECTED TO BE PROVIDED TO THE PATIENT BY THE HOSPITAL, BASED UPON THE AVERAGE LENGTH OF STAY AND SERVICES PROVIDED FOR THE PATIENT'S DIAGNOSIS</p>

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

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	<p>PATIENT DISCHARGE DATA FROM TWO OF THE THREE FACILITIES THAT MAKE UP SMCS COLLECTION AND ANALYSIS OF THE ZIP CODES OF PATIENTS DISCHARGED FROM THE HOSPITALS OVER A SIX-MONTH PERI OD ALLOWED THE PRIMARY GEOGRAPHIC AREA SERVED BY THE HOSPITALS TO BE IDENTIFIED THE HSA I IDENTIFIED AS THE FOCUS OF THE NEEDS ASSESSMENT IS DEPICTED IN FIGURE 2 IN THE FINAL CHNA BECAUSE THE HOSPITALS REPRESENTED IN SMCS (SUTTER GENERAL HOSPITAL, SUTTER MEMORIAL HOSPIT AL, AND SUTTER CENTER FOR PSYCHIATRY) ARE CLOSE IN PROXIMITY, ANALYSIS REVEALED THAT THE H OSPITALS SERVED THE SAME GEOGRAPHIC AREAS TO IDENTIFY COMMUNITIES OF CONCERN, INPUT FROM THE CHNA TEAM, PRIMARY DATA FROM KEY INFORMANT INTERVIEWS AND FOCUS GROUPS, ALONG WITH DET AILED ANALYSIS OF SECONDARY DATA, HEALTH OUTCOME INDICATORS, AND SOCIO- DEMOGRAPHICS WERE E XAMINED ZIP CODE COMMUNITIES WITH RATES THAT CONSISTENTLY EXCEEDED COUNTY, STATE, OR HEAL THY PEOPLE 2020 BENCHMARKS FOR ED UTILIZATION, HOSPITALIZATION, AND MORTALITY WERE CONSIDERED ZIP CODES WITH RATES THAT CONSISTENTLY FELL IN THE TOP 20% WERE NOTED AND THEN TRIANG ULATED WITH PRIMARY DATA INPUT AND SOCIO-DEMOGRAPHIC DATA TO IDENTIFY SPECIFIC COMMUNITIES OF CONCERN DATA ON SOCIO-DEMOGRAPHICS OF RESIDENTS IN THESE COMMUNITIES, WHICH INCLUDED SOCIO-ECONOMIC STATUS, RACE AND ETHNICITY, EDUCATIONAL ATTAINMENT, HOUSING ARRANGEMENT, EM PLOYMENT STATUS, AND HEALTH INSURANCE STATUS, WERE EXAMINED AREA HEALTH NEEDS WERE DETERM INED VIA IN-DEPTH ANALYSIS OF QUALITATIVE AND QUANTITATIVE DATA, AND THEN CONFIRMED WITH S OCIO-DEMOGRAPHIC DATA AS NOTED EARLIER, A HEALTH NEED WAS DEFINED AS A POOR HEALTH OUTCOM E AND ITS ASSOCIATED DRIVER A HEALTH NEED WAS INCLUDED AS A PRIORITY IF IT WAS REPRESENTED BY RATES WORSE THAN THE ESTABLISHED QUANTITATIVE BENCHMARKS OR WAS CONSISTENTLY MENTIONED IN THE QUALITATIVE DATA THE COMMUNITIES OF CONCERN ARE HOME TO MORE THAN 200,000 RESIDE NTS THE AREAS CONSIST OF ZIP CODE COMMUNITIES OCCUPYING THE NORTHERN, DOWNTOWN, AND SOUTH ERN PORTIONS OF THE SACRAMENTO COUNTY AREA ALL OF THE ZIP CODE COMMUNITIES ARE DENSELY PO PULATED, WITH THE SOUTH SACRAMENTO AREA HAVING THE HIGHEST POPULATION AND THE DOWNTOWN ARE A HAVING THE LOWEST POPULATION THE COMMUNITIES OF CONCERN ARE ZIP CODES 95660, 95814, 958 15, 95823, 95824 AND 95838 SOCIO-DEMOGRAPHIC CONDITIONS, OR SOCIAL DETERMINANTS OF HEALTH , HELP PREDICT WHICH COMMUNITIES IN A BROAD GEOGRAPHIC AREA ARE MOST SUSCEPTIBLE TO POOR H EALTH OUTCOMES IN GENERAL, THE VAST MAJORITY OF RESIDENTS LIVING IN THE COMMUNITIES OF CO NCERN FELL INTO MULTIPLE CATEGORIES OF SOCIAL DETERMINANTS OFTEN ASSOCIATED WITH POOR HEAL TH OUTCOMES FOR EXAMPLE, ALL ZIP CODE COMMUNITIES FAR EXCEEDED THE NATIONAL BENCHMARKS FO R THE PERCENT OF FAMILIES IN A LIVING IN POVERTY WITH CHILDREN AND SINGLE-FEMALE HEADED HO USEHOLDS WITH CHILDREN LIVING IN POVERTY ALL COMMUNITIES HAD HIGH PERCENTAGES OF NON-WHIT E OR HISPANIC RESIDENTS, WITH 84% IN 95823 AND 83% IN 95824 FALLING INTO THIS CATEGORY FU RTHER, ALL COMMUNITIES OF CONCERN HAD HIGH PERCENTAGES OF RESIDENTS WITHOUT HEALTH INSURAN CE COMPARED TO STATE AND NATIONAL BENCHMARKS SUTTER ROSEVILLE MEDICAL CENTER THE HOSPITA L SERVICE AREA (HSA) WAS DETERMINED BY ANALYZING PATIENT DISCHARGE DATA COLLECTING AND AN ALYZING THE ZIP CODES OF PATIENTS DISCHARGED FROM THE HOSPITAL OVER A SIX-MONTH PERIOD ALL OWED THE PRIMARY GEOGRAPHIC AREA SERVED BY THE HOSPITAL TO BE IDENTIFIED THE HSA DETERMIN ED TO BE THE FOCUS OF THE NEEDS ASSESSMENT IS DEPICTED IN FIGURE 2 IN THE FULL REPORT THE RE ARE FOUR HOSPITALS THAT SERVE THE COMMUNITY THE FIRST STEP IN IDENTIFYING VULNERABLE C OMMUNITIES WAS TO EXAMINE SOCIO-DEMOGRAPHICS IN ORDER TO IDENTIFY AREAS OF THE HSA WITH HI GH VULNERABILITY TO CHRONIC DISEASE DISPARITIES AND POOR MENTAL HEALTH OUTCOMES RACE/ETHN ICITY, HOUSEHOLD MAKE-UP, INCOME, AND AGE VARIABLES WERE COMBINED INTO A VULNERABILITY IND EX THAT DESCRIBED THE LEVEL OF VULNERABILITY OF EACH CENSUS TRACT THIS INDEX WAS THEN MAP PED FOR THE ENTIRE HSA A TRACT WAS CONS</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	<p>PROMOTION OF COMMUNITY HEALTH SUTTER HEALTH'S MISSION IS TO "ENHANCE THE WELL-BEING OF TH E PEOPLE IN THE COMMUNITIES WE SERVE, THROUGH A NOT-FOR-PROFIT COMMITMENT TO COMPASSION AN D EXCELLENCE IN HEALTH CARE SERVICES " SUTTER HEALTH'S MISSION REACHES BEYOND THE WALLS OF OUR HOSPITALS AND FACILITIES OUR AFFILIATES FURTHER THEIR TAX-EXEMPT PURPOSE BY - BUILD ING RELATIONSHIPS OF TRUST BY WORKING COLLABORATIVELY WITH COMMUNITY GROUPS, SCHOOLS AND G OVERNMENT ORGANIZATIONS TO EFFECTIVELY LEVERAGE RESOURCES AND ADDRESS IDENTIFIED COMMUNITY NEEDS, - SUPPORTING NONPROFIT ORGANIZATIONS THAT ARE COMMITTED TO COMMUNITY HEALTH IMPROV EMENT THROUGH FINANCIAL INVESTMENTS, IN-KIND SERVICES AND EMPLOYEE VOLUNTEERISM, AND - PRO VIDING GENEROUS CHARITY CARE POLICIES FOR OUR MOST VULNERABLE COMMUNITY MEMBERS THE 2013 - 2015 IMPLEMENTATION STRATEGIES FOR SUTTER HEALTH SACRAMENTO SIERRA REGION HOSPITALS DEFI NE A VARIETY OF PROGRAMS AND PARTNERSHIPS THAT ADDRESS IDENTIFIED PRIORITY HEALTH NEEDS AN D IMPROVE THE OVERALL HEALTH OF THE COMMUNITIES THEY SERVES A FEW OF THOSE PROGRAMS AND P ARTNERSHIPS ARE DESCRIBED BELOW SUTTER MEDICAL CENTER SACRAMENTO THE INTERIM CARE PROGRA M (ICP) AND ICP PLUS HELPS SUTTER MEDICAL CENTER, SACRAMENTO (SMCS) FULFILL ITS MISSION TO PROVIDE ACCESS TO CARE FOR VULNERABLE AND TRADITIONALLY UNDERSERVED RESIDENTS A COLLABOR ATIVE OF THE FOUR HEALTH CARE SYSTEMS, COMMUNITY BASED ORGANIZATIONS AND THE COUNTY GOVERN MENT CAME TOGETHER IN SACRAMENTO TO CREATE A RESPITE CARE SHELTER FOR HOMELESS PATIENTS DI SCHARGED FROM HOSPITALS, ESTABLISHING AN 18-BED SHELTER FOR HOMELESS MEN AND WOMEN TO RECU PERATE FROM MEDICAL CONDITIONS STARTED IN 2004, THE INTERIM CARE PROGRAM LINKS PEOPLE IN NEED TO VITAL COMMUNITY SERVICES WHILE GIVING THEM A PLACE TO HEAL THE CLIENTS WHO ARE EN ROLLED IN THE ICP ARE HOMELESS ADULT INDIVIDUALS WHO OTHERWISE WOULD BE DISCHARGED TO THE STREET OR CARED FOR IN AN INPATIENT SETTING ONLY THE PROGRAM IS DESIGNED TO OFFER CLIENTS UP TO SIX WEEKS DURING WHICH THEY CAN FOCUS ON RECOVERY AND DEVELOPING A PLAN FOR THEIR H OUSING AND CARE UPON DISCHARGE THIS INNOVATIVE COMMUNITY PARTNERSHIP PROVIDES TEMPORARY R ESPITE HOUSING IN SACRAMENTO THAT OFFER HOMELESS MEN AND WOMEN A PLACE TO RECUPERATE FROM THEIR MEDICAL CONDITIONS, LINK THEM TO VITAL COMMUNITY SERVICES, AND PROVIDE THEM A PLACE TO HEAL ICP PLUS IS A PROGRAM DESIGNED FOR HOMELESS PATIENTS DISCHARGING FROM SMCS, AND I S AN ENHANCED VERSION OF THE ICP, WITH PATIENTS NEEDING A GREATER LEVEL OF SUPPORT AND SPE CIAL RESOURCES SMCS AND THE OTHER HEALTH SYSTEMS PROVIDE FINANCIAL SUPPORT FOR THIS PROGR AM WELLSPACE HEALTH, SACRAMENTO'S FEDERALLY QUALIFIED HEALTH CENTER, PROVIDES ON-SITE NUR SING AND SOCIAL SERVICES TO SUPPORT CLIENTS IN THEIR RECUPERATION AND HELP THEM MOVE OUT O F HOMELESSNESS THE WELLSPACE CASE MANAGER LINKS CLIENTS WITH MENTAL HEALTH SERVICES, SUBS TANCE ABUSE RECOVERY, HOUSING WORKSHOPS AND PROVIDES DISABILITY APPLICATION ASSISTANCE TH E SALVATION ARMY PROVIDES 18 BEDS IN A DESIGNATED WING OF THE SHELTER WHERE CLIENTS HAVE T HREE MEALS A DAY AND A SAFE, CLEAN PLACE TO RECOVER FROM THEIR HOSPITALIZATIONS IN 2015, 44 SUTTER HEALTH PATIENTS WERE SERVED, WITH 42 OF THOSE PATIENTS SUCCESSFULLY CONNECTING T O A PRIMARY CARE PROVIDER ICP PATIENTS SHOWED A 61% REDUCTION IN INPATIENT STAYS, POST-IC P AND A 56% REDUCTION IN INPATIENT BED DAYS, POST-ICP ICP PATIENTS SHOWED A 56% REDUCTION IN NON-URGENT ED USAGE AND A 22% REDUCTION IN OVERALL HOSPITAL USAGE POST-ICP MORE THAN 1,500 REFERRALS PROVIDED TO ICP CLIENTS IN 2015 TYPES OF REFERRALS PROVIDED TO ICP PATIEN TS ALCOHOL AND DRUG TREATMENT, PRIMARY AND MENTAL HEALTH CARE, GENERAL ASSISTANCE, SSI/SD I, TRANSPORTATION, HOUSING, INSURANCE, VA AND OTHER SOCIAL SERVICES THE ICP+ PROGRAM WAS DISCONTINUED SMCS IS A FOUNDING PARTNER OF TRIAGE, TRANSPORT, AND TREATMENT (T3), A PROGR AM LAUNCHED IN 2006 THAT PROVIDES SERVICES TO PATIENTS WHO SEEK EMERGENCY DEPARTMENT CARE FOR NEEDS THAT ARE BEST ADDRESSED THROUGH PREVENTIVE MEASURES AND BY PRIMARY CARE PROVIDER S THIS PROGRAM IS A MODEL FOR THE KIND OF CHANGE BEING CALLED FOR IN VARIOUS HEALTH CARE REFORM PLANS A HUGE OBSTACLE FOR HEALTHCARE PROVIDERS, INCLUDING SMSC, IS THE INAPPROPRIA TE USE OF THE EMERGENCY DEPARTMENT THIS ISSUE IS NOT ONLY PROBLEMATIC FOR THE HEALTHCARE PROVIDER, BUT ALSO FOR THE PATIENTS WHO ARE NOT RECEIVING THE APPROPRIATE CARE IN THE APPR OPRIATE PLACE, AT THE APPROPRIATE TIME PROGRAMS LIKE T3 SEEK TO CONNECT PEOPLE WHO FREQUE NTLY AND INAPPROPRIATELY USE THE EMERGENCY DEPARTMENT TO THE CORRECT RESOURCES, INCLUDING HOUSING AND MENTAL HEALTH SERVICES, WHICH IS KEY TO THE POPULATION WHO UTILIZES T3 MOVING THESE PATIENTS FROM THE EMERGENCY DEPARTMENT IMPROVES THE PATIENTS' HEALTH BY PROVIDING T HEM WITH THE APPROPRIATE CARE IN THE RIGHT SETTING, WHILE REDUCING THE WAIT FOR THOSE SEEK ING CARE FOR REAL MEDICAL EMERGENCIES, AND DRAMATICALLY REDUCING COSTS TO OUR HEALTH CARE SYSTEM SMCS PARTNERS WITH AND PROVIDES FUNDING TO</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	<p>WELLSPACE HEALTH, THE SACRAMENTO REGION'S LARGEST FEDERALLY QUALIFIED HEALTH CLINIC (FQHC), TO OFFER THIS PROGRAM TO SOME OF THE MOST VULNERABLE PATIENTS IN OUR SERVICE AREA WE TRACK AND MEASURE THE OUTCOMES OF OUR T3 PROGRAM VERY CAREFULLY T3 SACRAMENTO SERVES AN AVERAGE OF APPROXIMATELY 185 ACTIVE CLIENTS PER QUARTER PATIENTS SHOWED A 44% REDUCTION IN INPATIENT STAYS AND A 37% REDUCTION IN HOSPITAL BED DAYS USED, POST-T3 41% OF THE PATIENTS WHO WORKED WITH THE SMCS ED NAVIGATOR IN 2015 WERE SUCCESSFULLY ENROLLED IN T3 AT THE END OF 2015, T3 HAD 192 ACTIVE CLIENTS AND 473 PATIENTS WERE SERVED OVERALL BETWEEN THE PLACER AND SACRAMENTO T3 PROGRAMS (WHICH COLLECTIVELY HAD MORE THAN 260 PATIENTS AT THE END OF 2015 AND SERVED MORE THAN 700 PEOPLE OVERALL), PATIENTS RECEIVED MORE THAN 7,000 REFERRALS TO SERVICES INCLUDING PRIMARY AND MENTAL HEALTH CARE, COMMUNITY RESOURCES, FOOD BANKS, TRANSPORTATION, HOUSING, INSURANCE, INCOME AND MANY OTHER SOCIAL SERVICES ED NAVIGATORS ATTEND TO PATIENTS IN THE EMERGENCY DEPARTMENT (UPON REFERRAL FROM A SMCS EMPLOYEE AND AFTER PATIENT AGREEMENT) TO PROVIDE ASSISTANCE IN IDENTIFYING PRIMARY CARE PROVIDERS AND TO DETERMINE OTHER CLIENT NEEDS SMCS PROVIDES FUNDING TO WELLSPACE TO OFFER THIS IMPORTANT PROGRAM TO THE UNDERSERVED IN OUR COMMUNITY THE ED NAVIGATOR IS AN EMPLOYEE OF WELLSPACE HEALTH AND SERVES AS A VISIBLE ED BASED STAFF MEMBER WHO IS ABLE TO PROVIDE REFERRALS TO TREATMENT FOR THOSE WHO ARE SEEKING CARE IN THE ED FOR NON-URGENT MATTERS THE ED NAVIGATOR WILL CONNECT WITH PATIENTS AND PROVIDE REFERRALS TO PRIMARY CARE APPOINTMENTS, THE T3 PROGRAM FOR PERSONS WHO ARE FREQUENT NON-URGENT USERS, WELLSPACE AND OTHER CLINICS FOR THOSE WHO NEED A MEDICAL HOME AND OTHER IMPORTANT COMMUNITY RESOURCES, SUCH AS INSURANCE AND HOUSING THE ED NAVIGATORS ARE CRITICAL IN DIRECTING THOSE WHO NEED MEDICAL HOMES OR ACCESS TO SERVICES, TO THE RIGHT CARE IN THE RIGHT PLACE AT THE RIGHT TIME THE ED NAVIGATOR PROGRAM IS ANOTHER EXAMPLE OF THE COLLABORATIVE AND INNOVATIVE RELATIONSHIP SHARED BETWEEN SMCS AND WELLSPACE HEALTH IN 2015, SMCS NAVIGATORS CONNECTED WITH 461 PATIENTS, PROVIDING ALL OF THEM WITH VARIOUS HEALTH AND COMMUNITY RELATED SERVICES 187 (OR 41%) OF THOSE PATIENTS WERE SUCCESSFULLY REFERRED TO THE T3 PROGRAM BETWEEN THE SUTTER ROSEVILLE MEDICAL CENTER AND SMCS ED NAVIGATOR PROGRAMS, ED NAVIGATORS PROVIDED 1,062 REFERRALS TO PRIMARY AND MENTAL HEALTH APPOINTMENTS, TRANSPORTATION, SOCIAL SERVICES, FOOD BANKS, INSURANCE AND OTHER VITAL RESOURCES TO THE UNDERSERVED POPULATION IN CONJUNCTION WITH WELLSPACE HEALTH, SMCS IS EXAMINING THE POSSIBILITY OF IMPLEMENTING AN INPATIENT NAVIGATION PROGRAM THE VISION FOR THIS SERVICE IS WHERE ED NAVIGATORS, T3 AND THE INTERIM CARE PROGRAM INTERSECT WE ARE REFERRING TO THIS PROGRAM AS T3+, AS PATIENTS WOULD RECEIVE CASE MANAGEMENT SERVICES LIKE IN THE REGULAR T3 PROGRAM, BUT FOR MORE INTENSIVE ISSUES AND NEEDS WE CONTINUE TO SEE PATIENTS STAY IN THE HOSPITAL LONGER THAN NECESSARY, DUE TO HEALTH, SUBSTANCE ABUSE, MENTAL HEALTH AND OTHER ISSUES THIS SERVICE WILL HELP CONNECT WITH PATIENTS WHO WOULD BE BETTER SERVED IF THEY HAD A SAFE PLACE TO GO, OR FOLLOW UP CASE MANAGEMENT UPON DISCHARGE USING FQHC STAFF AS NAVIGATORS/T3+ CASE MANAGERS WITHIN THE WALLS OF OUR HOSPITALS, WE CAN INTEGRATE OUR CASE MANAGEMENT WITH THEIRS AND ENSURE SEAMLESS TRANSITION FOR PATIENTS WHO NEED TO BE DISCHARGED TO ANOTHER CARE ENVIRONMENT THESE T3+ NAVIGATORS WOULD FOLLOW THE PATIENTS AFTER DISCHARGE AND WORK WITH STAFF TO PROVIDE A FOLLOW-UP HEALTH PLAN, TELE-HEALTH, PAIN MANAGEMENT, ETC ALL OF THIS IS WHILE THE T3+ NAVIGATORS ENSURE THE SUCCESS OF THE PATIENTS OTHER NEEDS (E.G. HOUSING, INSURANCE ENROLLMENT, ETC) AND ENSURE PREVENTIVE FUTURE CARE IN ADDITION TO ADDRESSING THE LACK OF ACCESS TO PRIMARY AND PREVENTATIVE SERVICES, THE T3+ PROGRAM WOULD ALSO TACKLE LACK OF ACCESS TO MENTAL HEALTH SERVICES AND LACK OF HOUSING /BASIC SHELTER T3+ HAS SERVED 41 PATIENTS</p>

