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Form **990** 

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

A For the 2016 calendar year, or tax year beginning

, 2016, and ending

 $\blacktriangleright$  Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

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OMB No 1545-0047

B	Db6 14	applicable	C Name of orga	nization SUT	TER VA	LLEY HOS	PITALS				DE	mployer Id	entific	ation numb	er	
_	_		FKA SUT	TER HEAL	TH SAC	CRAMENTO	SIERRA	REGION				94-115	6662	1		
L	_ Add	ress nge	Doing busines	8 88							l					
x	Nan	ne change	Number and	street (or P.O.	box if mail is	s not delivered to	street add	ress)	Room	n/suite	ET	elephone n	umber			
Г	Initi	al return	C/O SH	TAX 2200	RIVER	R PLAZA I	RIVE				(9	16) 28	86-6	6665		
Г	Fina	if return/ numbled	City or town,	state or provin	ice, country,	and ZIP or fore	ign postal co	ode								
Г		ended	SACRAME	NTO, CA	95833						GG	ross receip	ts \$	2,303,	936,2	235.
		lication ding	F Name and ac	idress of princi	pal officer;	JAMES	CONFO	?TI			H(a	) is this a gr subordinate		um for	Yes	X No
			SAME AS	C ABOVE	€		•				H(b	Are all subo		included?	Yes	No
$\overline{}$	Tax-e	xempt st	tatus X 50	1(c)(3)	501(c) (	) <b>∢</b> (int	sert no )	4947(a)(1)	or	527		If "No," att	ach a li:	st (see instruc	tions)	
J	Web	site: 🕨	WWW.SUTTE	ERHEALTH	.ORG						H(c	) Group exer	mption i	number 🕨		
ĸ	Form	of organ	nization X Co	rporation	Trust	Association	Other	<b>&gt;</b>	L	L Year of for	mation	1935 M	State	of legal do	micile	CA
P	art I	Su	ummary		,											
	1	Briefly	y describe the	organization'	s mission	or most signifi	cant activit	ies SEE S	CHEL	OULE O						
يه																
& Governance																
9	2	Check	k this box 🕨	if the org	anization	discontinued	its operati	ons or dispos	ed of r	more than 2	5% of i	ts net asse	ets			
Ĝ	3	Numb	per of voting me	embers of the	e governin	g body (Part V	I, line 1a)						3			17.
ď	4	Numb	ber of independ	ent voting m	embers of	the governin	g body (Pa	rt VI, line 1b)					4	<u></u>		12.
ě	6	Total	number of indi	viduals empl	oyed in ca	lendar year 20	16 (Part V	', line 2a)					5		10,2	24.
Activities	6	Total	number of volu	inteers (estim	ate if nece	ssary)							6		1,0	27.
ă	7:	a Total	unrelated busin	ness revenue	from Part	VIII, column (0	C), line 12						7a		202,4	85.
		b Netu	inrelated busine	ess taxable in	come fron	n Form 990-T,	line 34 .			<u> </u>		<del></del>	7b		-76,7	
										L	P	rior Year		Cur	rent Yea	ar
a	8	Contr	ributions and gr	ants (Part VII	li, line 1h)					L		,857,8			942,9	
Revenue	9		ram service reve								,085	,904,0	99.	2,293,	708,8	<u> 378.</u>
Š	10	Inves	tment income	(Part VIII, col	umn (A), lu	nes 3, 4, and 7	'd)					,064,7			992,	<del></del>
u	11	Other	r revenue (Part	VIII, column	(A), lines	5, 6d, 8c, 9c, 1	0c, and 11	le)			3	<u>,029,8</u>	04.	1,	499,8	358.
	12	Total	revenue - add	lines 8 throu	gh 11 (mu	st equal Part \	/III, column	n (A), line 12)		2	,098	<u>,856,5</u>	03.	2,303,	144,0	051.
	13		ts and similar a	•							9	,782,8		11,	901,8	
	14	Benef	fits paid to or f	or members (	Part IX, co	olumn (A), line 4)							0.			0.
ď	15		ies, other comp				-				976	,027,8		1,041,	345,8	
Fynonese	16		essional fundrai										0.			0.
2			fundraising ex							——		<del></del>				
_	17		r expenses (Pa											1,095,		
	18		•				art IX, column (A), line 25)					,051,650,564.2, 47,205,939.				
_	19	Reve	nue less expen	ses Subtract	line 18 fro	om line 12	<u></u>	<u> </u>	· · · ·					<del></del>	849,4 of Year	119.
ets or	길									<b> </b>		of Current		<del> </del>		101
SSe	20		assets (Part X,							••••	<del></del>			1,955,		
Net Ass	21		liabilities (Part							• • • • 🛏		<u> </u>		<del> </del>		
			ssets or fund b		otract line 2	21 from line 20	<u></u>	<del></del>	• • • •	<u> </u>	/15	,420,6	85.	139,	739,0	<del>579.</del>
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tn	16' COL uget b	rect, and	d complete Decla	ration of prepar	rer (other th	an officer) is ba	sed on all in	formation of wh	nich pre	eparer has ar	ny knowi	edge	O: 111y	KITOMOUGO		
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Si	gn		Signature of offi	cer /	700							Date	10	<del>/                                    </del>		
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	rm 990 (2016)	Page 2
P	art III Statement of Program Service Accomplishments	
_	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission	
	SEE SCHEDULE O	<del></del>
	Did the organization undertake any compliant program converse during the year which were not listed on the	
-	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	X 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?	X 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 mean	
	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 \$1,954,229,783   including grants of \$8,133,587   ) (Revenue \$2,293,708,878	)
	SEE SCHEDULE O	
4b	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$	<u> </u>
		,
		<del></del>
4c	(Code) (Expenses \$including grants of \$) (Revenue \$)	)
		_
		<del></del>
4d	Other program services (Describe in Schedule O )	<del></del>
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses ▶ 1,954,229,783.	
104		

	90 (2016)		F	age 3
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,"			Ì
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
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_		X
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_		X
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,	1		İ
	Part III	5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	ļ		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	l	,	
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	ļ		i
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
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		Х
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	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	14.5	1	
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
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		Х
С	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		Х
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	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
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	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		Х
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		Х
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		Х
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		Х
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	х	
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		Х
	· · · · · · · · · · · · · · · · · · ·			

Part	Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	x	
b	if "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	X	
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	<u> </u>	
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		X
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	X	
24 a	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	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	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		<u>X</u> _
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25 a	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		<u> </u>
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		<u> </u>
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		<u>X</u>
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		<u> </u>
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		_ <u>x</u> _
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		.,	
	Schedule L, Part IV.	28b	X	
С	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	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		v
0.4	conservation contributions? If "Yes," complete Schedule M	30		_ <u>x</u> _
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			v
20	Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	22		х
22	complete Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		х
24	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	24	x	
25-	or IV, and Part V, line 1	34	x	
35 a	3	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	256	x	
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related expanization? If "Yea" complete School R. Red V. Inc. 3	26		х
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
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 promo tax purposes? If "Vos." complete Schodule R			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37	ļ	х
38	Part VI	31		
30	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	х	
	10 Meter 7 in 1 on 1 ood meter die required to complete obliedule o	30		

Page 5

Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u>· · · ·                                </u>	Yes	·
4	Enter the number reported in Box 3 of Form 1096. Enter -0 if not applicable.		168	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
C	reportable gaming (gambling) winnings to prize winners?	1c	X	
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 10,224			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
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	Х	
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		X
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)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	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	6a		х
	organization solicit any contributions that were not tax deductible as charitable contributions?	- va		Λ.
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
7	gifts were not tax deductible?			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	and services provided to the payor?	7a	Х	
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
•	required to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	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		
9	Sponsoring organizations maintaining donor advised funds.			
	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	1		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders			
	Order members of shareheader.	1		
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
122	against amounts due or received from them )	12a		
	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.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note. See the instructions for additional information the organization must report on Schedule O			
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			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	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 line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI	• • • •	<u>· · · · </u>	X
<u>Sect</u>	on A. Governing Body and Management			
	1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 17			
	If there are material differences in voting rights among members of the governing body, or if the governing			i
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
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		<u>X</u>
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		<u>x</u>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
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	Х	
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	X	ļ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	_X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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		Х
Secti	on 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		X
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	Х	
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	Х	
b				
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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?			]
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	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	Х	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			Ì
	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	Х	<u> </u>
Sect	ion 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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(	c)(3)s	only)
-	available for public inspection. Indicate how you made these available. Check all that apply	•		• •
	Own website Another's website X 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 int	erest	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 record CARLA WHITE-SNYDER 9100 FOOTHILLS BLVD ROSEVILLE, CA 95747 916-297-9847	s 🕨		
	CARLA WHITE-SNYDER 9100 FOOTHILLS BLVD ROSEVILLE, CA 95747 916-297-9847			
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# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and 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 no	r any related	lorga	nıza	itior	co	mpen	sate	ed any current offic	er, director, or trus	stee
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or di	unle er an	Pos heck ss pe	erson	e than this Highest compensated	an	(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
(1)DAVID ADKINS, MD	2.00									
TRUSTEE	4.00	х						0.	0.	0.
(2)TIMOTHY BYRD	2.00									7
TRUSTEE	4.00	х						0.	0.	0.
(3)VIVA ETTIN, MD	2.00							· · · · · · · · · · · · · · · · · · ·		
TRUSTEE	4.00	х						0.	0.	0.
(4)BEVERLY M. FINLEY	2.00									_
TRUSTEE	4.00	х						0.	0.	0.
(5)GARY HOOPER	2.00		<del> </del>							
TRUSTEE	4.00	х						0.	О.	0.
(6)SCOTT HOWELL	2.00		1							·
TRUSTEE	4.00	х						0.	0.	0.
(7)I-MEI HSIU, MD	2.00									
TRUSTEE	4.00	x						0.	0.	0.
(8)PETER HULL, MD	40.00						_			
TRUSTEE/CME, SVH	4.00	x						169,600.	73,900.	28,778.
(9)TED LELAND, PHD	2.00								·	
TRUSTEE	4.00	х						0.	0.	0.
(10)PAT PATHIPATI	2.00									
TRUSTEE	4.00	x		ļ				0.	o.	0.
(11)KURT SHULER, MD	2.00									
TRUSTEE	4.00	x						٥.	0.	0.
(12)TODD SMITH, MD	2.00									
TRUSTEE/OFFICER, SH BOARD	16.00	х		1				ο.	27,500.	0.
(13)HELEN THOMSON	2.00									
TRUSTEE	4.00	х						0.	0.	0.
(14)JAMES CONFORTI	40.00		<u> </u>							
PRESIDENT, SH VALLEY AREA	9.00	х		х				0.	1,164,596.	400,858.

Form 990 (2016)

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Part VII Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours per week (list any hours for	(do i box,	not cl unles	Pos heck ss pe	C) intion more erson lirect	than o	ne an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099	-MISC)	from the organization and related organizations
15) SARAH KREVANS PRESIDENT & CEO, SUTTER HEALTH	4.00	х	:	х				0.	2,365	,948.	1,511,150
16) MIKE NEWELL TRUSTEE, CHAIR	4.00 8.00	х		х				0.		0.	(
17) FATIMA SEWARD TRUSTEE, CHAIR F&P	4.00 8.00	x		х				0.		0.	(
18) PAIGE TERRA CFO, SH VALLEY AREA	20.00			х				0.	599	,906.	135,278
19) PENNY WESTFALL CHIEF LEGAL OFC SH VALLEY AREA	40.00			х				0.	565	,926.	106,796
20) JOHN W. BOYD  CEO, SSMC & MHS, SYS EXEC	40.00				х	_		0.		,702.	106,945
21) PAT BRADY  CEO, SUTTER ROSEVILLE MED CTR	40.00				х			0.	751	,416.	184,708
22) MICHAEL COHILL CEO, SMCS	40.00				x			0.	1,184	,517.	172,145
23) GRANT DAVIES  CEO, VALLEY AREA HOSPITALS	40.00				х			0.	953	,490.	218,780
24) ADRIENNE EDENS CIO, VALLEY AREA HOSPITALS	1.00 40.00				х			0.	306	,486.	31,621
25) MITCH HANNA CEO, SCH & SAFH	25.00 25.00				x			0.	581	,400.	135,315
1b Sub-total	ection A						<b>&gt;</b>	169,600. 0.	1,265 15,594		429,636 4,425,161
d Total (add lines 1b and 1c)	imited to the land in ▶	hose 3381 r, or	liste L tru	d al	e, I	e) who	emp	loyee, or highes	\$100,000 o	of ated	Yes N
4 For any individual listed on line 1a, is the sorganization and related organizations greated individual	eater than	\$15 	0,0	00? · ·		"Yes 	," ( • •	complete Schedu	le J for .	such · · ·	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yes											5 >
Complete this table for your five highest componentation from the organization Report of year											
(A) Name and business add	ress							(B) Description of se	ervices	С	(C) ompensation
ATTACHMENT 1											
	<del></del>	-						·			
2 Total number of independent contractors (in	icluding bu	ıt not	lım	nited	d to	thos	e li	sted above) who	received		

	(A) Name and title	(B) Average hours per week (list any hours for	box,	not ch unles	Pos heck ss pe	tion more rson irect	than o	one an tee)	(D) Reportable compensation from the	(E) Reportable compensation for related organizations		an com	(F) Estimated amount of other compensation	
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	(C)	org. and	om the anization d related anization	on d
( 2	6) JENNIFER MAHER CEO, SUTTER DAVIS HOSPITAL	40.00				х			0.	382,83	3.	_	85,0	005.
( 2	7) CARRIE OWEN-PLIETZ CEO, SMCS	40.00				х			0.	376,44			69,9	
( 2	8) ANNE PLATT	40.00							· · · · · · · · · · · · · · · · · · ·	370,44			0,,,,	<del>700.</del>
( 2	CEO, SUTTER AMADOR HOSPITAL  9) ASIT GOLKI, MD	40.00				Х	,		0.	427,39	8.		99,8	369.
- ,	CMO, VALLEY AREA	0.					Х		0.	734,27	7.	1	54,3	319.
_	0) JOHN MESIC, MD PHYSICIAN EXEC, VALLEY AREA	40.00					х		0.	823,24	9.	1	90,8	336.
( 3	1) DIONNE C. MILLER COO, SRMC	40.00					х		0.	411,50	7.		68,0	061.
( 3	2) JEFF SZCZESNY VP HR, VALLEY AREA	40.00		İ			х		0.			1		
( 3	3) FARAAZ YOUSUF	40.00				-			0.	517,16			10,6	133.
( 3	COO, SMCS 4) JEFF SPRAGUE	0.					X		0.	434,25	257.		83,816	
- ( 3	SVP & CFO, SVH FINANCE ADMIN 5) THOMAS BLINN	40.00		_			-	х	0.	1,149,49	499.		38,1	.99.
_	CEO, SH VALLEY AREA FOUNDATION	40.00						х	0.	782,47	71.		93,43	
; <u>3</u> _	6) DENNIE CONRAD REG VP, PLNNG & BUS DEV - SVH	40.00						х	0.	226,86	7. 27		27,6	548.
	b Sub-total	oction A						▼ ▼	-		-			
_	d Total (add lines 1b and 1c)							▶				•		
_	2 Total number of individuals (including but not learn reportable compensation from the organization	_	1 <b>0se l</b> 3381		d ab	ove	e) who	re	ceived more than	\$100,000 of				
	2. Did the experience list one former office			<b>A</b> .					laa. a. b.abaa				Yes	No
•	B Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	er, airecto ule J for suc	r, or chindi	tru vidu	stee ıal .	9, ⊬	ey e	·mp	ioyee, or nignesi	compensated	l	3	X	
•	For any individual listed on line 1a, is the sorganization and related organizations gre	eater than	\$15	0,00	202	lf	"Yes	," (	complete Schedu	e J for such	)			
	individual											4	Х	
-	for services rendered to the organization? If "Yesection B. Independent Contractors	es," complet	e Sch	edui	le J	for	such	pers	son			5		Х
_	Complete this table for your five highest compensation from the organization Report of year	pensated ir ompensatio	ndepe on for	nde the	nt c	ont	racto ar ye	rs th ar e	nat received more nding with or with	than \$100,00 in the organiza	0 of ation	s tax		
(A) (B) Name and business address Description of services C									Co	(C)	ation			
_														
_						•								
_	7.1.1							Ļ						
_	! Total number of independent contractors (in more than \$100,000 in compensation from the	cluding bu organizati	t not ion ▶	lım	ıted	to	thos	e lis	sted above) who	received				
JS 68	A :1055 2 000 83764K 4019									•		Form	990 ( PAG	2016

Pac	ıe	8

	Section A. Officers, Directors, Tr	10000, 110	<u>,,</u>	ipio	yee	<del>7</del> 3,	allu i	ııyı	nest compensat	ea Empio	<b>, ccs</b> (c	,Ommac	·u/	
	(A) Name and title	(B) Average hours per week (list any hours for	box,	not ch unles er and	s per Iad	ition more rson irect	than cost both	an ee)	(D) Reportable compensation from the	(E) Reporta compensati relate organiza	on from ed tions	an com	(F) stimate nount other pensa	of ition
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099	-MISC)	org and	om the anızatı d relate	ion ed
37) TE	RRY GLUBKA	0.						_	<del>                                     </del>	-			_	
	O, EDEN MEDICAL CENTER	40.00			_			Х	0.	617	,359.	1	34,	11.
	OMAS REAM II G CIO SUTTER VALLEY HOSPITLS	40.00	}					7.7		222	007		4	٥٢
	NET WAGNER	0.					-	Х	0.	333	,907.	_	4,	85
	O, MILLS PENINSULA DIVISION	40.00						х	0.	626	,184.	1	61,	61
							,						•	
					_									
		<del></del>												
	<del></del>	<u> </u>												_
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		<del> </del>												
c Tota d Tota	at from continuation sheets to Part VII, S at (add lines 1b and 1c)	ection A .	 <u></u>	 	• •		 	<b>▶</b> ►	ceived more than	\$100.000	of			
	ortable compensation from the organization	_	3381											
-													Yes	<u> </u>
3 Did	the organization list any former office	er, directo	r, or	trus	stee	e, k	кеу е	mp	loyee, or highest	compens	ated		37	-
	ployee on line 1a? If "Yes," complete Sched											3	X	╁
4 For	any individual listed on line 1a, is the animal and related organizations groups and related organizations.	sum of rep eater than	ortab \$15	le co n nn	omp	en: <i>If</i>	satior "Yes	an "	nd other compens	sation from le .i. for	the such			
	vidual											4	Х	
5 Did	any person listed on line 1a receive or	accrue cor	npen	satio	n fr	rom	any	unr	elated organization	n or indivi	dual			<u></u>
	services rendered to the organization? If "Ye	es," complet	e Sch	edul	e J	for	such	pers	son		· · ·	5		
	B. Independent Contractors  nplete this table for your five highest com	nensated u	ndene	ndo	nt c	· ont	racto		hat recoved more	than \$100	000 0			
	pensation from the organization. Report of													
	(A) Name and business add	Iress							(B) Description of se	rvices	С	(C) ompens	ation	
								1						
	1							1						
														_

Form	990 (2	016) SUTTER VAI	LLEY HOSPITA	LS		94-11566	21 Page <b>9</b>
	t VIII						
		Check if Schedule O contains a respe	onse or note to ar	ny line in this Part V	/III		
				(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 b c d e f	Federated campaigns	65,803 4,785,947 1,350,131 741,108	6,942,989			
J.			Business Code				
Program Service Revenue	2a b c	PATIENT SERVICE REVENUE RENTAL TO AFFILIATES HEALTHCARE RELATED JV INCOME	621110 621110 621110	2,283,284,855 9,975,776 448,247	2,283,284,855 9,975,776 448,247		
Š	d						<del></del>
ran	е			<u> </u>			<del> </del>
ō.	f	All other program service revenue				<del></del>	<u> </u>
	g	Total. Add lines 2a-2f	<u></u>	2,293,708,878			
	3	Investment income (including divide and other similar amounts)	•	731,073			731,073
	5	Royalties		о			
	6a b	(i) Real  Gross rents					
	_ d		· · · · · · · · · · · · · · · · · · ·	1,284,910			1,284,910
	7a b	Gross amount from sales of assets other than inventory  Less cost or other basis and sales expenses	(II) Other 291,884 30,631				
		Gain or (loss)	261,253	1			
	C d	` '		261.253			261,253
Other Revenue	8a	Gross income from fundraising events (not including \$65,803_ of contributions reported on line 1c)					
<u> </u>		See Part IV, line 18	a 34,685	]			[
Ţ,	<sub>b</sub>	Less direct expenses			[		
0		Net income or (loss) from fundraising event	_	7,903			7,903
		Gross income from gaming activities See Part IV, line 19					
	b	Less direct expenses		<u> </u>			
	C	Net income or (loss) from gaming activities	s. <u>, ▶</u>	4,560	_		4,560
	10a	Gross sales of inventory, less returns and allowances			•		
		Total Court of Good Court of the Court of th	ь <u> </u>				[- <del></del>
	<del>  - </del>	Net income or (loss) from sales of inventory,  Miscellaneous Revenue	Business Code	0	-		
	<u> </u>						
	11a		621500	13,290		13,290	
	b	PARKING	812930	141,508		141,508	
	С	TELECOM	517000	47,687		47,687	
	d	All other revenue			-		<del> </del> ;
	е	Total. Add lines 11a-11d		202,485			
	12	Total revenue. See instructions	<u></u>	2,303,144,051	2,293,708,878	202,485	2,289,699

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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 resp				
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	11,901,877.	11,901,877.		
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	6,679,635.		6,679,635.	
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(В)	123,085.	123,085.		
7 Other salaries and wages	675,840,649.	638,187,673.	37,565,344.	87,632.
8 Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	44,051,579.	41,190,757.	2,860,822.	
9 Other employee benefits	256,704,282.	240,033,248.	16,646,996.	24,038.
10 Payroll taxes	57,946,616.	54,183,414.	3,763,202.	
11 Fees for services (non-employees)				
a Management	17,041,009.	4,516,631.	12,524,378.	
b Legal	2,008,991.	7,128.	2,001,863.	
c Accounting	61,530.		61,530.	# ···
d Lobbying	0.			·
e Professional fundraising services. See Part IV, line 17.	0.		264 404	
f Investment management fees	364,494.	<del> </del>	364,494.	
g Other (If line 11g amount exceeds 10% of fine 25, column	109,311,442.	05 070 424	12 441 000	
(A) amount, list line 11g expenses on Schedule O)	1,830,961.	95,870,434. 1,826,350.	13,441,008.	
12 Advertising and promotion	24,969,647.	19,384,483.	5,583,903.	1,261
13 Office expenses	60,383,507.	43,871,793.	16,511,714.	1,201.
14 Information technology	00,303,307.	45,071,755.	10,311,714.	<del></del>
15 Royalties	32,983,258.	24,469,507.	8,513,751.	· <del></del>
16 Occupancy	1,225,226.	980,181.	244,053.	992
17 Travel	1,223,220.	300,101.	211,033.	
for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	430,537.	359,160.	71,377.	
20 Interest	35,005,752.	35,005,752.		
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	127,842,852.	123,098,034.	4,744,818.	
23 Insurance	15,198,192.	12,503,597.	2,694,595.	
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)				
aMEDICAL SUPPLIES	314,244,204.	314,244,204.		
bPURCHASED SERVICES	116,490,143.	111,668,274.	4,802,181.	19,688.
cSYSTEM ALLOCATIONS	123,869,822.	73,558,600.	50,200,140.	111,082.
dHOSPITAL PROVIDER FEES	93,909,529.	93,909,529.		
e All other expenses	17,875,813.	13,336,072.	4,527,302.	12,439.
25 Total functional expenses Add lines 1 through 24e	2,148,294,632.	1,954,229,783.	193,807,717.	257,132.
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				
fundraising solicitation. Check here  following SOP 98-2 (ASC 958-720)	0.			
JSA		L	L	Form <b>990</b> (2016

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	SUTTER VALLEY HOSPITALS		94 -	1156621
_		···		Page <b>1</b> 1
Χĺ	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this F	art X	<u></u>	
		(A)		(B)
		Beginning of year		End of year
		0.	1	0
2	Savings and temporary cash investments	43,617,450.	2	69,580,426
3	Pledges and grants receivable, net	244,967.	3	468,130
4	Accounts receivable, net	299,431,571.	4	294,946,475
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			
	organizations (see instructions) Complete Part II of Schedule L	0.	6	0
7	Notes and loans receivable, net	0.	7	36,445
8	Inventories for sale or use	26,905,318.	8	28,321,456
9	Prepaid expenses and deferred charges	15,447,926.	9	12,152,221
		1,371,016,731.	10c	1,315,774,138
		0.	12	0
		916,057.	13	984,002
		87,025,084.	15	148,653,618
		<del></del>		1,955,045,391
				†
		0.	18	0
		0.		C
0	Tax-exempt bond liabilities	913,286,407.	20	956,986,128
1	Escrow or custodial account liability Complete Part IV of Schedule D	0.	21	C
		О.	22	ĺ
				5,061,525
		-		0
	· · · · · · · · · · · · · · · · · · ·			
		8,129,392.	25	13,609,521
6	Total liabilities. Add lines 17 through 25	1,139,660,646.	26	1,215,306,312
	complete lines 27 through 29, and lines 33 and 34.			
		713,841,877.	27	738,007,214
В	Temporarily restricted net assets	1,578,808.	28	1,731,865
9	Permanently restricted net assets	0.	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.			
0	Capital stock or trust principal, or current funds		30	
1	Paid-in or capital surplus, or land, building, or equipment fund		31	
	. The first participant of period periods at adapteriods and and			<del> </del>
2	Retained earnings, endowment, accumulated income, or other funds		32	
2	Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances	715,420,685.	32	739,739,079
	1 2 3 4 5 6 7 8 9 a b 1 2 3 4 5 6 7 3 9 0 1 2 3 4 5 6 7 3 9 0 1 2	Balance Sheet  Check if Schedule O contains a response or note to any line in this P  1 Cash - non-interest-bearing 2 Savings and temporary cash investments. 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(0)13), persons described in section 4958(0)(3)(8), and contributing employers and sponsoring organizations of section 4958(0)(3)(8), and contributing employers and sponsoring organizations of section 4958(0)(3)(8), and contributing employers and sponsoring organizations of section 4958(0)(3)(8), and contributing employers and sponsoring organizations of section 4958(0)(3)(8), and contributing employers and sponsoring organizations of section 4958(0)(3)(8), and contributing employers and sponsoring organizations of section 4958(0)(3)(8), and contributing employers and sponsoring organizations of section 4958(0)(3)(8), and contributing employers beneficiary organizations (see instructions) Complete Part II of Schedule L  7 Notes and loans receivable, net 8 Investments - publicity traded securities 9 Investments - other securities See Part IV, line 11 9 Investments - other securities See Part IV, line 11 9 Intangible assets 9 Cher assets See Part IV, line 11 9 Intangible assets 9 Cher assets See Part IV, line 11 9 Total assets. Add lines 1 through 15 (must equal line 34) 9 Tax-exempt bond liabilities 9 Escrow or custodial account liability Complete Part IV of Schedule D 9 Tax-exempt bond liabilities 9 Escrow or custodial account liability Complete Part IV of Schedule D 9 Tax-exempt bond liabilities 9 Secured mortgages and notes payable to unrelated third parties 9 Other liabilities and loans payable to unrelated third parties 9 Other liabilities Add lines 17 through 25 9 Organizations that follow SFAS 117 (ASC 958), check here	A   Balance Sheet   Check if Schedule O contains a response or note to any line in this Part X.   (A)   Beginning of year	Balance Sheet

Form 990 (2016)

### SUTTER VALLEY HOSPITALS

Form 99	90 (2016)				Pa	ge <b>12</b>
Part						
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1_	_	03,1	<u> </u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2		48,2		
3	Revenue less expenses Subtract line 2 from line 1	3_		54,8		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4_	7	15,4		
5	Net unrealized gains (losses) on investments	5_		3	52,8	
6	Donated services and use of facilities	6_				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1	30,8	83,8	52.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	7	39,7	39,0	79.
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 CashX Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	крІан	חור			
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or			
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
_	If "Yes," check a box below to indicate whether the financial statements for the year were audit					
	separate basis, consolidated basis, or both					
	Separate basis X 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 or	vers	ıaht			
•	of the audit, review, or compilation of its financial statements and selection of an independent acc		-	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e					
	Schedule O		***			
32	As a result of a federal award, was the organization required to undergo an audit or audits as set	fort	h in			
Ju	the Single Audit Act and OMB Circular A-133?			3a	х	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not und					
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b_	Х	

Form **990** (2016)

#### SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

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

OMB No 1545-0047

Department of the Treasury

► Attach to Form 990 or Form 990-EZ.

Open to Public

Internal Revenue Service ▶Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Name of the organization SUTTER VALLEY HOSPITALS Employer identification number FKA SUTTER HEALTH SACRAMENTO SIERRA REGION 94-1156621 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 12, 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 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university An organization that normally receives (1) more than 331/3 % of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3 % 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization g Provide the following information about the supported organization(s) (i) Name of supported organization (II) EIN (iii) Type of organization (Iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Schedule A (Form 990 or 990-EZ) 2016

Total

Pag	е	2

Sche	Jule A (Form 990 or 990-EZ) 2016						Page Z
Par	Complete only if you checket Part III If the organization fai	ed the box on	line 5, 7, or 8	of Part I or if t	he organization	on failed to qua	
Sec	tion A. Public Support	<u></u>	<del></del>	·	<del>-</del>		
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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		<u> </u>	<u> </u>		1	<u> </u>
	tion B. Total Support	r···		,	<del></del>	<del></del>	<del></del>
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(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 (s	see instructions)				12	
13	First five years. If the Form 990 is forganization, check this box and stop here	or the organiza	tion's first, secon	nd, third, fourth,	or fifth tax ye	ear as a section	501(c)(3) ▶
Sec	tion C. Computation of Public Sup				-		
14	Public support percentage for 2016 (li						%
15	Public support percentage from 2015						%
16a	331/3% support test - 2016. If the o						
	this box and stop here. The organization	on qualifies as a	a publicly suppo	rted organizatio	on		▶ □
b	331/3% support test - 2015. If the c						
	check this box and stop here. The orga	anızatıon qualıf	es as a publicly	supported orga	ınızatıon		▶ □
17a	10%-facts-and-circumstances test - 2 10% or more, and if the organization Part VI how the organization meets t	meets the "fa	cts-and-circums	tances" test, ch	neck this box a	nd stop here. E	Explain in
b	organization	2015. If the organization meet	ganization did n s the "facts-and	ot check a box d-circumstances	on line 13, 16 " test, check t	Sa, 16b, or 17a, this box and <b>st</b>	op here.

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

Schedule A (Form 990 or 990-EZ) 2016

Page 3

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants")	<u> </u>					
2	Gross receipts from admissions, merchandise	-					
	sold or services performed, or facilities	ı					
	furnished in any activity that is related to the	ı					
	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						
7 a	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						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from					[	
_	line 6)						
	tion B. Total Support			F			
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6			<u> </u>			
ıv a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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						
13	(Explain in Part VI)						
13	and 12)						
14	First five years. If the Form 990 is f	or the organizati	tion's first seco	nd third fourth	or fifth toy ve	ar as a section	501(0)(3)
14	organization, check this box and stop here.	-			•		```
Sec	tion C. Computation of Public Sup						• • • • • • • • • • • • • • • • • • • •
15	Public support percentage for 2016 (line 8			nn (f))	-	15	%
16	Public support percentage from 2015 Sche					16	%
	tion D. Computation of Investmer					<u> </u>	
17	Investment income percentage for 2016 (liii			3, column (f))		17	%
18	Investment income percentage from 2015					18	<del></del>
	331/3% support tests - 2016. If the org						
	17 is not more than 331/3%, check the						. —
b	331/3% support tests - 2015. If the orga	_	_		· · · · · · · · · · · · · · · · · · ·		
	line 18 is not more than 331/3%, check						· —
20	Private foundation. If the organization		•	-	•	• • •	. —

Schedule A (Form 990 or 990-EZ) 2016

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)

	ion A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$ , $(5)$ , or $(6)$ and satisfied the public support tests under section $509(a)(2)$ ? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination	3b_		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b 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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	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 <b>Part VI</b> 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 <b>Part VI</b> , 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		
С	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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	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 I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9c		
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

10b

determine whether the organization had excess business holdings )

Part	Supporting Organizations (continued)			. age c
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
		11b		
<u>C</u>	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	<u> </u>	
Secti	on B. Type I Supporting Organizations			
	·		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities if the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	_		
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1_		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b> VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			İ
	supervised, or controlled the supporting organization	2		
Section	on C. Type II Supporting Organizations			
0000	511 5. Type ii oupporting organizations		Vac	No
1	Word a majority of the organization's directors of tripted directors divine the tay year also a secret, of the directors		163	140
•	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		}	
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
Secti	on 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard			
		3		
	on 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 inst	ructio	ons)	
a	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see in			NI-
2	Activities Test Answer (a) and (b) below.		Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a	- 1	
		24		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	·	-0		
э a	Parent of Supported Organizations <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	ļ	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		-	<u>-</u>
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	зь		
	Schodulo A /Form 9		200 F7	0046

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	s	
1 Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organic			
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	1		
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	1	(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)			
a Average monthly value of securities	1a	<del></del>	
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		11
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-functionall	y integra	ted Type III supporting	organization (see
instructions)	. 5		

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016

Page 7

<u>Part</u>	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	tions (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exe			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	zations	-	
4	Amounts paid to acquire exempt-use assets		<del>-</del> -	
5	Qualified set-aside amounts (prior IRS approval required)	<del></del>		
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 resp	onsive	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2016 from Section C, line 6	<del></del>	<del></del>	
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required-explain in Part VI) See			
	instructions			
3	Excess distributions carryover, if any, to 2016			
а				
b_				
с	From 2013			
d	From 2014			
ее	From 2015			
f_	Total of lines 3a through e		<del></del>	
g	Applied to underdistributions of prior years			
_ <u>h</u>	Applied to 2016 distributable amount			
<u> </u>	Carryover from 2011 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f		7-71	
4	Distributions for 2016 from			
	Section D, line 7 \$			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount		· · ·	·
<u>C</u>	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
	any Subtract lines 3g and 4a from line 2 For result			
	greater than zero, explain in Part VI See instructions			
6	Remaining underdistributions for 2016 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2017 Add lines 3j			
	and 4c			
8	Breakdown of line 7			
_ <u>a</u>	Evenes from 2012			
_ <u>b</u>	Excess from 2013			<del></del>
C	Excess from 2014			
<u>d</u>	Excess from 2015			<u>.                                    </u>
<u>е</u>	Excess from 2016			
			Schadula	A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016

Page 8

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)

### SCHEDULE D (Form 990)

# Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization SUTTER VALLEY HOSPITALS FKA SUTTER HEALTH SACRAMENTO STERRA REGION Employer identification number

	94-1156621
Pa	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? Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose
	conferring impermissible private benefit?
Pa	rt II Conservation Easements.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply)
	Preservation of land for public use (e.g., recreation or education)  Preservation of a historically important land area
	Protection of natural habitat Preservation of a certified historic structure
	Preservation of open space
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation
	easement on the last day of the tax year  Held at the End of the Tax Year
а	Total number of conservation easements
b	Total acreage restricted by conservation easements
С	Number of conservation easements on a certified historic structure included in (a) 2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a
	historic structure listed in the National Register
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the
	tax year
4	Number of states where property subject to conservation easement is located ▶
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of
	violations, and enforcement of the conservation easements it holds? Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
	<b>&gt;</b>
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
	<b>▶</b> \$
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)?
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
	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 in Form 990, Part VIII, line 1
	(ii) Assets included in Form 990, Part X
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included in Form 990, Part VIII, line 1................

▶ \$

Sche	dule D (Form 990) 2016					_			Page 2
Pai	t III Organizations Maintainii	ng Collections of	Art, Historical T	reasures,	or Oth	ner Similar Ass	ets (co	ntınu	ed)
3	Using the organization's acquisition	on, accession, and o	other records, chec	k any of th	e follow	ring that are a sign	nificant	use (	of its
	collection items (check all that app	ly)		•			-		
а	Public exhibition		d Loan	or exchange	e progran	ms			
b	Scholarly research		e Other						
С	Preservation for future gene	rations							
4	Provide a description of the organ	- · · - · · -	and explain how	they furthe	r the ord	nanization's exem	nt purpo	se in	Part
	XIII		and oxplain non	inoy runino	0,	gamzanon o oxom	pt puipe		
5	During the year, did the organization	on solicit or receive o	donations of art, hist	orical treas	ures or a	other similar			
_	assets to be sold to raise funds rath						Yes	. $ abla$	No
Par	t IV Escrow and Custodial Ar		amed as part of the	Jiganizatio	irs collec	20017	168	<u>'</u>	1140
	Complete if the organizat		s" on Form 990 P	art IV line	9 01 10	norted an amou	nt on Fo	rm	
	990, Part X, line 21	ion answered Te	5 OH I OHH 990, F	artiv, iiric	3, OI 16	ported all alliou	111 01111	,,,,,	
12	Is the organization an agent, truste	o custodian or othe	ar intermediani for a		tha				
ıa									٦
_	included on Form 990, Part X? If "Yes," explain the arrangement i						Yes	, F	_ No
U	ir res, explain the arrangement i	n Fart Alli and comp	piete the following tai	ole	7	A 4			
_	Paginning halansa			-		Amount			
C	Beginning balance	· · · · · · · · · · · ·		<u>1c</u>					
	Additions during the year								
e	Distributions during the year								
١	Ending balance				<del> </del>		1 1		т
	Did the organization include an am						Yes	·  —	No
	If "Yes," explain the arrangement in	n Part XIII Check ne	ere if the explanation	nas been p	provided (	on Part XIII			
Par	Endowment Funds. Complete if the organizat	on anawarad "Vac	" on Form 000 D		10				
	Complete if the organizat			,		(-1) ==:	1 7.3 =		<del></del>
		(a) Current year	(b) Prior year	(c) Two year		(d) Three years back	(e) Fou		
1a	Beginning of year balance	19,173,834.	19,993,368.	20,085		17,651,842	<del></del>		, 588
b	Contributions	329,568.	408,961.		999.	151,996		1,	,009
С	Net investment earnings, gains,						1 .		
	and losses	1,007,628.	-670,838.	293	955.	1,678,960	1,	935,	,574
d	Grants or scholarships		***************************************						
е	Other expenditures for facilities								
	and programs	446,333.	557,657.	386	639.	335,757		518,	,329
f	Administrative expenses								
g	End of year balance	20,064,697.	19,173,834.	19,993	,368.	19,147,041.	17,	651,	,842.
2	Provide the estimated percentage	of the current year e	end balance (line 1g,	column (a)	) held as				
а	Board designated or quasi-endown	ient ▶ 50.7100	_%		,				
b	Permanent endowment ▶ 33.0	<u>400</u> %							
С	Temporarily restricted endowment	<b>▶</b> 16.2500 %							
	The percentages on lines 2a, 2b, a	ind 2c should equal 1	100%						
3a	Are there endowment funds not in	the possession of th	ie organization that	are held ar	nd admin	stered for the			
	organization by							Yes	No
	(i) unrelated organizations						3a(i)		Х
	(ii) related organizations						3a(ii)	Х	
b	If "Yes" on line 3a(ii), are the relate	ed organizations lister	d as required on Sch	edule R?.			3b	Х	
4	Describe in Part XIII the intended u								
Par	t VI Land, Buildings, and Equi	pment.			_				
	Complete if the organization	tion answered "Ye							
	Description of property	(a) Cost or (invest		r other basis ther)		umulated eciation	( <b>d)</b> Book va	ilue	
1a	Land		<del>' '</del>	81,242.	Gopie		42,0	81.2	242.
b	Buildings				599.05	57,333. 1	085,3		
C	Leasehold improvements			76,014.		75,091.	15,4		
ď	Equipment					01,476.	134,8	<del></del>	
	Other			36,858.		52,804.	38,0		
	I. Add lines 1a through 1e (Column	(d) must equal Form			29,03 201	1	38,0		
. 5.0	moo ta anough to toolahin	(a) must squar i Om	, ooo, rant A, colaini	(D), illie 10	<del>~ /</del>	· · · · •	1 1 6 5 7 7	, <u>, ,</u> ,	

Schedule D (Form 990) 2016

Part VII	Investments - Other Securities.  Complete if the organization answered	"Yes" on Form 990	), Part IV, line 11b See Form 990, Part X, line 12.	
<del></del>	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1) Financi	al derivatives			
	-held equity interests			
(3) Other_				
(A)				
(B)		<del></del>		
(C)				
(D)				
(E)				
(F)		<del></del>		
(G) (H)				
<del></del>	n (b) must equal Form 990, Part X, col (B) line 12)			_
Part VIII	Investments - Program Related.			_
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11c See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col (B) line 13 )			
Part IX	Other Assets.			
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11d See Form 990, Part X, line 15.	
	(a) Des	cription	(b) Book value	
	RCOMPANY RECEIVABLES		36,094,59	_
	R RECEIVABLES		94,700,27	
	R ASSETS		17,858,74	4
(4)				
(5)				
(6)				
(7)		<del></del>		
(8)		<del></del>		
(9)	umn (b) must equal Form 990, Part X, col (B) lir	20.15.)	140 652 63	_
	Other Liabilities.	ie 15)		- 8
Part X		"Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990, Part X,	
1.	(a) Description of liability	(b) Book value	e	
(1) Feder	al income taxes			
(2) INSU	RANCE LIABILITIES	5,773,2	211.	
(3) THIR	D PARTY SETTLEMENTS	3,731,5	542.	
(4) OTHE	R LIABILITIES	4,104,7	768.	
(5)				
(6)				
(7)				
(8)				
<u>(9)</u>				
Total (Colum	on (h) must equal Form 000, Part Y, col. (R) line 25.)	<b>▶</b>	501	

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

6E1270 1 000

JSA 6E1271 1 000 Schedule D (Form 990) 2016

### Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 1A, COLUMN (B)

THE BEGINNING BALANCE FOR 2014 INCLUDES A PRIOR YEAR ADJUSTMENT TO THE AUDITED FINANCIALS IN THE AMOUNT OF \$938,012.

SCHEDULE D, PART V, LINE 4

INTENDED USE OF ENDOWMENT FUNDS:

ENDOWMENTS ARE HELD BY RELATED FUNDRAISING ORGANIZATIONS FOR THE EXCLUSIVE PURPOSE OF VARIOUS PROGRAMS OF SUTTER VALLEY HOSPITALS.

SCHEDULE D, PART X, LINE 2

ASC 740 (FIN 48) FOOTNOTE FROM AUDIT:

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 AND THE CALIFORNIA FRANCHISE TAX BOARD 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.

#### Part XIII Supplemental Information (continued)

SUTTER RECOGNIZES THE TAX BENEFIT FROM UNCERTAIN TAX POSITIONS ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITIONS WILL BE SUSTAINED ON EXAMINATION BY THE TAX AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFIT IS MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE STATUTE OF LIMITATIONS FOR TAX YEARS 2013 THROUGH 2015 REMAIN OPEN IN U.S. TAX JURISDICTIONS IN WHICH SUTTER AND ITS AFFILIATES ARE SUBJECT TO TAXATION. SUTTER RECOGNIZES INTEREST AND PENALTIES RELATED TO INCOME TAX MATTERS IN OPERATING EXPENSES. AT DECEMBER 31, 2016 AND 2015, THERE WERE NO SUCH UNCERTAIN TAX POSITIONS.

#### **SCHEDULE G** (Form 990 or 990-EZ)

Department of the Treasury

#### Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047 Open to Public

Internal Revenue Service Inspection Name of the organization SUTTER VALLEY HOSPITALS Employer identification number FKA SUTTER HEALTH SACRAMENTO SIERRA REGION 94-1156621 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants е b Internet and email solicitations f Solicitation of government grants C Phone solicitations Special fundraising events d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) (II) Activity custody or control of (or retained by) or entity (fundraiser) from activity fundraiser listed in contributions? organization col (i) Yes No 1 6 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Sche	dul	e G (Form 990 or 990-EZ) 2016				Page 2
Pa	rt l	than \$15,000 of fundraising ever	nt contributions and gros			
		gross receipts greater than \$5,0	(a) Event #1 THEME BALL	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
_			(event type)	(event type)	(total number)	col (c))
Revenue	1	Gross receipts	100,488.			100,488
Œ	2	Less Contributions	65,803.			65,803
		Gross income (line 1 minus				24 685
		line 2)	34,685.	<del> </del>	ļ	34,685
İ	4	Cash prizes				ļ
	5	Noncash prizes				
uses	6	Rent/facility costs	1,830.			1,830
Direct Expenses	7	Food and beverages ,	15,743.			15,743
Direc	8	Entertainment	2,375.			2,375
	9	Other direct expenses	6,834.			6,834
	10	Direct expense summary Add lines 4	1 through 9 in column (d)	1		26,782
	11	Net income summary Subtract line 1	0 from line 3, column (d	)		7,903
Pa	rt l	Gaming. Complete if the orgathan \$15,000 on Form 990-E	anızatıon answered "Y	es" on Form 990, Pa	rt IV, line 19, or rep	orted more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Rev	1	Gross revenue				
nses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes %	Yes%	
	7	Direct expense summary Add lines 2	through 5 in column (d)	·		
	8	Net gaming income summary Subtra	act line 7 from line 1, col	umn (d)	<b>&gt;</b>	
•	_			A 4		
9 a b	ls	nter the state(s) in which the organizat the organization licensed to conduct g "No," explain		of these states?		Yes No
	_		<del></del>			<del></del>
		ere any of the organization's gaming I	icenses revoked, suspe	nded or terminated durir	ng the tax year?	Yes No

SUTTER VALLEY HOSPITALS

	le G (Form 990 or 990-EZ) 2016 Page 3
	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
	Indicate the percentage of gaming activity conducted in
	The organization's facility
	An outside facility 13b %
	Enter the name and address of the person who prepares the organization's gaming/special events books and
	records
	Name ▶
	······································
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
_	amount of gaming revenue retained by the third party ▶ \$
	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
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
1	retain the state gaming license?
	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year ▶ \$
Part	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information
	(see instructions).

Schedule G (Form 990 or 990-EZ) 2016

### SCHEDULE H (Form 990)

## Hospitals

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► 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.

Name of the organization SUTTER VALLEY HOSPITALS FKA SUTTER HEALTH SACRAMENTO SIERRA REGION

Financial Assistance and Certain Other Community Benefits at Cost

Employer Identification number 94-1156621

Yes No Х 1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . . . . Х 1b 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 X Applied uniformly to most hospital facilities Applied uniformly to all hospital facilities Generally tailored to individual hospital facilities 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 Х free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care 3a 150% 200% | X | Other 400.0000 % b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," 3b 300% 350% 400% Other c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care Did the organization's financial assistance policy that applied to the largest number of its patients during the Х 4 Х 5a 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? Х 5b c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or <u>5c</u> Х 6a Х 6b Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H Financial Assistance and Certain Other Community Benefits at Cost (a) Number of activities or (d) Direct offsetting (e) Net community benefit expense Financial Assistance and (f) Percent (b) Persons (c) Total community benefit expense revenue of total Means-Tested Government programs (optional) (optional) expense **Programs** a Financial Assistance at cost 12,110,396. 12,110,396. .56 (from Worksheet 1) . . . . Medicaid (from Worksheet 3, 549,199,388. 470,905,451 78,293,937 3.64 column a) . . . . . . . . Costs of other means-tested government programs (from Worksheet 3, column b) . 34,407,207. 82,544,278. 48,137,071. 1.60 Total Financial Assistance and Means-Tested Government 643,854,062 519,042,522. 124,811,540. 5.80 Other Benefits Community health improvement services and community benefit 18 2,810,887. 2,810,887. .13 operations (from Worksheet 4) Health professions education 7 3,023,886 1,152,076 1,871,810 . 09 (from Worksheet 5) . . . .

3,992,913.

2,195,578.

13,624,448.

25,647,712.

669,501,774.

1,700,070.

2,900,736

521,943,258.

48,590.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 JSA 6E1284 1 000 83764K 4019

6

6

29

66

66

Schedule H (Form 990) 2016

3,992,913.

13,575,858.

22,746,976.

147,558,516.

495,508.

g Subsidized health services (from

h Research (from Worksheet 7) Cash and in-kind contributions for community benefit (from Worksheet 8)

Total Other Benefits . .

Total. Add lines 7d and 7j.

Worksheet 6) . . . . . . . . .

.19

.02

.63

1.06

6.86

_		$\sim$
7ລດ	e	Z

Partil		ng the tax	year, and	omplete this table if the describe in Part VI has seen as the control of the cont						
	(a) Number of activities or programs (optional)  (b) Persons (c) Total community (d) Direct offsetting revenue building expense revenue building expense								) Perce otal exp	
1 Physical imp	provements and housing									
2 Economic	development									
3 Communit	y support			-						
4 Environme	ental improvements			···						
5 Leadership	development and		i i							
training for	community members	ļ								
6 Coalition b	uilding	ļ	ļ <u> </u>		·		<del>.</del>	<del></del>		
	y health improvement		İ					1		
advocacy		ļ <u>.</u>	ļ <u>-</u>	<del></del>				<del>                                     </del>		
	development	ļ	ļ			<del></del>		+		
9 Other			<del> </del>				<del></del>	+		
10 Total	Ded Debt Me	-1:	0-114	Due die e				Щ		
Part III	Bad Debt, Me		Collection	Practices	_ <del>.</del>		<del></del>			T
1 Did the		ort bad del		in accordance with He		cial Manage	ment Association		Yes	
								1		X
				debt expense Explain				Í	1	
				ate this amount			12,736,966.			
			-	ion's bad debt expense		I I				ĺ
-	-	-		cial assistance policy	•	1 1		'		
				estimate this amount a						
				community benefit					(	1
				the organization's fin						
	· -	nber on wn	ich this 1001	note is contained in the	e attached fina	nciai statem	ents	.		1
Section B. I		wad from N	Andinara (in	cluding DSH and IME)		اءا	505,823,752.			
				to payments on line 5			589,802,607.		<b>\</b>	1
				or shortfall)			-83,978,855.	,		
				y shortfall reported in						ĺ
				methodology or source			•		1	
	6 Check the box		_				amount roportou			
_	ost accounting sy				Other					
	Collection Practic						]			ĺ
9a Did the	organization hav	e a written	debt collect	ion policy during the ta	x year?			9a	х	l
_				to the largest number of its			itain provisions on the			
	-			n to qualify for financial assista		•	•	9b	x	
Part IV	Management	Companie	es and Joir	nt Ventures (owned 10% o	r more by officers, di	ectors, trustees, ke	y employees, and physicians	- see in:	structions	5)
(a	Name of entity			escription of primary		rganization's	(d) Officers, directors,		Physic	
				activity of entity		t % or stock nership %	trustees, or key employees' profit %		fit % or wnershi	
							or stock ownership %			
1SUTTER	AMADOR SUR	G C MED	ICAL SER	VICES	32	.00000	<u></u>	2	4.00	0000
2STANIS	LAUS SURG H	OSP MED	ICAL SER	VICES	20	.00000	<u> </u>	3	8.46	5000
3			· <u>·</u>							
_4										
5	<del></del>						L	$\perp$		_
6										
7				· · · · · · · · · · · · · · · · · · ·						
								$\bot$		
9								<del> </del>		_
10										
11										
12							<u> </u>	┷		
13										

Schedule H (Form 990) 2016

Part V Facility Information			_	_		_				rage 3
Section A Hospital Facilities	٦	ြ	Ω	뒫	Ω	고	ш	Щ		
(list in order of size, from largest to smallest - see instructions)	Licensed	ene	를	eact	훒	ese	22	ER-other		1
How many hospital facilities did the organization operate during	ě	를	en s	Teaching hospital	a	Research	ER-24 hours	Ē.		
the tax year?9	hospital	₹	9	los	čes	facility	រីទ			
Name, address, primary website address, and state license	童	General medical &	Children's hospital	pital	Critical access hospital	₹				
number (and if a group return, the name and EIN of the	ļ	IS &	-		Spt		ļ			Facility
subordinate hospital organization that operates the hospital	l	surgical			=	ŀ				reporting
facility)		=				1			Other (describe)	group
1 SUTTER GENERAL HOSPITAL	<del>                                     </del>			1						
2825 CAPITOL AVENUE	1	ł								
SACRAMENTO CA 95816	1	Ì			ĺ					}
WWW.SUTTERMEDICALCENTER.ORG	1			1	ļ					
LICENSE #030000102	х	Х			ĺ		x			В
2 SUTTER MED CTR, SAC WOMEN & CHILDRENS	T									
2825 CAPITOL AVENUE	1	[								
SACRAMENTO CA 95816	1	İ								ļ
WWW.SUTTERMEDICALCENTER.ORG	1	ļ								
LICENSE #030000102	x	Х	ĺ				x			В
3 SUTTER ROSEVILLE MEDICAL CENTER										
ONE MEDICAL PLAZA	1	ļ	]	1						
ROSEVILLE CA 95661-3037	]									
WWW.SUTTERROSEVILLE.ORG	]	1	1	1						
LICENSE #030000083	] <u>x</u> _	Х	-				Х			A
4 SUTTER SOLANO MEDICAL CENTER				1						
300 HOSPITAL DRIVE	}		)	}						
VALLEJO CA 94589-2574	]		ļ	ļ						
WWW.SUTTERSOLANO.ORG										
LICENSE #110000082	Х	Х	1				Х			A
5 SUTTER CENTER FOR PSYCHIATRY										
7700 FOLSOM STREET										
SACRAMENTO CA 95826-2608			1		}					
WWW.CHECKSUTTERFIRST.ORG			1							
LICENSE #030000347	Х									B
6 SUTTER AUBURN FAITH HOSPITAL			}							
11815 EDUCATION STREET							ĺ			
AUBURN CA 95602-2410	ĺ		}							
WWW.SUTTERAUBURNFAITH.ORG		<b>,</b>								
LICENSE #030000012	X	Х					X			A
7 SUTTER AMADOR HOSPITAL		Ì								
200 MISSION BLVD.							. ,			
JACKSON CA 95642-2564	<b>!</b> ,									
WWW.SUTTERAMADOR.ORG					1	' Ì				
LICENSE #030000008	X	X	L_				Х		<u> </u>	A
8 SUTTER DAVIS HOSPITAL		ļ				ļ				
2000 SUTTER PLACE						Ì				
DAVIS CA 95816		l				. [				
WWW.SUTTERDAVIS.ORG_										
LICENSE #030000124	X	X					X		· · · · · · · · · · · · · · · · · · ·	A
9 STANISLAUS SURGICAL HOSPITAL										
1421 OAKDALE ROAD										
MODESTO CA 95355-3356		}					1			
WWW.STANISLAUSSURGICAL.COM							ļ			
LICENSE #030000695	X	X		Щ	$\sqcup \downarrow$		$\dashv$			
10										
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150		L	L	L	لـــا					

# Part V Facility Information (continued)

Section	0	Escility	Policies	and	Practices
Section	В.	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)

	of hospital facility or letter of facility reporting group A			—
	number of hospital facility, or line numbers of hospital ies in a facility reporting group (from Part V, Section A): 3-4, 6-8			
	es in a facility reporting group (noin rait v, section A).		Yes	No
Comr	nunity Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the			Į
	current tax year or the immediately preceding tax year?	1		X
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		X
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_	Х	
	If "Yes," indicate what the CHNA report describes (check all that apply)	<b>!</b>	İ	{
а	X A definition of the community served by the hospital facility			
b	X   Demographics of the community	}		
С	X Existing health care facilities and resources within the community that are available to respond to the		[ .	ĺ
	health needs of the community			1
d	X How data was obtained			·
е	X   The significant health needs of the community			
f	X Primary and chronic disease needs and other health issues of uninsured persons, low-income persons,	]		
	and minority groups	į		
g	X The process for identifying and prioritizing community health needs and services to meet the			'
	community health needs			'
h :	X The process for consulting with persons representing the community's interests			
'	X) The impact of any actions taken to address the significant health needs identified in the hospital		l	1
:	facility's prior CHNA(s)  Other (describe in Section C)			i '
, j	Indicate the tax year the hospital facility last conducted a CHNA 20 _16_	ĺ		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent			
J	the broad interests of the community served by the hospital facility, including those with special knowledge of or			ì
	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	х	
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	х	ļ
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		Х
7	Did the hospital facility make its CHNA report widely available to the public?	7	Х	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	X Hospital facility's website (list url) SEE PART V, SECTION C			
b	X Other website (list url) SEE PART V, SECTION C		}	
С	X Made a paper copy available for public inspection without charge at the hospital facility			į
d	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	Х	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 2016			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Х	<del></del>
а	If "Yes," (list url) SEE PART V, SECTION C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most			, 1
	recently conducted CHNA and any such needs that are not being addressed together with the reasons why			
	such needs are not being addressed			
12 a	<b>3</b>			v
	CHNA as required by section 501(r)(3)?	12a		<u> </u>
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
С	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$			

0	~~	1

Part V	C::::	/ informa	-4:	/	4:	/1
	Facilin	, intorm:	atinn .	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	I I I I I I I I I I I I I I I I I I I	3/ T I
	i aviiiti		4000		unu	,,,

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 B			
Line n	umber of hospital facility, or line numbers of hospital	·		
faciliti	es in a facility reporting group (from Part V, Section A): 1, 2 & 5		Yes	No
Comp	nunity Health Needs Assessment		162	140
1	<del>~ `                                   </del>			
•	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	x	
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or	<del>-</del> -	<del>                                     </del>	
•	the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	х	
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a	<del></del> -		
•	community health needs assessment (CHNA)? If "No," skip to line 12	3	x	
	If "Yes," indicate what the CHNA report describes (check all that apply)	<del></del> -	<del></del>	
а	X A definition of the community served by the hospital facility			
b	X Demographics of the community	l		
c	X Existing health care facilities and resources within the community that are available to respond to the	ļ		
	health needs of the community	1		
d	X How data was obtained	}		
e	X The significant health needs of the community	İ		
f	X Primary and chronic disease needs and other health issues of uninsured persons, low-income persons,			
	and minority groups	ļ	l	
g	X The process for identifying and prioritizing community health needs and services to meet the	•	ı	į
	community health needs	ł	1	
h	X The process for consulting with persons representing the community's interests			
i	X The impact of any actions taken to address the significant health needs identified in the hospital			
	facility's prior CHNA(s)			{
j	Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 16			j
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent	ļ		
	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	Х	
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	X	
þ	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		X
7	Did the hospital facility make its CHNA report widely available to the public?	7_	X	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
а	X Hospital facility's website (list url) SEE PART V, SECTION C			
b	X Other website (list url) SEE PART V, SECTION C			1
C	Made a paper copy available for public inspection without charge at the hospital facility	-		
d	Other (describe in Section C)			اــــا
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs		v	
•	identified through its most recently conducted CHNA? If "No," skip to line 11	8_	X	—–
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>	40		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	<del></del>
a	If "Yes," (list url) SEE PART V, SECTION C	10h		
14	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?  Describe in Section C how the hospital facility is addressing the significant needs identified in its most	10b		
11	recently conducted CHNA and any such needs that are not being addressed together with the reasons why			
	such needs are not being addressed			Ì
122	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a	<u> </u>		
12a	CHNA as required by section 501(r)(3)?	12a		х
h	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form			<del></del> -
•	4720 for all of its hospital facilities? \$			-

	le H (Form 990) 2016			Page 4
Part				
	on B. Facility Policies and Practices lete 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 STANISLAUS SURGICAL HOSPITAL			
Line n	umber of hospital facility, or line numbers of hospital			
facilit	es in a facility reporting group (from Part V, Section A):			т
			Yes	No
Comn	nunity Health Needs Assessment	\	ļ	
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the	ĺ		
	current tax year or the immediately preceding tax year?	1_1_	<u> </u>	Х
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	X	
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a	}		1
	community health needs assessment (CHNA)? If "No," skip to line 12	3	L	X
	If "Yes," indicate what the CHNA report describes (check all that apply)	İ	1	
а	A definition of the community served by the hospital facility	1		
b	Demographics of the community	Ì	Ì	
С	Existing health care facilities and resources within the community that are available to respond to the		1	
	health needs of the community		1	
d	How data was obtained			
е	The significant health needs of the community			
f	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons,		ł	
	and minority groups			
9	The process for identifying and prioritizing community health needs and services to meet the		Ì	
	community health needs		1	
h	The process for consulting with persons representing the community's interests			
i	The impact of any actions taken to address the significant health needs identified in the hospital			1
_	facility's prior CHNA(s)			
j	Other (describe in Section C)			1 1
4	Indicate the tax year the hospital facility last conducted a CHNA 20			ļi
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	_ ا		
6-	persons who represent the community, and identify the persons the hospital facility consulted	5	<u> </u>	<del> </del>
оа	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	İ	1
h	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes,"	0a	<del> </del>	<del> </del>
b		6b	1	1
7	list the other organizations in Section C	7	<del>                                     </del>	<del>                                     </del>
•	If "Yes," indicate how the CHNA report was made widely available (check all that apply)	<b></b> -	<del> </del>	<del>                                     </del>
а	Hospital facility's website (list url)			]
b	Other website (list url)			
C	Made a paper copy available for public inspection without charge at the hospital facility			
ď	Other (describe in Section C)			Ì
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		<u></u>
а	If "Yes," (list url)			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		<u>L</u>
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		X
	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		<u> </u>
С	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form			
	4720 for all of its hospital facilities? \$			<u> </u>