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 6	<p>AFFILIATED HEALTH CARE SYSTEM THE ORGANIZATION IS AFFILIATED WITH SUTTER HEALTH, A NOT-FOR-PROFIT NETWORK OF HOSPITALS, PHYSICIANS, EMPLOYEES AND VOLUNTEERS WHO CARE FOR PEOPLE WHO LIVE IN MORE THAN 100 NORTHERN CALIFORNIA TOWNS AND CITIES TOGETHER, WE'RE CREATING A MORE INTEGRATED, SEAMLESS AND AFFORDABLE APPROACH TO CARING FOR PATIENTS THE HOSPITAL'S MISSION IS TO ENHANCE THE WELL-BEING OF THE PEOPLE IN OUR COMMUNITIES THROUGH COMPASSION, EXCELLENCE AND INNOVATION IN HEALTH CARE SERVICES, RESEARCH AND EDUCATION OVER THE PAST FIVE YEARS, SUTTER HEALTH HAS COMMITTED NEARLY \$4 BILLION TO CARE FOR PATIENTS WHO COULDN'T AFFORD TO PAY, AND TO SUPPORT PROGRAMS THAT IMPROVE COMMUNITY HEALTH OUR 2015 COMMITMENT OF \$843 MILLION INCLUDES UNREIMBURSED COSTS OF PROVIDING CARE TO MEDI-CAL PATIENTS, TRADITIONAL CHARITY CARE AND INVESTMENTS IN HEALTH EDUCATION AND PUBLIC BENEFIT PROGRAMS FOR EXAMPLE - TO PROVIDE CARE TO MEDI-CAL PATIENTS IN 2015, SUTTER HEALTH INVESTED \$712 MILLION MORE THAN THE STATE PAID SUTTER HEALTH HOSPITALS PROUDLY SERVE MORE MEDI-CAL PATIENTS IN OUR NORTHERN CALIFORNIA SERVICE AREA THAN ANY OTHER HEALTH CARE PROVIDER - IN 2015, SUTTER HEALTH'S COMMITMENT TO DELIVERING CHARITY CARE TO PATIENTS WAS \$52 MILLION - THROUGHOUT OUR HEALTH CARE SYSTEM, WE PARTNER WITH AND SUPPORT COMMUNITY HEALTH CENTERS TO ENSURE THAT THOSE IN NEED HAVE ACCESS TO PRIMARY AND SPECIALTY CARE WE ALSO SUPPORT CHILDREN'S HEALTH CENTERS, FOOD BANKS, YOUTH EDUCATION, JOB TRAINING PROGRAMS AND SERVICES THAT PROVIDE COUNSELING TO DOMESTIC VIOLENCE VICTIMS EVERY THREE YEARS, SUTTER HEALTH HOSPITALS PARTICIPATE IN A COMPREHENSIVE AND COLLABORATIVE COMMUNITY HEALTH NEEDS ASSESSMENT, WHICH IDENTIFIES LOCAL HEALTH CARE PRIORITIES AND GUIDES OUR COMMUNITY BENEFIT STRATEGIES THE ASSESSMENTS HELP ENSURE THAT WE INVEST OUR COMMUNITY BENEFIT DOLLARS IN A WAY THAT TARGETS AND ADDRESSES REAL COMMUNITY NEEDS</p>

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

Schedule H (Form 990) 2015

Additional Data

Software ID:

Software Version:

EIN: 94-1156621

Name: SUTTER HEALTH SACRAMENTO SIERRA REGION

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities

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

Name, address, primary website address, and state license number

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	SUTTER GENERAL HOSPITAL 2801 L STREET SACRAMENTO, CA 95816 www.checksutterfirst.org License #030000102	X	X					X			A
2	SUTTER ROSEVILLE MEDICAL CENTER ONE MEDICAL PLAZA ROSEVILLE, CA 956613037 WWW.SUTTERROSEVILLE.ORG LICENSE #030000083	X	X					X			A
3	SUTTER MEMORIAL HOSPITAL 5151 F STREET SACRAMENTO, CA 95819 www.checksutterfirst.org LICENSE #030000102	X	X					X			A
4	SUTTER SOLANO MEDICAL CENTER 300 HOSPITAL DRIVE VALLEJO, CA 945892574 WWW.SUTTERSOLANO.ORG LICENSE #110000082	X	X					X			A
5	SUTTER AUBURN FAITH HOSPITAL 11815 EDUCATION STREET AUBURN, CA 956022410 WWW.SUTTERAUBURNFAITH.ORG LICENSE #030000012	X	X					X			A
6	SUTTER CENTER FOR PSYCHIATRY 7700 FOLSOM STREET SACRAMENTO, CA 958262608 www.checksutterfirst.org LICENSE #030000347	X									A
7	SUTTER AMADOR HOSPITAL 200 MISSION BLVD JACKSON, CA 956422564 WWW.SUTTERAMADOR.ORG LICENSE #030000008	X	X					X			A
8	SUTTER DAVIS HOSPITAL 2000 SUTTER PLACE DAVIS, CA 956166201 WWW.SUTTERDAVIS.ORG LICENSE #030000124	X	X					X			A
9	SUTTER MED CTR SAC WOMEN & CHILDRENS 2825 CAPITOL AVENUE SACRAMENTO, CA 956165616 WWW.CHECKSUTTERFIRST.ORG LICENSE #030000102	X	X					X			

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
1 INFUSION THERAPY CENTER 11710 EDUCATION STREET AUBURN,CA 95602	OUTPATIENT SERVICES
1 INFUSIONOSTOMY DEPARTMENT 11710 EDUCATION STREET AUBURN,CA 95602	OUTPATIENT SERVICES
2 WOUND CAREOSTOMY DEPARTMENT 11775 EDUCATION STREET AUBURN,CA 95602	OUTPATIENT SERVICES
3 CARDIOPULMONARY REHAB SERVICES 11795 EDUCATION STREET 205 AUBURN,CA 95603	OUTPATIENT SERVICES
4 INFUSION SERVICES 2020 SUTTER PLACE DAVIS,CA 95616	OUTPATIENT SERVICES
5 CARDIAC REHABILITATION 2030 SUTTER PLACE DAVIS,CA 95616	OUTPATIENT SERVICES
6 SUTTER AMADOR WOMEN'S SERVICES 100 MISSION BLVD JACKSON,CA 95642	OUTPATIENT SERVICES
7 PEDIATRIC AND CARDIAC CENTER 100 MISSION BLVD JACKSON,CA 95642	OUTPATIENT SERVICES
8 DIABETES EDUCATION CLINIC 200 MISSION BLVD JACKSON,CA 95642	OUTPATIENT SERVICES
9 JACKSON FAMILY PRACTICE 255 NEW YORK RANCH ROAD STE C JACKSON,CA 95642	OUTPATIENT SERVICES
10 SUTTER SLEEP DISORDERS CENTER 1411 SECRET RAVINE PARKWAY STE 150 ROSEVILLE,CA 95661	OUTPATIENT SERVICES
11 OUTPATIENT SURGERY DEPARTMENT FOUR MEDICAL PLAZA ROSEVILLE,CA 95661	OUTPATIENT SERVICES
12 WOUND CARE CENTER ONE MEDICAL PLAZA ROSEVILLE,CA 95661	OUTPATIENT SERVICES
13 CHILDREN'S OUTPATIENT SERVICE CENTER 1625 STOCKTON BLVD SACRAMENTO,CA 95819	OUTPATIENT SERVICES
14 AMBULATORY SURGERY CENTER 2725 CAPITOL AVENUE SACRAMENTO,CA 95816	OUTPATIENT SERVICES

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

Name and address	Type of Facility (describe)
16 INFUSION CENTER 1020 29TH STREET STE 690 SACRAMENTO, CA 95816	OUTPATIENT SERVICES
1 OUTPATIENT SERVICE CENTER 2800 L STREET SACRAMENTO, CA 95816	OUTPATIENT SERVICES
2 FORT SUTTER SURGERY CENTER 2801 K STREET SACRAMENTO, CA 95816	OUTPATIENT SERVICES
3 AUDIOLOGY AND ADULT DIABETES CLINICS 5151 F STREET BUILDING E SACRAMENTO, CA 95819	OUTPATIENT SERVICES
4 SUTTER CENTER FOR PSYCHIATRY 855 HOWE AVENUE SACRAMENTO, CA 95826	OUTPATIENT SERVICES
5 SUTTER CANCER CENTER 100 HOSPITAL DRIVE VALLEJO, CA 94589	OUTPATIENT SERVICES
6 ROSEVILLE ENDOSCOPY CENTER 4 MEDICAL PLAZA ROSEVILLE, CA 95661	OUTPATIENT SERVICES
7 SUTTER AMADOR SURGERY CENTER 223 CLINTON RD JACKSON, CA 95642	OUTPATIENT SERVICES
8 SUTTER PIONEER HEALTH CENTER 24685 HIGHWAY 88 PIONEER, CA 95666	OUTPATIENT SERVICES
9 SUTTER REHABILITATION INSTITUTE 6 MEDICAL PLAZA ROSEVILLE, CA 95661	OUTPATIENT SERVICES

2015

94-1156621

☐ No

(h) Purpose of grant or assistance

Schedule I (Form 990) 2015

Part IIIGrants 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 IVSupplemental 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	IN ORDER TO CLOSELY MONITOR EFFICIENCY AND EFFECTIVENESS, THE COMMUNITY BENEFIT FUNCTION OUTLINES MEASURABLE REPORTING (QUARTERLY, SIX-MONTH AND/OR YEAR-END), PROGRAM AND FUNDING REQUIREMENTS IN A MEMORANDUM OF UNDERSTANDING (MOU), BUSINESS SERVICES AGREEMENT (BSA), OR JOINT VENTURE AGREEMENT FOR EACH INVESTMENT MADE WITH A COMMUNITY PARTNER WHERE IT IS DETERMINED NECESSARY, ADDITIONAL EFFORTS ARE MADE TO MONITOR EFFECTIVENESS AND EFFICIENCY OF INVESTMENTS, WHICH COULD INCLUDE - QUARTERLY MEETINGS WITH COMMUNITY PARTNERS - E-MAIL AND TELEPHONIC COMMUNICATIONS WITH COMMUNITY PARTNERS - CONTINUED DIALOGUE WITH INVOLVED HOSPITAL STAFF AND COMMUNITY PARTNERS THROUGHOUT DURATION OF PROGRAM - SITE VISITS WITH COMMUNITY PARTNERS - BI-ANNUAL "OUTCOMES" SURVEY (6-MONTH AND YEAR-END OUTCOMES) - REVIEW OF HOSPITAL USAGE AND PATIENT LEVEL DATA - COLLECTION OF PATIENT STORIES AND NARRATIVES - COLLABORATIVE DISCUSSIONS AROUND AD-HOC SUCCESSES AND CHALLENGES THAT ARISE - REPORTING TO INCLUDE YEAR-END FINANCIAL SUMMARY THAT COMPARES ACTUAL EXPENDITURES TO THE FUNDED PROJECTS BUDGET, INDICATING ANY UNUSED AMOUNT OF GRANT FUNDS AT THE END OF EACH YEAR/REPORTING PERIOD, COMMUNITY BENEFIT ANALYZES FULL-YEAR DATA TO ENSURE COMMUNITY PARTNERS MET THE OBJECTIVES OUTLINED IN THE MOU OR BSA IF THE COMMUNITY PARTNERS DID NOT REACH THE ANTICIPATED OUTCOMES, COMMUNITY BENEFIT WORKS TO UNDERSTAND WHAT CIRCUMSTANCES PREVENTED THE ORGANIZATION FROM NOT MEETING THE GOALS TO HELP IDENTIFY WAYS TO IMPROVE OR PERHAPS RE-EVALUATE WHAT SUCCESS OF THIS PROGRAM LOOKS LIKE, AND MAKES THE DETERMINATION TO CONTINUE OR TERMINATE FUNDING

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WELLSPACE HEALTH 1820 J ST SACRAMENTO,CA 95811	94-1713704	501(C)(3)	4,698,605				GENERAL SUPPORT
HEALTHY CMNTY FORUM FOR GREATER SAC REG 8928 VOLUNTEER LN STE 220 SACRAMENTO,CA 95826	68-0377256	501(C)(3)	1,100,000				GENERAL SUPPORT
SACRAMENTO STEPS FORWARD 1331 GARDEN HWY STE 100 SACRAMENTO,CA 95833	27-4907397	501(C)(3)	1,000,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNICARE HEALTH CENTERS PO BOX 1260 DAVIS, CA 95617	94-2188574	501(C)(3)	600,000				GENERAL SUPPORT
TURNING POINT COMMUNITY PROGRAM 3440 VIKING DR STE 114 SACRAMENTO, CA 95827	94-2609766	501(C)(3)	500,000				GENERAL SUPPORT
NEHEMIAH COMMUNITY REINVESTMENT FUND INC 640 BERCUT DR STE A STE 220 SACRAMENTO, CA 95811	68-0365842	501(C)(3)	383,333				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOS RIOS COMM COLLEGE FNDT 1919 SPANOS CT SACRAMENTO, CA 95825	94-2506591	501(c)(3)	284,617				GENERAL SUPPORT
LA CLINICA DE LA RAZA 1515 FRUITVALE AVE OAKLAND, CA 94601	94-1744108	501(C)(3)	269,786				GENERAL SUPPORT
SENIORS FIRST 12183 LOCKSLEY LN STE 205 AUBURN, CA 95602	68-0430154	501(C)(3)	187,527				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VALLEY VISION INC 2320 BROADWAY SACRAMENTO, CA 95818	94-3214572	501(C)(3)	90,000				GENERAL SUPPORT
SACRAMENTO NATIVE AMERICAN HEALTH CTR INC 2020 J ST SACRAMENTO, CA 95811	20-4287737	501(C)(3)	150,000				GENERAL SUPPORT
GATHERING INN 201 BERKELEY AVE ROSEVILLE, CA 95678	84-1657746	501(C)(3)	147,020				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
WEAVE PO BOX 161389 SACRAMENTO, CA 95816	94-2493158	501(C)(3)	80,000				GENERAL SUPPORT
LATINO LEADERSHIP COUNCIL INC 2945 BELL RD STE 274 AUBURN, CA 95603	27-0970476	501(C)(6)	50,000				GENERAL SUPPORT
SOLANO COALITION FOR BETTER HEALTH 1 HARBOR DR STE 270 SUISUN CITY, CA 94585	94-3189914	501(C)(3)	48,518				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY SERVICE EDUCATION 5380 ELVAS AVE SACRAMENTO, CA 95819	23-7003581	501(c)(3)	35,000				GENERAL SUPPORT
KVIE INC DBA KVIE CHANNEL 6 2030 W EL CAMINO AVE SACRAMENTO, CA 95833	94-1421463	501(C)(3)	35,000				GENERAL SUPPORT
RONALD MCDONALD HOUSE CHARITIES NORTHERN CA 2555 49TH ST SACRAMENTO, CA 95817	68-0147193	501(C)(3)	25,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
AMADOR COMMUNITY FOUNDATION PO BOX 1154 JACKSON,CA 95642	68-0447992	501(C)(3)	20,000				GENERAL SUPPORT
CENTER FOR HEALTHCARE DECISIONS INC 955 UNIVERSITY AVE STE C SACRAMENTO,CA 95825	68-0441958	501(C)(3)	10,000				GENERAL SUPPORT
KEATON RAPHAEL MEMORIAL FOR NEUROBLASTOMA 2260 DOUGLAS BLVD STE 150 ROSEVILLE,CA 95661	68-0406980	501(C)(3)	10,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
KIDS FIRST 124 MAIN ST ROSEVILLE, CA 95678	68-0195225	501(C)(3)	10,000				GENERAL SUPPORT
LIGHTHOUSE COUNSELING & FAMILY RSRC CTR 427 A ST STE 400 LINCOLN, CA 95648	35-2252834	501(C)(3)	10,000				GENERAL SUPPORT
SIERRA FOREVER FAMILIES 138 NEW MOHAWK RD STE 200 NEVADA CITY, CA 95959	68-0002878	501(C)(3)	10,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
LEAPFROG GROUP 1660 L ST NW STE 308 WASHINGTON, DC 20036	52-2359517	501(C)(3)	8,800				GENERAL SUPPORT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" 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.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
SUTTER HEALTH SACRAMENTO SIERRA REGION

Employer identification number
94-1156621

Part I Questions Regarding Compensation

	Yes	No
1a 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><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Tax indemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2 Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 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: a The organization?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No
6 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: a The organization?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No
7 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.	7 Yes	
8 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.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