D				
Part V	Lacility	Intormation	/continuo	, ,
	I acmity	Information	100mmacu	•

Financial Assistance Policy (FAP)

Name	or nos	pital facility or letter of facility reporting group A			
				Yes	No
	Did th	e hospital facility have in place during the tax year a written financial assistance policy that			
13	Expla	ined eligibility criteria for financial assistance, and whether such assistance included free or discounted care? s," indicate the eligibility criteria explained in the FAP	13	Х	<u> </u>
а	X	Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 400 0000 %			
		and FPG family income limit for eligibility for discounted care of%		ľ	
b		Income level other than FPG (describe in Section C)			
С		Asset level			
d	[x]	Medical indigency	1		
е	X	Insurance status			
f		Underinsurance status			
g		Residency	*		
h		Other (describe in Section C)			
14	Evola	ned the basis for calculating amounts charged to patients?			
15	Evola	ned the method for applying for financial assistance?	14		
13	If "Ve	es," indicate how the hospital facility's FAP or FAP application form (including accompanying	15	Х	
	ınstru	ctions) explained the method for applying for financial assistance (check all that apply)			
а	X	Described the information the hospital facility may require an individual to provide as part of his or her application			
b	X	Described the supporting documentation the hospital facility may require an individual to submit as part			
		of his or her application			
С	X	Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	X	Provided the contact information of nonprofit organizations or government agencies that may be			
_	X	sources of assistance with FAP applications			
e		Other (describe in Section C)			
16	vvas v	videly publicized within the community served by the hospital facility?	16	X	
		s," indicate how the hospital facility publicized the policy (check all that apply)			
a	X	The FAP was widely available on a website (list url) SEE PART V, SECTION C			
b	X	The FAP application form was widely available on a website (list url) SEE PART V, SECTION C		İ	į
C	X	A plain language summary of the FAP was widely available on a website (list url) SEE PART V	i		
d		The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
е	X	The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	X	A plain language summary of the FAP was available upon request and without charge (in public			
	X	locations in the hospital facility and by mail)			
g		Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
					}
h	X	Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	X	The FAP, FAP application form, and plain language summary of the FAP were translated into the		ļ	ļ
	[v]	primary language(s) spoken by LEP populations			ļ
	X	Other (describe in Section C)			

Part V	Facility	y Information (continued)	_
Financial	Assistance	Policy (FAP)	

 	 	 _

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  a	vame	or nos	bital facility of letter of facility reporting group B	_	Yes	No
13 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  a						_ <del>```</del>
If Yes,* indicate the eligibility criteria explained in the FAP  a				12		
and FPG family income limit for eligibility for discounted care of	13			13	-11	
Income level other than FPG (describe in Section C)   Asset level   Medical indigency   Insurance status   Underinsurance status   Residency   Cither (describe in Section C)   14   Explained the basis for calculating amounts charged to patients?	а	X				
Asset level    Medical indigency   Medical indigency	b		•	l		
Medical indigency   Insurance status   Insurance status   Medical management   Medical mana			·	}		
Insurance status		X		]	1	
Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application of nonprofit organizations or government agencies that may be sources of assistance with FAP applications   Was widely publicized within the community served by the hospital facility?   SEE PART V SECTION C   X The FAP application form was widely available on a website (list urf)   SEE PART V SECTION C   X A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)   X A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)   X A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)   X A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)   X A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)   X A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)   X A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)   X A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)   X A plain language summary of the FAP by being offered a paper copy of the plain language summary of the FAP by being offered a paper copy of the plain language summary of the FAP by being offered a paper copy of the plain language summary of the FAP by being offered a paper copy of the plain language summary of the FAP by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public dis		X		İ	}	
Residency    N						
h Other (describe in Section C)  Explained the basis for calculating amounts charged to patients?.  Explained the basis for calculating amounts charged to patients?.  If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)  a \( \text{\text{\$\text{\$N\$}}} \) Described the information the hospital facility may require an individual to provide as part of his or her application  b \( \text{\text{\$\text{\$\text{\$\text{\$N\$}}}} \) Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application  c \( \text{\$				i		
14 X 15 Explained the basis for calculating amounts charged to patients?			•			
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)  a		Fynlau		14	Х	1
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)  a				$\overline{}$	Х	
instructions) explained the method for applying for financial assistance (check all that apply)  a	13					1
a				ļ		1
b X Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application  c X Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process  d X Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications  e X Other (describe in Section C)  16 Was widely publicized within the community served by the hospital facility?  If "Yes," indicate how the hospital facility publicized the policy (check all that apply)  a X The FAP was widely available on a website (list url) SEE PART V, SECTION C  b X The FAP was widely available on a website (list url) SEE PART V, SECTION C  c X A plain language summary of the FAP was widely available on a website (list url) SEE PART V  d X The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)  e X The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)  f X 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 X Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention  h X Notified members of the community who are most likely to require financial assistance about availability of the FAP	а		Described the information the hospital facility may require an individual to provide as part of his or her			
of his or her application Provided the contact information of hospital facility staff who can provide an individual with information about the FAP application process  d		r1	''	İ	<u>'</u>	
c X Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process  d X Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications  e X Other (describe in Section C)  16 Was widely publicized within the community served by the hospital facility?	b	X		1		
about the FAP and FAP application process  d	•	$\lceil \mathbf{x} \rceil$				
sources of assistance with FAP applications  e	C	<u></u>				
16 Was widely publicized within the community served by the hospital facility?	d	X				
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)  a	е	L <sub>X</sub>	Other (describe in Section C)		ļ	L!
The FAP was widely available on a website (list url) SEE PART V, SECTION C  The FAP application form was widely available on a website (list url) SEE PART V, SECTION C  A plain language summary of the FAP was widely available on a website (list url) SEE PART V  The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)  The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)  A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)  X Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention  Notified members of the community who are most likely to require financial assistance about availability of the FAP	16	Was v	videly publicized within the community served by the hospital facility?	16	X	L
the FAP application form was widely available on a website (list url) SEE PART V, SECTION C  A plain language summary of the FAP was widely available on a website (list url) SEE PART V  The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)  The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)  A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)  X Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention  Notified members of the community who are most likely to require financial assistance about availability of the FAP		If "Yes		1		l i
c X A plain language summary of the FAP was widely available on a website (list url) SEE PART V  d X The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)  e X The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)  f X 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 X Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention  h X Notified members of the community who are most likely to require financial assistance about availability of the FAP	а	X	The FAP was widely available on a website (list url) SEE PART V, SECTION C			
d X The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)  e X The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)  f X 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 X Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention  h X Notified members of the community who are most likely to require financial assistance about availability of the FAP	b	<u>x</u>	The FAP application form was widely available on a website (list url) SEE PART V, SECTION C	]		
by mail)  e	С	X	A plain language summary of the FAP was widely available on a website (list url) SEE PART V	Ì		
The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)  A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)  Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention  Notified members of the community who are most likely to require financial assistance about availability of the FAP	đ	X				
f X 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 X Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention  h X Notified members of the community who are most likely to require financial assistance about availability of the FAP	е	X	The FAP application form was available upon request and without charge (in public locations in the			
locations in the hospital facility and by mail)  g X Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention  h X Notified members of the community who are most likely to require financial assistance about availability of the FAP	f					
the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention  h			locations in the hospital facility and by mail)	<u> </u>	1	
th X Notified members of the community who are most likely to require financial assistance about availability of the FAP	9			İ		) ;
of the FAP						
i X The FAP FAP application form, and plain language summary of the FAP were translated into the	h	X				
primary language(s) spoken by LEP populations	i	X	The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j X Other (describe in Section C)	j	X	Other (describe in Section C)	<u> </u>	<u> </u>	

Part V Facility Information (continued)
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Financial Assistance Policy (FAP)

				Yes	No
	Did th	e hospital facility have in place during the tax year a written financial assistance policy that			
13	Expla	ined eligibility criteria for financial assistance, and whether such assistance included free or discounted care? s," indicate the eligibility criteria explained in the FAP	13	х	<del> </del>
a	X	Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of $\frac{100-0000}{0000}$ % and FPG family income limit for eligibility for discounted care of $\frac{350-0000}{0000}$ %			
b c d	X	Income level other than FPG (describe in Section C) Asset level Medical indigency			
e f	X	Insurance status Underinsurance status			
g h		Residency Other (describe in Section C)			
14	Expla	ned the basis for calculating amounts charged to patients?	14	Х	
15	Explai	ined the method for applying for financial assistance?	15	Х	
а	X	Described the information the hospital facility may require an individual to provide as part of his or her application			
b	<u>x</u>	Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
С	[ X]	Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	[X]	Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	X	Other (describe in Section C)	<u> </u>		1
16	If "Yes	widely publicized within the community served by the hospital facility?	16	Х	1
а	X	The FAP was widely available on a website (list url) SEE PART V, SECTION C			
b	X	The FAP application form was widely available on a website (list url) SEE PART V, SECTION C			
c d	X	A plain language summary of the FAP was widely available on a website (list url) SEE PART V  The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
е	X	The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	[X]	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	X	Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	X	Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	X	The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
<u>j</u>	X	Other (describe in Section C)			

Schedu	e H (For	m 990) 2016		P	age 6
Part '	<b>V</b>	Facility Information (continued)			
		ollections			
Name	of ho	spital facility or letter of facility reporting group A			,
17		e hospital facility have in place during the tax year a separate billing and collections policy, or a written ital assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party		Yes	No
		ake upon nonpayment?	17	Х	
18	Check policie	all of the following actions against an individual that were permitted under the hospital facility's es during the tax year before making reasonable efforts to determine the individual's eligibility under the d's FAP			
а		Reporting to credit agency(ies)			] [
b	Щ	Selling an individual's debt to another party			[
С		Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d		Actions that require a legal or judicial process			
е		Other similar actions (describe in Section C)			
f	X	None of these actions or other similar actions were permitted			
19		ne hospital facility or other authorized party perform any of the following actions during the tax year			_
		e making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		X
	If "Yes	s," check all actions in which the hospital facility or a third party engaged			
а	$\vdash$	Reporting to credit agency(ies)			
b	H	Selling an individual's debt to another party			
С		Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP	}		
d		Actions that require a legal or judicial process			1 1
е		Other similar actions (describe in Section C)			
20	Indica	te which efforts the hospital facility or other authorized party made before initiating any of the actions liste	ed (wl	hethe	er or
		necked) in line 19 (check all that apply)			
а	[X]	Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language s FAP at least 30 days before initiating those ECAs	umma	iry o	f the
b	X	Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
С	X	Processed incomplete and complete FAP applications			
d	Щ	Made presumptive eligibility determinations			
e		Other (describe in Section C)			
f	Ш.	None of these efforts were made			
Policy		ng to Emergency Medical Care			r
21		e hospital facility have in place during the tax year a written policy relating to emergency medical care			l
		equired the hospital facility to provide, without discrimination, care for emergency medical conditions to			İ
		luals regardless of their eligibility under the hospital facility's financial assistance policy?	21	<u>X</u>	<del> </del>
	IT "NO	"indicate why			
a	$\vdash$	The hospital facility did not provide care for any emergency medical conditions			
р	$\vdash$	The hospital facility's policy was not in writing			
С	لـــا	The hospital facility limited who was eligible to receive care for emergency medical conditions (describe			
		in Section C)	] ]		
d	<u> </u>	Other (describe in Section C)			
		Schedule I	+ (Form	1 990)	2016

	ule H (Form 990) 2016		_	oage
Part	<u> </u>			age
	g and Collections			
Nam	e of hospital facility or letter of facility reporting group B			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written	-	Yes	No
	interior assistance policy (FAP) that explained all of the actions the hospital facility or other authorized in the			+
	may take upon nonpayment?	17	х	
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			
а	Reporting to credit agency(ies)			
b	Selling an individual's debt to another party			l
С	Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
þ	Actions that require a legal or judicial process	ĺ		
е	Other similar actions (describe in Section C)	- 1		
f	X None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the	-+		_
	below making reasonable enough to determine the individual's eligibility under the facility's FAP2	19		х
	Tes, check all actions in which the hospital facility or a third party engaged	••		<u> </u>
a	Reporting to credit agency(ies)			
b	Selling an individual's debt to another party			ı
С	Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		-	
d	Actions that require a legal or judicial process			
e	Other similar actions (describe in Section C)		ŀ	
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed not checked) in line 19 (check all that apply)			
а	Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language sum FAP at least 30 days before initiating those ECAs	nmar	y of	the
b	Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
C	—— 1 rocessed incomplete and complete FAP applications			
d	Made presumptive eligibility determinations			
e f	Other (describe in Section C)			
<u> </u>	None of these efforts were made  Relating to Emergency Medical Care			
• •	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 moderal conditions to		1	
	individuals regardless of their eligibility under the hospital facility's financial assistance policy?	1	x	
а				
b	The hospital facility did not provide care for any emergency medical conditions The hospital facility's policy was not in writing	- }		
C	The hospital facility limited who was climble to receive a fine			
_	The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	Other (describe in Section C)			1

Billing and Collections  Name of hospital facility or letter of facility reporting group STANISLAUS SURGICAL HOSPITAL  17 Did the hospital facility or letter of facility reporting group STANISLAUS SURGICAL HOSPITAL  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  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  2 Reporting to credit agency(es)  3 Selling an individual's debt to another party  4 Chord in the hospital facility or other similar actions were permitted  5 None of these actions of or other similar actions were permitted  6 With results or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's sligibility under the facility's FAP?  6 With results or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's sligibility under the facility's FAP?  7 If Yes, check all actions in which the hospital facility or a third party engaged  8 Reporting to credit agencyles  9 Selling an individual's debt to another party  19 Celerring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP?  19 Actions that require a legal or judical process  10 Other similar actions (describe in Section C)  10 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)  10 Experiment of the provided a written notice about upcoming ECAs (Extraordinary Collection Ac	Part	TV Facility Information (continued)	<del></del>		
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 nonpayment?  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 Reporting to credit agency(ies)  b Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP  d Actions that require a legal or judicial process e Other similar actions (describe in Section C) f X None of these actions or other similar actions were permitted  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?  19 X  19					
financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?  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 Reporting to credit agency(ies) b Selling an individual's debt to another party c Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP  Actions that require a legal or judicial process e Other similar actions (describe in Section C) f X None of these actions or other similar actions were permitted  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?	Name	me of hospital facility or letter of facility reporting group STANISLAUS SURGICAL HOSPITAL			
financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?  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 Reporting to credit agency(ies) b Selling an individual's debt to another party c Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP  Actions that require a legal or judicial process e Other similar actions (describe in Section C) f X None of these actions or other similar actions were permitted  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?	17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a v	vritten	Yes	s No
may take upon nonpayment?		financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized	d party	- 1	
policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP  a Reporting to credit agency(ies) b Selling an individual's debt to another party c Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP  d Actions that require a legal or judicial process e Other similar actions (describe in Section C) f X None of these actions or other similar actions were permitted  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?		may take upon nonpayment?		7 X	
facility's FAP  a Reporting to credit agency(ies)  b Selling an individual's debt to another party  c Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP  d Actions that require a legal or judicial process  e Other similar actions (describe in Section C)  f X None of these actions or other similar actions were permitted  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?  19 X  19 X  19 X  19 If "Yes," check all actions in which the hospital facility or a third party engaged  a Reporting to credit agency(ies)  b Selling an individual's debt to another party  c Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP  d Actions that require a legal or judicial process  e Other similar actions (describe in Section C)  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 X  Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs  b X  Made a reasonable effort to orally notify individuals about the FAP and FAP application process  d Made a reasonable effort to orally notify individuals about the FAP and FAP application process  D Other (describe in Section C)  None of these efforts were made  Policy Relating to Emergency Medical Care  10 Id the hospital facility have in place during the tax year a written policy relating to emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?  11 X  The hospital facility's po	18	Check all of the following actions against an individual that were permitted under the hospital fa	icility's		
Reporting to credit agency(ies) Selling an individual's debt to another party Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP  d Actions that require a legal or judicial process of the hospital facility or other similar actions were permitted 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?  19 X  If "Yes," check all actions in which the hospital facility or a third party engaged  a Reporting to credit agency(ies) Selling an individual's debt to another party Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP  d Actions that require a legal or judicial process Other similar actions (describe in Section C) 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 Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs  b X Processed incomplete and complete FAP applications d Actions that require eligibility determinations Other (describe in Section C) None of these efforts were made  Policy Relating to Emergency Medical Care  21 Did the hospital facility by individual actions in writing The hospital facility did not provide care for any emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?  21 X  The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) The hospital facility limited who was eligible to receive care for emergency medical condi		policies during the tax year before making reasonable efforts to determine the individual's eligibility und	er the		
Selling an individual's debt to another party Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP  Actions that require a legal or judicial process Other similar actions (describe in Section C)  I X None of these actions or other similar actions were permitted  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  Reporting to credit agency(ies) Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP  Actions that require a legal or judicial process Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP  Actions that require a legal or judicial process Deferring in the provides of the providing in the actions listed (whether or not checked) in line 19 (check all that apply)  X Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs  Made a reasonable effort to orally notify individuals about the FAP application process  Actions that required the hospital facility or the authorized party made before unitiating any of the actions listed (whether or not checked) in line 19 (check all that apply)  Deferring individuals about the FAP and FAP application process  Deferring individuals are actions of the provide and complete FAP applications  Made presumptive eligibility determinations  Deferring individuals regardless of their eligibility under the hospital facility's financial assistance policy?  Deferring individuals reg					
Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP  Actions that require a legal or judicial process  Other similar actions (describe in Section C)  None of these actions or other similar actions were permitted  Do by 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  Reporting to credit agency(ies)  Selling an individual's debt to another party  Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP  d Actions that require a legal or judicial process  e Other similar actions (describe in Section C)  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 Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs  b Made a reasonable effort to orally notify individuals about the FAP and FAP application process  c Made a reasonable effort to orally notify individuals about the FAP and FAP application process  Processed incomplete and complete FAP applications  Made presumptive eligibility determinations  Other (describe in Section C)  None of these efforts were made  Policy Relating to Emergency Medical Care  that required the hospital facility have in place during the tax year a written policy relating to emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?  If "No," indicate why  The hospital facility limited who was eligible to					
Actions that require a legal or judicial process Other similar actions (describe in Section C) f					
Other similar actions (describe in Section C)  None of these actions or other similar actions were permitted  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  Reporting to credit agency(les)  Selling an individual's debt to another party  Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP  Actions that require a legal or judicial process  Other similar actions (describe in Section C)  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 Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs  b X Made a reasonable effort to orally notify individuals about the FAP and FAP application process  Processed incomplete FAP applications  d Made presumptive eligibility determinations  Other (describe in Section C)  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?  21 X  The hospital facility did not provide care for any emergency medical conditions (describe in Section C)	C	nonpayment of a previous bill for care covered under the hospital facility's FAP	ue to		
f X None of these actions or other similar actions were permitted 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?  A Reporting to credit agency(ies) B Selling an individual's debt to another party C Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP  Actions that require a legal or judicial process Other similar actions (describe in Section C) 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 Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs  Made a reasonable effort to orally notify individuals about the FAP and FAP application process Processed incomplete and complete FAP applications Made presumptive eligibility determinations  Other (describe in Section C) None of these efforts were made  Pollicy 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?  21 X  The hospital facility did not provide care for any emergency medical conditions (describe in Section C) The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)	d	Actions that require a legal or judicial process			
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  Reporting to credit agency(ies)  Selling an individual's debt to another party  Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP  d Actions that require a legal or judicial process  Other similar actions (describe in Section C)  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 Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs  b Apade a reasonable effort to orally notify individuals about the FAP and FAP application process  Yerocessed incomplete and complete FAP applications  Made presumptive eligibility determinations  d Made presumptive eligibility determinations  Other (describe in Section C)  None of these efforts were made  Pollicy Relating to Emergency Medical Care  21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?  21 X  The hospital facility did not provide care for any emergency medical conditions (describe in Section C)  The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)	е	, , , , , , , , , , , , , , , , , , , ,			
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  Reporting to credit agency(ies)  Selling an individual's debt to another party  Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP  Actions that require a legal or judicial process  Other similar actions (describe in Section C)  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	-	were a mess as were of small actions were permitted			
If "Yes," check all actions in which the hospital facility or a third party engaged  a Reporting to credit agency(ies)  b Selling an individual's debt to another party  c Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP  d Actions that require a legal or judicial process  Other similar actions (describe in Section C)  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 X Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs  b X Made a reasonable effort to orally notify individuals about the FAP and FAP application process  c X Processed incomplete and complete FAP applications  d Made presumptive eligibility determinations  Other (describe in Section C)  f 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?	19	Did the hospital facility or other authorized party perform any of the following actions during the ta	k year		
Reporting to credit agency(ies) Selling an individual's debt to another party  Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP  Actions that require a legal or judicial process Other similar actions (describe in Section C) 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			· · · · · <u>  19</u>	-	X
Selling an individual's debt to another party					
Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP  Actions that require a legal or judicial process Other similar actions (describe in Section C) 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	_				
nonpayment of a previous bill for care covered under the hospital facility's FAP  Actions that require a legal or judical process Other similar actions (describe in Section C)  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		g a manufacture party			
Other similar actions (describe in Section C)  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	C	Deterring, denying, or requiring a payment before providing medically necessary care d nonpayment of a previous bill for care covered under the hospital facility's FAP	ue to		
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	d	Actions that require a legal or judicial process			
not checked) in line 19 (check all that apply)  a	е	•			
a X Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs  b X Made a reasonable effort to orally notify individuals about the FAP and FAP application process c X Processed incomplete and complete FAP applications d Made presumptive eligibility determinations Other (describe in Section C) 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?  21 X  If "No," indicate why a X The hospital facility did not provide care for any emergency medical conditions The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)	20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the a not checked) in line 19 (check all that apply)	ctions listed (	wheth	ner o
b X Made a reasonable effort to orally notify individuals about the FAP and FAP application process c X Processed incomplete and complete FAP applications d Made presumptive eligibility determinations e Other (describe in Section C) f 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?	а	Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain $\mathbb{R}^2$	inguage sumr	nary o	of the
Processed incomplete and complete FAP applications  Made presumptive eligibility determinations  Other (describe in Section C)  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?	b				
Made presumptive eligibility determinations  Other (describe in Section C)  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  a X The hospital facility did not provide care for any emergency medical conditions  b The hospital facility's policy was not in writing  c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		made a reasonable error to drainy flotiny individuals about the FAP and FAP application process			
e Other (describe in Section C)  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?		and the second s			
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?					
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?	f				
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?	Policy			•	
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?	21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical	l care		T
Individuals regardless of their eligibility under the hospital facility's financial assistance policy?		that required the hospital facility to provide, without discrimination, care for emergency medical condition	ns to	-	
a X The hospital facility did not provide care for any emergency medical conditions The hospital facility's policy was not in writing The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		individuals regardless of their eligibility under the hospital facility's financial assistance policy?	1		х
b The hospital facility's policy was not in writing c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)					
c	а	The heapter resimty did not provide care for any entergency medical conditions			
in Section C)	b	The hospital facility's policy was not in writing			
in Section C)	C	The hospital facility limited who was eligible to receive care for emergency medical conditions (de	scribe		
d U Other (describe in Section C)		in Section C)			
	<u>d</u>	Other (describe in Section C)			

Part				
Charg	ges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)			
	e of hospital facility or letter of facility reporting group A			
			Yes	No
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			
а	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period			•
b	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
С	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
d	The hospital facility used a prospective Medicare or Medicaid method			
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		X
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?	24		

Part	Facility Information (continued)			<del>-</del> -
Char	ges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)			
	ne of hospital facility or letter of facility reporting group B			
			Yes	No
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			
а	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period			
b	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
С	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
d	The hospital facility used a prospective Medicare or Medicaid method			
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		x
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?	24		x

Part	V Facility Information (continued)			
Charg	ges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)			
Name	e of hospital facility or letter of facility reporting group STANISLAUS SURGICAL HOSPITAL			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	or noophal latin, or lotter or latin, reporting group		Yes	No
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			
а	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period			
b	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
С	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			t L
d	The hospital facility used a prospective Medicare or Medicaid method			
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		х
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?	24		х

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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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

REPORTING FACILITY: A

SCHEDULE H, PART V, SECTION B, LINE 5

SUTTER ROSEVILLE MEDICAL CENTER (A, 3):

IN CONDUCTING ITS MOST RECENT CHNA, SUTTER ROSEVILLE MEDICAL CENTER, A
FACILITY OF SUTTER VALLEY HOSPITALS, DID TAKE INTO ACCOUNT INPUT FROM
PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY IN THE
HOSPITAL'S SERVICE AREA (HSA). COMMUNITY INPUT AND PRIMARY DATA ON HEALTH
NEEDS WERE OBTAINED VIA INTERVIEWS WITH SERVICE PROVIDERS AND COMMUNITY
KEY INFORMANTS AND THROUGH FOCUS GROUPS WITH MEDICALLY UNDERSERVED,
LOW-INCOME, AND MINORITY POPULATIONS. TRANSCRIPTS AND NOTES FROM
INTERVIEWS AND FOCUS GROUPS WERE ANALYZED TO LOOK FOR THEMES AND TO
DETERMINE IF A HEALTH NEED WAS IDENTIFIED AS SIGNIFICANT AND/OR A
PRIORITY TO ADDRESS. PRIMARY DATA FOR SRMC/SAFH INCLUDED 38 KEY INFORMANT
INTERVIEWS WITH 58 PARTICIPANTS AND 11 FOCUS GROUPS CONDUCTED WITH 88
PARTICIPANTS INCLUDING COMMUNITY MEMBERS AND SERVICE PROVIDERS. A
COMPLETE LIST OF KEY INFORMANT INTERVIEW DATA SOURCES IS AVAILABLE IN
APPENDIX F AND A COMPLETE LIST OF FOCUS GROUP DATA IS AVAILABLE IN
APPENDIX G OF THE CHNA.

THE FINDINGS FROM KEY INFORMANT INTERVIEWS AND FOCUS GROUPS IN SUTTER ROSEVILLE MEDICAL CENTER'S CHNA ARE AVAILABLE AT HTTPS://www.sutterhealth.org/for-patients/community-health-needs-assessmen

SUTTER SOLANO MEDICAL CENTER (A, 4):

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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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

IN CONDUCTING ITS MOST RECENT CHNA, SUTTER SOLANO MEDICAL CENTER, A

FACILITY OF SUTTER VALLEY HOSPITALS, DID TAKE INTO ACCOUNT INPUT FROM

PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY IN THE

HOSPITAL'S SERVICE AREA (HSA). COMMUNITY INPUT AND PRIMARY DATA ON HEALTH

NEEDS WERE OBTAINED VIA INTERVIEWS WITH SERVICE PROVIDERS AND COMMUNITY

KEY INFORMANTS AND THROUGH FOCUS GROUPS WITH MEDICALLY UNDERSERVED,

LOW-INCOME, AND MINORITY POPULATIONS. IN TOTAL, PRIMARY DATA FOR THE CHNA

INCLUDED 11 KEY INFORMANT INTERVIEWS WITH 24 PARTICIPANTS AND 6 FOCUS

GROUPS CONDUCTED WITH 67 COMMUNITY MEMBER PARTICIPANTS. A COMPLETE LIST

OF KEY INFORMANT INTERVIEW DATA SOURCES IS AVAILABLE IN APPENDIX E AND A

COMPLETE LIST OF FOCUS GROUP DATA IS AVAILABLE IN APPENDIX F OF THE

CHNA.

THE FINDINGS FROM KEY INFORMANT INTERVIEWS AND FOCUS GROUPS IN SUTTER SOLANO MEDICAL CENTER'S CHNA ARE AVAILABLE AT HTTPS://www.sutterhealth.org/for-patients/community-health-needs-assessmen

SUTTER AUBURN FAITH HOSPITAL (A, 6):

IN CONDUCTING ITS MOST RECENT SUTTER AUBURN FAITH HOSPITAL, A FACILITY OF SUTTER VALLEY HOSPITALS, DID TAKE INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY IN THE HOSPITAL'S SERVICE AREA (HSA). COMMUNITY INPUT AND PRIMARY DATA ON HEALTH NEEDS WERE OBTAINED VIA INTERVIEWS WITH SERVICE PROVIDERS AND COMMUNITY KEY INFORMANTS AND THROUGH FOCUS GROUPS WITH MEDICALLY UNDERSERVED.

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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, 16j, 18e, 19e, 20e, 21c, 21d, 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

LOW-INCOME, AND MINORITY POPULATIONS. TRANSCRIPTS AND NOTES FROM
INTERVIEWS AND FOCUS GROUPS WERE ANALYZED TO LOOK FOR THEMES AND TO
DETERMINE IF A HEALTH NEED WAS IDENTIFIED AS SIGNIFICANT AND/OR A
PRIORITY TO ADDRESS. PRIMARY DATA FOR SRMC/SAFH INCLUDED 38 KEY INFORMANT
INTERVIEWS WITH 58 PARTICIPANTS AND 11 FOCUS GROUPS CONDUCTED WITH 88
PARTICIPANTS INCLUDING COMMUNITY MEMBERS AND SERVICE PROVIDERS. A
COMPLETE LIST OF KEY INFORMANT INTERVIEW DATA SOURCES IS AVAILABLE IN
APPENDIX F AND A COMPLETE LIST OF FOCUS GROUP DATA IS AVAILABLE IN
APPENDIX G OF THE CHNA.

THE FINDINGS FROM KEY INFORMANT INTERVIEWS AND FOCUS GROUPS IN SUTTER

AUBURN FAITH HOSPITAL'S CHNA ARE AVAILABLE AT

HTTPS://WWW.SUTTERHEALTH.ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN

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SUTTER AMADOR HOSPITAL (A, 7):

IN CONDUCTING ITS MOST RECENT CHNA, SUTTER AMADOR HOSPITAL, A FACILITY OF SUTTER VALLEY HOSPITALS, DID TAKE INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY IN THE HOSPITAL'S SERVICE AREA (HSA). INPUT FROM THE COMMUNITY WAS COLLECTED THROUGH TWO MAIN MECHANISMS: KEY INFORMANT INTERVIEWS WITH COMMUNITY HEALTH EXPERTS AND SERVICE PROVIDERS AND FOCUS GROUP DISCUSSIONS WITH COMMUNITY MEMBERS.

INSTRUMENTS USED IN PRIMARY DATA COLLECTION INCLUDED A PARTICIPANT INFORMED CONSENT, AN INTERVIEW QUESTION GUIDE, A PROJECT SUMMARY SHEET, AND A REFLECTION SHEET. ALL PARTICIPANTS WERE GIVEN AN INFORMED CONSENT

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, 16j, 18e, 19e, 20e, 21c, 21d, 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 PRIOR TO THEIR PARTICIPATION, WHICH PROVIDED INFORMATION ABOUT THE PROJECT, ASKED FOR PERMISSION TO RECORD THE INTERVIEW, AND LISTED THE POTENTIAL BENEFITS AND RISKS FOR INVOLVEMENT IN THE INTERVIEW (APPENDIX C). THE INTERVIEW QUESTION GUIDE WAS USED FOR BOTH THE KEY INFORMANT AND FOCUS GROUP INTERVIEWS. THE PROJECT SUMMARY SHEET (APPENDIX E) WAS GIVEN TO PARTICIPANTS TO PROVIDE THEM WITH INFORMATION ABOUT THE PROJECT AS WELL AS CONTACT INFORMATION FOR THE CHNA STAFF. AFTER THE INTERVIEW OR FOCUS GROUP WAS CONDUCTED THE FACILITATOR CAPTURED THE MAIN FINDINGS IN A REFLECTION SHEET.

KEY INFORMANT INTERVIEWS WERE CONDUCTED WITH AREA SERVICE PROVIDERS AND EXPERTS REPRESENTING THE BROAD INTERESTS OF THE COMMUNITY WHO WERE FAMILIAR WITH THE POPULATIONS IN THE HSA. PRIMARY DATA COLLECTION BEGAN BY INTERVIEWING AREA-WIDE SERVICE PROVIDERS WITH KNOWLEDGE OF THE SAH HSA, INCLUDING INPUT FROM THE AMADOR COUNTY PUBLIC HEALTH DEPARTMENT AND THE CALAVERAS COUNTY PUBLIC HEALTH DEPARTMENT. FINDINGS FROM THE AREA-WIDE INFORMANTS WERE COMBINED WITH QUANTITATIVE DATA SHOWING LOCATIONS OF POPULATIONS EXPERIENCING DISPARITIES, TO IDENTIFY AND INTERVIEW KEY INFORMANTS WITH KNOWLEDGE ABOUT THESE SPECIFIC POPULATIONS AND LOCATIONS. THESE TARGETED PRIMARY DATA SOURCES WERE SELECTED BASED ON THEIR KNOWLEDGE OF THE NEEDS OF PARTICULAR GEOGRAPHIC LOCATIONS AND/OR SUBGROUPS EXPERIENCING DISPARITIES. A TOTAL OF 7 KEY INFORMANT INTERVIEWS WERE DONE WITH 33 SERVICE PROVIDERS WHICH ARE LISTED ON APPENDIX F OF THE CHNA. THE KEY INFORMANT INTERVIEWS WERE USED TO IDENTITY ADDITIONAL KEY SERVICE PROVIDERS TO INCLUDE IN THE ASSESSMENT, AS WELL AS IDENTIFY

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, 16j, 18e, 19e, 20e, 21c, 21d, 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

SPECIFIC POPULATIONS THAT SHOULD BE INCLUDED IN THE FOCUS GROUP INTERVIEWS.

FOCUS GROUP INTERVIEWS WERE CONDUCTED WITH COMMUNITY MEMBERS LIVING IN GEOGRAPHIC AREAS OF THE HSA IDENTIFIED AS LOCATIONS WHERE RESIDENTS EXPERIENCE AN OVERWHELMING AMOUNT OF POOR SOCIOECONOMIC CONDITIONS AND POOR HEALTH OUTCOMES. RECRUITMENT CONSISTED OF REFERRALS FROM DESIGNATED SERVICE PROVIDERS REPRESENTING VULNERABLE POPULATIONS IN THE SAH HSA, AS WELL AS DIRECT OUTREACH FROM COMMUNITY HEALTH INSIGHT (CHI) TO ACQUIRE INPUT FOR A SPECIAL POPULATION GROUP. A TOTAL OF THREE FOCUS GROUP DISCUSSIONS WERE CONDUCTED WITH A TOTAL OF 24 COMMUNITY MEMBERS AND ARE LISTED IN APPENDIX G OF THE CHNA.

THE FINDINGS FROM KEY INFORMANT INTERVIEWS IN SUTTER AMADOR HOSPITAL'S CHNA ARE AVAILABLE AT

HTTPS://www.sutterhealth.org/for-patients/community-health-needs-assessmen

SUTTER DAVIS HOSPITAL (A, 8):

IN CONDUCTING ITS MOST RECENT CHNA, SUTTER DAVIS HOSPITAL, A FACILITY OF SUTTER VALLEY HOSPITALS, DID TAKE INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY IN THE HOSPITAL'S SERVICE AREA (HSA). COMMUNITY INPUT AND PRIMARY DATA ON HEALTH NEEDS WERE OBTAINED VIA INTERVIEWS WITH SERVICE PROVIDERS AND COMMUNITY KEY INFORMANTS AND THROUGH FOCUS GROUPS WITH MEDICALLY UNDERSERVED,

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

LOW-INCOME, AND MINORITY POPULATIONS. TRANSCRIPTS AND NOTES FROM

INTERVIEWS AND FOCUS GROUPS WERE ANALYZED TO LOOK FOR THEMES AND TO

DETERMINE IF A HEALTH NEED WAS IDENTIFIED AS SIGNIFICANT AND/OR A

PRIORITY TO ADDRESS. PRIMARY DATA FOR SUTTER DAVIS INCLUDED 16 KEY

INFORMANT INTERVIEWS WITH 20 PARTICIPANTS AND SIX FOCUS GROUPS CONDUCTED

WITH 69 PARTICIPANTS INCLUDING COMMUNITY MEMBERS AND SERVICE PROVIDERS. A

COMPLETE LIST OF KEY INFORMANT INTERVIEW DATA SOURCES IS AVAILABLE IN

APPENDIX E AND A COMPLETE LIST OF FOCUS GROUP DATA IS AVAILABLE IN

APPENDIX F OF THE CHNA.

THE FINDINGS FROM KEY INFORMANT INTERVIEWS AND FOCUS GROUPS IN SUTTER

DAVIS HOSPITAL'S CHNA ARE AVAILABLE AT

HTTPS://www.SUTTERHEALTH.ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN

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SCHEDULE H, PART V, SECTION B, LINE 6A

SUTTER ROSEVILLE MEDICAL CENTER, SUTTER SOLANO MEDICAL CENTER, SUTTER

AUBURN FAITH HOSPITAL, SUTTER AMADOR HOSPITAL, SUTTER DAVIS HOSPITAL

(GROUP A, 3-4, 6-8)

A COLLECTION OF FOUR NONPROFIT HOSPITALS, ALL SERVING PORTIONS OF OR THE SAME COMMUNITIES, COLLABORATED TO SPONSOR AND PARTICIPATE IN THE CHNA INCLUDING SUTTER HEALTH, DIGNITY HEALTH, KAISER PERMANENTE AND UC DAVIS HEALTH SYSTEM.

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

SCHEDULE H, PART V, SECTION B, LINE 7A, 7B AND 10A

FILING ORG WEBSITES:

- SUTTER ROSEVILLE MEDICAL CENTER (A, 3):

HTTP://www.SUTTERROSEVILLE.ORG/ABOUT/COMMUNITY-NEEDS-ASSESSMENT.HTML

- SUTTER SOLANO MEDICAL CENTER (A, 4):

HTTP://www.suttersolano.org/about/community-needs-assessment.html

- SUTTER AUBURN FAITH HOSPITAL (A, 6):

HTTP://www.sutterauburnfaith.org/about/community-needs-assessment.HTML

- SUTTER AMADOR HOSPITAL (A, 7):

HTTP://WWW.SUTTERAMADOR.ORG/ABOUT/COMMUNITY-NEEDS-ASSESSMENT.HTML

- SUTTER DAVIS HOSPITAL (A, 8):

HTTP://www.SUTTERDAVIS.ORG/ABOUT/COMMUNITY-NEEDS-ASSESSMENT.HTML

OTHER WEBSITE:

HTTPS://WWW.SUTTERHEALTH.ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN

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SCHEDULE H, PART V, SECTION B, LINE 11

SUTTER ROSEVILLE MEDICAL CENTER (A, 3):

THE FOLLOWING SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED IN THE 2016

COMMUNITY HEALTH NEEDS ASSESSMENT AND ARE NEEDS THAT SUTTER ROSEVILLE

**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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

MEDICAL CENTER INTENDS TO ADDRESS THROUGH ITS IMPLEMENTATION STRATEGY:

- 1. ACCESS TO BEHAVIORAL HEALTH SERVICES
- 2. ACCESS TO HIGH QUALITY HEALTH CARE AND SERVICES
- 3. ACTIVE LIVING AND HEALTHY EATING
- 4. BASIC NEEDS (FOOD SECURITY, HOUSING, ECONOMIC SECURITY, EDUCATION)
- 5. AFFORDABLE AND ACCESSIBLE TRANSPORTATION

DESCRIPTIONS OF THE COMMUNITY BENEFIT PROGRAMS THAT ADDRESS THESE SIGNIFICANT HEALTH NEEDS CAN BE FOUND IN PART VI.

NO HOSPITAL CAN ADDRESS ALL OF THE HEALTH NEEDS PRESENT IN ITS COMMUNITY.

SRMC IS COMMITTED TO SERVING THE COMMUNITY BY ADHERING TO ITS MISSION,

USING ITS SKILLS AND CAPABILITIES, AND REMAINING A STRONG ORGANIZATION SO

THAT IT CAN CONTINUE TO PROVIDE A WIDE RANGE OF COMMUNITY BENEFITS. THE

HOSPITAL DOES NOT PLAN TO ADDRESS THE FOLLOWING SIGNIFICANT HEALTH NEEDS

THAT WERE IDENTIFIED IN THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT:

- 1. DISEASE PREVENTION, MANAGEMENT AND TREATMENT: WHILE MANY OF OUR PROGRAMS EXPAND ACCESS TO PRIMARY CARE, IN TURN, CONNECTING PATIENTS WITH DISEASE PREVENTION, MANAGEMENT AND TREATMENT RESOURCES, THIS IS NOT A PRIMARY FOCUS IN THE SRMC/SAFH HSA; HOWEVER, WE'RE IN THE PROCESS OF DEVELOPING COMMUNITY DIABETES EDUCATION COURSES.
- 2. SAFE, CRIME AND VIOLENCE FREE COMMUNITIES: THIS IS PRIMARILY A LAW ENFORCEMENT ISSUE AND NOT SOMETHING THAT SRMC HAS THE EXPERTISE TO

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, 16j, 18e, 19e, 20e, 21c, 21d, 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

EFFECTIVELY ADDRESS.

3. POLLUTION-FREE LIVING AND WORK ENVIRONMENTS: WHILE THIS IS AN IMPORTANT ISSUE, THIS IS NOT SOMETHING THAT WE ARE ABLE TO GREATLY AFFECT THROUGH COMMUNITY BENEFIT; THEREFORE, WE ARE FOCUSING OUR RESOURCES ELSEWHERE, ESPECIALLY GIVEN THAT REGIONAL COMMUNITY PARTNERS LIKE SACOG, THE CLEANER AIR PARTNERSHIP AND OTHERS, ARE WORKING ON THESE VITAL ISSUES.

SUTTER SOLANO MEDICAL CENTER (A, 4):

THE FOLLOWING SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED IN THE 2016

COMMUNITY HEALTH NEEDS ASSESSMENT AND ARE NEEDS THAT SUTTER SOLANO

MEDICAL CENTER INTENDS TO ADDRESS THROUGH ITS IMPLEMENTATION STRATEGY:

- 1. ACCESS TO BEHAVIORAL HEALTH SERVICES
- 2. DISEASE PREVENTION, MANAGEMENT AND TREATMENT
- 3. AFFORDABLE AND ACCESSIBLE TRANSPORTATION
- 4. ACCESS TO HIGH QUALITY HEALTH CARE AND SERVICES

DESCRIPTIONS OF THE COMMUNITY BENEFIT PROGRAMS THAT ADDRESS THESE SIGNIFICANT HEALTH NEEDS CAN BE FOUND IN PART VI.

NO HOSPITAL CAN ADDRESS ALL OF THE HEALTH NEEDS PRESENT IN ITS COMMUNITY.

SUTTER SOLANO MEDICAL CENTER IS COMMITTED TO SERVING THE COMMUNITY BY

ADHERING TO ITS MISSION, USING ITS SKILLS AND CAPABILITIES, AND REMAINING

A STRONG ORGANIZATION SO THAT IT CAN CONTINUE TO PROVIDE A WIDE RANGE OF

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

COMMUNITY BENEFITS. THE HOSPITAL DOES NOT PLAN TO ADDRESS THE FOLLOWING SIGNIFICANT HEALTH NEEDS THAT WERE IDENTIFIED IN THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT:

- 1. HEALTHY EATING AND ACTIVE LIVING: WHILE THERE ARE CURRENTLY NO HEALTHY
  EATING OR ACTIVE LIVING SSMC COMMUNITY BENEFIT PROGRAMS IN THE SSMC HSA,
  WE DO FUND PROGRAMS/ORGANIZATIONS AND EFFORTS THAT ADDRESS THIS NEED
  THROUGH OUR SPONSORSHIP PROGRAM.
- 2. SAFE, CRIME AND VIOLENCE FREE COMMUNITIES: THIS IS PRIMARILY A LAW ENFORCEMENT ISSUE AND NOT SOMETHING THAT SAFH HAS THE EXPERTISE TO EFFECTIVELY ADDRESS.
- 3. BASIC NEEDS (FOOD SECURITY, HOUSING, ECONOMIC SECURITY, EDUCATION):
  WHILE MANY OF OUR PROGRAMS SEEK TO CONNECT PATIENTS TO BASIC NEEDS LIKE
  HOUSING, INCOME AND FOOD RESOURCES, THIS PRIORITY NEED IS NOT A MAIN
  FOCUS AT SSMC AT THIS TIME.
- 4. POLLUTION-FREE LIVING AND WORK ENVIRONMENTS: WHILE THIS IS AN IMPORTANT ISSUE, THIS IS NOT SOMETHING THAT WE ARE ABLE TO GREATLY AFFECT THROUGH COMMUNITY BENEFIT; THEREFORE, WE ARE FOCUSING OUR RESOURCES ELSEWHERE, ESPECIALLY GIVEN THAT REGIONAL COMMUNITY PARTNERS AND LOCAL JURISDICTIONS ARE WORKING ON THESE VITAL ISSUES.

SUTTER AUBURN FAITH HOSPITAL (A, 6):

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

THE FOLLOWING SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED IN THE 2016

COMMUNITY HEALTH NEEDS ASSESSMENT AND ARE NEEDS THAT SUTTER AUBURN FAITH

HOSPITAL INTENDS TO ADDRESS THROUGH ITS IMPLEMENTATION STRATEGY:

- 1. ACCESS TO BEHAVIORAL HEALTH SERVICES
- 2. ACCESS TO HIGH QUALITY HEALTH CARE AND SERVICES
- 3. ACTIVE LIVING AND HEALTHY EATING
- 4. BASIC NEEDS (FOOD SECURITY, HOUSING, ECONOMIC SECURITY, EDUCATION)
- 5. AFFORDABLE AND ACCESSIBLE TRANSPORTATION

DESCRIPTIONS OF THE COMMUNITY BENEFIT PROGRAMS THAT ADDRESS THESE
SIGNIFICANT HEALTH NEEDS CAN BE FOUND IN PART VI.

NO HOSPITAL CAN ADDRESS ALL OF THE HEALTH NEEDS PRESENT IN ITS COMMUNITY.

SAFH IS COMMITTED TO SERVING THE COMMUNITY BY ADHERING TO ITS MISSION,

USING ITS SKILLS AND CAPABILITIES, AND REMAINING A STRONG ORGANIZATION SO

THAT IT CAN CONTINUE TO PROVIDE A WIDE RANGE OF COMMUNITY BENEFITS. THE

HOSPITAL DOES NOT PLAN TO ADDRESS THE FOLLOWING SIGNIFICANT HEALTH NEEDS

THAT WERE IDENTIFIED IN THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT:

1. DISEASE PREVENTION, MANAGEMENT AND TREATMENT: WHILE MANY OF OUR PROGRAMS EXPAND ACCESS TO PRIMARY CARE, IN TURN, CONNECTING PATIENTS WITH DISEASE PREVENTION, MANAGEMENT AND TREATMENT RESOURCES, THIS IS NOT A PRIMARY FOCUS IN THE SRMC/SAFH HSA; HOWEVER, WE'RE IN THE PROCESS OF DEVELOPING COMMUNITY DIABETES EDUCATION COURSES.

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

- 2. SAFE, CRIME AND VIOLENCE FREE COMMUNITIES: THIS IS PRIMARILY A LAW ENFORCEMENT ISSUE AND NOT SOMETHING THAT SAFH HAS THE EXPERTISE TO EFFECTIVELY ADDRESS.
- 3. POLLUTION-FREE LIVING AND WORK ENVIRONMENTS: WHILE THIS IS AN IMPORTANT ISSUE, THIS IS NOT SOMETHING THAT WE ARE ABLE TO GREATLY AFFECT THROUGH COMMUNITY BENEFIT; THEREFORE, WE ARE FOCUSING OUR RESOURCES ELSEWHERE, ESPECIALLY GIVEN THAT REGIONAL COMMUNITY PARTNERS LIKE SACOG, THE CLEANER AIR PARTNERSHIP AND OTHERS, ARE WORKING ON THESE VITAL ISSUES.

SUTTER AMADOR HOSPITAL (A, 7):

THE FOLLOWING SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED IN THE 2016

COMMUNITY HEALTH NEEDS ASSESSMENT ARE NEEDS THAT SUTTER AMADOR HOSPITAL

INTENDS TO ADDRESS THROUGH ITS IMPLEMENTATION STRATEGY:

- 1. ACCESS TO MENTAL, BEHAVIORAL AND SUBSTANCE ABUSE SERVICES.
- 2. ACCESS TO QUALITY PRIMARY CARE SERVICES AND PRESCRIPTIONS
- 3. ACCESS TO TRANSPORTATION AND MOBILITY

DESCRIPTIONS OF THE COMMUNITY BENEFIT PROGRAMS THAT ADDRESS THESE SIGNIFICANT HEALTH NEEDS CAN BE FOUND IN PART VI.

NO HOSPITAL CAN ADDRESS ALL OF THE HEALTH NEEDS PRESENT IN ITS COMMUNITY.

SAH IS COMMITTED TO SERVING THE COMMUNITY BY ADHERING TO ITS MISSION,

USING ITS SKILLS AND CAPABILITIES, AND REMAINING A STRONG ORGANIZATION SO

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, 16j, 18e, 19e, 20e, 21c, 21d, 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

THAT IT CAN CONTINUE TO PROVIDE A WIDE RANGE OF COMMUNITY BENEFITS. THE HOSPITAL DOES NOT PLAN TO ADDRESS THE FOLLOWING SIGNIFICANT HEALTH NEEDS THAT WERE IDENTIFIED IN THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT:

- 1. ACCESS TO BASIC NEEDS: THIS IS A CRITICAL ISSUE AND SOMETHING SAH
  HOPES TO ADDRESS IN THE FUTURE; HOWEVER, THE CURRENT FOCUS IS DEVELOPING
  A COMMUNITY HEALTH CENTER IN AMADOR COUNTY.
- 2. ACCESS TO SPECIALTY CARE: THIS IS A CRITICAL ISSUE AND SOMETHING SAH
  HOPES TO ADDRESS IN THE FUTURE; HOWEVER, THE CURRENT FOCUS IS DEVELOPING
  A COMMUNITY HEALTH CENTER IN AMADOR COUNTY.
- 3. ACCESS TO HEALTH EDUCATION AND HEALTH LITERACY: THIS IS AN IMPORTANT ISSUE AND ONE WE'RE ABLE TO ADDRESS THROUGH OUR COMMUNITY SPONSORSHIP PROGRAM, BY FUNDING EFFORTS LIKE THE ARC OF AMADOR AND CALAVERAS HEALTHY LIFESTYLE PROGRAM, THE AMADOR COUNTY RECREATION AGENCY AND THE SAH COMMUNITY WALKING TRAIL.
- 4. ACCESS TO AFFORDABLE, HEALTHY FOOD: THIS IS AN IMPORTANT ISSUE AND ONE WE'RE ABLE TO ADDRESS THROUGH OUR COMMUNITY SPONSORSHIP PROGRAM, BY FUNDING ORGANIZATIONS LIKE THE LOCAL FOOD BANK.
- 5. ACCESS TO DENTAL CARE AND PREVENTION: THIS IS A CRITICAL ISSUE AND SOMETHING SAH HOPES TO ADDRESS IN THE FUTURE; HOWEVER, THE CURRENT FOCUS IS DEVELOPING A COMMUNITY HEALTH CENTER IN AMADOR COUNTY, WITH THE

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, 16j, 18e, 19e, 20e, 21c, 21d, 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

POSSIBILITY OF PROVIDING DENTAL SERVICES IN THE YEARS TO COME.

- 6. SAFE AND VIOLENCE FREE ENVIRONMENT: THIS IS PRIMARILY A LAW ENFORCEMENT ISSUE AND NOT SOMETHING THAT SMCS HAS THE EXPERTISE TO EFFECTIVELY ADDRESS.
- 7. POLLUTION FREE LIVING: WHILE THIS IS AN IMPORTANT ISSUE, THIS IS NOT SOMETHING THAT WE ARE ABLE TO GREATLY AFFECT THROUGH COMMUNITY BENEFIT; THEREFORE, WE ARE FOCUSING OUR RESOURCES ELSEWHERE.

SUTTER DAVIS HOSPITAL (A, 8):

THE FOLLOWING SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED IN THE 2016
COMMUNITY HEALTH NEEDS ASSESSMENT AND ARE NEEDS THAT SUTTER DAVIS
HOSPITAL INTENDS TO ADDRESS THROUGH ITS IMPLEMENTATION STRATEGY:

- 1. ACTIVE LIVING AND HEALTHY EATING
- 2. ACCESS TO BEHAVIORAL HEALTH SERVICES
- 3. ACCESS TO HIGH QUALITY HEALTH CARE AND SERVICES
- 4. BASIC NEEDS (FOOD SECURITY, HOUSING, ECONOMIC SECURITY, EDUCATION)

DESCRIPTIONS OF THE COMMUNITY BENEFIT PROGRAMS THAT ADDRESS THESE SIGNIFICANT HEALTH NEEDS CAN BE FOUND IN PART VI.

NO HOSPITAL CAN ADDRESS ALL OF THE HEALTH NEEDS PRESENT IN ITS COMMUNITY.

SUTTER DAVIS HOSPITAL IS COMMITTED TO SERVING THE COMMUNITY BY ADHERING

TO ITS MISSION, USING ITS SKILLS AND CAPABILITIES, AND REMAINING A STRONG

**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, 16j, 18e, 19e, 20e, 21c, 21d, 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

ORGANIZATION SO THAT IT CAN CONTINUE TO PROVIDE A WIDE RANGE OF COMMUNITY BENEFITS. THE HOSPITAL DOES NOT PLAN TO ADDRESS THE FOLLOWING SIGNIFICANT HEALTH NEEDS THAT WERE IDENTIFIED IN THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT:

- 1. DISEASE PREVENTION AND MANAGEMENT: DISEASE PREVENTION AND MANAGEMENT
  IS ADDRESSED BY EXPANDING ACCESS TO CARE AT FEDERALLY QUALIFIED HEALTH
  CENTERS, LIKE COMMUNICARE; HOWEVER, THIS IS NOT ONE OF OUR MAIN STRATEGIC
  PRIORITIES AT THIS TIME.
- 2. SAFE, CRIME AND VIOLENCE FREE COMMUNITIES: THIS IS PRIMARILY A LAW ENFORCEMENT ISSUE AND NOT SOMETHING THAT SAFH HAS THE EXPERTISE TO EFFECTIVELY ADDRESS.
- 3. AFFORDABLE AND ACCESSIBLE TRANSPORTATION: WE ARE CONTINUOUSLY LOOKING FOR OPPORTUNITIES TO PROVIDE COLLABORATIVE TRANSPORTATION OPTIONS TO THE UNDERSERVED COMMUNITIES; HOWEVER, WE HAVE NOT YET FOUND THE PERFECT FIT IN YOLO COUNTY. ALTHOUGH WE DON'T HAVE CURRENT PLANS TO ADDRESS TRANSPORTATION, THERE IS ALWAYS A CHANCE THAT ONE MAY DEVELOP IN THE YEARS AHEAD.
- 4. POLLUTION-FREE LIVING AND WORK ENVIRONMENTS: WHILE THIS IS AN
  IMPORTANT ISSUE, THIS IS NOT SOMETHING THAT WE ARE ABLE TO GREATLY AFFECT
  THROUGH COMMUNITY BENEFIT; THEREFORE, WE ARE FOCUSING OUR RESOURCES
  ELSEWHERE, ESPECIALLY GIVEN THAT REGIONAL COMMUNITY PARTNERS LIKE SACOG,

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, 16j, 18e, 19e, 20e, 21c, 21d, 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

THE CLEANER AIR PARTNERSHIP AND OTHERS, ARE WORKING ON THESE VITAL ISSUES.

SCHEDULE H, PART V, SECTION B, LINE 15E

SUTTER ROSEVILLE MEDICAL CENTER, SUTTER SOLANO MEDICAL CENTER, SUTTER AUBURN FAITH HOSPITAL, SUTTER AMADOR HOSPITAL, SUTTER DAVIS HOSPITAL (GROUP A, 3-4, 6-8):

METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE-OTHER:

PATIENTS MAY REQUEST ASSISTANCE WITH COMPLETING THE APPLICATION FOR FINANCIAL ASSISTANCE IN PERSON AT THE HOSPITAL, OVER THE PHONE, THROUGH THE MAIL, OR VIA THE SUTTER HEALTH WEBSITE.

SCHEDULE H, PART V, LINES 16A, 16B, & 16C

SUTTER ROSEVILLE MEDICAL CENTER, SUTTER SOLANO MEDICAL CENTER, SUTTER AUBURN FAITH HOSPITAL, SUTTER AMADOR HOSPITAL, SUTTER DAVIS HOSPITAL (GROUP A, 3-4, 6-8):

THE FINANCIAL ASSISTANCE POLICY, APPLICATION FORM, AND PLAIN LANGUAGE
SUMMARY ARE WIDELY AVAILABLE ON THE SUTTER VALLEY HOSPITALS WEBSITE AT:
HTTPS://www.sutterhealth.org/for-patients/financial-assistance

SCHEDULE H, PART V, SECTION B, LINE 16J

SUTTER ROSEVILLE MEDICAL CENTER, SUTTER SOLANO MEDICAL CENTER, SUTTER AUBURN FAITH HOSPITAL, SUTTER AMADOR HOSPITAL, SUTTER DAVIS HOSPITAL (GROUP A, 3-4, 6-8):

MEASURES USED TO PUBLICIZE THE FACILITY'S FINANCIAL ASSISTANCE POLICY:

**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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE IN THE PRIMARY LANGUAGES OF THE HOSPITAL'S SERVICE AREA. DURING PREADMISSION OR REGISTRATION ALL PATIENTS WILL BE PROVIDED A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY AND ALSO INFORMATION REGARDING THE RIGHT TO REQUEST AN ESTIMATE OF THEIR FINANCIAL RESPONSIBILITY FOR SERVICES. PATIENTS WHO MAY BE UNINSURED WILL BE ASSIGNED A FINANCIAL COUNSELOR WHO WILL VISIT WITH THE PATIENT IN PERSON AT THE HOSPITAL AND CAN PROVIDE ADDITIONAL INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY AND ASSIST WITH THE APPLICATION PROCESS. AT THE TIME OF DISCHARGE ALL PATIENTS WILL BE PROVIDED THE PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY.