For each individual whose compensation must be reported 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				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A	TAX INDEMNIFICATION. STANDARD POLICY FOR ALL SUTTER HEALTH EMPLOYEES IS THAT NON-CASH GIFTS AND AWARDS ARE GROSSED-UP FOR TAX PURPOSES. THE AMOUNT OF THE GROSS-UP IS ADDED TO THE EMPLOYEES' WAGES AND TAXED ACCORDINGLY.
SCHEDULE J, PART I, LINE 3	SUPPLEMENTAL COMPENSATION INFORMATION. THE CEO OF THIS ORGANIZATION IS AN EMPLOYEE OF SUTTER HEALTH, A RELATED TAX-EXEMPT ORGANIZATION. THE COMPENSATION COMMITTEE OF THE SUTTER HEALTH BOARD OF DIRECTORS RETAINS ULTIMATE DISCRETIONARY AUTHORITY OVER ALL ELEMENTS OF COMPENSATION TO ASSURE THAT ORGANIZATIONAL PURPOSES ARE APPROPRIATELY BEING SERVED. THE COMPENSATION COMMITTEE USES CREDIBLE DATA SOURCES AND MAINTAINS AN OBJECTIVE "ARMS LENGTH" DECISION-MAKING PROCESS, ENSURING THE INTEGRITY OF SUTTER'S EXECUTIVE PROGRAMS AND CONSISTENCY WITH THE ORGANIZATION'S OVERALL MISSION. SEE SCHEDULE O NARRATIVE FOR PART VI, LINE 15 FOR A FULL DESCRIPTION OF THE COMPENSATION APPROVAL PROCESS COMPLETED BY SUTTER HEALTH.
SCHEDULE J, PART I, LINE 4B	NONQUALIFIED RETIREMENT PLAN. THE PURPOSE OF THE NONQUALIFIED RETIREMENT PLAN IS TO PROVIDE SUTTER HEALTH EXECUTIVES WITH A COMPETITIVE RETIREMENT BENEFIT CONSISTENT WITH SUTTER HEALTH'S OVERALL COMPENSATION PHILOSOPHY FOR ALL EMPLOYEES. CONTRIBUTIONS ARE DESIGNED TAKING INTO CONSIDERATION LOST RETIREMENT BENEFITS THAT WOULD OTHERWISE BE OBTAINED THROUGH THE QUALIFIED PENSION PLAN. SUTTER'S PLANS ARE DESIGNED CONSISTENT WITH COMPETITIVE INDUSTRY PRACTICES. THE RETIREMENT PLAN FOR SUTTER HEALTH EMPLOYEES IS A COMBINATION OF SOCIAL SECURITY, 403(B) 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 ELIGIBLE EARNINGS BEYOND THE IRS DEFINITION OF INCLUDIBLE COMPENSATION ("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 457(F)) FALLS BELOW 50% - 65% OF FINAL 4-YEAR AVERAGE BASE SALARY WHEN RETIRING AT AGE 65 WITH 22.5 YEARS OF SERVICE. TARGET BENEFIT LEVELS ARE DISCOUNTED FOR YEARS OF SERVICE LESS THAN 22.5 AT AGE 65. 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. THE FOLLOWING INDIVIDUALS RECEIVED 457(F) NON-QUALIFIED PAYMENTS DURING THE YEAR: PAT BRADY - \$17,446; THOMAS BLINN - \$49,763.
SCHEDULE J, PART I, LINE 7	NON-FIXED PAYMENTS. SPOT AWARDS ARE INFREQUENTLY USED TO REWARD EMPLOYEES. THERE ARE NO SPECIFIC GUIDELINES FOR THE AMOUNT OF THE SPOT AWARD, BUT THE AMOUNT TENDS TO NOT EXCEED 5% TO 10% OF GROSS ANNUAL SALARY. 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 UP TO 5% TO THE AWARD PROVIDED THE TOTAL AWARD (FORMULA PORTION PLUS DISCRETIONARY) DOES NOT EXCEED THE MAXIMUM ESTABLISHED FOR ANY GIVEN EXECUTIVE. LONG TERM PERFORMANCE PLANS. SUTTER HEALTH ALSO EMPLOYS LONG TERM PERFORMANCE PLANS WHICH ARE DESIGNED TO FOCUS ON LONGER TERM STRATEGIC OBJECTIVES OF THE ORGANIZATION. SUTTER'S LONG TERM PERFORMANCE PLAN APPROACH IS A COMBINATION OF BOTH LONGER TERM MEASURES OF ORGANIZATION SUCCESS AND KEY ORGANIZATION STRATEGIES WHICH REQUIRE THE COMBINED EFFORT OF ALL LEADERSHIP TO ACHIEVE SUCCESS. SUTTER USES A COMMON FATE APPROACH IN THAT ALL PLAN PARTICIPANTS ARE MEASURED AGAINST THE SAME, ORGANIZATION-WIDE CRITERIA VS. INDIVIDUAL EFFORTS. THIS FOSTERS A COMMON PURPOSE ACROSS LEADERSHIP AND A SHARED SENSE OF ACCOUNTABILITY FOR THE OVERALL SUCCESS OF SUTTER HEALTH. TO ENSURE THAT EXTRAORDINARY EFFORTS BY INDIVIDUALS CAN BE RECOGNIZED AND THAT ACTIONS OF LEADERSHIP ARE CONSISTENT WITH SUPPORTING SUTTER HEALTH'S OVERALL MISSION, VISION, AND VALUES, SUTTER'S LONG TERM INCENTIVE PLAN APPROACH ALSO INCORPORATES A COMBINATION OF CEO AND SUTTER HEALTH COMPENSATION COMMITTEE DISCRETION. IN SOME CASES, THE SUTTER HEALTH COMPENSATION COMMITTEE HAS DELEGATED AUTHORITY TO THE PRESIDENT & CEO TO MODIFY INDIVIDUAL AWARDS WITHIN LIMITS THAT HAVE BEEN PRE-APPROVED BY THE SUTTER HEALTH COMPENSATION COMMITTEE. THIS INCLUDES BOTH THE REDUCTION AND INCREASE OF AWARD AMOUNTS. SUCH MODIFICATIONS GENERALLY DO NOT EXCEED +/- 20% AND ARE EMPLOYED JUDICIOUSLY. IN ALL CASES, THE COMPENSATION COMMITTEE OF THE BOARD DETERMINES ACHIEVEMENT OF ORGANIZATION GOALS AND MAKES FINAL AWARD DETERMINATION WHICH MAY RESULT IN A REDUCTION OF AWARD IF APPROPRIATE. ALL SENIOR EXECUTIVE AWARDS ARE REVIEWED FOR COMPENSATION REASONABLENESS AND APPROVED PRIOR TO PAYMENT BY THE COMPENSATION COMMITTEE.

Additional Data

Software ID:

Software Version:

EIN: 94-1156621

Name: SUTTER HEALTH SACRAMENTO SIERRA REGION

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1James Conforti Regional President, SHSSR	(i)	0	0	0	0	0	0	0
	(ii)	707,108	579,602	71,820	376,742	24,453	1,759,725	363,827
1Patnck Fry President & CEO SH (PART YEAR)	(i)	0	0	0	0	0	0	0
	(ii)	1,562,833	1,913,420	365,492	3,592,743	35,166	7,469,654	1,281,022
2Peter Hull MDTrustee	(i)	0	0	208,000	0	0	208,000	0
	(ii)	0	0	0	0	0	0	0
3Sarah Krevans PRES & COO SH, ASST SEC SHSSR	(i)	0	0	0	0	0	0	0
	(ii)	1,045,572	888,993	143,129	470,092	26,048	2,573,834	559,293
4Paige Terra CONTROLLER, SHSSR	(i)	0	0	0	0	0	0	0
	(ii)	417,285	231,744	14,473	109,542	17,813	790,857	122,154
5PENNY WESTFALL VP & REG COUNSEL, SSR	(i)	0	0	0	0	0	0	0
	(ii)	353,869	190,142	1,461	100,142	12,069	657,683	78,012
6Thomas Blinn CEO, Reg Amb Care, SRR	(i)	0	0	0	0	0	0	0
	(ii)	503,301	291,047	64,961	167,342	18,732	1,045,383	140,475
7Pat Brady CEO, Sutter Roseville Med Ctr	(i)	0	0	0	0	0	0	0
	(ii)	469,528	322,547	101,289	175,242	19,642	1,088,248	212,302
8Dennie Conrad REG VP, PLNNG & BUS DEV SHSSR	(i)	0	0	0	0	0	0	0
	(ii)	293,782	163,575	14,999	69,042	11,801	553,199	78,012
9Terry Glubka CEO, Sutter Solano Medical Ctr	(i)	0	0	0	0	0	0	0
	(ii)	396,683	249,267	35,620	115,942	18,006	815,518	142,653
10Mitch HannaCAO, SAFH	(i)	0	0	0	0	0	0	0
	(ii)	350,257	206,552	68,608	109,042	17,927	752,386	124,098
11Jennifer Maher CEO, Sutter Davis Hospital	(i)	0	0	0	0	0	0	0
	(ii)	269,718	44,807	9,213	63,795	11,137	398,670	0
12Came Owen-Plietz CEO, Sutter Med Ctr Sacramento	(i)	0	0	0	0	0	0	0
	(ii)	488,419	358,753	61,741	142,592	21,862	1,073,367	140,475
13Anne Platt CEO, SUTTER AMADOR HOSPITAL	(i)	0	0	0	0	0	0	0
	(ii)	273,388	176,335	24,332	80,792	19,102	573,949	78,012
14Thomas Ream II Reg CIO, Sac Sierra Region	(i)	0	0	0	0	0	0	0
	(ii)	228,588	192,668	12,431	49,891	10,576	494,154	87,412
15John Boyd CAO, MNTL HLTH & CONT CARE SSR	(i)	0	0	0	0	0	0	0
	(ii)	302,546	134,028	18,393	85,692	11,173	551,832	49,948
16Shelly McGnff CNE Sutter Med Ctr Sac	(i)	0	0	0	0	0	0	0
	(ii)	288,596	119,863	31,085	37,892	12,185	489,621	67,462
17John Mesic MD CMO, Sac Sierra Region	(i)	0	0	0	0	0	0	0
	(ii)	524,266	255,760	58,577	156,842	15,528	1,010,973	130,954
18BARBARA NELSON CNE, SUTTER ROSEVILLE MED CTR	(i)	0	0	0	0	0	0	0
	(ii)	279,568	124,384	20,471	58,092	8,887	491,402	61,467
19Jeffrey Szczesny Reg VP HR, Sac Sierra Region	(i)	0	0	0	0	0	0	0
	(ii)	387,740	211,092	28,374	91,742	16,798	735,746	107,843

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21Jeff Sprague SVP & CFO, SHSSR (FMR OFFICER)	(i)	0	0	0	0	0	0	0
	(ii)	676,648	503,008	85,177	486,742	29,326	1,780,901	257,560
1Janet Wagner CEO MILLS PNSLA DIV (FMR KEY)	(i)	0	0	0	0	0	0	0
	(ii)	400,297	249,464	40,107	128,292	17,235	835,395	121,295

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As Filed Data -

DLN: 93493314032126

Schedule K
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

SUTTER HEALTH SACRAMENTO SIERRA REGION

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

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

Employer identification number

94-1156621

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A CSCDA 2003AB	68-0164610	130795EE3	05-01-2007	101,118,867	CONSTRUCTION & REFUND - 1/30/03		X		X		X
B CSCDA 2004CD	68-0164610	130795TE7	05-06-2008	87,750,717	CONSTRUCTION & REFUND - 2/17/04		X		X		X
C CSCDA 2005BC	68-0164610	130795EG8	05-01-2007	49,994,066	REFUNDING - 1995		X		X		X
D CHFFA 2007A	52-1643828	13033FQ37	05-01-2007	790,998,316	CONSTRUCT & EQUIP FACILITY		X		X		X

Part II

Proceeds

					A	B	C	D		
1	Amount of bonds retired				0	18,180,000	0	0		
2	Amount of bonds legally defeased				0	0	0	0		
3	Total proceeds of issue				105,631,049	89,238,919	52,595,244	858,694,930		
4	Gross proceeds in reserve funds				9,012,451	8,690,798	3,464,786	0		
5	Capitalized interest from proceeds				0	0	0	55,398,317		
6	Proceeds in refunding escrows				0	0	0	0		
7	Issuance costs from proceeds				0	0	0	0		
8	Credit enhancement from proceeds				0	0	0	0		
9	Working capital expenditures from proceeds				0	0	0	0		
10	Capital expenditures from proceeds				0	0	0	783,091,871		
11	Other spent proceeds				96,618,598	80,548,121	49,130,458	20,204,742		
12	Other unspent proceeds				0	0	0	0		
13	Year of substantial completion							2011		
					Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?				X		X		X	
15	Were the bonds issued as part of an advance refunding issue?					X		X		X
16	Has the final allocation of proceeds been made?				X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?				X		X		X	

Part III

Private Business Use

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

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X			X		X	X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X						X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government▶	0 100 %		0 010 %		0 %		0 480 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government▶	0 010 %		0 %				0 %	
6	Total of lines 4 and 5	0 110 %		0 010 %				0 480 %	
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?.		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?.		X		X		X		X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?.	X		X		X		X	

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	X			X	X		X	
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?			X					
b	Exception to rebate?				X				
c	No rebate due?				X				
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider	0		0		0		0	
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider	0		0		0		0	
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
SCHEDULE K	THE ORGANIZATION'S SOLE CORPORATE MEMBER IS A CONDUIT BORROWER OF TAX-EXEMPT BOND ISSUES THAT ALLOCATES PORTIONS OF EACH ISSUE TO CERTAIN SUBSIDIARY ORGANIZATIONS, INCLUDING THE ORGANIZATION. THE OUTSTANDING BOND LIABILITY ALLOCATED TO THIS ORGANIZATION IS REPORTED ON FORM 990, PART X, BALANCE SHEET AND PART VI HEREIN. WITH THE EXCEPTION OF THIS PORTION OF PART VI, THE SCHEDULE K FOR THIS ORGANIZATION IS REPORTING INFORMATION FOR THE ENTIRE BOND ISSUE.

Return Reference	Explanation
SCHEDULE K, PART I, COLUMN (E)	<p>THE FILING ORGANIZATION RECEIVED BOND PROCEEDS IN THE AMOUNTS OF \$71,057,880 FROM THE 2003AB ISSUE, \$26,894,201 FROM THE 2004CD ISSUE, \$11,462,772 FROM THE 2005BC ISSUE AND \$87,364,713 FROM THE 2007A ISSUE SCHEDULE K, PART I, COLUMN (E) THE FILING ORGANIZATION RECEIVED BOND PROCEEDS IN THE AMOUNTS OF \$155,359,368 FROM THE 2008A ISSUE, \$121,940,351 FROM THE 2008BC BOND ISSUE, \$271,589,951 FROM THE 2011A ISSUE AND \$25,717,260 FROM THE 2011C ISSUE SCHEDULE K, PART I, COLUMN (E) THE FILING ORGANIZATION RECEIVED BOND PROCEEDS IN THE AMOUNTS OF \$60,477,124 FROM THE 2011D ISSUE, \$79,418,843 FROM THE 2012A ISSUE AND \$46,787,674 FROM THE 2015A ISSUE SCHEDULE K, PART I-1, LINE A, COLUMN (F)(CSCDA 2003AB) THE INITIAL BONDS ISSUED IN 2003 WERE "NEW MONEY" BONDS THAT WERE RETIRED AND REISSUED ON MAY 1, 2007 ACCORDINGLY, WHERE APPROPRIATE, SCHEDULE K REFLECTS THE CURRENT REFUNDING BONDS THAT WERE TREATED AS REISSUED RATHER THAN REFLECTING THE ORIGINAL "NEW MONEY" BONDS SCHEDULE K, PART I-1, LINE B, COLUMN (F) (CSCDA 2004CD) THE INITIAL BONDS ISSUED IN 2004 WERE "NEW MONEY" BONDS THAT WERE RETIRED AND REISSUED ON MAY 6, 2008 ACCORDINGLY, WHERE APPROPRIATE, SCHEDULE K REFLECTS THE CURRENT REFUNDING BONDS THAT WERE TREATED AS REISSUED RATHER THAN REFLECTING THE ORIGINAL "NEW MONEY" BONDS SCHEDULE K, PART I-1, LINE C, COLUMN (F) (CSCDA 2005BC) THE INITIAL BONDS ISSUED IN 2005 REFUNDED 1995 CERTIFICATES AND WERE RETIRED AND REISSUED ON MAY 1, 2007 ACCORDINGLY, WHERE APPROPRIATE, SCHEDULE K REFLECTS THE CURRENT REFUNDING BONDS THAT WERE TREATED AS REISSUED RATHER THAN REFLECTING THE ORIGINAL REFUNDING BONDS SCHEDULE K, PART I-2, LINE A, COLUMN (F) (CHFFA 2008A) THE REFUNDING OCCURRED VIA THE REPAYMENT OF A DRAW ON A TAXABLE LINE OF CREDIT, DRAWN IN SEVERAL INSTALLMENTS BETWEEN APRIL 7 AND APRIL 11, 2008, USED TO REFUND THE 2007, 2004 AND 2002 ISSUES THE REFUNDED BONDS ISSUED IN 2007 WERE USED TO REFUND BONDS ISSUED IN 1991 AND 1995 THE REFUNDED BONDS ISSUED IN 2004 WERE USED FOR EXPANSION THE REFUNDED BONDS ISSUED IN 2002 WERE USED TO REFUND BONDS ISSUED IN 1922, WHICH WERE USED TO REFUND BONDS ISSUED IN 1985, 1986 AND 1987 SCHEDULE K, PART II, LINE 7 ISSUANCE COSTS WERE FUNDED THROUGH EQUITY CONTRIBUTIONS</p>

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DLN: 93493314032126

Schedule K
(Form 990)

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

SUTTER HEALTH SACRAMENTO SIERRA REGION

Employer identification number

94-1156621

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A CHFFA 2008A	52-1643828	13033F2L3	05-14-2008	329,041,638	REFUND - 5/21/02, 2/17/04, 5/01/07		X		X		X
B CSCDA 2008BC	68-0164610	130795TD9	05-14-2008	291,999,417	CONSTRUCT & EQUIP FACILITY		X		X		X
C CSCDA 2011A	68-0164610	1307952Q9	02-10-2011	271,589,951	CONSTRUCT & EQUIP FACILITY		X		X		X
D CSCDA 2011C	68-0164610	1307954U8	12-22-2011	38,777,964	REFUNDING - 1999		X		X		X

Part II

Proceeds

	A	B	C	D				
1 Amount of bonds retired	104,255,000	0	0	0				
2 Amount of bonds legally defeased	0	0	0	0				
3 Total proceeds of issue	329,041,638	307,344,038	276,420,623	38,777,964				
4 Gross proceeds in reserve funds	0	0	0	0				
5 Capitalized interest from proceeds	0	31,655,776	0	0				
6 Proceeds in refunding escrows	0	0	0	38,777,964				
7 Issuance costs from proceeds	0	0	0	0				
8 Credit enhancement from proceeds	0	0	0	0				
9 Working capital expenditures from proceeds	0	0	0	0				
10 Capital expenditures from proceeds	0	262,891,121	276,420,623	0				
11 Other spent proceeds	329,041,638	12,797,141	0	0				
12 Other unspent proceeds	0	0	0	0				
13 Year of substantial completion		2015	2014					
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X			X		X	X	
15 Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16 Has the final allocation of proceeds been made?	X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X			
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X			
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government▶	1 010 %		0 240 %		0 140 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government▶	0 060 %		0 020 %		0 040 %			
6	Total of lines 4 and 5	1 070 %		0 260 %		0 180 %			
7	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?.		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?.		X		X		X		
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?.	X		X		X			

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X		X		X	
b	Exception to rebate?		X		X		X		X
c	No rebate due?		X		X		X		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider	0		0		0		0	
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV **Arbitrage** *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider	0		0		0		0	
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V **Procedures To Undertake Corrective Action**

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

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

Employer identification number

94-1156621

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A CHFFA 2011D	52-1643828	13033LVW4	12-22-2011	331,759,643	CONSTRUCT & REFUNDING - 1998		X		X		X
B CSCDA 2012A	68-0164610	1307956K8	07-11-2012	132,681,869	REFUNDING - 2002		X		X		X
C CHFFA 2015A	52-1643828	13032UAR9	11-12-2015	204,061,105	REFUND 2005A & 1995 CERTIFICATES		X		X		X

Part II		Proceeds									
		A		B		C		D			
1	Amount of bonds retired	0		0		0					
2	Amount of bonds legally defeased	0		0		0					
3	Total proceeds of issue	334,684,174		132,681,869		204,061,105					
4	Gross proceeds in reserve funds	0		0		0					
5	Capitalized interest from proceeds	0		0		0					
6	Proceeds in refunding escrows	65,070,000		0		0					
7	Issuance costs from proceeds	0		0		0					
8	Credit enhancement from proceeds	0		0		0					
9	Working capital expenditures from proceeds	0		0		0					
10	Capital expenditures from proceeds	145,589,174		0		0					
11	Other spent proceeds	124,025,000		132,681,869		204,061,105					
12	Other unspent proceeds	0		0		0					
13	Year of substantial completion	2014									
		Yes	No	Yes	No	Yes	No	Yes	No		
14	Were the bonds issued as part of a current refunding issue?	X		X		X					
15	Were the bonds issued as part of an advance refunding issue?		X		X		X				
16	Has the final allocation of proceeds been made?	X		X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X					

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X					
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X					
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 080 %		0 %			
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶			0 %		0 %			
6	Total of lines 4 and 5			0 080 %		0 %			
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?.		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?.		X		X				
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?.	X		X					

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X		X			
b	Exception to rebate?		X		X		X		
c	No rebate due?		X		X		X		
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b	Name of provider	0		0		0			
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b	Name of provider	0		0		0			
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X			

Part V Procedures To Undertake Corrective Action

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

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

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JENNIFER P NEWELL	SEE PART V	94,421	SEE PART V		No
(2) MORAG M THOMSON	SEE PART V	16,802	SEE PART V		No

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART IV	DESCRIPTION OF BUSINESS TRANSACTIONS WITH INTERESTED PERSONS MICHAEL NEWELL IS A TRUSTEE OF SUTTER HEALTH SACRAMENTO REGION (SHSSR) HIS SPOUSE IS AN RN AT SUTTER DAVIS HOSPITAL WHICH IS PART OF SHSSR HELEN THOMSON IS A TRUSTEE OF SHSSR HER DAUGHTER IS AN RN AT SHSSR

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
SUTTER HEALTH SACRAMENTO SIERRA REGION

Employer identification number
94-1156621

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	1	26,141	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other	X	1	654,500	FMV
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>GIFTS-IN-KIND</u>)	X	2	766	FMV
26 Other ► (<u> </u>)				
27 Other ► (<u> </u>)				
28 Other ► (<u> </u>)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

1

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

No

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II

Supplemental Information.