ON AN ANNUAL BASIS SUTTER HEALTH WILL PLACE AN ADVERTISEMENT REGARDING
THE AVAILABILITY OF FINANCIAL ASSISTANCE AT THE ORGANIZATION IN THE
PRINCIPAL NEWSPAPER IN THE COMMUNITY OR WHEN DOING SO IS NOT PRACTICAL
SUTTER WILL ISSUE A PRESS RELEASE CONTAINING THE INFORMATION OR USE OTHER
MEANS THAT WILL WIDELY PUBLICIZE THE AVAILABILITY OF THE POLICY.

SUTTER HEALTH WILL WORK WITH AFFILIATED ORGANIZATIONS, PHYSICIANS,

COMMUNITY CLINICS AND OTHER HEALTH CARE PROVIDERS TO NOTIFY MEMBERS OF

THE COMMUNITY ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE.

SCHEDULE H, PART V, SECTION B, LINE 22D

SUTTER ROSEVILLE MEDICAL CENTER, SUTTER SOLANO MEDICAL CENTER, SUTTER

AUBURN FAITH HOSPITAL, SUTTER AMADOR HOSPITAL, SUTTER DAVIS HOSPITAL

(GROUP A, 3-4, 6-8):

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, Innes 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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.

AMOUNTS CHARGED TO FAP-ELIGIBLE INDIVIDUALS:

THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY PROVIDES FOR FULL WRITE OFF OF ALL CHARGES FOR AN UNINSURED PATIENT WITH A FAMILY INCOME AT OR BELOW 400% OF THE MOST RECENT FEDERAL POVERTY LEVEL. IN ACCORDANCE WITH INTERNAL REVENUE CODE SECTION 1.501(R)-5, THIS ORGANIZATION ADOPTS THE PROSPECTIVE MEDICARE METHOD FOR AMOUNTS GENERALLY BILLED; HOWEVER, PATIENTS WHO ARE ELIGIBLE FOR FINANCIAL ASSISTANCE ARE NOT FINANCIALLY RESPONSIBLE FOR MORE THAN THE AMOUNTS GENERALLY BILLED BECAUSE ELIGIBLE PATIENTS DO NOT PAY ANY AMOUNT.

REPORTING FACILITY: B

SCHEDULE H, PART V, SECTION B, LINE 2

SCHEDULE H, PART V, SECTION B, LINE 5

SUTTER MEDICAL CENTER, SACRAMENTO (WOMEN'S AND CHILDREN'S HOSPITAL) (B,

1, 2 & 5):

SUTTER MEDICAL CENTER, SACRAMENTO (WOMEN'S AND CHILDREN'S HOSPITAL) WAS UNDER CONSTRUCTION DURING 2015. CONSTRUCTION WAS COMPLETED AND THE HOSPITAL BECAME LICENSED IN AUGUST 2015. THE OTHER LOCATIONS: SUTTER GENERAL HOSPITAL AND SUTTER CENTER FOR PSYCHIATRY WERE PLACED IN SERVICE MANY YEARS AGO. THEY ARE ALL THREE COMBINED IN GROUP B FOR REPORTING PURPOSES BECAUSE ALL FACILITIES WERE INCLUDED IN THE SAME CHNA IN 2016.

SUTTER GENERAL HOSPITAL, SUTTER MEDICAL CENTER, SACRAMENTO WOMEN & CHILDREN'S HOSPITAL, SUTTER CENTER FOR PSYCHIATRY (B, 1, 2 & 5):

SUTTER MEDICAL CENTER SACRAMENTO INCLUDES THE FOLLOWING FACILITIES LISTED

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

IN PART V SECTION A: SUTTER GENERAL HOSPITAL, SUTTER MEDICAL CENTER, SACRAMENTO WOMEN & CHILDREN'S, AND SUTTER CENTER FOR PSYCHIATRY.

IN CONDUCTING ITS MOST RECENT CHNA, SUTTER MEDICAL CENTER SACRAMENTO, A
FACILITY OF SUTTER VALLEY HOSPITALS, DID TAKE INTO ACCOUNT INPUT FROM
PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY IN THE
HOSPITAL'S SERVICE AREA (HSA). COMMUNITY INPUT AND PRIMARY DATA ON HEALTH
NEEDS WERE OBTAINED VIA INTERVIEWS WITH SERVICE PROVIDERS AND COMMUNITY
KEY INFORMANTS AND THROUGH FOCUS GROUPS WITH MEDICALLY UNDERSERVED,
LOW-INCOME, AND MINORITY POPULATIONS. TRANSCRIPTS AND NOTES FROM
INTERVIEWS AND FOCUS GROUPS WERE ANALYZED TO LOOK FOR THEMES AND TO
DETERMINE IF A HEALTH NEED WAS IDENTIFIED AS SIGNIFICANT AND/OR A
PRIORITY TO ADDRESS. PRIMARY DATA FOR SMCS & SCP INCLUDED 45 KEY
INFORMANT INTERVIEWS WITH 56 PARTICIPANTS AND 20 FOCUS GROUPS CONDUCTED
WITH 228 PARTICIPANTS INCLUDING COMMUNITY MEMBERS AND SERVICE PROVIDERS.
A COMPLETE LIST OF KEY INFORMANT INTERVIEW DATA SOURCES IS AVAILABLE IN
APPENDIX E AND A COMPLETE LIST OF FOCUS GROUP DATA IS AVAILABLE IN
APPENDIX F OF THE CHNA.

THE FINDINGS FROM KEY INFORMANT INTERVIEWS AND FOCUS GROUPS IN SUTTER

MEDICAL CENTER'S CHNA ARE AVAILABLE AT

HTTPS://www.sutterhealth.org/for-patients/community-health-needs-assessmen

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**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, 16j, 18e, 19e, 20e, 21c, 21d, 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

SCHEDULE H, PART V, SECTION B, LINE 6A

SUTTER GENERAL HOSPITAL, SUTTER MEDICAL CENTER, SACRAMENTO WOMEN & CHILDREN'S HOSPITAL, SUTTER CENTER FOR PSYCHIATRY (B, 1, 2 & 5):

A COLLECTION OF FOUR NONPROFIT HOSPITALS, ALL SERVING PORTIONS OF OR THE SAME COMMUNITIES, COLLABORATED TO SPONSOR AND PARTICIPATE IN THE CHNA INCLUDING SUTTER HEALTH, DIGNITY HEALTH, KAISER PERMANENTE AND UC DAVIS HEALTH SYSTEM.

SCHEDULE H, PART V, SECTION B, LINE 7A, 7B, 10A

SUTTER GENERAL HOSPITAL, SUTTER MEDICAL CENTER, SACRAMENTO WOMEN &

CHILDREN'S HOSPITAL, SUTTER CENTER FOR PSYCHIATRY (B, 1, 2 & 5):

FILING ORG WEBSITES:

- SUTTER MEDICAL CENTER SACRAMENTO

HTTP://www.suttermedicalcenter.org/about/community-needs-assessment.html

OTHER WEBSITE:

HTTPS://www.SUTTERHEALTH.ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN

Т

SCHEDULE H, PART V, SECTION B, LINE 11

SUTTER GENERAL HOSPITAL, SUTTER MEDICAL CENTER, SACRAMENTO WOMEN & CHILDREN'S HOSPITAL, SUTTER CENTER FOR PSYCHIATRY (B, 1, 2 & 5):

THE FOLLOWING SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED IN THE 2016

COMMUNITY HEALTH NEEDS ASSESSMENT AND ARE NEEDS THAT SUTTER MEDICAL

CENTER, SACRAMENTO INTENDS TO ADDRESS THROUGH ITS IMPLEMENTATION

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

#### STRATEGY:

- 1. ACCESS TO BEHAVIORAL HEALTH SERVICES
- 2. ACTIVE LIVING AND HEALTHY EATING
- 3. ACCESS TO HIGH QUALITY HEALTH CARE AND SERVICES
- 4. BASIC NEEDS (FOOD SECURITY, HOUSING, ECONOMIC SECURITY, EDUCATION)

DESCRIPTIONS OF THE COMMUNITY BENEFIT PROGRAMS THAT ADDRESS THESE SIGNIFICANT HEALTH NEEDS CAN BE FOUND IN PART VI.

NO HOSPITAL CAN ADDRESS ALL OF THE HEALTH NEEDS PRESENT IN ITS COMMUNITY.

SUTTER MEDICAL CENTER, SACRAMENTO IS COMMITTED TO SERVING THE COMMUNITY

BY ADHERING TO ITS MISSION, USING ITS SKILLS AND CAPABILITIES, AND

REMAINING A STRONG ORGANIZATION SO THAT IT CAN CONTINUE TO PROVIDE A WIDE

RANGE OF COMMUNITY BENEFITS. THE IMPLEMENTATION STRATEGY DOES NOT INCLUDE

SPECIFIC PLANS TO ADDRESS THE FOLLOWING SIGNIFICANT HEALTH NEEDS THAT

WERE IDENTIFIED IN THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT:

- 1. DISEASE PREVENTION, MANAGEMENT AND TREATMENT: WHILE MANY OF OUR PROGRAMS EXPAND ACCESS TO PRIMARY CARE, IN TURN, CONNECTING PATIENTS WITH DISEASE PREVENTION, MANAGEMENT AND TREATMENT RESOURCES, THIS IS NOT A PRIMARY FOCUS IN THE SMCS HSA.
- 2. AFFORDABLE AND ACCESSIBLE TRANSPORTATION: WE ARE CONTINUOUSLY LOOKING FOR OPPORTUNITIES TO PROVIDE COLLABORATIVE TRANSPORTATION OPTIONS TO THE UNDERSERVED COMMUNITIES; HOWEVER, WE HAVE NOT YET FOUND THE PERFECT FIT

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

IN SACRAMENTO COUNTY. ALTHOUGH WE DON'T HAVE CURRENT PLANS TO ADDRESS TRANSPORTATION, THERE IS ALWAYS A CHANCE THAT ONE MAY DEVELOP IN THE YEARS AHEAD.

3. POLLUTION-FREE LIVING AND WORK ENVIRONMENTS: WHILE THIS IS AN IMPORTANT ISSUE, THIS IS NOT SOMETHING THAT WE ARE ABLE TO GREATLY AFFECT THROUGH COMMUNITY BENEFIT; THEREFORE, WE ARE FOCUSING OUR RESOURCES ELSEWHERE, ESPECIALLY GIVEN THAT REGIONAL COMMUNITY PARTNERS LIKE SACOG, THE CLEANER AIR PARTNERSHIP AND OTHERS, ARE WORKING ON THESE VITAL ISSUES.

SCHEDULE H, PART V, SECTION B, LINE 15E

SUTTER GENERAL HOSPITAL, SUTTER MEDICAL CENTER, SACRAMENTO WOMEN &

CHILDREN'S HOSPITAL, SUTTER CENTER FOR PSYCHIATRY (B, 1, 2 & 5):

METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE - OTHER:

PATIENTS MAY REQUEST ASSISTANCE WITH COMPLETING THE APPLICATION FOR

FINANCIAL ASSISTANCE IN PERSON AT THE HOSPITAL, OVER THE PHONE, THROUGH

THE MAIL, OR VIA THE SUTTER HEALTH WEBSITE.

SCHEDULE H, PART V, LINES 16A, 16B, & 16C

SUTTER GENERAL HOSPITAL, SUTTER MEDICAL CENTER, SACRAMENTO WOMEN &

CHILDREN'S HOSPITAL, SUTTER CENTER FOR PSYCHIATRY (B, 1, 2 & 5):

THE FINANCIAL ASSISTANCE POLICY, APPLICATION FORM, AND PLAIN LANGUAGE

SUMMARY ARE WIDELY AVAILABLE ON THE SUTTER VALLEY HOSPITALS WEBSITE AT:

HTTPS://www.sutterhealth.org/for-patients/financial-assistance

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, Innes 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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.

SCHEDULE H, PART V, SECTION B, LINE 16J

SUTTER GENERAL HOSPITAL, SUTTER MEDICAL CENTER, SACRAMENTO WOMEN &

CHILDREN'S HOSPITAL, SUTTER CENTER FOR PSYCHIATRY (B, 1, 2 & 5):

MEASURES USED TO PUBLICIZE THE FACILITY'S FINANCIAL ASSISTANCE POLICY:

THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE IN THE PRIMARY LANGUAGES OF

THE HOSPITAL'S SERVICE AREA. DURING PREADMISSION OR REGISTRATION ALL

PATIENTS WILL BE PROVIDED A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL

ASSISTANCE POLICY AND ALSO INFORMATION REGARDING THE RIGHT TO REQUEST AN

ESTIMATE OF THEIR FINANCIAL RESPONSIBILITY FOR SERVICES. PATIENTS WHO

MAY BE UNINSURED WILL BE ASSIGNED A FINANCIAL COUNSELOR WHO WILL VISIT

WITH THE PATIENT IN PERSON AT THE HOSPITAL AND CAN PROVIDE ADDITIONAL

INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY AND ASSIST WITH THE

APPLICATION PROCESS. AT THE TIME OF DISCHARGE ALL PATIENTS WILL BE

PROVIDED THE PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY.

ON AN ANNUAL BASIS SUTTER HEALTH WILL PLACE AN ADVERTISEMENT REGARDING
THE AVAILABILITY OF FINANCIAL ASSISTANCE AT THE ORGANIZATION IN THE
PRINCIPAL NEWSPAPER IN THE COMMUNITY OR WHEN DOING SO IS NOT PRACTICAL
SUTTER WILL ISSUE A PRESS RELEASE CONTAINING THE INFORMATION OR USE OTHER
MEANS THAT WILL WIDELY PUBLICIZE THE AVAILABILITY OF THE POLICY.

SUTTER HEALTH WILL WORK WITH AFFILIATED ORGANIZATIONS, PHYSICIANS,

COMMUNITY CLINICS AND OTHER HEALTH CARE PROVIDERS TO NOTIFY MEMBERS OF

THE COMMUNITY ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, Innes 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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

SCHEDULE H, PART V, SECTION B, LINE 22D

SUTTER GENERAL HOSPITAL, SUTTER MEDICAL CENTER, SACRAMENTO WOMEN &

CHILDREN'S HOSPITAL, SUTTER CENTER FOR PSYCHIATRY (B, 1, 2 & 5):

AMOUNTS CHARGED TO FAP-ELIGIBLE INDIVIDUALS:

THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY PROVIDES FOR FULL WRITE OFF OF ALL CHARGES FOR AN UNINSURED PATIENT WITH A FAMILY INCOME AT OR BELOW 400% OF THE MOST RECENT FEDERAL POVERTY LEVEL. IN ACCORDANCE WITH INTERNAL REVENUE CODE SECTION 1.501(R)-5, THIS ORGANIZATION ADOPTS THE PROSPECTIVE MEDICARE METHOD FOR AMOUNTS GENERALLY BILLED; HOWEVER, PATIENTS WHO ARE ELIGIBLE FOR FINANCIAL ASSISTANCE ARE NOT FINANCIALLY RESPONSIBLE FOR MORE THAN THE AMOUNTS GENERALLY BILLED BECAUSE ELIGIBLE PATIENTS DO NOT PAY ANY AMOUNT.

REPORTING FACILITY: STANISLAUS SURGICAL HOSPITAL

SCHEDULE H, PART V, SECTION B, LINE 2

STANISLAUS SURGICAL HOSPITAL (9):

SUTTER VALLEY HOSPITALS ACQUIRED A 20% MEMBERSHIP INTEREST IN STANISLAUS SURGICAL HOSPITAL, LLC ON APRIL 1, 2016. PREVIOUSLY, THE HOSPITAL OPERATED AS A PARTNERSHIP WITHOUT TAX-EXEMPT OWNERSHIP.

SCHEDULE H, PART V, SECTION B, LINE 15E

STANISLAUS SURGICAL HOSPITAL (9):

METHOD FOR APPLYING FOR FINANCIAL ASSISTANCE - OTHER:

PATIENTS MAY SUBMIT CHARITY CARE APPLICATION TO THE COLLECTIONS SUPERVISOR.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, Innes 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 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.

SCHEDULE H, PART V, LINES 16A, 16B, & 16C

STANISLAUS SURGICAL HOSPITAL (9):

THE FINANCIAL ASSISTANCE POLICY, APPLICATION FORM, AND PLAIN LANGUAGE

SUMMARY ARE WIDELY AVAILABLE ON THE STANISLAUS SURGICAL HOSPITAL WEBSITE

AT: https://stanislaussurgical.com/financial-assistance

SCHEDULE H, PART V, SECTION B, LINE 16J

STANISLAUS SURGICAL HOSPITAL (9):

MEASURES USED TO PUBLICIZE THE FACILITY'S FINANCIAL ASSISTANCE POLICY:

THE FINANCIAL ASSISTANCE POLICY IS AVAILABLE IN THE PRIMARY LANGUAGES OF

THE HOSPITAL'S SERVICE AREA (ENGLISH & SPANISH). DURING PREADMISSION OR

REGISTRATION ALL PATIENTS WILL BE PROVIDED THE FINANCIAL ASSISTANCE

POLICY IS POSTED IN SEVERAL PROMINENT LOCATIONS WITHIN THE HOSPITAL,

INCLUDING, BUT NOT LIMITED TO THE BILLING OFFICE, ADMISSIONS OFFICE, AND

PATIENT WAITING AREA. HOSPITAL PROVIDES PATIENTS, IN A TIMELY MANNER, A

COPY OF THE FINANCIAL ASSISTANCE POLICY UPON REQUEST. COPY OF THE

FINANCIAL ASSISTANCE POLICY UPON REQUEST.

SCHEDULE H, PART V, SECTION B, LINE 22D

STANISLAUS SURGICAL HOSPITAL (9):

AMOUNTS CHARGED TO FAP-ELIGIBLE INDIVIDUALS:

THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY PROVIDES FOR SLIDING SCALE
CHARGES FOR AN UNINSURED PATIENT WITH A FAMILY INCOME AT OR BELOW 350% OF
THE MOST RECENT FEDERAL POVERTY LEVEL. IN ACCORDANCE WITH INTERNAL

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# 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, 16j, 18e, 19e, 20e, 21c, 21d, 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

REVENUE CODE SECTION 1.501(R)-5, THIS ORGANIZATION ADOPTS THE PROSPECTIVE

MEDICARE METHOD FOR AMOUNTS GENERALLY BILLED.

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## 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 o	during the tax year?24
Name and address		Type of Facility (describe)
1 INFUSION THERAPY CENTER		OUTPATIENT SERVICES
11710 EDUCATION STREE	T	
AUBURN	CA 95602	
2 INFUSION/OSTOMY DEPAR	TMENT	OUTPATIENT SERVICES
11710 EDUCATION STREE	T	
AUBURN	CA 95602	
3 WOUND CARE/OSTOMY DEPARTMENT		OUTPATIENT SERVICES
11775 EDUCATION STREE	Т	
AUBURN	CA 95602	
4 URGENT CARE		OUTPATIENT SERVICES
11795 EDUCATION STREE	Т	
AUBURN	CA 95603	
5 INFUSION SERVICES		OUTPATIENT SERVICES
2020 SUTTER PLACE		
DAVIS	CA 95616	
6 CARDIAC REHABILITATION		OUTPATIENT SERVICES
2030 SUTTER PLACE		
DAVIS	CA 95616	
7 SUTTER AMADOR WOMEN'S SERVICES		OUTPATIENT SERVICES
100 MISSION BLVD		
JACKSON	CA 95642	
8 PEDIATRIC AND CARDIAC CENTER		OUTPATIENT SERVICES
100 MISSION BLVD		
JACKSON	CA 95642	
9 DIABETES EDUCATION CLINIC		OUTPATIENT SERVICES
200 MISSION BLVD		
JACKSON	CA 95642	
10 SUTTER SLEEP DISORDER	S CENTER	OUTPATIENT SERVICES
1411 SECRET RAVINE PA	RKWAY, STE 150	
ROSEVILLE	CA 95661	

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### 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?

Name and address		Type of Facility (describe)
1 OUTPATIENT SURGERY DEPARTMENT		OUTPATIENT SERVICES
FOUR MEDICAL PLAZA		
ROSEVILLE	CA 95661	
2 WOUND CARE CENTER		OUTPATIENT SERVICES
ONE MEDICAL PLAZA		
ROSEVILLE	CA 95661	
3 CHILDREN'S OUTPATIENT SERVICE CENTER		OUTPATIENT SERVICES
1625 STOCKTON BLVD		
SACRAMENTO	CA 95819	
4 AMBULATORY SURGERY CENTER		OUTPATIENT SERVICES
2725 CAPITOL AVENUE		
SACRAMENTO	CA 95816	
5 INFUSION CENTER		OUTPATIENT SERVICES
1020 29TH STREET, STE	580	
SACRAMENTO	CA 95816	
6 OUTPATIENT SERVICE CENTER		OUTPATIENT SERVICES
2800 L STREET		
SACRAMENTO	CA 95816	
7 FORT SUTTER SURGERY CENTER		OUTPATIENT SERVICES
2801 K STREET		
SACRAMENTO	CA 95816	
8 SUTTER CENTER FOR PSYCHIATRY		OUTPATIENT SERVICES
7919 FOLSOM BLVD., STE 100		
SACRAMENTO	CA 95826	
9 SUTTER CANCER CENTER		OUTPATIENT SERVICES
100 HOSPITAL DRIVE		
VALLEJO	CA 94589	
10 ROSEVILLE ENDOSCOPY CENTER		OUTPATIENT SERVICES
4 MEDICAL PLAZA		
ROSEVILLE	CA 95661	

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### 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)

SUTTER VALLEY HOSPITALS

ame and address	Type of Facility (describe)
1 SUTTER AMADOR SURGERY CENTER	OUTPATIENT SERVICES
223 CLINTON RD	
JACKSON CA 95642	
2 SUTTER PIONEER HEALTH CENTER	OUTPATIENT SERVICES
24685 HIGHWAY 88	
PIONEER CA 95666	
3 SUTTER REHABILITATION INSTITUTE	OUTPATIENT SERVICES
6 MEDICAL PLAZA	
ROSEVILLE CA 95661	
4 SUTTER PLYMOUTH HEALTH CENTER	OUTPATIENT SERVICES
9279 LOCUST STREET	
PLYMOUTH CA 95669	
5	
6	
7	
8	
	**
9	
0	

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

SCHEDULE H, PART I, LINE 3A & 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 PATIENT'S FAMILY INCOME.

SUTTER VALLEY HOSPITALS ACQUIRED A 20% OWNERSHIP INTEREST IN STANISLAUS
SURGICAL HOSPITAL IN 2016. THIS HOSPITAL PROVIDES PREDOMINANTLY ELECTIVE
SURGERIES AND DOES NOT PROVIDE EMERGENCY CARE. STANISLAUS SURGICAL
HOSPITAL PROVIDES FREE CHARITY CARE FOR MEDICALLY NECESSARY PROCEDURES
FOR UNINSURED PATIENTS FOR FAMILY INCOMES THAT ARE AT OR BELOW 100% OF
FPG.

SCHEDULE H, PART I, LINE 3B

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

SUTTER VALLEY HOSPITALS IS COMMITTED TO PROVIDING CHARITY CARE. SUTTER

VALLEY HOSPITALS PROVIDES FREE CARE AT A HIGH PERCENTAGE OF FPG. IT DOES

NOT PROVIDE DISCOUNTED CARE. STANISLAUS SURGICAL HOSPITAL PROVIDES

DISCOUNTED CHARITY CARE BASED ON A SLIDING SCALE UP TO 350% OF FPG.

SCHEDULE H, PART I, LINE 7

COSTING METHODOLOGY USED:

COST TO CHARGE RATIO UTILIZING WORKSHEET 2 METHODOLOGY.

SCHEDULE H, PART II

COMMUNITY BUILDING ACTIVITIES:

SUTTER VALLEY HOSPITALS DID NOT HAVE ANY COMMUNITY BUILDING ACTIVITIES TO

REPORT IN 2016.

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

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

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.

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.

SCHEDULE H, PART III, LINE 4

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.

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

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

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

WITH THIRD-PARTY PAYERS. ESTIMATED SETTLEMENTS UNDER THIRD-PARTY

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 \$204 MILLION AND \$192

MILLION FOR 2016 AND 2015, RESPECTIVELY.

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.

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

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.

SCHEDULE H, PART III, LINE 9B

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

Schedule H (Form 990) 2016

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

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.

SCHEDULE H, PART VI, LINE 2

SUTTER MEDICAL CENTER SACRAMENTO:

THE ORGANIZATION DOES NOT CONDUCT ANY ADDITIONAL COMMUNITY HEALTH CARE

NEEDS ASSESSMENTS OUTSIDE OF THE 2016 - 2018 COMMUNITY HEALTH NEEDS

ASSESSMENT REFERENCED.

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
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- 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

SUTTER ROSEVILLE MEDICAL CENTER:

THE ORGANIZATION DOES NOT CONDUCT ANY ADDITIONAL COMMUNITY HEALTH CARE
NEEDS ASSESSMENTS OUTSIDE OF THE 2016 - 2018 COMMUNITY HEALTH NEEDS
ASSESSMENT REFERENCED.

SUTTER SOLANO MEDICAL CENTER:

THE ORGANIZATION DOES NOT CONDUCT ANY ADDITIONAL COMMUNITY HEALTH CARE
NEEDS ASSESSMENTS OUTSIDE OF THE 2016 - 2018 COMMUNITY HEALTH NEEDS
ASSESSMENT REFERENCED.

SUTTER AUBURN FAITH HOSPITAL:

THE ORGANIZATION DOES NOT CONDUCT ANY ADDITIONAL COMMUNITY HEALTH CARE

NEEDS ASSESSMENTS OUTSIDE OF THE 2016 - 2018 COMMUNITY HEALTH NEEDS

ASSESSMENT REFERENCED.

SUTTER AMADOR HOSPITAL:

THE ORGANIZATION DOES NOT CONDUCT ANY ADDITIONAL COMMUNITY HEALTH CARE

#### Supplemental Information Part VI

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
- 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.
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- 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

NEEDS ASSESSMENTS OUTSIDE OF THE 2016 - 2018 COMMUNITY HEALTH NEEDS ASSESSMENT REFERENCED.

SUTTER VALLEY HOSPITALS

SUTTER DAVIS HOSPITAL:

THE ORGANIZATION DOES NOT CONDUCT ANY ADDITIONAL COMMUNITY HEALTH CARE NEEDS ASSESSMENTS OUTSIDE OF THE 2016 - 2018 COMMUNITY HEALTH NEEDS ASSESSMENT REFERENCED.

SCHEDULE H, PART VI, LINE 3

PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE:

SUTTER HOSPITALS FOLLOW A SUTTER HEALTH SYSTEM-WIDE FINANCIAL ASSISTANCE POLICY, WHICH INCLUDES THE FOLLOWING DETAILS OF HOW THE ORGANIZATION INFORMS AND EDUCATES PATIENTS AND PERSONS WHO MAY BE BILLED FOR PATIENT CARE.

LANGUAGES: THE POLICY SHALL BE AVAILABLE IN THE PRIMARY LANGUAGE(S) OF HOSPITAL'S SERVICE AREA. IN ADDITION, ALL NOTICES/COMMUNICATIONS PROVIDED IN THIS SECTION SHALL BE AVAILABLE IN PRIMARY LANGUAGE(S) OF HOSPITAL'S

Provide the following information

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SERVICE AREA AND IN A MANNER CONSISTENT WITH ALL APPLICABLE FEDERAL AND STATE LAWS AND REGULATIONS.

INFORMATION PROVIDED TO PATIENTS DURING THE PROVISION OF HOSPITAL SERVICES:

- A. DURING PREADMISSION OR REGISTRATION (OR AS SOON THEREAFTER AS

  PRACTICABLE) HOSPITALS SHALL PROVIDE ALL PATIENTS WITH A COPY OF A PLAIN

  LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY AND IDENTIFY THE

  DEPARTMENT THAT PATIENTS CAN VISIT TO RECEIVE INFORMATION ABOUT, AND

  ASSISTANCE WITH APPLYING FOR, FINANCIAL ASSISTANCE.
- B. FINANCIAL ASSISTANCE COUNSELORS: PATIENTS WHO MAY BE UNINSURED

  PATIENTS SHALL BE ASSIGNED FINANCIAL COUNSELORS, WHO SHALL VISIT WITH THE

  PATIENTS IN PERSON AT THE HOSPITAL, PROVIDE PATIENTS A FINANCIAL

  ASSISTANCE APPLICATION, ASSIST WITH THE APPLICATION PROCESS, AND PROVIDE

  CONTACT INFORMATION FOR THE PATIENT TO CALL FOR QUESTIONS.
- C. EMERGENCY SERVICES: IN THE CASE OF EMERGENCY SERVICES, HOSPITALS SHALL

Schedule H (Form 990) 2016

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
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PROVIDE ALL PATIENTS A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE

POLICY AS SOON AS PRACTICABLE AFTER STABILIZATION OF THE PATIENT'S

EMERGENCY MEDICAL CONDITION OR UPON DISCHARGE.