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

Return Reference	Explanation
SCHEDULE M, PART I, COLUMN (B)	COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED

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.**2015****Open to Public
Inspection**Name of the organization
SUTTER HEALTH SACRAMENTO SIERRA REGION**Employer identification number**

94-1156621

**Return
Reference****Explanation**FORM 990, PART I,
LINE 1 AND PART
III, LINE 1

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

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>SUTTER HEALTH SACRAMENTO SIERRA REGION SUTTER HEALTH SACRAMENTO SIERRA REGION SERVES SACRAMENTO, PLACER, AMADOR, EL DORADO, NEVADA, YOLO, SOLANO, YUBA AND SUTTER COUNTIES WITH COMPREHENSIVE HEALTH CARE WE STRIVE TO PROVIDE ACCESS TO PRIMARY CARE PHYSICIANS AND SPECIALTY SERVICES IN EACH OF OUR COMMUNITIES, AND HAVE A NETWORK OF MORE THAN 1,000 PHYSICIANS REGIONALLY AND MORE THAN 5,000 THROUGHOUT THE SUTTER HEALTH SYSTEM COMMUNITY BENEFIT PROGRAMS ALL SUTTER HEALTH SACRAMENTO SIERRA REGION HOSPITAL FACILITIES PARTICIPATED IN THE FOLLOWING COMMUNITY BENEFIT PROGRAM FREE MAMMOGRAM SCREENING PROGRAM THROUGHOUT THE MONTH OF OCTOBER, SUTTER DIAGNOSTIC IMAGING CENTERS ACROSS THE REGION PROVIDED UNINSURED/UNDERINSURED WOMEN THE OPPORTUNITY TO RECEIVE FREE DIGITAL MAMMOGRAMS AS A RESULT OF THESE COLLABORATIVE EVENTS, WE WERE ABLE TO SCREEN 502 UNINSURED WOMEN IN 2015 WE HAVE INSURANCE ENROLLMENT SPECIALISTS FROM COVERED CALIFORNIA ATTEND SOME OF THE SCREENING EVENTS TO EDUCATE, CONNECT AND ENROLL PATIENTS WHO NEED IT, IN HEALTH INSURANCE IN ADDITION, WE HAVE INTEGRATED OUR ED NAVIGATORS AND FOHC PARTNERS INTO SOME OF THE SCREENING EVENTS, TO PROVIDE ONSITE PRIMARY AND MENTAL HEALTH CARE REFERRALS AND OTHER COMMUNITY RESOURCES TO THE WOMEN CONNECTING THE UN- AND UNDERINSURED POPULATION TO INSURANCE AND A MEDICAL HOME IS MORE CRITICAL THAN EVER, AS WE ADAPT TO THE IMPLEMENTATION OF THE AFFORDABLE CARE ACT SUTTER AUBURN FAITH HOSPITAL SUTTER AUBURN FAITH HOSPITAL IS LICENSED FOR 72 ACUTE BEDS, AND IS ACCREDITED BY THE JOINT COMMISSION ON THE ACCREDITATION OF HEALTHCARE ORGANIZATIONS IT IS MEDICARE CERTIFIED AND ACCEPTS MOST PRIVATE INSURANCE PLANS SUTTER AUBURN FAITH HOSPITAL PROVIDES THE FOLLOWING SERVICES CARDIAC CARE UNIT, CARDIAC CATHETERIZATION/VASCULAR LAB, CARDIOPULMONARY SERVICES, DIAGNOSTIC IMAGING, EMERGENCY DEPARTMENT, ENDOSCOPY SERVICES, FULL LABORATORY, HOME HEALTH/HOSPICE, INFUSION CENTER, INTENSIVE CARE UNIT, NUCLEAR MEDICINE, OUTPATIENT/INPATIENT SURGERY, PHYSICAL THERAPY, RADIOLOGY, SENIOR SERVICES, TELEMETRY AND WOUND CARE SUTTER AUBURN FAITH HOSPITAL SERVES THE COMMUNITY THROUGH A VARIETY OF MEDICAL AND SURGICAL SPECIALTIES, INCLUDING ANESTHESIOLOGY BARIATRIC SERVICES CARDIOLOGY CARDIAC CATH LAB DENTISTRY DERMATOLOGY DIAGNOSTIC IMAGING ENDOSCOPY EMERGENCY MEDICINE GASTROENTEROLOGY INFUSION THERAPY INTERNAL MEDICINE LABORATORY NEPHROLOGY NEUROLOGY NUCLEAR MEDICINE OUTPATIENT SURGERY OCCUPATIONAL MEDICINE ONCOLOGY OPHTHALMOLOGY ORAL SURGERY OTOLARYNGOLOGY PALLIATIVE CARE PATHOLOGY PEDIATRICS PLASTIC SURGERY PODIATRY PRIMARY CARE/FAMILY PRACTICE RADIATION ONCOLOGY RADIOLOGY RESPIRATORY THERAPY SOCIAL SERVICES SURGERY TRANSFUSION MEDICINE TELEMETRY UROLOGY WOMEN'S IMAGING CENTER WOUND CARE SUTTER AUBURN FAITH HOSPITAL'S MISSION IS TO SERVE THE HEALTHCARE NEEDS OF AUBURN AND THE SURROUNDING FOOTHILL COMMUNITIES THROUGH PARTNERSHIPS WITH PHYSICIANS, PAYORS, OTHER HEALTH AND HUMAN SERVICES AGENCIES AND WITH OUR EMPLOYEES AND VOLUNTEER LEADERSHIP, SUTTER AUBURN FAITH HOSPITAL SEEKS TO PROVIDE A CONTINUUM OF HEALTH AND WELLNESS SERVICES TO ASSURE A HIGH QUALITY OF LIFE FOR THE PEOPLE LIVING IN OUR SERVICE AREA COMMUNITY BENEFIT PROGRAMS IN 2015, SUTTER AUBURN FAITH HOSPITAL (SAFH) CONTRIBUTED \$980,000 IN COMMUNITY BENEFIT AND CHARITY CARE INVESTMENTS TO THE UNDERSERVED IN PLACER COUNTY IN ADDITION, SAFH SUPPORTS A NUMBER OF COMMUNITY BENEFIT PROGRAMS T3 FOOTHILLS THE TRIAGE, TRANSPORT AND TREAT PROGRAM (T3) PROVIDES ONGOING CASE MANAGEMENT TO PEOPLE WHO UTILIZE THE EMERGENCY DEPARTMENT FOR NON-URGENT REASONS AND CAN BE BETTER SERVED WITH A WARM-HANDOFF TO A MEDICAL HOME AND VARIOUS BEHAVIORAL AND SOCIAL SERVICES T3 IS CRITICAL IN CONNECTING PATIENTS TO PRIMARY AND BEHAVIORAL HEALTH CARE, AS WELL AS LONG TERM COMMUNITY SUPPORT, ALLOWING THIS PATIENT POPULATION ACCESS CARE AND RESOURCES IN A MORE APPROPRIATE, CONSISTENT MANNER ICP PLACER COUNTY THE INTERIM CARE PROGRAM (ICP) PROVIDES A PLACE FOR HOMELESS PATIENTS TO HEAL, WHEN THEY'RE READY TO BE DISCHARGED FROM THE HOSPITAL, BUT DO NOT HAVE A SAFE PLACE TO GO ICP WRAPS PATIENTS WITH SERVICES, INCLUDING PRIMARY AND MENTAL HEALTH CARE, COMMUNITY SERVICES, HOUSING AND OTHER NECESSARY RESOURCES, NEEDED FOR PATIENTS TO LIVE A HEALTHIER LIFE THIS PROGRAM PROVIDES VITAL LINKAGES BETWEEN SUTTER HEALTH AND OUR COMMUNITY PARTNERS, SUCH AS THE GATHERING INN, WELLSPACE HEALTH AND OTHER KEY HEALTH AND COMMUNITY BASED ORGANIZATIONS, TO ENSURE PATIENTS DON'T FALL THROUGH THE CRACKS WHEN THEY'RE DISCHARGED FROM AN INPATIENT HOSPITAL SETTING PROMOTORAS PROMOTORAS ARE NAVIGATORS FROM THE LATINO LEADERSHIP COUNCIL WHO WORK DIRECTLY WITH SPANISH-SPEAKING PATIENTS WHO NEED TRANSLATION SERVICES, CONNECTION TO EXTERNAL HEALTH AND SOCIAL RESOURCES AND CULTURALLY COMPETENT CASE MANAGEMENT SERVICES THE PROMOTORA FOLLOWS PATIENTS FOR AS LONG AS NEEDED, ENSURING THAT THEY (ALONG WITH THEIR FAMILIES) UNDERSTAND FOLLOW UP CARE INSTRUCTIONS WHEN DISCHARGED FROM THE HOSPITAL, ARE CONNECTED WITH PRIMARY CARE APPOINTMENTS, HAVE LINKAGES TO THE NECESSARY SOCIAL RESOURCES AND THAT SUPPORT IS AVAILABLE FOR THE ENTIRE FAMILY THIS PROGRAM SEEKS TO ENSURE THAT UNDERSERVED PATIENTS WHO DO NOT HAVE THE RESOURCES OR LANGUAGE SKILLS TO EFFECTIVELY COMMUNICATE THEIR EXTENSIVE NEEDS, ARE PROVIDED WITH WARM-HAND OFFS AND SUPPORT, EVEN AFTER THEY LEAVE THE HOSPITAL FAMILY SUPPORT PROGRAM (FSP) THE FSP PROGRAM LINKS PLACER COUNTY RESIDENTS WITH COMMUNITY SUPPORT GROUPS AND SERVICES SUTTER ROSEVILLE MEDICAL CENTER AND SUTTER AUBURN FAITH HOSPITAL CONTRACT WITH THE PLACER COUNTY DEPARTMENT OF HEALTH TO PROVIDE A PUBLIC HEALTH NURSE IN THE HOSPITAL TO CONNECT WITH PATIENTS AND PROVIDE EDUCATION AND REFERRALS SENIOR RECREATION AND RESPITE PROGRAM (R & R) IS DESIGNED TO MEET THE NEEDS OF OLDER ADULTS WITH MEMORY OR PHYSICAL IMPAIRMENT THE PROGRAM PROVIDES RECREATIONAL, SOCIAL AND EDUCATIONAL ACTIVITIES FOR THE PARTICIPANTS, AND RESPITE FOR CAREGIVERS TO ENJOY SOME FREE TIME TO THEMSELVES THE STAFF IS SUPPORTED BY ITS VALUABLE TEAM OF VOLUNTEERS AND COMPLETED BY PERSONAL CARE AIDS ADDITIONALLY, THE SENIOR RESOURCE GUIDE IS A BOOKLET, FREE TO THE PUBLIC, WITH INFORMATION ON A MULTITUDE OF SENIOR SERVICES AVAILABLE IN PLACER COUNTY THE GUIDE IS UPDATED AND DISTRIBUTED SEMI-ANNUALLY VIA PHYSICIAN OFFICES, SENIOR APARTMENT COMPLEXES, SENIOR CENTERS, SKILLED NURSING FACILITIES, LIBRARIES, MOBILE HOME COMMUNITIES, SENIOR SERVICE PROVIDERS, HOME HEALTH AND HOSPICE AGENCIES AND MANY OTHER SERVICE ORGANIZATIONS AND PUBLIC PLACES WE ARE ABLE TO PRODUCE THIS GUIDE IN PARTNERSHIP WITH SENIORS FIRST, SUTTER ROSEVILLE MEDICAL CENTER AND SUTTER AUBURN FAITH HOSPITAL HEALTH EXPRESS HEALTH EXPRESS SEEKS TO PROVIDE TRANSPORTATION TO AND FROM MEDICAL APPOINTMENTS FOR PLACER COUNTY'S MOST VULNERABLE POPULATIONS, INCLUDING SENIOR RESIDENTS ONE OF THE KEY ISSUES OFTEN IDENTIFIED DURING COMMUNITY HEALTH NEEDS ASSESSMENTS ARE GAPS IN BASIC TRANSPORTATION SERVICES FOR SENIORS AND THE UNDERSERVED POPULATION, WHO OFTEN SITE LACK OF TRANSPORTATION AS A KEY BARRIER TO ACCESSING APPROPRIATE PRIMARY CARE AND HEALTH-RELATED APPOINTMENTS HEALTH EXPRESS SEEKS TO BRIDGE THIS GAP, TO ENSURE THAT THE PLACER COUNTY CITIZENS WHO WOULD OTHERWISE NOT HAVE ACCESS TO TRANSPORTATION, NECESSARY TO OBTAIN APPROPRIATE MEDICAL CARE SUTTER ROSEVILLE MEDICAL CENTER PROVIDES FUNDING TO HEALTH EXPRESS AND PARTNERS WITH SENIORS FIRST, PLACER COUNTY TRANSPORTATION PLANNING AGENCY AND KAISER PERMANENTE THE HEALTH EXPRESS PARTNERSHIP PROVIDES TRANSPORTATION TO AND FROM MEDICAL APPOINTMENTS FOR PLACER COUNTY'S UNDERSERVED, VULNERABLE AND ELDERLY POPULATION, WHO ARE UNABLE TO ACCESS NECESSARY MEDICAL CARE, DUE TO TRANSPORTATION CONSTRAINTS THIS PROGRAM IS PUBLICIZED THROUGHOUT PLACER COUNTY TO ENCOURAGE USE GROUPS, HEALTH FAIRS, AND COOPERATIVE PROGRAMS FOR VULNERABLE POPULATIONS AND COMMUNITY EFFORTS TO IMPROVE THE OVERALL QUALITY OF LIFE FOR LOCAL RESIDENTS</p>

Return Reference	Explanation
FORM 990, PART III, LINE 4A CONTINUED	<p>ADDITIONAL COMMUNITY SERVICES - SUTTER AUBURN FAITH HOSPITAL RESPONDS TO APPROXIMATELY 50,000 INPATIENT AND OUTPATIENT VISITS PER YEAR. ITS EMERGENCY DEPARTMENT IS STAFFED 24 HOURS A DAY AND IS LINKED TO THE TRAUMA CENTER AT SUTTER ROSEVILLE MEDICAL CENTER - SUTTER AUBURN FAITH PROVIDES A FULL RANGE OF HOME HEALTH CARE THROUGH ITS AFFILIATED VISITING NURSES ASSOCIATION (VNA), WHICH CONTINUES TO EXPAND ITS PREVENTIVE HEALTH PROGRAMMING THROUGH SUCH OUTREACH EFFORTS AS FLU AND PNEUMONIA CLINICS FOR SENIORS AND PEOPLE WITH CHRONIC HEALTH PROBLEMS - SUTTER AUBURN FAITH HAS A 24-HOUR PER DAY OUTPATIENT HOSPICE PROGRAM (MEDICARE CERTIFIED) THAT USES A TEAM OF MEDICAL PROFESSIONALS AND VOLUNTEERS TO PROVIDE IN-HOME AND CAREGIVER SUPPORT, PAIN MITIGATION, BEREAVEMENT SUPPORT GROUPS (INCLUDING A CHILDREN'S BEREAVEMENT ART PROGRAM) AND CHAPLAINCY ASSISTANCE. INSPIRED BY A GROUP OF LOCAL CITIZENS IN 1981, AND ASSISTED TODAY BY AN ACTIVE COMMUNITY ADVISORY BOARD, HOSPICE SERVICES ARE PROVIDED FREE OF CHARGE REGARDLESS OF INSURANCE COVERAGE OR ABILITY TO PAY - THE SAHF GUILD IS COMPRISED OF MORE THAN 60 VOLUNTEERS WHO PROVIDE HIGHLY SPECIALIZED SKILLS AND EXPERIENCE BOTH WITHIN THE HOSPITAL AND VIA OUTREACH EFFORTS TO THE COMMUNITY - WHICH WOULD NOT OTHERWISE BE AFFORDABLE. SUTTER AUBURN FAITH HOSPITAL HAS A STRONG TRADITION OF PROVIDING CHARITY AND UNCOMPENSATED CARE TO ITS COMMUNITIES. ADDITIONALLY, OVER THE YEARS, THE HOSPITAL HAS INITIATED AND PROVIDED SUPPORT TO A WIDE RANGE OF HEALTH EDUCATION CLASSES, HEALTH MAINTENANCE PROGRAMS, SPECIALIZED SUPPORT GROUPS, HEALTH FAIRS, AND COOPERATIVE PROGRAMS FOR VULNERABLE POPULATIONS AND COMMUNITY EFFORTS TO IMPROVE THE OVERALL QUALITY OF LIFE FOR LOCAL RESIDENTS.</p> <p>SUTTER AMADOR HOSPITAL - SUTTER AMADOR HOSPITAL IS A 52-BED ACUTE CARE HOSPITAL LOCATED IN JACKSON, CALIFORNIA APPROXIMATELY 55 MILES SOUTHEAST OF SACRAMENTO IN AMADOR COUNTY. THE HOSPITAL WAS ESTABLISHED IN THE MID-1800S AND BECAME AFFILIATED WITH SUTTER HEALTH IN 1993. AS ONE OF AMADOR COUNTY'S LARGEST EMPLOYERS, SUTTER AMADOR HOSPITAL EMPLOYS MORE THAN 387 INDIVIDUALS. THE PATIENTS ARE SERVED BY A MEDICAL STAFF OF MORE THAN 50 ACTIVE MEDICAL STAFF PHYSICIANS AND AN ACTIVE AUXILIARY OF 92 VOLUNTEERS. IN ADDITION, SUTTER AMADOR HOSPITAL IS A UC DAVIS RURAL PRIME SITE FOR MEDICAL STUDENTS AND PARTICIPATES IN THE AMADOR AND CALAVERAS COUNTIES HIGH SCHOOL ROP PROGRAM. SUTTER AMADOR HOSPITAL IS ACCREDITED BY THE JOINT COMMISSION ON THE ACCREDITATION OF HEALTHCARE ORGANIZATIONS. IT IS MEDICARE CERTIFIED AND ACCEPTS MOST PRIVATE INSURANCE PLANS. AS A NOT-FOR-PROFIT HOSPITAL, SUTTER AMADOR HOSPITAL ALSO DONATES MANY COMMUNITY SERVICES AND HAS A STRONG TRADITION OF PROVIDING CHARITY AND UNCOMPENSATED CARE TO ITS COMMUNITIES. ADDITIONALLY, OVER THE YEARS, THE HOSPITAL HAS INITIATED AND PROVIDED SUPPORT TO A WIDE RANGE OF HEALTH EDUCATION CLASSES, HEALTH MAINTENANCE PROGRAMS, SPECIALIZED SUPPORT GROUPS, HEALTH FAIRS, AND COOPERATIVE PROGRAMS FOR VULNERABLE POPULATIONS AND COMMUNITY EFFORTS TO IMPROVE THE OVERALL QUALITY OF LIFE FOR LOCAL RESIDENTS. SUTTER AMADOR HOSPITAL SERVES THE COMMUNITY THROUGH A VARIETY OF COMPREHENSIVE PROGRAMS AND SERVICES, INCLUDING 24-HOUR EMERGENCY DEPARTMENT WITH FAST TRACK, SUTTER MEDICAL FOUNDATION PEDIATRIC CENTER, SUTTER MEDICAL FOUNDATION WOMEN'S SERVICES, FAMILY BIRTH CENTER, INPATIENT AND OUTPATIENT SURGICAL AND MEDICAL CARE, CRITICAL CARE WITH EICU, CARDIOLOGY, CARDIOPULMONARY SERVICES, DIAGNOSTIC IMAGING, INPATIENT REHABILITATION SERVICES, ENDOSCOPY AND INFUSION SUITE, GASTROENTEROLOGY, SUTTER MEDICAL FOUNDATION LAB, PATIENT SERVICE CENTER, NEUROLOGY, A CERTIFIED STROKE CENTER, NUCLEAR MEDICINE, OPHTHALMOLOGY, ORTHOPEDICS, INPATIENT AND OUTPATIENT HAND AND SPEECH THERAPY, OUTPATIENT DIABETES EDUCATION PROGRAM, SUTTER MEDICAL FOUNDATION FAMILY PRACTICE OFFICES LOCATED IN JACKSON, PIONEER, PLYMOUTH, SLEEP DISORDERS CENTER, SURGERY. SUTTER AMADOR HOSPITAL'S MISSION IS TO ENHANCE THE HEALTH AND WELL-BEING OF THE RESIDENTS IN THE COMMUNITIES SERVED BY PROVIDING COORDINATED, EFFECTIVE, AFFORDABLE AND ACCESSIBLE HEALTH AND WELLNESS SERVICES. SUTTER AMADOR HOSPITAL CONTINUOUSLY STRIVES TO IDENTIFY THE HEALTH CARE NEEDS OF THESE COMMUNITIES AND RESPOND BY PROVIDING HEALTH AND WELLNESS SERVICES CONSISTENT WITH THE STATED VALUES AND VISION OF THE HOSPITAL. COMMUNITY BENEFIT PROGRAMS - IN 2015, SUTTER AMADOR HOSPITAL CONTRIBUTED NEARLY \$3.32 MILLION IN COMMUNITY BENEFIT AND CHARITY CARE INVESTMENTS TO THE UNDERSERVED IN AMADOR COUNTY. THE HOSPITAL ALSO MADE CRITICAL INVESTMENTS IN LOCAL, FEDERALLY QUALIFIED HEALTH CENTERS AND OTHER CRITICAL COMMUNITY PARTNERS IN AN EFFORT TO HELP INCREASE THEIR CAPACITY TO SERVE THE UNDERINSURED. SUTTER AMADOR HOSPITAL SUPPORTS A NUMBER OF COMMUNITY BENEFIT PROGRAMS. AMADOR RIDES - THE AMADOR RIDES PROGRAM IS VERY IMPORTANT, AS MANY SENIOR RESIDENTS IN AMADOR COUNTY LIVE IN RURAL AREAS, WITH WINDY ROADS THAT ARE FAR FROM PUBLIC TRANSPORTATION. THIS PROGRAM WAS DESIGNED TO PROVIDE RIDES TO AND FROM MEDICAL APPOINTMENTS FOR THE ELDERLY AND UNDERSERVED, ESPECIALLY IN THE RURAL AREAS OF AMADOR COUNTY. IN 2015, THIS PROGRAM SERVED 103 CLIENTS WITH 303 RIDES TO MEDICAL APPOINTMENTS. AMADOR LIFELINE - AMADOR LIFELINE HELPS INDIVIDUALS, OFTEN ISOLATED SENIORS, MAINTAIN INDEPENDENCE BY LIVING IN THEIR OWN ENVIRONMENT, AND PROVIDES SECURITY AND PEACE OF MIND AND PROMPT, CARING ASSISTANCE AT THE "TOUCH OF A BUTTON" 24 HOURS A DAY, 365 DAYS A YEAR. IN 2015, AMADOR LIFELINE SERVED A TOTAL OF 230 CLIENTS, WITH CLIENTS RANGING IN AGE FROM 50-107 YEARS, FOR MORE THAN 260 DIFFERENT ENCOUNTERS. CLIENTS MAINTAIN THEIR SELF- RESPECT, CONFIDENCE, DIGNITY AND INDEPENDENCE BY CONTINUING TO LIVE IN THEIR OWN RESIDENCES WITH THE SAFETY AND SECURITY WITH THE HELP OF AMADOR LIFELINES, EMERGENCY RESPONSE SERVICE. AMADOR LIFELINE PROVIDED 20 VARIOUS CLASSES/WORKSHOPS TO IMPROVE HEALTH AND 6 COMMUNITY EVENTS.</p>

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FORM 990, PART III, LINE 4A CONTINUED	<p> SUTTER DAVIS HOSPITAL SUTTER DAVIS HOSPITAL IS A TWO-STORY 90,000 SQUARE FOOT ACUTE CARE HOSPITAL LICENSED FOR 48 BEDS THAT SERVES THE HEALTH CARE NEEDS OF RESIDENTS LIVING IN DAVIS, DIXON, WOODLAND AND WINTERS THE FACILITY IS LOCATED IN THE WESTERN-MOST SECTION OF THE CITY OF DAVIS AT THE CORNER OF HIGHWAY 113 AND COVELL BOULEVARD AS DAVIS' THIRD LARGEST EMPLOYER, SUTTER DAVIS EMPLOYS APPROXIMATELY 400 INDIVIDUALS WHO PROVIDE ROUND-THE-CLOCK CARE TO THE SICK, THE INJURED AND THOSE RECUPERATING FROM SURGERY PERFORMED IN THE HOSPITAL'S THREE FULLY EQUIPPED OPERATING SUITES THE PATIENTS ARE SERVED BY A MEDICAL STAFF OF MORE THAN 160, AN ACTIVE AUXILIARY OF 70 PEOPLE AND A GROUP OF STUDENTS SERVE THE HOSPITAL AS VOLUNTEERS SUTTER DAVIS IS ACCREDITED BY THE JOINT COMMISSION ON THE ACCREDITATION OF HEALTHCARE ORGANIZATIONS IT IS MEDICARE CERTIFIED AND ACCEPTS MOST PRIVATE INSURANCE PLANS AS A NOT-FOR-PROFIT HOSPITAL, SUTTER DAVIS ALSO DONATES MANY COMMUNITY SERVICES SUTTER DAVIS HOSPITAL SEEKS TO PROVIDE A CONTINUUM OF HEALTH AND WELLNESS SERVICES TO ASSURE A HIGH QUALITY OF LIFE FOR THE PEOPLE LIVING IN OUR SERVICE AREA SUTTER DAVIS HOSPITAL SERVES THE COMMUNITY THROUGH A VARIETY OF MEDICAL AND SURGICAL SERVICES, INCLUDING CANCER CARE CARDIAC REHABILITATION DIGITAL MAMMOGRAPHY DIAGNOSTIC IMAGING EMERGENCY SERVICES HEART AND VASCULAR INSTITUTE INFUSION CENTER INTENSIVE CARE NUCLEAR MEDICINE FAMILY BIRTH CENTER COMMUNITY BENEFIT PROGRAMS IN 2015, SUTTER DAVIS HOSPITAL CONTRIBUTED NEARLY \$1.13 MILLION IN COMMUNITY BENEFIT AND CHARITY CARE INVESTMENTS TO THE UNDERSERVED IN YOLO COUNTY THE HOSPITAL ALSO MADE CRITICAL INVESTMENTS IN LOCAL FEDERALLY QUALIFIED HEALTH CENTERS AND OTHER CRITICAL COMMUNITY PARTNERS IN AN EFFORT TO HELP INCREASE THEIR CAPACITY TO SERVE THE UNDERINSURED SUTTER DAVIS HOSPITAL ALSO SUPPORTS A NUMBER OF COMMUNITY BENEFIT PROGRAMS COMMUNICARE EXPANDING ACCESS TO CARE AND BUILDING CAPACITY FOR THE UNDERSERVED REMAINS A TOP PRIORITY, WHICH IS ONE OF THE MAIN REASONS SDH SUPPORTS THE INCREDIBLE WORK OF COMMUNICARE SDH HAS BEEN A LONGTIME PARTNER WITH COMMUNICARE AND WILL CONTINUE TO MAKE STRATEGIC INVESTMENTS AND PROVIDE SUPPORT TO THIS CRITICALLY IMPORTANT NETWORK, AS COMMUNICARE MEETS THE NEEDS OF MORE AND MORE PEOPLE THROUGHOUT YOLO COUNTY AND THE SDH HSA COMMUNICARE PROVIDES CARE TO SOME OF THE MOST VULNERABLE POPULATIONS IN OUR REGION BY CONTINUING TO MAKE STRATEGIC INVESTMENTS IN THIS IMPORTANT HEALTH CENTER, WE ARE ENSURING THE UNDERSERVED HAVE ACCESS TO CARE AND A MEDICAL HOME THIS FEDERALLY QUALIFIED HEALTH CENTER (FQHC) HAS BEEN PROVIDING HEALTH CARE TO THOSE IN NEED SINCE 1972 COMMUNICARE OFFERS COMPREHENSIVE PRIMARY MEDICAL AND DENTAL SERVICES, SUBSTANCE ABUSE TREATMENT, BEHAVIORAL HEALTH SERVICES, HEALTH EDUCATION AND SUPPORT SERVICES IN YOLO COUNTY AND THE SURROUNDING COMMUNITIES THROUGH FIVE COMMUNITY CLINIC SITES AND OUTREACH PROGRAMS IN 2015, COMMUNICARE HEALTH CENTERS SAW 31,645 PATIENTS AND PROVIDED 119,282 APPOINTMENTS, SHOWING AN INCREASE IN BOTH PATIENTS SERVED AND NUMBER OF APPOINTMENTS PROVIDED SINCE 2014 IN ADDITION, COMMUNICARE CONNECTED 28,450 PATIENTS TO A PRIMARY CARE PROVIDER DAVIS FARMERS MARKET SUTTER DAVIS HOSPITAL BECAME THE MAJOR SPONSOR FOR THE DAVIS FARMERS MARKET WITH THE GOAL OF BUILDING PUBLIC AWARENESS ABOUT THE RELATIONSHIP BETWEEN EATING FARM-FRESH, LOCAL FOODS AND GOOD HEALTH IN ADDITION, SUTTER DAVIS HOSPITAL ALSO SUPPORTS THE FARM TO SCHOOL PROGRAM, WHICH BRINGS LOCALLY GROWN FARM-FRESH FOODS INTO THE LOCAL SCHOOLS ADDITIONAL COMMUNITY SERVICES - 24-HOUR EMERGENCY SERVICES OUR EMERGENCY DEPARTMENT IS STAFFED AND EQUIPPED TO CARE FOR MOST EMERGENCY NEEDS AROUND THE CLOCK - BIRTHING CENTER THE SELF-CONTAINED BIRTHING CENTER HAS SIX LABOR AND DELIVERY ROOMS AND 12 POSTPARTUM ROOMS, AS WELL AS ITS OWN DIAGNOSTIC CAPABILITIES AND OPERATING SUITE ALTERNATIVE BIRTHING METHODS ARE ALSO AVAILABLE SUCH AS WATER BIRTHS, MIDWIVES AS WELL AS A VOLUNTEER DOULA PROGRAM - INTENSIVE CARE UNIT AN INTENSIVE CARE UNIT IS STAFFED BY SPECIALLY TRAINED NURSES AND DIRECTED BY A BOARD-CERTIFIED CRITICAL CARE INTERNIST FOR AROUND-THE-CLOCK MONITORING OF THE EXTREMELY ILL - THE HEART AND VASCULAR INSTITUTE AT SUTTER DAVIS HOSPITAL PROVIDES OUR PATIENTS WITH COMPREHENSIVE CARDIAC DIAGNOSTIC, REHABILITATION AND PREVENTION SERVICES OUR RECENTLY RENOVATED CARDIAC REHABILITATION DEPARTMENT BOOSTS A 12 CHANNEL TELEMETRY SYSTEM AND A GYM WITH CARDIORESPIRATORY EMPHASIS - INCLUDING TREADMILLS, ELLIPTICAL WALKERS, NEUTEPS, BIKES, STRENGTH AND STRETCH TRAINING, AND BALANCE SYSTEM USING THE LATEST TECHNOLOGY AND RESEARCH AVAILABLE, OUR CARING STAFF PROVIDES PATIENTS WITH AN INDIVIDUALIZED PROGRAM TO ENHANCE THEIR HEALTH AND WELL-BEING THROUGH EXERCISE AND PREVENTION - CANCER CARE - AS A SATELLITE CARE CENTER OF SUTTER CANCER CENTER IN SACRAMENTO, SUTTER DAVIS GIVES LOCAL PATIENTS THE ABILITY TO RECEIVE QUALITY CARE, CLOSE TO HOME OUR RECENTLY EXPANDED INFUSION CENTER PROVIDES INFUSION THERAPY, INCLUDING CHEMOTHERAPY, BLOOD TRANSFUSIONS, INTRAVENOUS INFUSIONS, INJECTIONS AND PATIENT EDUCATION WE COORDINATE SERVICES WITH OUR LOCAL ONCOLOGISTS AND CANCER SURGEONS TO MAKE SURE PATIENTS WITH CANCER DON'T HAVE TO TRAVEL TO RECEIVE GOOD CARE - VAUGHN RESOURCE CENTER/CRONAN MEDICAL LIBRARY PROVIDER AND COMMUNITY-BASED VIDEOTAPES, BROCHURES AND HANDOUTS ARE AVAILABLE IN THIS INFORMATION CENTER COMPUTER WORKSTATIONS PROVIDE LOCAL RESOURCES FOR SUPPORT GROUPS AND SERVICES, A DATABASE UPDATED MONTHLY WITH FOUR YEARS OF HARD-TO-FIND MEDICAL INFORMATION FROM PERIODICALS, PAMPHLETS AND REFERENCE BOOKS, AND ACCESS TO PROVIDER AND PATIENT EDUCATION INCLUDING BIBLIOMED REFERENCE LIBRARY, MEDICAL HOUSE CALLS AND CLINICAL REFERENCE SYSTEM ADULT HEALTH ADVISOR THE RESOURCE CENTER IS STAFFED WEEKDAYS BY VOLUNTEERS PHONE AND MAILING SERVICE IS AVAILABLE - SUTTER DAVIS HOSPITAL AUXILIARY VOLUNTEERS CONTRIBUTE MANY HOURS OF SERVICE TO THE HOSPITAL EACH YEAR THROUGH DIRECT PATIENT CONTACT SERVICES TO THE MORE TRADITIONAL VOLUNTEER ROLES SUCH AS WORKING AT THE INFORMATION DESK AND GIFT SHOP </p>