- D. APPLICATIONS PROVIDED AT DISCHARGE: AT THE TIME OF DISCHARGE,
  HOSPITALS SHALL PROVIDE ALL PATIENTS WITH A COPY OF A PLAIN LANGUAGE
  SUMMARY OF THE FINANCIAL ASSISTANCE POLICY.
- E. INFORMATION PROVIDE TO PATIENTS AT OTHER TIMES:
- 1. CONTACT INFORMATION WHICH INCLUDES A PHONE NUMBER AND HOSPITAL

  DEPARTMENT TO OBTAIN ADDITIONAL INFORMATION ABOUT FINANCIAL ASSISTANCE

  AND ASSISTANCE WITH THE APPLICATION PROCESS.
- 2. BILLING STATEMENTS: BILLING STATEMENTS PROVIDED TO PATIENTS SHALL
  INCLUDE A PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY, A
  PHONE NUMBER FOR PATIENTS TO CALL WITH QUESTIONS ABOUT FINANCIAL
  ASSISTANCE, AND THE WEBSITE ADDRESS WHERE PATIENTS CAN OBTAIN ADDITIONAL
  INFORMATION ABOUT FINANCIAL ASSISTANCE INCLUDING THE FINANCIAL ASSISTANCE

Schedule H (Form 990) 2016

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
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POLICY, A PLAIN LANGUAGE SUMMARY OF THE POLICY, AND THE APPLICATION FOR FINANCIAL ASSISTANCE.

- 3. UPON REQUEST: HOSPITALS SHALL PROVIDE PATIENTS WITH PAPER COPIES OF THE FINANCIAL ASSISTANCE POLICY, THE APPLICATION FOR FINANCIAL ASSISTANCE, AND THE PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY UPON REQUEST AND WITHOUT CHARGE.
- F. PUBLICITY OF FINANCIAL ASSISTANCE INFORMATION
- 1. PUBLIC POSTING: HOSPITALS SHALL POST COPIES OF THE FINANCIAL

  ASSISTANCE POLICY, THE APPLICATION FOR FINANCIAL ASSISTANCE, AND THE

  PLAIN LANGUAGE SUMMARY OF THE FINANCIAL ASSISTANCE POLICY IN A PROMINENT

  LOCATION IN THE EMERGENCY ROOM, ADMISSIONS AREA, AND ANY OTHER LOCATION

  IN THE HOSPITAL WHERE THERE IS A HIGH VOLUME OF PATIENT TRAFFIC,

  INCLUDING BUT NOT LIMITED TO THE WAITING ROOMS, BILLING OFFICES, AND

  HOSPITAL OUTPATIENT SERVICE SETTINGS. THESE PUBLIC NOTICES SHALL INCLUDE

  INFORMATION ABOUT THE RIGHT TO REQUEST AN ESTIMATE OF FINANCIAL

  RESPONSIBILITY FOR SERVICES.

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
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- 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
- 2. WEBSITE: THE FINANCIAL ASSISTANCE POLICY, APPLICATION FOR FINANCIAL ASSISTANCE AND PLAIN LANGUAGE SUMMARY SHALL BE AVAILABLE IN A PROMINENT PLACE ON THE SUTTER HEALTH WEBSITE (WWW.SUTTERHEALTH.ORG) AND ON EACH INDIVIDUAL HOSPITAL'S WEBSITE. PERSONS SEEKING INFORMATION ABOUT FINANCIAL ASSISTANCE SHALL NOT BE REQUIRED TO CREATE AN ACCOUNT OR PROVIDE ANY PERSONAL INFORMATION BEFORE RECEIVING INFORMATION ABOUT FINANCIAL ASSISTANCE.
- 3. MAIL: PATIENTS MAY REQUEST A COPY OF THE FINANCIAL ASSISTANCE POLICY, APPLICATION FOR FINANCIAL ASSISTANCE AND PLAIN LANGUAGE SUMMARY BE SENT BY MAIL, AT NO COST TO THE PATIENT.
- 4. ADVERTISEMENTS/PRESS RELEASES: AS NECESSARY AND ON AT LEAST AN ANNUAL BASIS, SUTTER HEALTH WILL PLACE AN ADVERTISEMENT REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE AT HOSPITALS IN THE PRINCIPAL NEWSPAPER(S) IN THE COMMUNITIES SERVED BY SUTTER HEALTH, OR WHEN DOING SO IS NOT PRACTICAL, SUTTER WILL ISSUE A PRESS RELEASE CONTAINING THIS

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INFORMATION, OR USE OTHER MEANS THAT SUTTER HEALTH CONCLUDES WILL WIDELY PUBLICIZE THE AVAILABILITY OF THE POLICY TO AFFECTED PATIENTS IN OUR COMMUNITIES.

5. COMMUNITY AWARENESS: SUTTER HEALTH WILL WORK WITH AFFILIATED
ORGANIZATIONS, PHYSICIANS, COMMUNITY CLINICS AND OTHER HEALTH CARE
PROVIDERS TO NOTIFY MEMBERS OF THE COMMUNITY (ESPECIALLY THOSE WHO ARE
MOST LIKELY TO REQUIRE FINANCIAL ASSISTANCE) ABOUT THE AVAILABILITY OF
FINANCIAL ASSISTANCE.

SCHEDULE H, PART VI, LINE 4

SUTTER MEDICAL CENTER SACRAMENTO (SMCS):

THE HOSPITAL SERVICE AREA (HSA) IS DEFINED AS THE GEOGRAPHIC AREA (BY ZIP CODE) IN WHICH SUTTER MEDICAL CENTER, SACRAMENTO AND SUTTER CENTER FOR PSYCHIATRY RECEIVES ITS TOP 80% OF DISCHARGES. THERE ARE FOUR HOSPITALS THAT SERVE THE COMMUNITY.

THE SMCS HSA IS LOCATED IN NORTHERN CALIFORNIA AND HAS APPROXIMATELY 1

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
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MILLION RESIDENTS. THE AREA IS CONSIDERABLY DIVERSE IN POPULATION,

ECONOMIC STABILITY (INCOME AND POVERTY), AND INSURANCE STATUS. THE

POPULATION OF THE SMCS HSA MAKES UP APPROXIMATELY 2.68% OF ALL RESIDENTS

IN THE STATE OF CALIFORNIA. THE MAJORITY OF THE POPULATION COUNT FOR THE

HSA COMES FROM RESIDENTS LIVING IN SACRAMENTO COUNTY. POPULATION COUNTS

AT THE ZIP CODE LEVEL VARIED FROM 240 RESIDENTS IN ZIP CODE 95837

(SACRAMENTO INTERNATIONAL AIRPORT) TO 74,154 RESIDENTS IN ZIP CODE 95823

(FRUITRIDGE). THE MEDIAN AGE AT THE ZIP CODE LEVEL RANGED FROM 26.2 YEARS

IN 95832 (SOUTH MEADOWVIEW) TO 53.3 YEARS IN 95612 (SOUTHEASTERN YOLO).

THE MEDIAN INCOME BY ZIP CODE FOR THE HSA RANGED SIGNIFICANTLY FROM

APPROXIMATELY \$29,771 IN 95824 (PARKWAY) TO \$81,076 IN 95819 (EAST

SAC/RIVER PARK), A RANGE OF \$51,305 PER YEAR.

IN AN ATTEMPT TO UNDERSTAND THE EXTENT OF AND LOCATION OF THE MEDICALLY UNDERSERVED, LOW INCOME AND MINORITY POPULATIONS LIVING IN THE SMCS HSA, SPECIFIC INDICATORS WERE EXAMINED. THE PERCENT OF POPULATION LIVING IN POVERTY IN THE SMCS HSA WAS GREATER THAN BOTH THE SACRAMENTO AND YOLO COUNTY AND STATE PERCENTAGES. THE SMCS HSA ZIP CODE WITH THE HIGHEST

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PERCENT OF POPULATION IN POVERTY WAS 95824 (PARKWAY) AT 36.7%, COMPARED TO THE LOWEST PERCENT POVERTY IN ZIP CODE 95830 (EAST FLORIN ROAD) AT 4.1%. THE PERCENT OF RESIDENTS UNINSURED WAS LOWEST IN YOLO COUNTY AS COMPARED TO THE SMCS HSA. SACRAMENTO COUNTY AND THE STATE PERCENT THE ZIP CODE WITH THE HIGHEST PERCENT UNINSURED WAS 95824 (PARKWAY) AT 24.7% AND THE LOWEST PERCENT WAS 4.7% IN ZIP CODE 95830 (EAST FLORIN ROAD). THE SMCS HSA PERCENT OF MINORITY RESIDENTS WAS 58.7%, LOWER THAN STATE RATE OF 60.3%, BUT HIGHER THAN BOTH THE SACRAMENTO COUNTY (52.1%) AND YOLO COUNTY (50.6%) PERCENTAGES. AN EXAMINATION OF AREAS THROUGHOUT THE COUNTY REVEALED A LARGE VARIATION IN THE DEGREE OF DIVERSITY, OR PERCENT MINORITY. ZIP CODE 95832 (MEADOWVIEW) SHOWED A PERCENT OF MINORITY POPULATIONS AT 85.6%. THIS PERCENT IS DRASTICALLY DIFFERENT FROM THE ZIP CODE OF 95837 (SACRAMENTO INTERNATIONAL AIRPORT) WHICH ONLY HAD 15.0% MINORITY RESIDENTS. CENSUS DATA SHOWED THAT WHITES/CAUCASIANS MAKE UP THE HIGHEST PERCENT OF RESIDENTS IN THE SMCS HSA, FOLLOWED BY HISPANICS/LATINOS AND ASIANS.

AN IN-DEPTH VIEW OF THE DEMOGRAPHICS AND GEOGRAPHY OF THE SERVICE AREA IS

Provide the following information

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AVAILABLE IN THE SUTTER MEDICAL CENTER CHNA AT

HTTPS://WWW.SUTTERHEALTH.ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN

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SUTTER ROSEVILLE MEDICAL CENTER:

THE COMMUNITY OR HOSPITAL SERVICE AREA (HSA) IS DEFINED AS THE GEOGRAPHIC AREA (BY ZIP CODE) IN WHICH THE HOSPITAL RECEIVES ITS TOP 80% OF DISCHARGES. THERE ARE FOUR HOSPITALS THAT SERVE THE COMMUNITY.

THE SUTTER ROSEVILLE MEDICAL CENTER/SUTTER AUBURN FAITH HOSPITAL HSA IS LOCATED IN NORTHERN CALIFORNIA AND HAS NEARLY 700,000 RESIDENTS. THE AREA IS DIVERSE IN POPULATION, ECONOMIC STABILITY (INCOME AND POVERTY), AND INSURANCE STATUS. TABLE 1 (IN THE FULL REPORT) IN THE CHNA SHOWS THE TOTAL POPULATION COUNT, THE MEDIAN AGE AND THE MEDIAN INCOME OF ALL 41 ZIP CODES IN THE SRMC/SAFH HSA COMPARED TO THE STATE AND COUNTY BENCHMARKS. TABLE 2 (IN THE FULL REPORT) PROVIDES INFORMATION ON THE PRESENCE OF MEDICALLY UNDERSERVED, LOW INCOME, AND MINORITY RESIDENTS IN ALL 41 ZIP CODES IN THE SRMC/SAFH HSA COMPARED TO THE STATE AND COUNTY

Provide the following information

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BENCHMARKS.

THE POPULATION OF THE SRMC/SAFH HSA MAKES UP NEARLY 2% OF ALL RESIDENTS IN THE STATE OF CALIFORNIA. THE MAJORITY OF THE POPULATION COUNT FOR THE SRMC/SAFH HSA COMES FROM RESIDENTS LIVING IN PLACER COUNTY. TWENTY-TWO OF THE 41 ZIP CODES THAT MAKE UP THE SRMC/SAFH HSA ARE LOCATED IN PLACER COUNTY; TEN ZIP CODES ARE LOCATED IN SACRAMENTO COUNTY, THREE ZIP CODES ARE LOCATED IN EL DORADO COUNTY, TWO ZIP CODES ARE LOCATED IN YUBA COUNTY AND ONE ZIP CODE IS LOCATED IN NEVADA COUNTY. POPULATION COUNTS AT THE ZIP CODE LEVEL VARIED FROM 88 RESIDENTS IN ZIP CODE 95715 (EMIGRANT GAP) TO 53,452 RESIDENTS IN ZIP CODE 95747 (ROSEVILLE).

THE MEDIAN AGE OF THE SRMC/SAFH HSA AT THE ZIP CODE LEVEL RANGED FROM 21.5 YEARS IN 95736 (WEIMAR) TO 62.4 YEARS IN 95714 (DUTCH FLAT). THE MEDIAN INCOME BY ZIP CODE FOR THE SRMC/SAFH HSA RANGED SIGNIFICANTLY FROM APPROXIMATELY \$36,967 IN 95841 (NORTH HIGHLANDS) TO \$127,736 IN 95746 (GRANITE BAY), A RANGE OF ALMOST \$90,000 DOLLARS A YEAR. IN AN ATTEMPT TO UNDERSTAND THE EXTENT OF AND LOCATION OF THE MEDICALLY UNDERSERVED, LOW

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- 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

INCOME AND MINORITY POPULATIONS LIVING IN THE SRMC/SAFH HSA, SPECIFIC INDICATORS WERE EXAMINED.

THE PERCENT OF POPULATION LIVING IN POVERTY FOR THE SRMC/SAFH HSA WAS 11.8%, MUCH GREATER THAN THE PLACER COUNTY BENCHMARK, BUT LOWER THAN BOTH THE SACRAMENTO COUNTY BENCHMARK AND STATE BENCHMARK. THE ZIP CODE IN THE SRMC/SAFH HSA WITH THE HIGHEST PERCENT OF POPULATION IN POVERTY WAS 95841 (NORTH HIGHLANDS) WITH 27.9% OF ITS POPULATION LIVING BELOW 100% FEDERAL POVERTY LEVEL, COMPARED TO THE LOWEST PERCENT OF POPULATION IN POVERTY IN 95714 (DUTCH FLAT) AND 95715 (EMIGRANT GAP), BOTH WITH 0% OF THEIR POPULATIONS LIVING IN POVERTY. THE PERCENT OF UNINSURED RESIDENTS IN THE SRMC/SAFH HSA WAS 12.1%, HIGHER THAN THE PERCENT UNINSURED IN PLACER COUNTY, BUT LOWER THAN BOTH THE STATE AND SACRAMENTO COUNTY PERCENTAGES. THE ZIP CODE WITH THE HIGHEST PERCENT UNINSURED WAS 95736 (WEIMAR) WITH 36.3%, WHILE ZIP CODE 95715 (EMIGRANT GAP) HAD 0% OF ITS POPULATION IN POVERTY. THE PERCENT OF MINORITY RESIDENTS IN THE SRMC/SAFH HSA WAS 27.4%, WHICH IS HIGHER THAN THE PLACER COUNTY PERCENT MINORITY, BUT LOWER THAN THE SACRAMENTO COUNTY AND STATE PERCENTAGES OF MINORITY. AN

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

EXAMINATION OF THE ZIP CODES IN THE SRMC/SAFH HSA REVEALED A LARGE

VARIATION IN THE DEGREE OF DIVERSITY, OR PERCENT MINORITY. THE HIGHEST

PERCENT MINORITY IN THE SRMC/SAFH HSA WAS FOUND IN 95736 (WEIMAR) WITH

48.9% AND THE LOWEST PERCENT MINORITY IN THE SRMC/SAFH HSA WAS FOUND IN

95715 (EMIGRANT GAP), WITH 0% OF ITS POPULATION CLASSIFIED AS MINORITY.

AN IN-DEPTH VIEW OF THE DEMOGRAPHICS AND GEOGRAPHY OF THE SERVICE AREA IS

AVAILABLE IN THE SUTTER ROSEVILLE MEDICAL CENTER CHNA AT

HTTPS://www.sutterhealth.org/for-patients/community-health-needs-assessmen

SUTTER SOLANO MEDICAL CENTER:

FOR THE PURPOSES OF THIS REPORT, THE HEALTH SERVICE AREA (HSA) IS THE 18
ZIP CODES WHICH MAKE UP SOLANO COUNTY, CALIFORNIA. THE HSA WAS DESIGNATED
AS SOLANO COUNTY BECAUSE ALL SOLANO CHNA COLLABORATIVE PARTNERS SERVE
COMMUNITIES WITHIN THE COUNTY. DUE TO DATA AVAILABILITY, THE HSA WAS
EXAMINED TWO SEPARATE WAYS. ONE APPROACH WAS TO USE SOLANO COUNTY AS THE
SERVICE AREA. WHILE THIS APPROACH WAS THE MOST NATURAL AND BEST REFLECTED

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#### 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
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- 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

THE FOCUS AREA OF COLLABORATIVE MEMBERS, IT DID NOT ALLOW FOR A CONSIDERATION OF VARIATION IN CONDITIONS ACROSS THE COUNTY. AN ALTERNATIVE APPROACH WAS ALSO USED IN WHICH THE SERVICE AREA WAS DEFINED BASED ON THE ZIP CODE TABULATION AREAS (ZCTAS), AS DEFINED BY THE US CENSUS BUREAU. IN THIS APPROACH, ALL ZCTAS THAT HAD A MEANINGFUL OVERLAP WITH SOLANO COUNTY WERE INCLUDED IN THE ANALYSES. THE BENEFIT OF THIS APPROACH WAS THAT IT ALLOWED FOR THE CALCULATION OF MORBIDITY AND MORTALITY RATES BASED ON DATA AVAILABLE AT THE ZIP CODE LEVEL. THIS ALLOWED FOR A BETTER UNDERSTANDING OF HOW THESE CONDITIONS VARIED WITHIN THE COUNTY. THERE ARE THREE HOSPITALS THAT SERVE THE COMMUNITY.

THE HEALTH SERVICE AREA OF SOLANO COUNTY IS LOCATED IN NORTHERN

CALIFORNIA AND HAS APPROXIMATELY 417 THOUSAND RESIDENTS. AS TABLES 2 AND

3 (IN THE FULL REPORT) SHOW, THE AREA IS CONSIDERABLY DIVERSE IN

POPULATION, ECONOMIC STABILITY (INCOME AND POVERTY), AND INSURANCE

STATUS. TABLE 2 SHOWS THE TOTAL POPULATION COUNT FOR THE SOLANO COUNTY

HSA, THE MEDIAN AGE OF THE HSA, AND THE MEDIAN INCOME COMPARED TO THE

STATE BENCHMARKS. TABLE 3 PROVIDES INFORMATION ON THE PRESENCE OF

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
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- 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

MEDICALLY UNDERSERVED, LOW INCOME, AND MINORITY RESIDENTS IN SOLANO COUNTY.

THE POPULATION OF SOLANO COUNTY MAKES UP 1% OF ALL RESIDENTS IN THE STATE OF CALIFORNIA. THE POPULATION COUNT AT THE ZIP CODE LEVEL VARIED FROM 188 RESIDENTS IN ZIP CODE 95625 (ELMIRA) TO 69,067 RESIDENTS IN ZIP CODE 94533 (EAST FAIRFIELD). THE MEDIAN AGE OF THE COUNTY IS SIMILAR TO THE MEDIAN AGE OF THE STATE. THE ZIP CODE WITH THE YOUNGEST MEDIAN AGE WAS 94535 (TRAVIS AFB) WITH A MEDIAN AGE OF 21.3 YEARS, AND THE ZIP CODE WITH THE OLDEST MEDIAN AGE WAS 94571 (RIO VISTA) WITH A MEDIAN AGE OF 56.9 YEARS. THE MEDIAN INCOME FOR THE COUNTY WAS HIGHER THAN THE STATE MEDIAN INCOME, AT \$67,177. THE ZIP CODE IN THE HSA WITH THE LOWEST MEDIAN INCOME WAS 94590 (SOUTH/CENTRAL VALLEJO) AT \$47,819 PER YEAR COMPARED TO THE HIGHEST MEDIAN INCOME IN ZIP CODE 94512 (ELMIRA) AT \$142,885 PER YEAR, A RANGE OF NEARLY \$95,000 DOLLARS A YEAR.

DEMOGRAPHIC DATA FOR THE SOLANO HSA SHOWED THAT WHITES MAKE UP THE HIGHEST PERCENT OF RESIDENTS IN SOLANO COUNTY, FOLLOWED BY HISPANICS,

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
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- 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

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AN IN-DEPTH VIEW OF THE DEMOGRAPHICS AND GEOGRAPHY OF THE SERVICE AREA IS

AVAILABLE IN THE SUTTER MEDICAL CENTER CHNA AT

HTTPS://WWW.SUTTERHEALTH.ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN

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SUTTER AUBURN FAITH HOSPITAL:

THE COMMUNITY OR HOSPITAL SERVICE AREA (HSA) IS DEFINED AS THE GEOGRAPHIC AREA (BY ZIP CODE) IN WHICH THE HOSPITAL RECEIVES ITS TOP 80% OF DISCHARGES. THERE ARE FOUR HOSPITALS THAT SERVE THE COMMUNITY.

THE SUTTER AUBURN FAITH HOSPITAL/SUTTER AUBURN FAITH HOSPITAL HSA IS
LOCATED IN NORTHERN CALIFORNIA AND HAS NEARLY 700,000 RESIDENTS. THE AREA
IS DIVERSE IN POPULATION, ECONOMIC STABILITY (INCOME AND POVERTY), AND
INSURANCE STATUS.

THE POPULATION OF THE SRMC/SAFH HSA MAKES UP NEARLY 2% OF ALL RESIDENTS

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
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- 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

IN THE STATE OF CALIFORNIA. THE MAJORITY OF THE POPULATION COUNT FOR THE SRMC/SAFH HSA COMES FROM RESIDENTS LIVING IN PLACER COUNTY. TWENTY-TWO OF THE 41 ZIP CODES THAT MAKE UP THE SRMC/SAFH HSA ARE LOCATED IN PLACER COUNTY; TEN ZIP CODES ARE LOCATED IN SACRAMENTO COUNTY, THREE ZIP CODES ARE LOCATED IN EL DORADO COUNTY, TWO ZIP CODES ARE LOCATED IN YUBA COUNTY AND ONE ZIP CODE IS LOCATED IN NEVADA COUNTY. POPULATION COUNTS AT THE ZIP CODE LEVEL VARIED FROM 88 RESIDENTS IN ZIP CODE 95715 (EMIGRANT GAP) TO 53,452 RESIDENTS IN ZIP CODE 95747 (ROSEVILLE).

THE MEDIAN AGE OF THE SRMC/SAFH HSA AT THE ZIP CODE LEVEL RANGED FROM 21.5 YEARS IN 95736 (WEIMAR) TO 62.4 YEARS IN 95714 (DUTCH FLAT). THE MEDIAN INCOME BY ZIP CODE FOR THE SRMC/SAFH HSA RANGED SIGNIFICANTLY FROM APPROXIMATELY \$36,967 IN 95841 (NORTH HIGHLANDS) TO \$127,736 IN 95746 (GRANITE BAY), A RANGE OF ALMOST \$90,000 DOLLARS A YEAR. IN AN ATTEMPT TO UNDERSTAND THE EXTENT OF AND LOCATION OF THE MEDICALLY UNDERSERVED, LOW INCOME AND MINORITY POPULATIONS LIVING IN THE SRMC/SAFH HSA, SPECIFIC INDICATORS WERE EXAMINED.

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
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- 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

THE PERCENT OF POPULATION LIVING IN POVERTY FOR THE SRMC/SAFH HSA WAS 11.8%, MUCH GREATER THAN THE PLACER COUNTY BENCHMARK, BUT LOWER THAN BOTH THE SACRAMENTO COUNTY BENCHMARK AND STATE BENCHMARK. THE ZIP CODE IN THE SRMC/SAFH HSA WITH THE HIGHEST PERCENT OF POPULATION IN POVERTY WAS 95841 (NORTH HIGHLANDS) WITH 27.9% OF ITS POPULATION LIVING BELOW 100% FEDERAL POVERTY LEVEL, COMPARED TO THE LOWEST PERCENT OF POPULATION IN POVERTY IN 95714 (DUTCH FLAT) AND 95715 (EMIGRANT GAP), BOTH WITH 0% OF THEIR POPULATIONS LIVING IN POVERTY. THE PERCENT OF UNINSURED RESIDENTS IN THE SRMC/SAFH HSA WAS 12.1%, HIGHER THAN THE PERCENT UNINSURED IN PLACER COUNTY, BUT LOWER THAN BOTH THE STATE AND SACRAMENTO COUNTY PERCENTAGES. THE ZIP CODE WITH THE HIGHEST PERCENT UNINSURED WAS 95736 (WEIMAR) WITH 36.3%, WHILE ZIP CODE 95715 (EMIGRANT GAP) HAD 0% OF ITS POPULATION IN POVERTY. THE PERCENT OF MINORITY RESIDENTS IN THE SRMC/SAFH HSA WAS 27.4%, WHICH IS HIGHER THAN THE PLACER COUNTY PERCENT MINORITY, BUT LOWER THAN THE SACRAMENTO COUNTY AND STATE PERCENTAGES OF MINORITY. AN EXAMINATION OF THE ZIP CODES IN THE SRMC/SAFH HSA REVEALED A LARGE VARIATION IN THE DEGREE OF DIVERSITY, OR PERCENT MINORITY. THE HIGHEST PERCENT MINORITY IN THE SRMC/SAFH HSA WAS FOUND IN 95736 (WEIMAR) WITH

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
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- 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
- 48.9% AND THE LOWEST PERCENT MINORITY IN THE SRMC/SAFH HSA WAS FOUND IN
- 95715 (EMIGRANT GAP), WITH 0% OF ITS POPULATION CLASSIFIED AS MINORITY.

AN IN-DEPTH VIEW OF THE DEMOGRAPHICS AND GEOGRAPHY OF THE SERVICE AREA IS

AVAILABLE IN SUTTER AUBURN FAITH HOSPITAL'S CHNA AT

HTTPS://WWW.SUTTERHEALTH.ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN

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SUTTER AMADOR HOSPITAL:

SUTTER AMADOR HOSPITAL (SAH) IS LOCATED IN AMADOR COUNTY, CA. THE

COMMUNITY SERVED BY SAH, OR THE HOSPITAL SERVICE AREA (HSA), WAS DEFINED

BY 20 ZIP CODES NOTED IN THE FULL REPORT. THIS AREA WAS IDENTIFIED AS THE

HSA BECAUSE MOST OF SAH'S PATIENTS RESIDED IN THESE ZIP CODES. THE HSA

WAS HOME TO CLOSE TO 60 THOUSAND COMMUNITY RESIDENTS, SPANNED TWO

COUNTIES AND WAS RICH IN DIVERSITY IN A NUMBER OF DIMENSIONS. THERE ARE

FOUR HOSPITALS THAT SERVE THE COMMUNITY.

DATA WERE ANALYZED TO IDENTIFY COMMUNITIES OF CONCERN WITHIN THE HSA.

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
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- 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

THESE ARE DEFINED AS GEOGRAPHIC AREAS (ZIP CODES) AND POPULATIONS WITHIN THE HSA THAT HAVE THE GREATEST CONCENTRATION OF POOR HEALTH OUTCOMES AND ARE HOME TO MORE MEDICALLY UNDERSERVED, LOW INCOME AND DIVERSE POPULATIONS AT GREATER RISK FOR POORER HEALTH. COMMUNITIES OF CONCERN WERE IMPORTANT TO THE OVERALL CHNA METHODOLOGY BECAUSE, AFTER ASSESSING THE HSA MORE BROADLY, THEY ALLOWED FOR A FOCUS ON THOSE PORTIONS OF THE HSA LIKELY EXPERIENCING THE GREATEST HEALTH DISPARITIES. ANALYSIS OF BOTH PRIMARY AND SECONDARY DATA REVEALED SIX ZIP CODES THAT MET THE CRITERIA TO BE CLASSIFIED AS A COMMUNITY OF CONCERN. THESE COMMUNITIES ARE AMADOR CITY, FIDDLETOWN, ION, JACKSON, PIONEER AND PLYMOUTH.

AN IN-DEPTH VIEW OF THE HOSPITAL'S SERVICE AREA IS AVAILABLE IN SUTTER

AMADOR HOSPITAL'S CHNA AT

HTTPS://www.sutterhealth.org/for-patients/community-health-needs-assessmen

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SUTTER DAVIS HOSPITAL:

THE COMMUNITY OR HOSPITAL SERVICE AREA (HSA) IS DEFINED AS THE GEOGRAPHIC

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
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- 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

AREA (BY ZIP CODE) FROM WHICH THE HOSPITAL RECEIVES ITS TOP 80% OF DISCHARGES. THE SUTTER DAVIS HSA IS COMPRISED OF 17 ZIP CODES IN YOLO, SOLANO AND SUTTER COUNTIES, CALIFORNIA. THE SUTTER DAVIS HOSPITAL (SDH) HOSPITAL SERVICE AREA (HSA) IS LOCATED IN NORTHERN CALIFORNIA AND INCLUDES APPROXIMATELY 209,902 RESIDENTS. AS TABLES 1 AND 2 SHOW (IN THE FULL REPORT), THE AREA IS CONSIDERABLY DIVERSE IN POPULATION, ECONOMIC STABILITY (INCOME AND POVERTY), AND INSURANCE STATUS. TABLE 1 SHOWS THE TOTAL POPULATION COUNT FOR EACH OF THE 17 ZIP CODES WITHIN THE SDH HSA, THE MEDIAN AGE, AND THE MEDIAN INCOME COMPARED TO COUNTY AND STATE BENCHMARKS. TABLE 2 PROVIDES INFORMATION ON THE PRESENCE OF MEDICALLY UNDERSERVED, LOW INCOME, AND MINORITY RESIDENTS IN THE SDH HSA. THERE ARE FOUR HOSPITALS THAT SERVE THE COMMUNITY.