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FORM 990, PART III, LINE 4A CONTINUED	<p>SUTTER MEDICAL CENTER OF SACRAMENTO (HOSPITAL ORGANIZATION) GENERAL DESCRIPTION IN 2015, SUTTER MEDICAL CENTER, SACRAMENTO EMBARKED ON A NEW ERA IN ITS NOT-FOR-PROFIT, COMMUNITY-BASED MISSION TO DELIVER THE VERY LATEST AND HIGHEST QUALITY HEALTH CARE TO THE GREATER SACRAMENTO COMMUNITY THE MEDICAL CAMPUS INCLUDES TWO ACUTE CARE HOSPITALS ANDERSON LUCCHETTI WOMENS AND CHILDRENS CENTER AND OSE ADAMS MEDICAL PAVILION, ALONG WITH TWO BUILDINGS DEDICATED TO DOCTORS OFFICES AND OTHER CARE FOUND IN AN OUTPATIENT SETTING BY LOCATING ALL PRIMARY AND SPECIALTY CARE SERVICES IN A CENTRAL LOCATION WITH CONVENIENT FREEWAY ACCESS, PATIENTS AND FAMILIES NOW GAIN FASTER AND EASIER ACCESS TO NEEDED MEDICAL SERVICES FACILITIES WITHIN SUTTER MEDICAL CENTER, SACRAMENTO ANDERSON LUCCHETTI WOMENS AND CHILDRENS CENTER THE 242-BED ANDERSON LUCCHETTI WOMEN'S AND CHILDREN'S CENTER IS A 10-STORY ACUTE-CARE HOSPITAL WHERE PATIENTS AND THEIR FAMILIES CAN OBTAIN THE HIGHEST LEVEL OF NEONATAL AND PEDIATRIC INTENSIVE CARE SERVICES, PEDIATRIC CARDIAC, NEUROSURGERY AND CANCER SERVICES, AND HIGH-RISK AND CONVENTIONAL MATERNITY SERVICES IT REPLACES SUTTER MEMORIAL HOSPITAL AS "SACRAMENTO'S BABY HOSPITAL" IS HOME TO THE SUTTER CHILDRENS CENTER, SACRAMENTO, A COMPREHENSIVE CHILDRENS HOSPITAL INSIDE THE WOMENS AND CHILDRENS CENTER AMONG THE FEATURES OF THE WOMENS AND CHILDRENS CENTER - ALL PRIVATE ROOMS, INCLUDING THOSE FOR NEW MOMS AND OUR PEDIATRIC PATIENTS THE ROOMS HAVE FURNITURE THAT CONVERTS INTO BEDS FOR FAMILIES TO STAY OVERNIGHT WITH THEIR LOVED ONES - A LIFE-SAVING HELISTOP ATOP THE BUILDING ADJACENT TO THE CAPITAL CITY FREEWAY WILL ALLOW FOR THE QUICK AND SAFE TRANSPORT OF PREMIES AND OTHER SICK BABIES AS WELL AS OTHER PATIENTS - MOTHERS WHO HAVE GIVEN BIRTH BEING TREATED TO SPACIOUS SUITES WITH 8TH-FLOOR VIEWS OF THE CITY'S SKYLINE AND THE FOOTHILLS - THE NEONATAL INTENSIVE CARE UNIT FEATURES 61 BEDS FOR OUR TINIEST AND SICKEST BABIES IN A SETTING THAT LOOKS LIKE HOME AND ALLOWS FAMILIES TO BE MORE INVOLVED IN THE BABIES CARE - FACILITIES THAT INCLUDE WASHERS AND DRYERS AND A KITCHEN FOR FAMILIES WHO HAVE EXTENSIVE STAYS OSE ADAMS MEDICAL PAVILION THE 281-BED OSE ADAMS MEDICAL PAVILION WAS PREVIOUSLY KNOWN AS SUTTER GENERAL HOSPITAL WHILE THE OUTER SHELL OF THE OSE ADAMS MEDICAL PAVILION REMAINS MUCH THE SAME WITH AN EXPANSION IN THE SOUTHEAST CORNER TO FACILITATE THE DEDICATED PEDIATRIC EMERGENCY DEPARTMENT AND OTHER SERVICES THE TRANSFORMATION OF THE HOSPITAL INCLUDES MAJOR ENHANCEMENTS TO ALL FIVE FLOORS WITH EMPHASIS ON FIVE MAIN SERVICES EMERGENCY MEDICINE, CARDIOVASCULAR, NEUROSCIENCES, ORTHOPEDICS AND ONCOLOGY THE UPDATED THIRD FLOOR CONTAINS 24 OPERATING SUITES FOR INPATIENT SURGERIES IT IS THE NEW HOME FOR THE SUTTER HEART & VASCULAR INSTITUTE, WHICH BEGAN AT SUTTER MEMORIAL HOSPITAL WITH THE REGION'S FIRST OPEN-HEART SURGERIES IN THE LATE 1950S AND EARLY 1960S OSE ADAMS MEDICAL PAVILION HAS SIX NEW HEART CATHETERIZATION LABS AND HYBRID SUITES, AND FOUR SPECIALIZED OPERATING ROOMS DEDICATED TO HEART SURGERY ONE SET UP SOLELY FOR PEDIATRIC HEART PATIENTS BECAUSE OF THE COMPLEX BRAIN AND OTHER SURGERIES AND PROCEDURES, THE OSE ADAMS MEDICAL PAVILION HOUSES 10 SPECIALLY DESIGNED, PRIVATE OBSERVATION BEDS ON THE FIFTH FLOOR THESE OBSERVATION UNITS WILL CONTAIN STATE-OF-THE-ART EQUIPMENT DEDICATED TO THE SPECIALIZED CARE OF SUTTER NEUROSCIENCE INSTITUTE PATIENTS THESE TWO ACUTE-CARE FACILITIES ARE CONNECTED SEAMLESSLY BY A UNIQUE, THREE-STORY SPANNING STRUCTURE ACROSS L STREET THAT ALSO HOUSES CLINICAL SPACE WITH ITS FUNCTIONALITY, THIS SPANNING STRUCTURE BLENDS THE TWO FACILITIES INTO ONE COMPREHENSIVE MEDICAL CENTER IN ADDITION TO ITS PLETHORA OF SPECIALTY SERVICES, OTHER SERVICES INCLUDE 24-HOUR EMERGENCY SERVICES WITH A DEDICATED PEDIATRIC EMERGENCY DEPARTMENT, SURGERY, RESPIRATORY THERAPY, INTENSIVE CARE, DIAGNOSTIC IMAGING, REHABILITATION, CARDIOPULMONARY, OCCUPATIONAL HEALTH, LABORATORY, PHYSICAL THERAPY, HOME HEALTH AND HOSPICE SERVICES SUTTER INSTITUTE FOR MEDICAL RESEARCH (SIMR) CLINICAL INVESTIGATION IS AN INCREASINGLY IMPORTANT LINK IN COORDINATING THE LATEST ADVANCES IN SCIENCE AND TECHNOLOGY WITH DIAGNOSIS AND TREATMENT IN ORDER TO BENEFIT FROM THESE ADVANCES AND REMAIN AT THE FOREFRONT OF INNOVATION AND QUALITY IN HEALTHCARE SERVICES, IT IS ESSENTIAL THAT WE PROVIDE A CLINICAL SETTING FOR OUR PHYSICIANS AND HEALTHCARE PROFESSIONALS WHICH ARE COMPLEMENTED BY A COMPREHENSIVE RESEARCH AND DEVELOPMENT PROGRAM SUTTER HEALTH SACRAMENTO SIERRA REGION SERVICE AREA IS COMMITTED TO PROVIDING THE BEST POSSIBLE HEALTHCARE TO ITS PATIENTS, AND THE SUTTER INSTITUTE FOR MEDICAL RESEARCH SUPPORTS THIS COMMITMENT BY PROVIDING RESEARCH SUPPORT AND EDUCATION PROGRAMS SIMR HAS A HISTORY OF OVER FIVE DECADES OF COMMITMENT TO MEDICAL RESEARCH SIMR HAS GAINED RECOGNITION FOR ITS INVESTIGATIVE STUDIES IN THE AREAS OF HEART, CANCER, ORTHOPEDICS, RESPIRATORY, NEUROLOGY, G/GU AND MANY OTHER AREAS OF MEDICINE SIMR'S PRIMARY OBJECTIVE IS TO HELP HEALTH PROFESSIONALS CONDUCT RESEARCH IN A CLINICAL SETTING BY PROVIDING MANAGEMENT AND ADMINISTRATIVE RESOURCES OTHERWISE UNAVAILABLE TO THE PRIVATE PRACTITIONER AT SIMR, SUTTER INVESTIGATORS RECEIVE SUPPORT IN FIVE AREAS RESEARCH ADMINISTRATIVE SERVICES SIMR IS THE REGIONAL OVERSIGHT FOR ALL RESEARCH CONDUCTED IN THE SUTTER HEALTH SACRAMENTO SIERRA REGION SINCE 1996 SIMR'S OFFICE OF RESEARCH ADMINISTRATION (ORA) HAS BEEN CHARGED WITH ASSISTING, GUIDING AND FACILITATING THIS RESEARCH THE ORA SERVES AS A CLEARINGHOUSE FOR THE REVIEW, ADMINISTRATION, REPORTING AND MONITORING OF ALL RESEARCH ACTIVITY CONDUCTED AT SUTTER AFFILIATES WITHIN THE REGION, INCLUDING SUTTER MEDICAL CENTER (SUTTER GENERAL AND MEMORIAL HOSPITALS, AND SUTTER CENTER FOR PSYCHIATRY), SUTTER DAVIS HOSPITAL, SUTTER AUBURN FAITH HOSPITAL, SUTTER ROSEVILLE MEDICAL CENTER, SUTTER SOLANO, SUTTER YUBA CITY AND SUTTER MEDICAL FOUNDATION RESEARCH SUPPORT SERVICES SIMR PROVIDES A VARIETY OF SUPPORT SERVICES TO SUTTER CLINICAL INVESTIGATORS, INCLUDING A GRANTS PROGRAM FOR FUNDING MERITORIOUS RESEARCH PROJECTS INITIATED BY SUTTER INVESTIGATORS FUNDS TO FINANCE THESE GRANTS COME FROM DONATIONS AND OTHER PHILANTHROPIC GIFTS MADE TO SUTTER MEDICAL CENTER FOUNDATION SINCE 1989, SUTTER MEDICAL CENTER FOUNDATION AND SIMR HAVE FUNDED 40 RESEARCH PROJECTS TOTALING MORE THAN \$1 MILLION OTHER SERVICES INCLUDE STATISTICAL ANALYSIS AND CONSULTATION FOR CLINICAL RESEARCH PROJECTS, QUALITY INDICATOR STUDIES, CLINICAL EFFECTIVENESS AND CLINICAL OUTCOMES STUDIES CLINICAL TRIALS PROGRAM THE SIMR CLINICAL TRIALS PROGRAM PROVIDES AN ENVIRONMENT FOR BRINGING HEALTH PROFESSIONALS AT SUTTER HEALTH AND CLINICAL TRIAL SPONSORS TOGETHER TO PARTICIPATE IN INNOVATIVE CLINICAL RESEARCH PROGRAMS OUR PROGRAM OFFERS A STRONG INFRASTRUCTURE FOR CLINICAL INVESTIGATORS WHO WISH TO OFFER THEIR PATIENTS THE LATEST INVESTIGATIVE TREATMENT MODALITIES WE OFFER A COMPREHENSIVE MANAGEMENT AND CLINICAL SUPPORT SERVICES FOR THE CONDUCT OF CLINICAL RESEARCH AT SUTTER SITES INCLUDING SERVICES SUCH AS EXPERIENCED CLINICAL RESEARCH COORDINATORS, REGULATORY PREPARATION, CONTRACT PREPARATION, STUDY FINANCIAL MANAGEMENT, BILLING COMPLIANCE OVERSIGHT AND QUALITY ASSURANCE AUDITING THROUGH PARTICIPATION IN CLINICAL TRIALS OF NEW TREATMENT MODALITIES, THE COMMUNITY IS PROVIDED ACCESS TO THE LATEST INNOVATIONS AND DISCOVERIES IN PATIENT CARE AND TREATMENT SINCE ITS INCEPTION IN 1991, THOUSANDS OF SUTTER PATIENTS HAVE HAD ACCESS TO INVESTIGATIONAL TREATMENT MODALITIES OTHERWISE UNAVAILABLE TO THE PUBLIC LABORATORY RESEARCH AND TRAINING THE SIMR RESEARCH AND TRAINING LABORATORY PROVIDE FULLY EQUIPPED AND STAFFED SURGICAL RESEARCH AND TRAINING FACILITIES THE LABORATORY PROGRAM SUPPORTS RESEARCH AND TRAINING IN AREAS THAT INCLUDE CARDIOLOGY, CARDIOVASCULAR SURGERY, GENERAL SURGERY, NEONATOLOGY, PULMONARY MEDICINE, THORACIC SURGERY AND UROLOGY EVERY YEAR, DOZENS OF MEDICAL DEVICE COMPANIES UTILIZE THE LABORATORY TO CONDUCT RESEARCH AND DEVELOPMENT, AND HUNDREDS OF HEALTHCARE PROFESSIONALS PARTICIPATE IN RESEARCH AND TRAINING INVOLVING THE LATEST TECHNOLOGY THE SIMR LABORATORY CONTINUES TO EXPAND ITS AREAS OF SUPPORT AND BROADEN THE SPECTRUM OF SERVICES PROVIDED THE LABORATORY IS HIGHLY ACCREDITED AND HAS A NATIONAL REPUTATION FOR EXCELLENCE</p>

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FORM 990, PART III, LINE 4A CONTINUED	<p>SUTTER HEALTH CENTRAL AREA INSTITUTIONAL REVIEW COMMITTEE (IRC) SUTTER HEALTH SACRAMENTO SIERRA REGION (SHSSR) IS COMMITTED TO PROVIDING THE BEST POSSIBLE HEALTHCARE TO ITS PATIENTS. THE IRC SUPPORTS THIS COMMITMENT BY PROVIDING RESEARCH REGULATORY COMPLIANCE OVERSIGHT AND EDUCATION PROGRAMS TO SUTTER-ALIGNED RESEARCHERS THROUGHOUT THE REGION. THE IRC IS THE ADMINISTRATIVE BODY MANDATED BY FEDERAL LAW TO PROTECT THE RIGHTS AND WELFARE OF HUMAN SUBJECTS PARTICIPATING IN RESEARCH ACTIVITIES CONDUCTED WITHIN INSTITUTIONS AND ORGANIZATIONS AFFILIATED WITH SHSSR. THE IRC'S PRIMARY RESPONSIBILITY IS THE PROTECTION OF SUBJECTS FROM UNDUE RISK AND FROM DEPRIVATION OF PERSONAL RIGHTS AND DIGNITY. AS SUCH THE IRC CONDUCTS REVIEW FOR RESEARCHERS AND ALL RESEARCH ACTIVITY CONDUCTED AT SUTTER AFFILIATES WITHIN THE SHSSR SERVICE AREA AND EDEN MEDICAL CENTER. OVER THE YEARS, THE IRC HAS REVIEWED AND APPROVED HUNDREDS OF NEW RESEARCH PROTOCOLS COVERING A WIDE SPECTRUM OF DISEASE AND HEALTHCARE ISSUES. CANCER CONTINUES TO BE A MAJOR AREA OF RESEARCH WITH NUMEROUS ADULT STUDIES, MOST FUNDED BY THE NATIONAL CANCER INSTITUTE THROUGH ITS COOPERATIVE PROJECTS RESEARCH PROGRAM. COMMUNITY BENEFIT PROGRAMS IN 2015, SUTTER MEDICAL CENTER, SACRAMENTO CONTRIBUTED \$11 MILLION IN COMMUNITY BENEFIT AND CHARITY CARE INVESTMENTS TO THE UNDERSERVED IN THE GREATER SACRAMENTO COMMUNITY. SMCS ALSO MADE CRITICAL INVESTMENTS IN LOCAL FEDERALLY QUALIFIED HEALTH CENTERS AND OTHER CRITICAL COMMUNITY PARTNERS IN AN EFFORT TO HELP INCREASE THEIR CAPACITY TO SERVE THE UNDERINSURED.</p> <p>T3 THE TRIAGE, TRANSPORT AND TREAT PROGRAM (T3) PROVIDES ONGOING CASE MANAGEMENT TO PEOPLE WHO UTILIZE THE EMERGENCY DEPARTMENT FOR NON-URGENT REASONS AND CAN BE BETTER SERVED WITH A WARM-HANDOFF TO A MEDICAL HOME AND VARIOUS BEHAVIORAL AND SOCIAL SERVICES. T3 IS CRITICAL IN CONNECTING PATIENTS TO PRIMARY AND BEHAVIORAL HEALTH CARE, AS WELL AS LONG TERM COMMUNITY SUPPORT, ALLOWING THIS PATIENT POPULATION ACCESS CARE AND RESOURCES IN A MORE APPROPRIATE, CONSISTENT MANNER.</p> <p>T3+ T3+ IS AN EXTENSION OF THE T3 PROGRAM THAT IDENTIFIES APPROPRIATE PATIENTS IN AN INPATIENT SETTING, RATHER THAN THE EMERGENCY DEPARTMENT. THIS PROGRAM MEETS THE NEEDS OF A MORE COMPLEX PATIENT POPULATION, AND NOT ONLY HELPS PATIENTS CONNECT TO OUTSIDE RESOURCES WHILE IN THE HOSPITAL, BUT ALSO PROVIDES HOME VISITS TO ENSURE THE PATIENTS CARE COORDINATION AND LINKAGE TO FOLLOW UP CARE, COMMUNITY RESOURCES AND OTHER CRITICAL HEALTH AND SOCIAL RESOURCES, STAYS INTACT, EVEN FOLLOWING DISCHARGE.</p> <p>ED NAVIGATION ED NAVIGATORS ARE STAFF MEMBERS OF WELLSPACE HEALTH, WHO RESIDE IN THE EMERGENCY DEPARTMENT AND CONNECT WITH PATIENTS SEEKING NON-URGENT CARE. BY WORKING WITH PATIENTS DIRECTLY IN THE ED, THE ED NAVIGATOR IS ABLE TO LINK PATIENTS TO OTHER COMMUNITY BENEFIT PROGRAMS SUCH AS T3 (FOR PATIENTS NEEDING MORE LONG TERM SUPPORT) OR CAN PROVIDE MULTIPLE REFERRALS TO EVERYTHING FROM FOOD BANKS, HEALTH CLINICS, INSURANCE AND HOUSING FOR SOMEONE NEEDING LESS INTENSIVE ASSISTANCE. THE ED NAVIGATORS ARE A CRITICAL COMPONENT IN DIRECTING THOSE WHO NEED MEDICAL HOMES OR ACCESS TO SERVICES, TO THE RIGHT CARE, IN THE RIGHT PLACE, AT THE RIGHT TIME.</p> <p>COMMUNITY NAVIGATOR THE COMMUNITY NAVIGATOR WORKS IN THE 25 MILE RADIUS SURROUNDING SUTTER MEDICAL CENTER, SACRAMENTO AND COMMUNICATES DIRECTLY WITH THE HOMELESS POPULATION TO CONNECT THEM WITH HOUSING, COMMUNITY RESOURCES, TRANSPORTATION, SUBSTANCE ABUSE TREATMENT AND PRIMARY AND MENTAL HEALTH CARE. THIS PROGRAM HAS BEEN EXTREMELY SUCCESSFUL IN EXTENDING THE REACH OF SMCS BEYOND THE WALLS OF THE HOSPITAL AND INTO THE GREATER COMMUNITY, TO ENSURE THAT LINKAGES ARE DRAWN BETWEEN THE OFTEN COMPLEX MEDICAL AND SOCIAL NEEDS OF SACRAMENTO'S CHRONICALLY HOMELESS POPULATION.</p> <p>SERIAL INEBRIATE PROGRAM THE AWARD WINNING SERIAL INEBRIATE PROGRAM (SIP) IS A COLLABORATIVE EFFORT, WHERE DOWNTOWN SACRAMENTO PARTNERSHIP (DSP) NAVIGATORS REACH OUT AND BUILD A ONE-ON-ONE RAPPORT WITH HOMELESS ADULTS LIVING ON THE STREETS OF SACRAMENTO, WORKING CLOSELY WITH THE HOMELESS POPULATION TO FACILITATE CONNECTION TO PRIMARY CARE, SUBSTANCE ABUSE TREATMENT, COMMUNITY RESOURCES AND HOUSING SERVICES. FOR THOSE CLIENTS BATTLING CHRONIC HOMELESSNESS AND DEBILITATING SUBSTANCE ABUSE ISSUES, THEY ARE MOVED INTO "SIP HOUSING" ARE LINKED TO NECESSARY SUPPORT SERVICES AND RESOURCES. ULTIMATELY, THIS PROGRAM MOVES THIS VULNERABLE POPULATION OFF THE STREETS AND OUT OF THE BACKS OF POLICE CARS, AND INSTEAD, INTO THE TYPE OF SHELTER AND CARE SETTINGS THEY NEED, ENABLING MEN AND WOMEN TO GET OFF THE STREETS AND ON WITH THEIR LIVES.</p> <p>ICP THE INTERIM CARE PROGRAM (ICP) PROVIDES A PLACE FOR HOMELESS PATIENTS TO HEAL, WHEN THEY'RE READY TO BE DISCHARGED FROM THE HOSPITAL, BUT DO NOT HAVE A SAFE PLACE TO GO. ICP WRAPS PATIENTS WITH SERVICES, INCLUDING PRIMARY AND MENTAL HEALTH CARE, COMMUNITY SERVICES, HOUSING AND OTHER NECESSARY RESOURCES, NEEDED FOR PATIENTS TO LIVE A HEALTHIER LIFE. THIS PROGRAM PROVIDES VITAL LINKAGES BETWEEN SUTTER HEALTH AND OUR COMMUNITY PARTNERS, SUCH AS WELLSPACE HEALTH AND OTHER KEY HEALTH AND COMMUNITY BASED ORGANIZATIONS, TO ENSURE PATIENTS DON'T FALL THROUGH THE CRACKS WHEN THEY'RE DISCHARGED FROM AN INPATIENT HOSPITAL SETTING.</p> <p>SUTTER ROSEVILLE MEDICAL CENTER SUTTER ROSEVILLE MEDICAL CENTER (SRMC) WAS ESTABLISHED IN 1952 AND AFFILIATED WITH SUTTER HEALTH IN MAY 1993. IN 1997, SUTTER HEALTH OPENED A 172-BED FACILITY IN THE NORTHEAST AREA OF ROSEVILLE, APPROXIMATELY 20 MILES FROM DOWNTOWN SACRAMENTO. THE HOSPITAL TODAY IS 328 BEDS AND PROVIDES RESIDENTS OF SOUTHERN PLACER AND NORTHEASTERN SACRAMENTO COUNTIES WITH COMPREHENSIVE COMMUNITY HEALTH CARE. THE FACILITY HAS AN EXPANDED HELIPAD ONSITE FOR QUICK ACCESS TO THE HOSPITAL'S LEVEL II TRAUMA CENTER, WHICH SERVES A SEVEN-COUNTY REGION THAT INCLUDES PLACER, YOLO, NEVADA, SUTTER AND YUBA COUNTIES, AND PORTIONS OF SACRAMENTO AND EL DORADO COUNTIES. OTHER SERVICES AVAILABLE AT SUTTER ROSEVILLE MEDICAL CENTER INCLUDE INPATIENT AND OUTPATIENT SURGERY, OBSTETRICS AND PERINATAL CARE, NEO NATAL INTENSIVE CARE, PEDIATRICS, ONCOLOGY, FAMILY BIRTH CENTER, SUTTER CANCER CENTER, CARDIAC CATHETERIZATION LABORATORY, TELEMETRY, LEVEL II TRAUMA CENTER, CARDIAC REHABILITATION, DIAGNOSTIC IMAGING, IV THERAPY, SOCIAL SERVICES, 24-HOUR EMERGENCY TREATMENT, BARIATRIC SERVICES, RESPIRATORY THERAPY, SUTTER REHABILITATION INSTITUTE LABORATORY, CARDIOPULMONARY SERVICES, ACUTE REHABILITATION, MEDICAL LIBRARY, ACCESS HOME HEALTH AND HOSPICE CARE, NUTRITIONAL SUPPORT SERVICES, PASTORAL CARE, PATIENT AND COMMUNITY EDUCATION, SENIOR SERVICES, HOME INFUSION THERAPY, CRITICAL CARE SUB-ACUTE UNIT, TRAUMA, NEURO INTENSIVE CARE, UNIT, NUCLEAR MEDICINE (NATIONALLY RECOGNIZED), WOUND CARE CENTER.</p> <p>SUTTER ROSEVILLE MEDICAL CENTER'S MISSION IS TO IMPROVE THE HEALTH AND WELL-BEING OF THE PEOPLE LIVING IN THE COMMUNITIES IT SERVES. SUTTER ROSEVILLE MEDICAL CENTER STRIVES CONTINUOUSLY TO IDENTIFY THE HEALTH CARE NEEDS OF THESE COMMUNITIES AND RESPOND BY PROVIDING WELLNESS, PREVENTIVE, CURATIVE AND RESTORATIVE PROGRAMS AND SERVICES CONSISTENT WITH THE STATED VALUES AND VISION OF THE HOSPITAL.</p>

Return Reference	Explanation
FORM 990, PART III, LINE 4A CONTINUED	<p>COMMUNITY BENEFIT PROGRAMS IN 2015, SUTTER ROSEVILLE MEDICAL CENTER CONTRIBUTED \$4 16 MILLION IN COMMUNITY BENEFIT AND CHARITY CARE INVESTMENTS TO THE UNDERSERVED IN PLACER COUNTY THE MEDICAL CENTER ALSO MADE CRITICAL INVESTMENTS IN LOCAL FEDERALLY QUALIFIED HEALTH CENTERS AND OTHER CRITICAL COMMUNITY PARTNERS IN AN EFFORT TO HELP INCREASE THEIR CAPACITY TO SERVE THE UNDERINSURED T3 FOOTHILLS THE TRIAGE, TRANSPORT AND TREAT PROGRAM (T3) PROVIDES ONGOING CASE MANAGEMENT TO PEOPLE WHO UTILIZE THE EMERGENCY DEPARTMENT FOR NON-URGENT REASONS AND CAN BE BETTER SERVED WITH A WARM-HANDOFF TO A MEDICAL HOME AND VARIOUS BEHAVIORAL AND SOCIAL SERVICES T3 IS CRITICAL IN CONNECTING PATIENTS TO PRIMARY AND BEHAVIORAL HEALTH CARE, AS WELL AS LONG TERM COMMUNITY SUPPORT, ALLOWING THIS PATIENT POPULATION ACCESS CARE AND RESOURCES IN A MORE APPROPRIATE, CONSISTENT MANNER. ED NAVIGATION ED NAVIGATORS ARE STAFF MEMBERS OF WELLSPACE HEALTH, WHO RESIDE IN THE EMERGENCY DEPARTMENT AND CONNECT WITH PATIENTS SEEKING NON-URGENT CARE. BY WORKING WITH PATIENTS DIRECTLY IN THE ED, THE ED NAVIGATOR IS ABLE TO LINK PATIENTS TO OTHER COMMUNITY BENEFIT PROGRAMS SUCH AS T3 (FOR PATIENTS NEEDING MORE LONG TERM SUPPORT) OR CAN PROVIDE MULTIPLE REFERRALS TO EVERYTHING FROM FOOD BANKS, HEALTH CLINICS, INSURANCE AND HOUSING FOR SOMEONE NEEDING LESS INTENSIVE ASSISTANCE. THE ED NAVIGATORS ARE A CRITICAL COMPONENT IN DIRECTING THOSE WHO NEED MEDICAL HOMES OR ACCESS TO SERVICES, TO THE RIGHT CARE, IN THE RIGHT PLACE, AT THE RIGHT TIME. ICP PLACER COUNTY THE INTERIM CARE PROGRAM (ICP) PROVIDES A PLACE FOR HOMELESS PATIENTS TO HEAL, WHEN THEY'RE READY TO BE DISCHARGED FROM THE HOSPITAL, BUT DO NOT HAVE A SAFE PLACE TO GO. ICP WRAPS PATIENTS WITH SERVICES, INCLUDING PRIMARY AND MENTAL HEALTH CARE, COMMUNITY SERVICES, HOUSING AND OTHER NECESSARY RESOURCES, NEEDED FOR PATIENTS TO LIVE A HEALTHIER LIFE. THIS PROGRAM PROVIDES VITAL LINKAGES BETWEEN SUTTER HEALTH AND OUR COMMUNITY PARTNERS, SUCH AS THE GATHERING INN, WELLSPACE HEALTH AND OTHER KEY HEALTH AND COMMUNITY BASED ORGANIZATIONS, TO ENSURE PATIENTS DON'T FALL THROUGH THE CRACKS WHEN THEY'RE DISCHARGED FROM AN INPATIENT HOSPITAL SETTING. PROMOTORAS PROMOTORAS ARE NAVIGATORS FROM THE LATINO LEADERSHIP COUNCIL WHO WORK DIRECTLY WITH SPANISH-SPEAKING PATIENTS WHO NEED TRANSLATION SERVICES, CONNECTION TO EXTERNAL HEALTH AND SOCIAL RESOURCES AND CULTURALLY COMPETENT CASE MANAGEMENT SERVICES. THE PROMOTORA FOLLOWS PATIENTS FOR AS LONG AS NEEDED, ENSURING THAT THEY (ALONG WITH THEIR FAMILIES) UNDERSTAND FOLLOW UP CARE INSTRUCTIONS WHEN DISCHARGED FROM THE HOSPITAL, ARE CONNECTED WITH PRIMARY CARE APPOINTMENTS, HAVE LINKAGES TO THE NECESSARY SOCIAL RESOURCES AND THAT SUPPORT IS AVAILABLE FOR THE ENTIRE FAMILY. THIS PROGRAM SEEKS TO ENSURE THAT UNDERSERVED PATIENTS WHO DO NOT HAVE THE RESOURCES OR LANGUAGE SKILLS TO EFFECTIVELY COMMUNICATE THEIR EXTENSIVE NEEDS, ARE PROVIDED WITH WARM-HAND OFFS AND SUPPORT, EVEN AFTER THEY LEAVE THE HOSPITAL. FAMILY SUPPORT PROGRAM THE FSP PROGRAM LINKS PLACER COUNTY RESIDENTS WITH COMMUNITY SUPPORT GROUPS AND SERVICES. SUTTER ROSEVILLE MEDICAL CENTER AND SUTTER AUBURN FAITH HOSPITAL CONTRACT WITH THE PLACER COUNTY DEPARTMENT OF HEALTH TO PROVIDE A PUBLIC HEALTH NURSE IN THE HOSPITAL TO CONNECT WITH PATIENTS AND PROVIDE EDUCATION AND REFERRALS. SENIOR RECREATION AND RESPITE PROGRAM (R & R) IS DESIGNED TO MEET THE NEEDS OF OLDER ADULTS WITH MEMORY OR PHYSICAL IMPAIRMENT. THE PROGRAM PROVIDES RECREATIONAL, SOCIAL AND EDUCATIONAL ACTIVITIES FOR THE PARTICIPANTS, AND RESPITE FOR CAREGIVERS TO ENJOY SOME FREE TIME TO THEMSELVES. THE STAFF IS SUPPORTED BY ITS VALUABLE TEAM OF VOLUNTEERS AND COMPLETED BY PERSONAL CARE AIDES. ADDITIONALLY, THE SENIOR RESOURCE GUIDE IS A BOOKLET, FREE TO THE PUBLIC, WITH INFORMATION ON A MULTITUDE OF SENIOR SERVICES AVAILABLE IN PLACER COUNTY. THE GUIDE IS UPDATED AND DISTRIBUTED SEMI-ANNUALLY VIA PHYSICIAN OFFICES, SENIOR APARTMENT COMPLEXES, SENIOR CENTERS, SKILLED NURSING FACILITIES, LIBRARIES, MOBILE HOME COMMUNITIES, SENIOR SERVICE PROVIDERS, HOME HEALTH AND HOSPICE AGENCIES AND MANY OTHER SERVICE ORGANIZATIONS AND PUBLIC PLACES. WE ARE ABLE TO PRODUCE THIS GUIDE IN PARTNERSHIP WITH SENIORS FIRST, SUTTER ROSEVILLE MEDICAL CENTER AND SUTTER AUBURN FAITH HOSPITAL. HEALTH EXPRESS HEALTH EXPRESS SEEKS TO PROVIDE TRANSPORTATION TO AND FROM MEDICAL APPOINTMENTS FOR PLACER COUNTY'S MOST VULNERABLE POPULATIONS, INCLUDING SENIOR RESIDENTS. ONE OF THE KEY ISSUES OFTEN IDENTIFIED DURING COMMUNITY HEALTH NEEDS ASSESSMENTS ARE GAPS IN BASIC TRANSPORTATION SERVICES FOR SENIORS AND THE UNDERSERVED POPULATION, WHO OFTEN SITE LACK OF TRANSPORTATION AS A KEY BARRIER TO ACCESSING APPROPRIATE PRIMARY CARE AND HEALTH-RELATED APPOINTMENTS. HEALTH EXPRESS SEEKS TO BRIDGE THIS GAP, TO ENSURE THAT THE PLACER COUNTY CITIZENS WHO WOULD OTHERWISE NOT HAVE ACCESS TO TRANSPORTATION, NECESSARY TO OBTAIN APPROPRIATE MEDICAL CARE. SRMC PROVIDES FUNDING TO HEALTH EXPRESS AND PARTNERS WITH SENIORS FIRST, PLACER COUNTY TRANSPORTATION PLANNING AGENCY AND KAISER PERMANENTE. THE HEALTH EXPRESS PARTNERSHIP PROVIDES TRANSPORTATION TO AND FROM MEDICAL APPOINTMENTS FOR PLACER COUNTY'S UNDERSERVED, VULNERABLE AND ELDERLY POPULATION, WHO ARE UNABLE TO ACCESS NECESSARY MEDICAL CARE, DUE TO TRANSPORTATION CONSTRAINTS. THIS PROGRAM IS PUBLICIZED THROUGHOUT PLACER COUNTY TO ENCOURAGE USE. OTHER COMMUNITY SERVICES THE HOSPICE PROGRAM WAS ESTABLISHED IN 1984 TO PROVIDE MEDICAL, SOCIAL, EMOTIONAL AND SPIRITUAL SUPPORT TO TERMINALLY ILL PATIENTS AND THEIR FAMILIES AT NO COST BEYOND WHAT INSURANCE, MEDICARE OR OTHER PROVIDERS PAY. THE CHILDREN'S BEREAVEMENT ART GROUP GREW OUT OF HOSPICE IN 1993 TO EXTEND EXISTING BEREAVEMENT SERVICES FOR ADULTS TO MEET THE SPECIAL NEEDS OF CHILDREN. IN 1987, THE HOSPITAL OPENED ITS PASTORAL CARE DEPARTMENT WITH A FULL-TIME CHAPLAIN TO WORK IN COORDINATION WITH THE HOSPITAL'S SOCIAL SERVICE PROGRAM. SUTTER ROSEVILLE MEDICAL CENTER IS AN ACTIVE PARTNER WITH THE SAFE KIDS COALITION OF PLACER COUNTY, WHICH IS COMPRISED OF REPRESENTATIVES FROM LOCAL HEALTH CARE AGENCIES, GOVERNMENT AND PRIVATE AGENCIES IN PLACER COUNTY. ITS GOAL IS TO REDUCE THE INCIDENCE OF INJURY RELATED TO MORBIDITY AND MORTALITY AND ADDRESSES THESE ISSUE THROUGH EDUCATION, TRAINING, ORGANIZATIONAL POLICY, NETWORKING, LEGISLATIVE ADVOCACY AND EVALUATION.</p>

Return Reference	Explanation
FORM 990, PART III, LINE 4A CONTINUED	<p> SUTTER SOLANO MEDICAL CENTER SUTTER SOLANO MEDICAL CENTER (SSMC) IS A 102 LICENSED BED ACUTE CARE HOSPITAL IN VALLEJO, CALIFORNIA, BETWEEN SACRAMENTO AND SAN FRANCISCO THE NOT-FOR-PROFIT, COMMUNITY-BASED FACILITY IS FULLY ACCREDITED BY THE JOINT COMMISSION AND PROVIDES A FULL-RANGE OF GENERAL, EMERGENCY AND MEDICAL/SURGICAL SPECIALTIES THE CARE TEAM AT SSMC INCLUDES 311 PHYSICIANS, 642 EMPLOYEES AND 90 VOLUNTEERS SSMC AFFILIATED WITH SUTTER HEALTH IN 1984 ENSURING THE ABILITY TO CONTINUE PROVIDING AND IMPROVING HEALTHCARE AND WELLNESS SERVICES TO THE COMMUNITY SUTTER SOLANO MEDICAL CENTERS MISSION IS TO ENHANCE THE HEALTH AND WELL-BEING OF PEOPLE IN THE COMMUNITIES SERVED, THROUGH A NOT-FOR-PROFIT COMMITMENT TO COMPASSION AND EXCELLENCE IN HEALTH CARE SERVICES HOSPITAL SERVICES SSMCS EMERGENCY DEPARTMENT IS STAFFED 24-HOURS A DAY, 7 DAYS A WEEK BY BOARD-CERTIFIED EMERGENCY MEDICAL PHYSICIANS AND NURSES WHO SPECIALIZE IN EMERGENCY MEDICINE ADULT AND PEDIATRIC SSMC IS ONE OF THE ONLY FACILITIES IN THE AREA WITH A HELICOPTER LANDING ZONE FOR ACCESS TO TRANSFER PATIENTS TO A HIGHER LEVEL OF CARE WHEN REQUIRED ON AVERAGE, SSMC DELIVERS 600 BABIES EACH YEAR AND SUPPORTS NEW FAMILIES THROUGH ITS FAMILY BIRTHING CENTER, PRIVATE LABOR/DELIVER/RECOVERY (LDR) SUITES AND A VARIETY OF PRENATAL CLASSES IN ADDITION TO THE ACUTE CARE FACILITY, SSMC OPERATES A CANCER CENTER, FULLY ACCREDITED BY THE COMMISSION ON CANCER OF THE AMERICAN COLLEGE OF SURGEONS (ACOS) COMPREHENSIVE CANCER SERVICES INCLUDE CHEMOTHERAPY, INFUSION THERAPY, LABORATORY AND PATHOLOGY, GENETIC TESTING, PAIN MANAGEMENT AND RADIATION THERAPY OTHER HOSPITAL SERVICES INCLUDE INPATIENT REHABILITATION SERVICES, DIAGNOSTIC IMAGING SERVICES, RADIATION ONCOLOGY, LABORATORY AND INFUSION THERAPY CANCER SERVICES AVAILABLE INCLUDE PREVENTION, SCREENING, EDUCATION, LECTURES, THE CANCER RESOURCE LIBRARY, AND TREATMENT INCLUDING PROGRAMS SUCH AS RADIATION THERAPY, INTENSITY MODULATED RADIATION THERAPY, RESPIRATORY GAITING, CHEMOTHERAPY, INFUSION AND THE PATIENT NAVIGATOR PROGRAM WHICH PROVIDES A NURSE NAVIGATOR TO GUIDE CANCER PATIENTS THROUGH THEIR TREATMENT AND HEALING PROCESS COMMUNITY BENEFIT PROGRAMS IN 2015, SUTTER SOLANO MEDICAL CENTER CONTRIBUTED \$1 MILLION IN COMMUNITY BENEFIT AND CHARITY CARE INVESTMENTS TO THE UNDERSERVED IN SOLANO COUNTY IN ADDITION, SSMC SUPPORTS A NUMBER OF COMMUNITY PROGRAMS TRANSITIONAL CARE PROGRAM (TCP) THE TRANSITIONAL CARE PROGRAM (TCP) PROVIDES A SAFE PLACE TO DISCHARGE AND CONNECT HOMELESS PATIENTS, WHO ARE TRADITIONALLY UNDERSERVED, WITH RESOURCES AND SUPPORT THIS PROGRAM LINKS HOMELESS ADULTS TO VITAL COMMUNITY SERVICES WHILE GIVING THEM A PLACE TO HEAL, AS WELL AS MEDICAL FOLLOW UP AND CASE MANAGEMENT THE CLIENTS WHO ARE ENROLLED IN THE TCP ARE INDIVIDUALS WHO OTHERWISE WOULD BE DISCHARGED TO THE STREET OR CARED FOR IN AN INPATIENT SETTING ONLY IN ADDITION, THE TCP ALLOWS PATIENTS TO FOCUS ON RECOVERY AND DEVELOPING A LONG-TERM PLAN TO GET OFF THE STREETS, ALL WHILE BEING LINKED TO VITAL COMMUNITY AND MEDICAL SERVICES THE TCP HAS PRODUCED IMPRESSIVE CLIENT OUTCOMES BY PROVIDING "WRAP AROUND" SERVICES INCLUDING CONNECTION TO A MEDICAL HOME AND MENTAL/BEHAVIORAL HEALTH SERVICES, ENROLLMENT IN ELIGIBLE PROGRAMS AND COMMUNITY SUPPORT SERVICES FOR CLIENTS THIS PROGRAM IS A COLLABORATIVE OF SSMC, THE SOLANO COALITION FOR BETTER HEALTH, KAISER PERMANENTE, NORTH BAY AND THE BENICIA COMMUNITY ACTION COUNCIL SSMC EMERGENCY DEPARTMENT NAVIGATOR THE EMERGENCY DEPARTMENT NAVIGATOR PROGRAM SEEKS TO CONNECT WITH PATIENTS WHO ARE INAPPROPRIATELY ACCESSING CARE AT THE SUTTER SOLANO MEDICAL CENTER EMERGENCY DEPARTMENT AND LINKS ALL NON-URGENT USERS OF THE ED TO IMMEDIATE COMMUNITY RESOURCES AND MEDICAL CARE MORE SPECIFICALLY, ED NAVIGATORS REACH OUT TO PATIENTS WHO DO NOT HAVE A PRIMARY CARE PROVIDER AND PROVIDE EXTERNAL MANAGEMENT, CONNECTION TO SERVICES (HOUSING, COMMUNITY RESOURCES, SUBSTANCE ABUSE TREATMENT, ETC) AND FOLLOW UP TO ENSURE A PRIMARY CARE PROVIDER IS BEING UTILIZED ED NAVIGATORS ARE EMPLOYEES OF LA CLINICA AND RESIDE IN THE SSMC ED WHEN DHR PLACED REPRESENTATIVES IN THE ED, WE CHANGED OUR CERTIFIED APPLICATION ASSISTANT POSITION (WHO USED TO WORK IN CONJUNCTION WITH THE ED NAVIGATOR) INTO AN ED NAVIGATOR SUPPORT POSITION THIS NEW POSITION HAS BEEN HIGHLY SUCCESSFUL, BY PROVIDING SUPPORT FOR THE ED NAVIGATOR, SSMC AND LA CLINICA STAFF SUTTER CENTER FOR PSYCHIATRY SUTTER CENTER FOR PSYCHIATRY IS A 69-BED ACUTE BEHAVIORAL MEDICINE SPECIALTY HOSPITAL THAT TREATS ADULTS, ADOLESCENTS AND CHILDREN IT PROVIDES SERVICES TO CHILDREN FROM AGE 5 TO ELDERLY PATIENTS THROUGH A SPECTRUM OF CARE THAT ALLOWS EACH PERSON TO FIND THE LEVEL OF CARE NEEDED TO RETURN TO AN ACTIVE, HEALTHY LIFE FAMILY MEMBERS AND SIGNIFICANT OTHERS ARE ENCOURAGED TO PARTICIPATE IN EACH PATIENT'S CARE BY TAKING PART IN EDUCATION SERVICES, THERAPY AND SUPPORT GROUPS SCP ALSO OFFERS A CRITICAL INCIDENT DEBRIEFING TEAM TO HELP EMPLOYEES OF BUSINESSES COPE AFTER A TRAUMATIC OR VIOLENT EPISODE SUTTER HEALTH EAP RESOURCES OFFERS CONFIDENTIAL ASSESSMENT, COUNSELING AND REFERRAL SERVICES TO EMPLOYEES OF LARGE AND SMALL BUSINESSES SUTTER CENTER FOR PSYCHIATRY OFFERS THE ONLY INPATIENT EATING DISORDER PROGRAM IN NORTHERN CALIFORNIA THIS NEW PROGRAM IS A SIX-BED SPECIALIZED TREATMENT PROGRAM FOR EATING DISORDER PATIENTS </p>