THE POPULATION OF YOLO COUNTY MAKES UP 0.5% OF ALL RESIDENTS IN THE STATE OF CALIFORNIA. THE POPULATION COUNT AT THE ZIP CODE LEVEL VARIED FROM 29 RESIDENTS IN ZIP CODE 95679 (RUMSEY) TO 47,995 RESIDENTS IN ZIP CODE 95616 (DAVIS). THE MEDIAN AGE OF YOLO COUNTY IS LOWER THAN THE MEDIAN AGE OF THE STATE. THE ZIP CODE WITH THE YOUNGEST MEDIAN AGE WAS 95616

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
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- 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

(DAVIS) WITH A MEDIAN AGE OF 23.0 YEARS AND THE ZIP CODE WITH THE ELDEST MEDIAN AGE WAS 95606 (BROOKS) WITH A MEDIAN AGE OF 61.1 YEARS. THE MEDIAN INCOME FOR YOLO COUNTY WAS LOWER THAN THE STATE MEDIAN INCOME AT \$55,981. THE ZIP CODE IN THE SDH HSA WITH THE LOWEST MEDIAN INCOME WAS 95653 (MADISON) AT \$42,083 PER YEAR COMPARED TO THE HIGHEST IN ZIP CODE 95606 (BROOKS) AT \$178,295 PER YEAR, A RANGE OF OVER \$135,000 DOLLARS A YEAR.

IN AN ATTEMPT TO UNDERSTAND THE EXTENT AND LOCATION OF THE MEDICALLY UNDERSERVED, LOW INCOME AND MINORITY POPULATIONS LIVING IN THE SDH HSA, SPECIFIC INDICATORS WERE EXAMINED. THE PERCENT OF POPULATION LIVING IN POVERTY WAS GREATER IN YOLO COUNTY COMPARED TO THE STATE BENCHMARK. THE SDH HSA ZIP CODE WITH THE HIGHEST PERCENT OF POPULATION IN POVERTY WAS 95616 (DAVIS) AT 30.9%, COMPARED TO THE LOWEST PERCENT POVERTY IN ZIP CODE 95697 (YOLO) AT 6.5%. THE PERCENT OF RESIDENTS UNINSURED WAS LOWER IN YOLO COUNTY COMPARED TO THE STATE BENCHMARK. THE ZIP CODE WITH THE HIGHEST PERCENT UNINSURED WAS 95653 (MADISON) AT 35.1%, AND THE LOWEST PERCENT WAS 1.4% IN ZIP CODE 95637 (GUINDA). THE PERCENTAGE OF MINORITY RESIDENTS WAS LOWER IN YOLO COUNTY COMPARED TO THE STATE BENCHMARK, WITH

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
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THE HIGHEST PERCENT SEEN IN ZIP CODE 95697 (YOLO) AT 87.0% AND THE LOWEST

PERCENT IN 95607 (CAPAY) AT 32.3%.

DEMOGRAPHICS FOR THE SDH HSA SHOWED THAT WHITES MAKE UP THE HIGHEST

PERCENT OF RESIDENTS FOLLOWED BY HISPANICS/LATINOS AND ASIANS.

AN IN-DEPTH VIEW OF THE DEMOGRAPHICS AND GEOGRAPHY OF THE SERVICE AREA IS

AVAILABLE IN THE SUTTER DAVIS HOSPITAL CHNA AT

HTTPS://WWW.SUTTERHEALTH.ORG/FOR-PATIENTS/COMMUNITY-HEALTH-NEEDS-ASSESSMEN

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SCHEDULE H, PART VI, LINE 5

PROMOTION OF COMMUNITY HEALTH:

SUTTER HEALTH'S MISSION IS TO "ENHANCE THE WELL-BEING OF THE PEOPLE IN

THE COMMUNITIES WE SERVE, THROUGH A NOT-FOR-PROFIT COMMITMENT TO

COMPASSION AND EXCELLENCE IN HEALTH CARE SERVICES."

SUTTER HEALTH'S MISSION REACHES BEYOND THE WALLS OF OUR HOSPITALS AND

Schedule H (Form 990) 2016

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
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FACILITIES. OUR AFFILIATES FURTHER THEIR TAX-EXEMPT PURPOSE BY:

- BUILDING RELATIONSHIPS OF TRUST BY WORKING COLLABORATIVELY WITH

  COMMUNITY GROUPS, SCHOOLS AND GOVERNMENT ORGANIZATIONS TO EFFECTIVELY

  LEVERAGE RESOURCES AND ADDRESS IDENTIFIED COMMUNITY NEEDS;
- SUPPORTING NONPROFIT ORGANIZATIONS THAT ARE COMMITTED TO COMMUNITY
  HEALTH IMPROVEMENT THROUGH FINANCIAL INVESTMENTS, IN-KIND SERVICES AND
  EMPLOYEE VOLUNTEERISM; AND
- PROVIDING GENEROUS CHARITY CARE POLICIES FOR OUR MOST VULNERABLE COMMUNITY MEMBERS.

SUTTER MEDICAL CENTER SACRAMENTO

THE 2016 - 2018 IMPLEMENTATION STRATEGIES FOR SUTTER MEDICAL CENTER SACRAMENTO (SMCS) DEFINE A VARIETY OF PROGRAMS AND PARTNERSHIPS THAT ADDRESS IDENTIFIED PRIORITY HEALTH NEEDS AND IMPROVE THE OVERALL HEALTH OF THE COMMUNITIES THEY SERVES. A FEW OF THOSE PROGRAMS AND PARTNERSHIPS ARE DESCRIBED BELOW.

Provide the following information

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SMCS SUPPORTED THE EXPANSION OF PEACH TREE HEALTH, A FEDERALLY QUALIFIED HEALTH CENTER (FQHC) THAT OPERATES SIX PRIMARY CARE CLINICS AND TWO MOBILE DENTAL CLINICS, WHICH SERVED OVER 25,000 UNIQUE AND ACTIVE PATIENTS THROUGH 85,000 VISITS. IN MID 2016, WITH SMCS' SUPPORT PEACH TREE NORTH SACRAMENTO OPENED IT'S NEW 14,000 SQ FT SITE, SERVED 4,250 PATIENTS AND FINALIZED MULTIPLE MANAGED CARE CONTRACTS.

SACRAMENTO COVERED (SC), IS A COMMUNITY-BASED NON-PROFIT ORGANIZATION

DEDICATED TO IMPROVING THE OVERALL HEALTH OF THE REGION BY CONNECTING

PEOPLE TO MEDICAL COVERAGE, PRIMARY AND PREVENTATIVE CARE, AND OTHER

NEEDED RESOURCES. THE HEALTH NAVIGATION PROGRAM'S GOAL IS TO ESTABLISH

MEDICAL HOMES, THEREBY REDUCING DEPENDENCE ON EMERGENCY ROOM SYSTEMS OF

CARE. IN 2016, A CAMPAIGN WAS DEVELOPED, HEALTH NAVIGATORS WERE HIRED AND

TRAINED AND WORK BEGAN ON A NEW DATABASE TO SUPPORT A LAUNCH IN 2017.

SMCS'S PROVIDES SUPPORT TO THE SACRAMENTO BALLET FOR HOSPITAL VISITS AND TO FUND A COMMUNITY BASED PROGRAM. IN 2016, TWO VISITS TO PEDIATRIC PATIENTS WERE CONDUCTED AND SCHOOLS WERE IDENTIFIED AND SCHEDULED FOR

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ASSEMBLIES TO INTRODUCE KIDS TO THE ART OF BALLET.

WITH THE SUPPORT OF SUTTER HEALTH, IN 2016 SOIL BORN FARMS STARTED

DEVELOPING AN INNOVATIVE COMMUNITY DEVELOPMENT MODEL THAT WEAVES TOGETHER

VITAL FOOD ACCESS, FOOD PRODUCTION AND FOOD EDUCATION ACTIVITIES DIRECTLY

INTO THE HEART OF OUR URBAN NEIGHBORHOODS. RELYING ON A COLLABORATION AND

LAYERING OF COMPLEMENTARY SERVICES, THIS WILL FOOD SYSTEM MODEL WILL LEAD

TO LONG TERM MEASUREABLE IMPROVEMENTS IN PERSONAL AND COMMUNITY HEALTH.

THE HEALTHY FOOD ACTION TEAM OF RANCHO CORDOVA WAS FORMED, 11 SCHOOLS ARE

NOW INVOLVED IN PLANNING THE WORK, AND THE NETWORK OF TRAINED VOLUNTEER

HARVESTERS WAS EXPANDED TO 70.

THE SAC DOWNTOWN PARTNERSHIP NAVIGATOR PROGRAM WAS THE FIRST OF ITS KIND WORKING WITH THOSE THAT FIND THEMSELVES HOMELESS ON THE STREETS OF DOWNTOWN SACRAMENTO. THE PROGRAM IS DESIGNED TO ASSIST THOSE OF THE MOST NEEDS IN NAVIGATING EXISTING SERVICES OF THE COUNTY AND REGION WITH A FOCUSING ON HOUSING AS THE FINAL GOAL. THE SUCCESS IN 2016 WAS TIED TO HOUSING THIS POPULATION, AT A RATE OF GREATER THAN 6.50 HOUSED

Schedule H (Form 990) 2016

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INDIVIDUALS A MONTH. THIS YEAR WE HOUSED A TOTAL OF 85 INDIVIDUALS

THROUGH A COMBINATION OF PERMANENT SUPPORTIVE HOUSING, SHELTER PLUS CARE,

RAPID REHOUSING AND SCATTERED SITE HOUSING.

SACRAMENTO FOOD BANK AND FAMILY SERVICES USED SUPPORT FROM SMCS TO BUILD CAPACITY OF THEIR FACILITY, WHICH HAS THE GOAL OF INCREASING THE NUMBER OF PEOPLE WITH ACCESS TO FRESH PRODUCE AND HEALTHY STABLES. IN 2016, THEY COMPLETED THEIR FOOD PACKING ROOM, TOOK POSSESSION OF A REFRIGERATED TRUCK, ADDED A NEW PROGRAM, PRODUCE FOR ALL AND EXPANDED THEIR NO STUDENT LEFT HUNGRY PROGRAM TO FIVE SCHOOLS. OVER 1.5 MILLION RESIDENTS BENEFITED FROM THEIR SERVICES.

SMCS FUNDED DENTAL EMERGENCY SERVICE EXPANSION TO INCREASE THE CAPACITY
OF THE SACRAMENTO NATIVE AMERICAN HEALTH CENTER DENTAL DEPARTMENT TO
OFFER PREVENTATIVE TREATMENT AND REDUCE EMERGENCY DENTAL VISITS TO THE
SUTTER ED. IN 2016, PLANNING TOOK PLACE TO INCREASE ACCESS TO DENTAL CARE
TO INCREASE PEDIATRIC PATIENTS BY 20% AND INCREASE OVERALL PATIENTS WITH
ACCESS TO DENTAL CARE BY 50% IN 2017.

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THE COMMUNITY NAVIGATOR THROUGH SACRAMENTO STEPS UP ENGAGES INDIVIDUALS THAT FIND THEMSELVES EXPERIENCING HOMELESSNESS SEEKING SERVICES AND CONNECTS THEM TO RESOURCES. THESE RESOURCES RANGE FROM PRIMARY AND MENTAL HEALTH CARE, ASSISTANCE WITH HEALTH INSURANCE, SUBSTANCE ABUSE TREATMENT, AND ACQUIRING THE NECESSARY DOCUMENTATION FOR HOUSING, ALL AIMED TOWARDS THE GOAL OF ENDING THE CLIENT'S CURRENT CYCLES OF HOMELESSNESS. THE COMMUNITY NAVIGATOR WORKS IN CONJUNCTION WITH THE SUTTER HOSPITAL DISCHARGE TEAM TO CONNECT WITH INDIVIDUALS BEFORE AND AFTER DISCHARGE. IN 2016, 85 NEW CLIENTS WERE SERVICED THROUGH THIS PROGRAM.

THE SACRAMENTO STEPS FORWARD (SSF) COORDINATED EXIT PROGRAM IS COMPRISED OF THREE SETS OF STRATEGIES TO MOVE HOMELESS HOUSEHOLDS OFF THE STREETS AND INTO PERMANENT HOUSING AS QUICKLY AS POSSIBLE INCLUDING A COMMUNITY EMPLOYMENT PROGRAM. IN 2016, THE COMMUNITY EMPLOYMENT PROGRAM ENROLLED 133 PARTICIPANTS BETWEEN JULY AND DECEMBER, 48 OF WHOM HAVE GAINED EMPLOYMENT AS A RESULT OF THE PROGRAM. THE COMBINED, ESTIMATED ANNUAL SALARIES OF THESE 48 PARTICIPANTS IS \$1,004,000.

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WAYUP MEDZONE IS A PROGRAM WORKING TO BRING ECONOMIC DEVELOPMENT

(COMPANIES AND JOBS), WORKFORCE DEVELOPMENT, AND COMMUNITY DEVELOPMENT TO

THE OAK PARK COMMUNITY. IN 2016, THE MEDZONE TEAM IDENTIFIED A SUITABLE

PROPERTY FOR THE INITIAL MEDZONE LOCATION OR "HOME BASE." WE OBTAINED

CONSTRUCTION ESTIMATES FOR DIFFERENT SCENARIOS OF REDEVELOPMENT AND

REDESIGN, TO SHIFT THE SPACE FROM ITS CURRENT CALIBER AND USE, TO WHAT

MEDZONE TENANTS AND CLIENTS WOULD REQUIRE. WE BEGAN TO EVALUATE MULTIPLE

FINANCIAL PROFORMAS FOR THE USES OF THE SPACE WE HAVE IDENTIFIED.

OAK PARK SMART IS A PLACE-BASED NETWORK OF OAK PARK SCHOOLS AND OTHER EDUCATIONAL FACILITIES THAT PROMOTE THE POSITIVE ACHIEVEMENTS OF SCHOOLS IN THE COMMUNITY AND PROVIDE A SPRINGBOARD FOR COORDINATED EDUCATION-FOCUSED INITIATIVES. OAK PARK SMART FOCUSES ON THE FOLLOWING STRATEGIES:

1) DEVELOP A VIBRANT COLLABORATION BETWEEN PUBLIC, PUBLIC CHARTER, AND PRIVATE SCHOOLS IN OAK PARK TO SHARE PRACTICES, LEVERAGE RESOURCES, AND SUPPORT SUCCESS OF STUDENTS AND TEACHERS;

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- 2) BOLSTER COMMUNITY PRIDE THROUGH A COORDINATED BRANDING STRATEGY, SUCH
- AS EASILY-IDENTIFIABLE BANNER-LINED STREETS;
- 3) ENGAGE STUDENTS THROUGH EXPERIENTIAL LEARNING OPPORTUNITIES;
- 4) LAUNCH EFFECTIVE, COMMUNITY-INCLUSIVE EDUCATIONAL INITIATIVES; AND
- 5) STRENGTHEN RELATIONSHIPS AMONG STAKEHOLDERS IN OAK PARK THROUGH

COMMUNITY ENGAGEMENT. IN 2016, 260 CHILDREN WERE SERVED AND NEARLY 1,000

RESIDENTS WERE TOUCHED THROUGH OUTREACH.

WEAVE'S VIOLENCE PREVENTION NAVIGATOR (VPN) PROGRAM FUNCTIONS IN

ALIGNMENT WITH THE CONTINUUM OF CARE SYSTEM AND BETTER INTEGRATES WITH

LAW ENFORCEMENT AND THE MEDICAL COMMUNITY TO PROVIDE SPECIALIZED RESPONSE

SERVICES TO VICTIMS OF DOMESTIC VIOLENCE, EDUCATES OTHER COMMUNITY

SERVICE PROVIDERS, AND WORKS WITH WEAVE LEADERSHIP TO IDENTIFY AND

IMPLEMENT INTERNAL POLICY CHANGES TO BETTER ALIGN WEAVE'S RESPONSE MODEL

WITH EXISTING COMMUNITY EFFORTS. IN 2016, VPN SERVED 43 UNIQUE

INDIVIDUALS. THIS IS CLOSE TO A 27% INCREASE IN THE NUMBER OF CLIENTS

SERVED. THE INCREASE IN CLIENTS SERVED CAN BE ATTRIBUTED TO THE

CONSISTENT OUTREACH THE VPN HAS BEEN DOING WITH HOSPITAL STAFF AND THE

Schedule H (Form 990) 2016

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COMMUNITY. ADDITIONALLY THE VPN MADE 682 REFERRALS TO VARIOUS SOCIAL SERVICES.

WELLSPACE HEALTH ED NAVIGATION PROGRAM CONNECTS PATIENTS WITH HEALTH AND SOCIAL SERVICES, AND ULTIMATELY A MEDICAL HOME, AS WELL AS OTHER PROGRAMS (LIKE T3) WHEN APPROPRIATE. IN 2016, THE PROGRAM WORKED WITH 714 PATIENTS PROVIDING 5,725 REFERRALS TO A VARIETY OF SOCIAL SERVICES.

WELLSPACE HEALTH'S SUICIDE PREVENTION ED FOLLOW UP (EDFUSP) PROGRAM IS
DESIGNED TO PREVENT SUICIDE DURING A HIGH RISK PERIOD, MONITOR FOR
ONGOING SUICIDALITY POST-DISCHARGE, PROVIDE EMOTIONAL SUPPORT AND
CONTINUING EVIDENCE-BASED RISK ASSESSMENT AND MONITORING FOR SUICIDALITY,
CREATE PERSONALIZED SAFE PLANS, PROVIDE EDUCATIONAL AND SENSITIVE
OUTREACH MATERIALS ABOUT SURVIVING A SUICIDE ATTEMPT AND RECOVERY, 24HR
ACCESS TO WELLSPACE HEALTH'S SUICIDE PREVENTION CRISIS LINES, AND
REFERRALS OFFERED TO COMMUNITY-BASED RESOURCES FOR ONGOING TREATMENT AND
SUPPORT. IN 2016, WELLSPACE HEALTH ED FOLLOW UP SUICIDE PREVENTION
RECEIVED 51 PARTICIPANT REFERRALS IN THIS REPORTING PERIOD INCLUDING 32

THIS EXTENDED SUPPORT AND INTERVENTION.

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FEMALES AND 19 MALES, AVERAGE AGE= 35.73 YEARS (DIVERSE AGE SPAN = 11-82), INCLUDING 342 TOTAL PHONE FOLLOW UP CALLS INITIATED TO PATIENTS.

OF THE PARTICIPANTS REFERRED, 10 WERE REFERRED FOLLOWING EVALUATION FOR A SUICIDE ATTEMPT AND 38 WERE REFERRED FOR SUICIDAL IDEATION IN THE ED, AND 3 UNKNOWN. A TOTAL OF 8 PARTICIPANTS (15.7%) HAD ADDITIONAL SUICIDAL IDEATION DURING EDFUSP PARTICIPATION, VALIDATING THE CRITICAL NEED FOR

IN PARTNERSHIP WITH WELLSPACE HEALTH, THE INTERIM CARE PROGRAM (ICP) IS A SHORT TERM LAY-IN RESPITE SHELTER HOUSED AT VOLUNTEERS OF AMERICA SERVICING CLIENTS THAT ARE EXPERIENCING HOMELESSNESS POST HOSPITALIZATION. CLIENTS HAVE ACCESS TO FOOD, SHELTER AND A CLEAN ENVIRONMENT FOR UP TO FOUR WEEKS WHILE RECUPERATING. THE ICP OFFERS INTENSIVE CASE MANAGEMENT SERVICES THAT INCLUDE TRANSPORTATION TO APPOINTMENTS, ASSISTANCE WITH SECURING IDENTIFICATION, GOVERNMENTAL ASSISTANCE, SOCIAL SECURITY CARD AND REFERRALS TO OTHER SUPPORTIVE SERVICES. THE ON-SITE REGISTERED NURSE OFFERS EDUCATION RELATED TO MEDICATION, DISEASE PROCESS AND POST HOSPITAL CARE WHILE ASSISTING

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CLIENTS WHO MAY HAVE DIFFICULTY NAVIGATING THE HEALTH CARE SYSTEM. IN 2016, THE ICP HAS MAINTAINED HIGH BED UTILIZATION WITH LACK OF AVAILABILITY ESPECIALLY FOR MALE BEDS DURING TIMES OF INCLEMENT WEATHER, HOLIDAYS AND TIMES OF HIGH HOSPITAL CENSUS. ICP SERVED 296 NEW CLIENTS IN 2016 PROVIDING 6,774 SOCIAL SERVICE REFERRALS.

THE INTERIM CARE PROGRAM PLUS EXPANSION (ICP+) IS A SHORT TERM SIXTY TO NINETY DAY LAY-IN RESPITE SHELTER HOUSED AT THE SALVATION ARMY SERVICING CLIENTS THAT ARE EXPERIENCING HOMELESSNESS POST HOSPITALIZATION. CLIENTS HAVE ACCESS TO FOOD, SHELTER AND A CLEAN ENVIRONMENT FOR UP TO FOUR WEEKS WHILE RECUPERATING. THE ICP+ OFFERS INTENSIVE CASE MANAGEMENT SERVICES THAT INCLUDE TRANSPORTATION TO APPOINTMENTS, ASSISTANCE WITH SECURING IDENTIFICATION, GOVERNMENTAL ASSISTANCE, SOCIAL SECURITY CARD AND REFERRALS TO OTHER SUPPORTIVE SERVICES. ICP+ DIFFERS FROM TRADITIONAL ICP IN THAT A CLIENT WITH A HIGHER LEVEL OF MEDICAL ACUITY IS ABLE TO HAVE THEIR RECUPERATIVE NEEDS MET DUE TO INCREASED LEVEL OF WELLSPACE HEALTH MEDICAL STAFFING. IN 2016, 42 PATIENTS WERE SERVED THROUGH THIS PROGRAM RECEIVING AT TOTAL OF OVER 2,000 SOCIAL SERVICES REFERRALS.

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THE STREET OUTREACH NURSE, REFERRED TO HENCEFORTH AS THE OUTREACH NURSE,
HAS BEEN ACTIVELY WORKING TO OUTREACH DIRECTLY TO PERSONS EXPERIENCING
HOMELESSNESS LIVING ON THE STREETS SINCE JUNE OF 2016. IN THIS PROGRAM
THE OUTREACH NURSE PROVIDES NURSING SERVICES SUCH AS WOUND CARE, VITAL
SIGNS AND BLOOD GLUCOSE CHECKS, DISEASE MANAGEMENT EDUCATION, MEDICATION
EDUCATION, AND ADDICTION EDUCATION. THE SERVICES THE OUTREACH NURSE
PROVIDES HAVE EVOLVED TO BECOME MORE COMPREHENSIVE THAN INITIALLY
ANTICIPATED. FOR EXAMPLE, THE OUTREACH NURSE ADDRESSES NOT JUST POINT OF
CARE SERVICES SUCH AS WOUND CARE BUT ALSO HOLISTIC CARE SUCH AS AIDING
CLIENTS TO ACCESS DESPERATELY NEEDED MENTAL HEALTH SERVICES. THE WOUND
CARE PROVIDED HAS EVOLVED TO BECOME MORE COMPLEX THAN INITIALLY DESIGNED.
BETWEEN JUNE AND DECEMBER 2016, 502 COMMUNITY MEMBERS RECEIVED SERVICES
ON THE STREET THROUGH THE OUTREACH NURSE.

IN PARTNERSHIP WITH WELLSPACE HEALTH, THE T3 PROGRAM PROVIDES CASE

MANAGEMENT SERVICES FOR PEOPLE WHO FREQUENTLY ACCESS THE SUTTER MEDICAL

CENTER, EMERGENCY DEPARTMENT FOR NON-URGENT NEEDS, BY CONNECTING

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VULNERABLE PATIENTS TO VITAL RESOURCES SUCH AS HOUSING, INCOME (SSI/GA),
PRIMARY CARE, MENTAL AND BEHAVIORAL HEALTH SERVICES, TRANSPORTATION,
SUBSTANCE ABUSE TREATMENT AND OTHER KEY COMMUNITY RESOURCES. IN 2016,
TRANSPORTATION ASSISTANCE WAS PROVIDED 578 TIMES, PATIENTS WERE CONNECTED
TO 1,396 PRIMARY CARE HEALTH VISITS AND 787 BEHAVIOR HEALTH VISITS,
INCOME ASSISTANCE WAS GIVEN TO 787 CLIENTS AND 136 RECEIVED HOUSING
PLACEMENTS.

T3 PLUS IS AN INPATIENT PROGRAM OF SMCS THAT WORKS WITH COMPLEX
DISCHARGES OF INDIVIDUALS WHO SUFFER FROM DUAL DIAGNOSIS AND LACK OF
COMMUNITY RESOURCES. THIS CASE MANAGER, COMPLETES AN INTAKE AT BEDSIDE
AND WORKS WITH THE CLIENT OUT IN THE COMMUNITY. A PARTNERSHIP WITH
WELLSPACE HEALTH, IN 2016, THE PROGRAM SERVED 44 PATIENTS, ASSISTED WITH
29 HOUSING PLACEMENTS AND PROVIDED 1,551 SERVICE REFERRALS.

SMCS SUPPORTS THE CAMPFIRE OUTDOOR EDUCATIONAL SITE FOR YOUTH TO

PARTICIPATE IN A HEALTHY, INTERACTIVE LEARNING EXPERIENCE. THE SITE IS

LOCATED IN THE AMERICAN RIVER PARKWAY AND INCLUDES AN AMPHITHEATER,

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
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- 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
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WALKING PATHS, PICNIC AREAS, AND A SCENIC VIEW OF THE RIVER. A WIDE-RANGE OF YOUTH ENJOY THIS SPACE FOR STEM SESSIONS, PUBLIC SPEAKING CLASSES, BIKE RIDES, AND NATURE WALKS.

THE CAMPFIRE OUTDOOR EDUCATIONAL SITE WAS ON TRACK IN THE FIRST HALF OF 2016 AND SERVED OVER 1,600 YOUTH. SACRAMENTO COUNTY OFFICE OF EDUCATION (SCOE) LED THE STEM CLASSES WITH GREAT SUCCESS AND MODIFIED ONE SESSION DUE TO HIGH RIVER FLOWS FROM A MACRO-AQUATIC INVERTEBRATES STUDY TO A NATURE SCAVENGER HUNT TO IDENTIFY LIVING AND NON-LIVING THINGS ON THE PARKWAY. THE YOUTH WHO PARTICIPATED IN THE SCOE SESSIONS AND OTHER CLASSES AT CAMPFIRE WERE VERY DIVERSE AND INCLUDED OVER 35% LATINO, 10% BLACK, AND 15% ASIAN. OVER 70% OF THE YOUTH WERE SOCIO-ECONOMICALLY DISADVANTAGED AS IDENTIFIED BY SCOE SINCE THEY QUALIFIED FOR THE FREE OR REDUCED LUNCH PROGRAM. THE YOUTH AND ADULTS SEEM TO REALLY ENJOY THE OUTDOOR SPACE AND ACTIVITIES.

THE CROCKER ART MUSEUM'S SUTTER YOUTH WAVED ADMISSIONS PROGRAM GRANTS FREE ADMISSION TO SACRAMENTO AREA YOUTH EACH YEAR, FOCUSING ON

#### Provide the following information

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- 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
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UNDERSERVED COMMUNITIES IN SACRAMENTO CITY COUNCIL DISTRICTS 2, 5 AND 8.

IN ADDITION TO FREE ADMISSION TO THE MUSEUM, THE PROGRAM OFFERS FULL AND

PARTIAL SCHOLARSHIPS FOR YOUTH TO STUDIO ART CLASSES, CONCERTS AND

ON-SITE PROGRAMMING, INCLUDING A FREE FESTIVAL FOR TEENS EACH SUMMER:

TEEN TAKEOVER. THE GOAL OF THE PROGRAM IS TO EXPOSE, INSPIRE, AND CONNECT

YOUTH IN LOWER SOCIOECONOMIC PARTS OF THE REGION TO ENGAGING ARTS

INSTRUCTION. IN 2016, THERE WERE STRATEGIES TO ENGAGE YOUTH AND GET THEM

CONNECTED TO THE FREE ADMISSIONS TOWARD THE 2 YEAR PROGRAM GOAL TO HAVE

10,000 KIDS TAKE ADVANTAGE OF THE PROGRAM. PLANNING BEGAN FOR TEEN

TAKEOVER PRODUCTION IN 2017.

SUTTER ROSEVILLE MEDICAL CENTER

THE 2016 - 2018 IMPLEMENTATION STRATEGIES FOR SUTTER ROSEVILLE MEDICAL

CENTER DEFINE A VARIETY OF PROGRAMS AND PARTNERSHIPS THAT ADDRESS

IDENTIFIED PRIORITY HEALTH NEEDS AND IMPROVE THE OVERALL HEALTH OF THE

COMMUNITIES THEY SERVE. A FEW OF THOSE PROGRAMS AND PARTNERSHIPS ARE

DESCRIBED BELOW.

Provide the following information

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THE ICP PROGRAM IN PARTNERSHIP WITH THE GATHERING INN (TGI) PROVIDES
HOMELESS PATIENTS A CLEAN, SAFE PLACE TO CONTINUE THEIR RECOVERY FOR UP
TO 6 WEEKS ONCE THEY ARE DISCHARGED FROM THE HOSPITAL. THIS PROGRAM
PROVIDES NOT ONLY TEMPORARY HOUSING, BUT ALSO COMPREHENSIVE WRAP-AROUND
SERVICES SUCH AS CASE MANAGEMENT, SUBSTANCE ABUSE TREATMENT, ACCESS TO
MEDICAL CARE, AND PERMANENT SUPPORTIVE HOUSING IF ELIGIBLE. HEALING IS
SUPPORTED AND ENHANCED AT THE RESPITE HOUSE WHERE THEY ARE ASSISTED BY
VOLUNTEERS AND TGI PERSONNEL IN FOLLOW-UP CARE AND THREE MEALS PER DAY.
IN 2016, THE ICP HOUSE HAS CONTINUED TO GROW IN ALL AREAS OF SERVICE TO
ITS GUESTS. WE NEARLY MET OUR PROJECTED MILESTONE OF 30 PARTICIPANTS WITH
A TOTAL OF 29. THAT IS AN INCREASE OF JUST UNDER 50%. WE ALSO HAD 9
GUESTS, IN THE PERIOD, PLACED IN HOUSING WITH THAT NUMBER POTENTIALLY
HIGHER DEPENDENT ON THE OUTCOMES OF THOSE CURRENTLY IN THE HOUSE.