Return Reference	Explanation
FORM 990, PART VI, LINE 1A	<p>THE AFFAIRS AND MANAGEMENT OF THE SUTTER HEALTH SACRAMENTO SIERRA REGION (SHSSR) ARE SUPERVISED BY THE EXECUTIVE COMMITTEE WHICH HAS POWER TO TRANSACT ALL REGULAR BUSINESS OF SHSSR DURING THE PERIOD BETWEEN MEETINGS OF THE BOARD OF DIRECTORS THE EXECUTIVE COMMITTEE CONSISTS OF SHSSR'S CHAIR WHO SERVES AS CHAIR OF THE COMMITTEE, THE VICE CHAIR, THE CHAIR OF THE FINANCE AND PLANNING COMMITTEE, THE IMMEDIATE PAST CHAIR, IF HE OR SHE CONTINUES TO SERVE AS A DIRECTOR, AN ADDITIONAL DIRECTOR AND THE PRESIDENT OF SHSSR AT LEAST ONE COMMITTEE MEMBER IS A PHYSICIAN DIRECTOR FORM 990, PART VI, LINE 4</p> <p>SIGNIFICANT CHANGES MADE TO THE ORGANIZATION'S GOVERNING DOCUMENTS BOARD COMPOSITION CHANGES FORMER THE BOARD OF DIRECTORS SHALL CONSIST OF BETWEEN 5 AND 20 DIRECTORS REVISED THE BOARD OF DIRECTORS SHALL CONSIST OF BETWEEN 17 AND 25 DIRECTORS FORMER AT LEAST 3 PHYSICIANS SHALL BE MEMBERS OF THE BOARD REVISED BETWEEN 3 AND 8 PHYSICIANS SHALL BE MEMBERS OF THE BOARD FORMER A MAJORITY OF THE MEMBERS OF THE BOARD SHALL BE BROADLY REPRESENTATIVE OF THE AREAS SERVED BY THE CORPORATION REVISED BETWEEN 11 AND 14 INDIVIDUALS FROM THE COMMUNITY SHALL BE NOMINATED BY THE BOARD OF THE CORPORATION AND APPOINTED BY THE GENERAL MEMBER THESE INDIVIDUALS SHOULD TOGETHER REFLECT A BREADTH OF DIVERSITY AND BE CHOSEN FOR THEIR WILLINGNESS AND ABILITY TO EFFECTIVELY CONTRIBUTE TO AND SUPPORT THE OBJECTIVES OF THE CORPORATION AND THE GENERAL MEMBER FORMER NO APPOINTED DIRECTOR MAY SERVE FOR MORE THAN NINE (9) CONSECUTIVE YEARS REVISED NO APPOINTED DIRECTOR MAY SERVE FOR MORE THAN TEN (10) CONSECUTIVE YEARS FORM 990, PART VI, LINES 6 & 7A THIS CORPORATION IS AN AFFILIATE OF SUTTER HEALTH, A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION SUTTER HEALTH IS THE SOLE MEMBER WITH THE RIGHT TO ELECT AT LEAST A MAJORITY OF THE MEMBERS OF THE BOARD OF DIRECTORS</p>

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

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

Return Reference	Explanation
FORM 990, PART VI, LINE 12	<p>EMPLOYEES ARE EDUCATED ON THE CONFLICT OF INTEREST POLICY AND THE NEED TO MAKE DISCLOSURE AS PART OF ANNUAL COMPLIANCE EDUCATION. IN ADDITION, ANNUALLY A DISCLOSURE STATEMENT IS COMPLETED BY ALL DIRECTORS AND OFFICERS THAT INCLUDES AN ACKNOWLEDGEMENT THAT THEY HAVE READ THE CONFLICT OF INTEREST POLICY. ON THIS STATEMENT THE INDIVIDUAL WILL LIST A WIDE RANGE OF INFORMATION WHICH INCLUDES BUSINESS RELATIONSHIPS, EMPLOYMENT RELATIONSHIPS, PROPERTY INTERESTS, AND THOSE OF RELATED PARTIES. THE CEO AND BOARD CHAIR WILL REVIEW THE STATEMENTS AND MONITOR SITUATIONS THAT MAY POSE A POTENTIAL CONFLICT OF INTEREST. THE CEO AND BOARD CHAIR MAY CONSULT WITH THE OFFICE OF THE GENERAL COUNSEL AS NECESSARY. IF THERE IS A POTENTIAL CONFLICT OF INTEREST RELATED TO A PARTICULAR TRANSACTION, THE INTERESTED INDIVIDUAL MUST DISCLOSE THE EXISTENCE AND NATURE OF THE RELATIONSHIP. THE BOARD CHAIR MAY APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE THE CONFLICT. UNTIL THE POTENTIAL CONFLICT IS RESOLVED, THE BOARD CHAIR MAY REQUEST THE INDIVIDUAL TO NOT PARTICIPATE DURING RELATED PRESENTATIONS AND DISCUSSIONS. IN ALL CIRCUMSTANCES INVOLVING AN ACTUAL CONFLICT, THE INTERESTED INDIVIDUAL SHALL REFRAIN FROM VOTING ON ANY MATTER RELATED TO THE TRANSACTION.</p>

Return Reference	Explanation
FORM 990, PART VI, LINE 15	<p>THE COMPENSATION COMMITTEE OF THE SUTTER HEALTH BOARD OF DIRECTORS RETAINS ULTIMATE DISCRETIONARY AUTHORITY OVER ALL ELEMENTS OF COMPENSATION TO ENSURE THAT ORGANIZATIONAL PURPOSES ARE APPROPRIATELY BEING SERVED. THE COMPENSATION COMMITTEE USES CREDIBLE DATA SOURCES AND MAINTAINS AN OBJECTIVE "ARMS LENGTH" DECISION-MAKING PROCESS, ENSURING THE INTEGRITY OF SUTTER'S EXECUTIVE PROGRAMS AND CONSISTENCY WITH THE ORGANIZATION'S OVERALL MISSION. IN ORDER TO ENSURE EXTERNAL COMPETITIVENESS, NATIONAL, CALIFORNIA AND LOCAL MARKET AREA COMPENSATION DATA COMPARISONS ARE REVIEWED. COMPETITIVE ANALYSIS INCLUDES (A) BASE SALARY, (B) TOTAL CASH (BASE SALARY + ANNUAL INCENTIVE) AND (C) TOTAL REMUNERATION (BASE SALARY + ANNUAL INCENTIVE + BENEFITS AND LONG TERM INCENTIVE). THIS ANALYSIS INCLUDES COMPARABLE ORGANIZATIONS AND GEOGRAPHIC CONSIDERATIONS. FOR THE MOST SENIOR EXECUTIVE POSITIONS, NATIONAL COMPARISONS FOR ORGANIZATIONS SIMILAR IN SIZE, SCOPE AND COMPLEXITY AS SUTTER HEALTH ARE MOST APPROPRIATE SINCE IT IS A NATIONAL MARKETPLACE IN WHICH SUTTER COMPETES FOR EXECUTIVE TALENT. ON THE OTHER HAND, BECAUSE CALIFORNIA'S UNDERLYING COMPENSATION STRUCTURE IS HIGHER THAN NATIONAL DATA (ESPECIALLY IN THE BAY AREA), REGIONAL PAY COMPARISONS AND ADJUSTMENTS ARE MADE. OFFICERS AND KEY EMPLOYEES OF THIS ORGANIZATION WHO ARE SUTTER HEALTH EMPLOYEES UNDERGO A REVIEW AND COMPENSATION COMMITTEE APPROVAL, AND SUCH APPROVAL IS RECORDED IN THE MINUTES. THE COMPENSATION REVIEW PROCESS WAS LAST COMPLETED IN DECEMBER OF 2015.</p>

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

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN FUND BALANCE K-1 ORDINARY INCOME \$ (320,791) K-1 INTEREST INCOME (34) PARTNERSHIP LOSS ON BOOKS 350,838 EQUITY TRANSFERS (NET) 272,392 OTHER CHANGES (11,232) ----- TOTAL (291,173) =====

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

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 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.

Name of the organization
SUTTER HEALTH SACRAMENTO SIERRA REGION

Employer identification number

94-1156621

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

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

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

Transactions With Related Organizations

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1

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

a

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

b

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

c

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

d

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

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

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

k

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

l

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

m

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

n

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

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

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

s

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

Yes

No

1a

No

1b

No

1c

Yes

1d

No

1e

No

1f

1g

No

1h

No

1i

No

1j

Yes

1k

Yes

1l

No

1m

Yes

1n

No

1o

No

1p

Yes

1q

Yes

1r

Yes

1s

Yes

2

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

Schedule R (Form 990) 2015

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
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Additional Data

Software ID:

Software Version:

EIN: 94-1156621

Name: SUTTER HEALTH SACRAMENTO SIERRA REGION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
ADOLESCENT TREATMENT CENTERS INC C/O SH TAX 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 68-0088443	HEALTHCARE	CA	501(C)(3)	3	SUTTER EBH	Yes	
BETTER HEALTH EAST BAY FOUNDATION C/O SH TAX 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 51-0160184	FUNDRAISING	CA	501(C)(3)	7	SUTTER EBH	Yes	
CALIFORNIA PACIFIC MEDICAL CTR FOUNDD C/O SH TAX 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 94-2728423	FUNDRAISING	CA	501(C)(3)	7	SUTTER WBH	Yes	
EAST BAY PERINATAL CENTER 3012 SUMMIT STREET 3RD FLOOR OAKLAND, CA 94609 51-0172285	HEALTHCARE	CA	501(C)(3)	3	SUTTER EBH	Yes	
EDEN MEDICAL CENTER C/O SH TAX 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 94-2948100	HEALTHCARE	CA	501(C)(3)	9	SUTTER HLTH	Yes	
MEMORIAL HOSPITAL FOUNDATION C/O SH TAX 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 94-2290244	FUNDRAISING	CA	501(C)(3)	11a - I	SUTTER CVH	Yes	
MILLS-PENINSULA HEALTH SERVICES C/O SH TAX 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 94-1156265	HOSPITAL	CA	501(C)(3)	3	PAMF	Yes	
MILLS-PENINSULA HOSPITAL FOUNDATION C/O SH TAX 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 23-7288765	FUNDRAISING	CA	501(C)(3)	7	MPHS	Yes	
PALO ALTO MEDICAL FOUNDATION C/O SH TAX 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 94-1156581	HEALTHCARE	CA	501(C)(3)	3	SUTTER HLTH	Yes	
SAMUEL MERRITT UNIVERSITY 450 30TH STEET SUITE 2820 OAKLAND, CA 94609 94-2992642	UNIVERSITY	CA	501(C)(3)	2	SUTTER EBH	Yes	
SUTTER AUBURN FAITH HOSPITAL FOUNDATION C/O SH TAX 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 94-2594966	FUNDRAISING	CA	501(C)(3)	7	SUTTER SSR	Yes	
SUTTER CENTRAL VALLEY HOSPITALS C/O SH TAX 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 94-1080917	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
SUTTER COAST HOSPITAL C/O SH TAX 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 94-2988520	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
SUTTER DAVIS HOSPITAL FOUNDATION C/O SH TAX 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 68-0217870	FUNDRAISING	CA	501(C)(3)	7	SUTTER SSR	Yes	
SUTTER EAST BAY HOSPITALS C/O SH TAX 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 94-1196176	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
SUTTER EAST BAY MEDICAL FOUNDATION C/O SH TAX 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 94-2690415	HEALTHCARE	CA	501(C)(3)	11B - II	SUTTER HLTH	Yes	
SUTTER GOULD MEDICAL FOUNDATION C/O SH TAX 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 94-1682256	HEALTHCARE	CA	501(C)(3)	3	SUTTER HLTH	Yes	
SUTTER HEALTH 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 94-2788907	SUPPORTING OR	CA	501(C)(3)	11c III-FI	NA		No
SUTTER HEALTH PACIFIC 91-2301 FT WEAVER RD EWA BEACH, HI 96706 99-0298651	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
SUTTER HEALTH PLAN C/O SH TAX 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 46-1183948	HEALTH PLAN	CA	PENDING	PENDING	SUTTER HLTH	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
SUTTER INSURANCE SERVICES CORPORATION 745 FORT STREET SUITE 1100 HONOLULU, HI 96813 99-0289310	INSURANCE SER	HI	501(C)(3)	11C III-FI	SUTTER HLTH	Yes	
SUTTER MEDICAL CENTER FOUNDATION C/O SH TAX 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 94-2788906	FUNDRAISING	CA	501(C)(3)	7	SUTTER SSR	Yes	
SUTTER MEDICAL CENTER CASTRO VALLEY C/O SH TAX 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 77-0146047	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
SUTTER VALLEY MEDICAL FOUNDATION C/O SH TAX 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 68-0273974	HEALTHCARE	CA	501(C)(3)	11b - II	SUTTER HLTH	Yes	
SUTTER ROSEVILLE MEDICAL CTR FOUNDATION C/O SH TAX 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 68-0040113	FUNDRAISING	CA	501(C)(3)	7	SUTTER SSR	Yes	
SUTTER SOLANO CHARITABLE FOUNDATION C/O SH TAX 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 94-2668262	FUNDRAISING	CA	501(C)(3)	7	SUTTER SSR	Yes	
SUTTER VISITING NURSE ASSOC AND HOSPICE C/O SH TAX 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 94-6068843	HEALTHCARE	CA	501(C)(3)	9	SUTTER HLTH	Yes	
SUTTER WEST BAY HOSPITALS C/O SH TAX 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 94-0562680	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
SUTTER WEST BAY MEDICAL FOUNDATION C/O SH TAX 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 94-2948131	HEALTHCARE	CA	501(C)(3)	3	SUTTER HLTH	Yes	
TRACY HOSPITAL FOUNDATION C/O SH TAX 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 68-0318845	FUNDRAISING	CA	501(C)(3)	11a - I	SUTTER CVH	Yes	
SUTTER ROSEVILLE AUXILIARY C/O SH TAX 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 94-6089442	SUPPORT ORG	CA	501(C)(3)	11D-III-NFI	SUTTER SSR	Yes	

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	SUTTER AUBURN FAITH HOSPITAL FOUNDATION	Q	141,842	FMV
(1)	SUTTER COAST HOSPITAL	Q	294,925	FMV
(2)	SUTTER CENTRAL VALLEY HOSPITALS	P	56,388	FMV
(3)	SUTTER MEDICAL CENTER FOUNDATION	Q	1,623,175	FMV
(4)	SUTTER VISITING NURSE ASSOCIATION AND HOSPICE	Q	188,515	FMV
(5)	SUTTER ROSEVILLE MEDICAL CENTER FOUNDATION	P	156,284	FMV
(6)	SUTTER VALLEY MEDICAL FOUNDATION	P	948,060	FMV
(7)	SUTTER VALLEY MEDICAL FOUNDATION	R	17,382,110	FMV
(8)	SUTTER AUBURN FAITH HOSPITAL FOUNDATION	C	350,524	FMV
(9)	SUTTER DAVIS HOSPITAL FOUNDATION	C	520,153	FMV
(10)	SUTTER EAST BAY HOSPITALS	R	15,647,613	FMV
(11)	SUTTER ROSEVILLE MEDICAL CENTER FOUNDATION	C	316,846	FMV
(12)	SUTTER SOLANO CHARITABLE FOUNDATION	C	50,483	FMV
(13)	SUTTER VALLEY MEDICAL FOUNDATION	C	380,884	FMV
(14)	SUTTER HEALTH PLAN	S	24,072,570	FMV
(15)	SUTTER INSURANCE SERVICES CORPORATION	P	15,563,550	FMV
(16)	SUTTER AUBURN FAITH HOSPITAL FOUNDATION	M	405,930	FMV
(17)	SUTTER SOLANO CHARITABLE FOUNDATION	M	59,598	FMV
(18)	SUTTER DAVIS HOSPITAL FOUNDATION	M	354,291	FMV
(19)	SUTTER ROSEVILLE MEDICAL CENTER FOUNDATION	M	919,649	FMV
(20)	SUTTER MEDICAL CENTER FOUNDATION	M	1,450,682	FMV
(21)	SUTTER MEDICAL CENTER FOUNDATION	C	4,431,298	FMV
(22)	SUTTER VALLEY MEDICAL FOUNDATION	J	5,177,313	FMV
(23)	SUTTER VALLEY MEDICAL FOUNDATION	K	541,571	FMV