GONOODLE ONLINE MOVEMENT VIDEOS AND GAMES GET KIDS RUNNING, JUMPING,

DANCING AND STRETCHING AT SCHOOL AND AT HOME. GONOODLE RECENTLY RECEIVED

A 2016 KIDS AT PLAY INTERACTIVE (KAPI) AWARD FOR BEST PRODUCT FOR

SCHOOLS. SUTTER HEALTH SPONSORS PREMIUM GONOODLE ACCESS FOR MORE THAN 63

Provide the following information

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SCHOOLS, 1,330 TEACHERS, AND 29,300 STUDENTS IN THE SACRAMENTO AREA.

DURING THE 2015-2016 SCHOOL YEAR (AUGUST-MAY), SACRAMENTO AREA STUDENTS ACHIEVED 5,346,721 MINUTES OF PHYSICAL ACTIVITY WITH GONOODLE THANKS TO SUTTER HEALTH.

THE KEATON RAPHAEL MEMORIAL (KRM) NAVIGATOR PROGRAM IS DESIGNED TO

ADDRESS THE FINANCIAL, STRUCTURAL, AND PERSONAL BARRIERS TO RECEIVING

QUALITY PEDIATRIC CANCER CARE. THE PROGRAM'S GOAL IS TO ENSURE FAMILIES

SERVED HAVE ACCESS TO HIGH QUALITY HEALTH CARE, SOCIAL SERVICES,

FINANCIAL ASSISTANCE, AND OTHER COMMUNITY RESOURCES DURING THIS

LIFE-THREATENING CRISIS. OUR COMPREHENSIVE PROGRAM COMBINES NAVIGATION

WITH CASE MANAGEMENT, HEALTH EDUCATION, AND SOCIAL SUPPORT. IN 2016,

DURING THIS PERIOD, 100% OF FAMILIES SERVED WERE CONNECTED TO HEALTH

CARE, SOCIAL SERVICES OR COMMUNITY RESOURCES (I.E. CONCRETE SUPPORT IN

TIMES OF NEED). ALSO, 55 BUSINESS AND COMMUNITY PARTNERS JOINED KRM TO

CREATE A NETWORK OF SUPPORT FOR CHILDHOOD CANCER FAMILIES (I.E. CARING

AND SUPPORTIVE SOCIAL CONNECTIONS, SYSTEMS AND NETWORKS). KRM INCREASED

THE NETWORK OF SUPPORT FOR 95% OF FAMILIES WHICH IN TURN REPORTED

Provide the following information

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DECREASED STRESS AS A RESULT OF KRM SERVICES (I.E. ENHANCED PARENTAL RESILIENCE). THE FAMILY NAVIGATOR MENTORED 3 INTERNS TO PROVIDE CASE MANAGEMENT, HEALTH EDUCATION, AND SOCIAL ACTIVITIES FOR THE PROGRAM FAMILIES.

THE CREER EN TU SALUD PROGRAM HELPS UNINSURED AND UNDERINSURED LATINOS

GET ACCESS TO HEALTH, DENTAL, VISION AND MENTAL HEALTH SERVICES WHILE

LEARNING TO EFFECTIVELY NAVIGATE THE HEALTH CARE SYSTEM. CULTURAL

BROKERS, KNOWN AS PROMOTORES, HELP PARTICIPANTS LEARN HOW TO PROPERLY AND

EFFECTIVELY ENGAGE THE HEALTH CARE SYSTEM, PROVIDE THEM WITH IMPORTANT

HEALTH INFORMATION AND ENSURE THAT THEY FIND A MEDICAL HOME. HIGHLIGHTS

IN 2016 INCLUDE 256 ADULTS SERVED, 111 ESTABLISHED A PRIMARY HEALTH HOME,

80 WERE ENROLLED IN HEALTH INSURANCE AND 14 RECEIVED HOUSING PLACEMENTS.

HEALTH EXPRESS PROVIDES TRANSPORTATION TO NON-EMERGENCY MEDICAL

APPOINTMENTS ON AN ADVANCE RESERVATION, SHARED-RIDE BASIS FOR ELIGIBLE

RESIDENTS OF PLACER COUNTY. SERVICE IS PROVIDED AT NO COST TO ELIGIBLE

CLIENTS OVER THE AGE OF 60 OR WITH PROOF OF DISABILITY. IN 2016, HEALTH

Provide the following information

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EXPRESS WAS PROMOTED AT MORE THAN 34 PRESENTATIONS THROUGHOUT THE

COMMUNITY. THROUGH THESE EFFORTS THEY ATTRACTED AND SERVED AN ADDITIONAL

123 NEW, UNDUPLICATED INDIVIDUALS THROUGH HEALTH EXPRESS NON-EMERGENCY

MEDICAL TRANSPORTATION IN THE SECOND HALF OF THIS YEAR.

THE RECREATION AND RESPITE PROGRAM IS DESIGNED TO BENEFIT PARTICIPANTS
WITH COGNITIVE OR PHYSICAL IMPAIRMENTS AND THEIR CAREGIVERS. THE PROGRAM
ENGAGES PARTICIPANTS WITH ALZHEIMER'S OR DEMENTIA IN RECREATIONAL,
SOCIAL, AND EDUCATIONAL ACTIVITIES WHILE ENCOURAGING INTERACTIVE
COMMUNICATION. THE PROGRAM ALSO PROVIDES CRITICAL RESPITE AND SUPPORT FOR
CAREGIVERS, ALLOWING THEM TO PURSUE PERSONAL INTERESTS KNOWING THAT THEIR
LOVED ONES ARE BEING CARED FOR IN A SAFE AND SUPPORTIVE ENVIRONMENT. IN
2016, THEY EXPERIENCED SUBSTANTIAL GROWTH IN THE RECREATION AND RESPITE
PROGRAM. THEY AVERAGED APPROXIMATELY 39 CLIENTS IN THE FIRST HALF OF THE
YEAR AND HAVE INCREASED TO 52 CLIENTS. THE PROGRAM AVERAGES 31-35 CLIENTS
PER MONTH.

PLACER AND SACRAMENTO COUNTY STUDENTS PARTICIPATED IN A PILOT PROGRAM.

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
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LEAD BY SHADY CREEK NATURALISTS WITH A FOCUS ON THREE AREAS, NUTRITION,
PHYSICAL ACTIVITY, AND MENTAL WELLNESS. THE 5TH OR 6TH GRADE STUDENTS ARE
ENGAGED IN 3 ASSEMBLIES AT THEIR SCHOOL AND THE EXPANDED FIT QUEST
CURRICULUM AT THE SHADY CREEK OUTDOOR SCHOOL. FAMILIES ARE ALSO INCLUDED
TO STRENGTHEN THE STUDENTS SUPPORT FOR INTEGRATION OF THE HEALTHY
LIFESTYLE CHANGE. IN 2016, THE NEW GRANT CYCLE BEGAN IN MID-SEPTEMBER
THEREFORE ONLY ONE PLACER SCHOOL AND ONE SACRAMENTO SCHOOL HAVE
PARTICIPATED IN THIS PERIOD.

WELLSPACE HEALTH ED NAVIGATION PROGRAM CONNECTS PATIENTS WITH HEALTH AND SOCIAL SERVICES, AND ULTIMATELY A MEDICAL HOME, AS WELL AS OTHER PROGRAMS (LIKE T3) WHEN APPROPRIATE. IN 2016, THE PROGRAM WORKED WITH 221 PATIENTS PROVIDING 582 REFERRALS TO A VARIETY OF SOCIAL SERVICES.

WELLSPACE HEALTH'S SUICIDE PREVENTION ED FOLLOW UP (EDFUSP) PROGRAM IS

DESIGNED TO PREVENT SUICIDE DURING A HIGH RISK PERIOD, MONITOR FOR

ONGOING SUICIDALITY POST-DISCHARGE, PROVIDE EMOTIONAL SUPPORT AND

CONTINUING EVIDENCE-BASED RISK ASSESSMENT AND MONITORING FOR SUICIDALITY,

Provide the following information

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CREATE PERSONALIZED SAFE PLANS, PROVIDE EDUCATIONAL AND SENSITIVE

OUTREACH MATERIALS ABOUT SURVIVING A SUICIDE ATTEMPT AND RECOVERY, 24HR

ACCESS TO WELLSPACE HEALTH'S SUICIDE PREVENTION CRISIS LINES, AND

REFERRALS OFFERED TO COMMUNITY-BASED RESOURCES FOR ONGOING TREATMENT AND

SUPPORT. IN 2016, WELLSPACE HEALTH ED FOLLOW UP SUICIDE PREVENTION

RECEIVED 51 PARTICIPANT REFERRALS IN THIS REPORTING PERIOD INCLUDING 32

FEMALES AND 19 MALES, AVERAGE AGE= 35.73 YEARS (DIVERSE AGE SPAN= 11-82),

INCLUDING 342 TOTAL PHONE FOLLOW UP CALLS INITIATED TO PATIENTS. OF THE

PARTICIPANTS REFERRED, 10 WERE REFERRED FOLLOWING EVALUATION FOR A

SUICIDE ATTEMPT AND 38 WERE REFERRED FOR SUICIDAL IDEATION IN THE ED, AND

3 UNKNOWN. A TOTAL OF 8 PARTICIPANTS (15.7%) HAD ADDITIONAL SUICIDAL

IDEATION DURING EDFUSP PARTICIPATION, VALIDATING THE CRITICAL NEED FOR

THIS EXTENDED SUPPORT AND INTERVENTION.

IN PARTNERSHIP WITH WELLSPACE HEALTH, THE T3 PROGRAM PROVIDES CASE

MANAGEMENT SERVICES FOR PEOPLE WHO FREQUENTLY ACCESS THE SUTTER ROSEVILLE

MEDICAL CENTER, EMERGENCY DEPARTMENT FOR NON-URGENT NEEDS, BY CONNECTING

VULNERABLE PATIENTS TO VITAL RESOURCES SUCH AS HOUSING, INCOME (SSI/GA),

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PRIMARY CARE, MENTAL AND BEHAVIORAL HEALTH SERVICES, TRANSPORTATION,

SUBSTANCE ABUSE TREATMENT AND OTHER KEY COMMUNITY RESOURCES. IN 2016.

TRANSPORTATION ASSISTANCE WAS PROVIDED 108 TIMES, PATIENTS WERE CONNECTED

TO 49 PRIMARY CARE HEALTH VISITS, 49 RECEIVED HOUSING PLACEMENTS AND

1,807 SERVICE REFERRALS WERE PROVIDED.

THE CARE TRANSITION NURSE WORKS DIRECTLY FROM THE WELLSPACE HEALTH
ROSEVILLE COMMUNITY HEALTH CENTER. THE TRANSITION NURSE MANAGES THE
SUTTER DEDICATED LINE FOR SUTTER HEALTH'S CASE MANAGERS, PROVIDERS,
WELLSPACE HEALTH T3 TEAM, AND ED NAVIGATORS. THE TRANSITION NURSE GATHERS
CLINICAL INFORMATION NECESSARY TO SCHEDULE APPROPRIATE AND TIMELY
APPOINTMENTS FOR ED AND HOSPITAL DISCHARGE PATIENTS. THE NURSE PROVIDES
TRIAGE TO OPEN ACCESS AND ASSISTS PROVIDERS WITH WOUND CARE, INR
MANAGEMENT, AND PATIENT EDUCATION FOR DISEASE MANAGEMENT. IN 2016, 2,295
PATIENTS WERE SERVED.

SUTTER SOLANO MEDICAL CENTER

THE 2016 - 2018 IMPLEMENTATION STRATEGIES FOR SUTTER SOLANO MEDICAL

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CENTER DEFINE A VARIETY OF PROGRAMS AND PARTNERSHIPS THAT ADDRESS

IDENTIFIED PRIORITY HEALTH NEEDS AND IMPROVE THE OVERALL HEALTH OF THE

COMMUNITIES THEY SERVE. A FEW OF THOSE PROGRAMS AND PARTNERSHIPS ARE

DESCRIBED BELOW.

LA CLÍNICA'S SUTTER SOLANO HEALTH CARE ACCESS PROJECT ASSISTS SUTTER

SOLANO MEDICAL CENTER ED PATIENTS PRESENTING WITH NON-URGENT MEDICAL

NEEDS IN CONNECTING TO A PRIMARY CARE HOME AND OTHER SOCIAL SERVICES. OUR

GOAL IS TO EXPAND ACCESS TO HEALTH CARE SERVICES AMONG MEDICALLY

UNDERSERVED SOLANO COUNTY RESIDENTS. IN 2016, 1,140 NEW PATIENTS WERE

ASSISTED BY THE PROGRAM WHICH PROVIDED 1,386 SERVICE REFERRALS AND HELPED

SECURE 680 PRIMARY HEALTH HOMES.

THE RIO VISTA DELTA BREEZE ROUTE 50 SERVICE ENHANCEMENT PROJECT ASSISTS

PATIENTS TRAVELING TO MEDICAL APPOINTMENTS. IN JULY THROUGH DECEMBER

2016, 194 DEVIATIONS WERE PROVIDED FOR SUTTER SPECIFIC APPOINTMENTS,

WHICH IS A 12% INCREASE OVER THE PREVIOUS SIX MONTHS. THESE DEVIATIONS

PROVIDE CRITICAL ACCESS TO HEALTH CARE FOR RIO VISTA'S RESIDENTS, WHO

Provide the following information

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MUST TRAVEL OUTSIDE RIO VISTA FOR MEDICAL SERVICES.

TRANSITIONAL CARE PROGRAM (TCP) WAS DEVELOPED IN SOLANO.COUNTY TO PROVIDE A PLACE FOR HOMELESS OR NEAR-HOMELESS INDIVIDUALS REFERRED BY PARTNERING HOSPITALS. THE PROGRAM ACTS TO PROVIDE A PLACE FOR THESE INDIVIDUALS TO RECUPERATE FROM ILLNESSES AND LINK THEM TO SERVICES SUCH AS HEALTH CARE COVERAGE, A PRIMARY CARE PROVIDER, SOURCE OF INCOME, AND HOUSING. IN 2016, 57 NEW PATIENTS WERE ASSISTED, 370 SERVICE REFERRALS WERE PROVIDED, 55 WERE ASSISTED WITH TRANSPORTATION AND 52 HOUSING PLACEMENTS WERE MADE.

THE GOAL OF THE TOURO UNIVERSITY MOBILE CLINIC IS TO DELIVER PRIMARY
HEALTH SERVICES TO THE UNDERSERVED AND CONNECT THEM TO RESOURCES FOR
ONGOING CARE. 2016 WAS SPENT PLANNING, HIRING AND TRAINING IN PREPARATION
FOR A MARCH 2017 LAUNCH.

SUTTER AUBURN FAITH HOSPITAL

THE 2016 - 2018 IMPLEMENTATION STRATEGIES FOR SUTTER AUBURN FAITH HOSPITAL DEFINE A VARIETY OF PROGRAMS AND PARTNERSHIPS THAT ADDRESS

Provide the following information

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IDENTIFIED PRIORITY HEALTH NEEDS AND IMPROVE THE OVERALL HEALTH OF THE COMMUNITIES THEY SERVE. A FEW OF THOSE PROGRAMS AND PARTNERSHIPS ARE DESCRIBED BELOW.

THE ICP PROGRAM IN PARTNERSHIP WITH THE GATHERING INN (TGI) PROVIDES

HOMELESS PATIENTS A CLEAN, SAFE PLACE TO CONTINUE THEIR RECOVERY FOR UP

TO 6 WEEKS ONCE THEY ARE DISCHARGED FROM THE HOSPITAL. THIS PROGRAM

PROVIDES NOT ONLY TEMPORARY HOUSING, BUT ALSO COMPREHENSIVE WRAP-AROUND

SERVICES SUCH AS CASE MANAGEMENT, SUBSTANCE ABUSE TREATMENT, ACCESS TO

MEDICAL CARE, AND PERMANENT SUPPORTIVE HOUSING IF ELIGIBLE. HEALING IS

SUPPORTED AND ENHANCED AT THE RESPITE HOUSE WHERE THEY ARE ASSISTED BY

VOLUNTEERS AND TGI PERSONNEL IN FOLLOW-UP CARE AND THREE MEALS PER DAY.

IN 2016, THE ICP HOUSE HAS CONTINUED TO GROW IN ALL AREAS OF SERVICE TO

ITS GUESTS. WE NEARLY MET OUR PROJECTED MILESTONE OF 30 PARTICIPANTS WITH

A TOTAL OF 29. THAT IS AN INCREASE OF JUST UNDER 50%. WE ALSO HAD 9

GUESTS, IN THE PERIOD, PLACED IN HOUSING WITH THAT NUMBER POTENTIALLY

HIGHER DEPENDENT ON THE OUTCOMES OF THOSE CURRENTLY IN THE HOUSE.

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
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- 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

GONOODLE ONLINE MOVEMENT VIDEOS AND GAMES GET KIDS RUNNING, JUMPING,

DANCING AND STRETCHING AT SCHOOL AND AT HOME. GONOODLE RECENTLY RECEIVED

A 2016 KIDS AT PLAY INTERACTIVE (KAPI) AWARD FOR BEST PRODUCT FOR

SCHOOLS. SUTTER HEALTH SPONSORS PREMIUM GONOODLE ACCESS FOR MORE THAN 63

SCHOOLS, 1,330 TEACHERS, AND 29,300 STUDENTS IN THE SACRAMENTO AREA.

DURING THE 2015-2016 SCHOOL YEAR (AUGUST-MAY), SACRAMENTO AREA STUDENTS

ACHIEVED 5,346,721 MINUTES OF PHYSICAL ACTIVITY WITH GONOODLE THANKS TO

SUTTER HEALTH.

THE CREER EN TU SALUD PROGRAM HELPS UNINSURED AND UNDERINSURED LATINOS

GET ACCESS TO HEALTH, DENTAL, VISION AND MENTAL HEALTH SERVICES WHILE

LEARNING TO EFFECTIVELY NAVIGATE THE HEALTH CARE SYSTEM. CULTURAL

BROKERS, KNOWN AS PROMOTORES, HELP PARTICIPANTS LEARN HOW TO PROPERLY AND

EFFECTIVELY ENGAGE THE HEALTH CARE SYSTEM, PROVIDE THEM WITH IMPORTANT

HEALTH INFORMATION AND ENSURE THAT THEY FIND A MEDICAL HOME. HIGHLIGHTS

IN 2016 INCLUDE 256 ADULTS SERVED, 111 ESTABLISHED A PRIMARY HEALTH HOME,

80 WERE ENROLLED IN HEALTH INSURANCE AND 14 RECEIVED HOUSING PLACEMENTS.

Page **10** 

#### Supplemental Information Part VI

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
- 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
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HEALTH EXPRESS PROVIDES TRANSPORTATION TO NON-EMERGENCY MEDICAL

APPOINTMENTS ON AN ADVANCE RESERVATION, SHARED-RIDE BASIS FOR ELIGIBLE RESIDENTS OF PLACER COUNTY. SERVICE IS PROVIDED AT NO COST TO ELIGIBLE CLIENTS OVER THE AGE OF 60 OR WITH PROOF OF DISABILITY. IN 2016, HEALTH EXPRESS WAS PROMOTED AT MORE THAN 34 PRESENTATIONS THROUGHOUT THE COMMUNITY. THROUGH THESE EFFORTS THEY ATTRACTED AND SERVED AN ADDITIONAL 123 NEW, UNDUPLICATED INDIVIDUALS THROUGH HEALTH EXPRESS NON-EMERGENCY MEDICAL TRANSPORTATION IN THE SECOND HALF OF THIS YEAR.

THE RECREATION AND RESPITE PROGRAM IS DESIGNED TO BENEFIT PARTICIPANTS WITH COGNITIVE OR PHYSICAL IMPAIRMENTS AND THEIR CAREGIVERS. THE PROGRAM ENGAGES PARTICIPANTS WITH ALZHEIMER'S OR DEMENTIA IN RECREATIONAL, SOCIAL, AND EDUCATIONAL ACTIVITIES WHILE ENCOURAGING INTERACTIVE COMMUNICATION. THE PROGRAM ALSO PROVIDES CRITICAL RESPITE AND SUPPORT FOR CAREGIVERS, ALLOWING THEM TO PURSUE PERSONAL INTERESTS KNOWING THAT THEIR LOVED ONES ARE BEING CARED FOR IN A SAFE AND SUPPORTIVE ENVIRONMENT. IN 2016, THEY EXPERIENCED SUBSTANTIAL GROWTH IN THE RECREATION AND RESPITE PROGRAM. THEY AVERAGED APPROXIMATELY 39 CLIENTS IN THE FIRST HALF OF THE

Provide the following information

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YEAR AND HAVE INCREASED TO 52 CLIENTSS. THE PROGRAM AVERAGES 31-35 CLIENTS PER MONTH.

IN PARTNERSHIP WITH WELLSPACE HEALTH, THE T3 PROGRAM PROVIDES CASE

MANAGEMENT SERVICES FOR PEOPLE WHO FREQUENTLY ACCESS THE SUTTER AUBURN

FAITH HOSPITAL, EMERGENCY DEPARTMENT FOR NON-URGENT NEEDS, BY CONNECTING

VULNERABLE PATIENTS TO VITAL RESOURCES SUCH AS HOUSING, INCOME (SSI/GA),

PRIMARY CARE, MENTAL AND BEHAVIORAL HEALTH SERVICES, TRANSPORTATION,

SUBSTANCE ABUSE TREATMENT AND OTHER KEY COMMUNITY RESOURCES. IN 2016, 13

PATIENTS WERE HELPED, 138 SERVICE REFERRALS WERE PROVIDED AND TWO

PATIENTS WERE HELPED WITH HOUSING PLACEMENT.

THE CARE TRANSITION NURSE WORKS DIRECTLY FROM THE WELLSPACE HEALTH

ROSEVILLE COMMUNITY HEALTH CENTER. THE TRANSITION NURSE MANAGES THE

SUTTER DEDICATED LINE FOR SUTTER HEALTH'S CASE MANAGERS, PROVIDERS,

WELLSPACE HEALTH T3 TEAM, AND ED NAVIGATORS. THE TRANSITION NURSE GATHERS

CLINICAL INFORMATION NECESSARY TO SCHEDULE APPROPRIATE AND TIMELY

APPOINTMENTS FOR ED AND HOSPITAL DISCHARGE PATIENTS. THE NURSE PROVIDES

Provide the following information

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TRIAGE TO OPEN ACCESS AND ASSISTS PROVIDERS WITH WOUND CARE, INR

MANAGEMENT, AND PATIENT EDUCATION FOR DISEASE MANAGEMENT. IN 2016, 2,295

PATIENTS WERE SERVED.

SUTTER AMADOR HOSPITAL

THE 2016 - 2018 IMPLEMENTATION STRATEGIES FOR SUTTER AMADOR HOSPITAL

DEFINE A VARIETY OF PROGRAMS AND PARTNERSHIPS THAT ADDRESS IDENTIFIED

PRIORITY HEALTH NEEDS AND IMPROVE THE OVERALL HEALTH OF THE COMMUNITIES

THEY SERVE. A FEW OF THOSE PROGRAMS AND PARTNERSHIPS ARE DESCRIBED

BELOW.

WELLSPACE HEALTH AND SUTTER AMADOR HOSPITAL PARTNERED TO BUILD A NEW CLINIC TO INCREASE ACCESS TO PRIMARY HEALTH AND DENTAL CARE. IN 2016, A LEASE WAS SIGNED AND ADDITIONAL PLANNING MEETING TOOK PLACE TO SUPPORT THE BUILDING PROCESS.

ATCAA AMADOR LIFELINE IS A PROGRAM PROVIDES EMERGENCY RESPONSE SERVICE FOR MEDICAL, FIRE AND POLICE, 24/7 365 DAYS A YEAR TO OUR VULNERABLE

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
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SENIOR COMMUNITY AS WELL AS THOSE IN REHABILITATION, WITH ONGOING/CHRONIC ILLNESSES, HOSPICE CARE, AND MACT FAMILIES. THEY VERY OFTEN LIVE ALONE WITH NO IMMEDIATE FAMILY OR FRIENDS IN OUR RURAL AREA. IN 2016, 687 CLIENTS WERE USING THIS SERVICE.

AMADOR RIDES, A PROGRAM OF AMADOR TRANSIT, PROVIDES VOLUNTEER

TRANSPORTATION FOR MEDICAL, DENTAL, AND MENTAL HEALTH APPOINTMENTS FOR

PEOPLE WHO HAVE NO OTHER MEANS OF TRANSPORTATION. IN 2016, 37 NEW CLIENTS

SIGNED ON TO BRING THE TOTAL TO 100 CLIENTS WHO SCHEDULED 309 RIDES.

SUTTER DAVIS HOSPITAL

THE 2016 - 2018 IMPLEMENTATION STRATEGIES FOR SUTTER DAVIS HOSPITAL

DEFINE A VARIETY OF PROGRAMS AND PARTNERSHIPS THAT ADDRESS IDENTIFIED

PRIORITY HEALTH NEEDS AND IMPROVE THE OVERALL HEALTH OF THE COMMUNITIES

THEY SERVE. A FEW OF THOSE PROGRAMS AND PARTNERSHIPS ARE DESCRIBED

BELOW.

COMMUNICARE HEALTH CENTERS IS A FEDERALLY QUALIFIED HEALTH CENTER

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 9h
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OFFERING COMPREHENSIVE PRIMARY MEDICAL AND DENTAL SERVICES, PERINATAL SERVICES, BEHAVIORAL HEALTH SERVICES, SUBSTANCE ABUSE TREATMENT, HEALTH EDUCATION AND OUTREACH SERVICES TO THE CULTURALLY DIVERSE, LOW-INCOME, UNINSURED AND MEDI-CAL POPULATIONS OF YOLO COUNTY AND EASTERN SOLANO COUNTY. IN THE LAST SIX MONTHS OF 2016, COMMUNICARE HEALTH CENTERS CONTINUED TO PROVIDE PRIMARY CARE SERVICES, INTEGRATED BEHAVIORAL HEALTH SERVICES AND PERINATAL SERVICES FOR MEDI-CAL AND UNINSURED PATIENTS. AS REPORTED IN THE MILESTONES FOR THE CURRENT REPORTING PERIOD, THE NUMBER OF PATIENT VISITS HAS INCREASED TO 36,940 AND THE NUMBER OF UNDUPLICATED PATIENTS SERVED HAS INCREASED TO 17,041.

YOLO COUNTY CHILDREN'S ALLIANCE WILL OPEN A FAMILY RESOURCE CENTER, TO BE LOCATED AT JAMBOREE HOUSING'S WEST GATEWAY PLACE, NEW AFFORDABLE HOUSING FOR LOW INCOME FAMILIES IN WEST SACRAMENTO. ALTHOUGH THE PROJECT HAS BEEN DELAYED, IN 2016, THEY MET THE GOAL OF IDENTIFYING, HIRING, AND TRAINING A SATELLITE FAMILY RESOURCE CENTER COORDINATOR WHO WILL OVERSEE FAMILY RESOURCE CENTER (FRC) ACTIVITIES AT THE SATELLITE FRC LOCATED ON SITE AT THE WEST GATEWAY PLACE HOUSING COMPLEX.

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
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YOLO CRISIS NURSERY (YCN) IS ONE OF ONLY FOUR CRISIS NURSERIES IN

CALIFORNIA AND THE ONLY CRISIS NURSERY IN YOLO COUNTY. THEY OFFER

EMERGENCY CHILD CARE AND WRAP-AROUND SERVICES TO FAMILIES IN CRISIS WHICH

ENSURE CONTINUED STABILITY AND THE WELL-BEING OF YOUNG CHILDREN AT RISK

FOR CHILD ABUSE. IN 2016, YCN PROVIDED SERVICES TO 199 FAMILIES.

SINCE 2012, YOLO FOOD BANK HAS ADDRESSED CHILDHOOD FOOD INSECURITY IN
YOLO COUNTY THROUGH OUR KIDS FARMERS MARKET PROGRAM. THIS PROGRAM
PROVIDES LOW-INCOME YOUTH WITH ACCESS TO FRESH PRODUCE AND THE
INFORMATION NECESSARY TO MAKE HEALTHY CHOICES. THE PROGRAM ACCOMPLISHES
THIS BY PROVIDING A FREE, WEEKLY AFTERSCHOOL FARMERS' MARKET FOR
PRESCHOOL AND ELEMENTARY SCHOOL STUDENTS AT SEVEN SCHOOLS IN YOLO COUNTY.
NEARLY 25,000 COMMUNITY MEMBERS BENEFITED FROM THIS PROGRAM IN 2016.

SUPPORT FROM SUTTER DAVIS TO THE YOLO HEALTHY AGING ALLIANCE HELPS TO

CONNECT OLDER ADULTS AND PERSONS WITH DISABILITIES IN YOLO COUNTY TO THE

SERVICES AND SUPPORTS THEY NEED TO REMAIN SAFE AND HEALTHY IN THE

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
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COMMUNITY. IN 2016, 1,000 COMMUNITY MEMBERS WERE PROVIDED SERVICES.

SCHEDULE H, PART VI, LINE 6

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
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 PEOPLE IN THE COMMUNITIES WHERE WE SERVE THROUGH A NOT-FOR-PROFIT COMMITMENT TO COMPASSION AND EXCELLENCE IN HEALTHCARE SERVICES.

AT SUTTER HEALTH, WE BELIEVE THERE SHOULD BE NO BARRIERS TO RECEIVING

TOP-QUALITY MEDICAL CARE. WE STRIVE TO PROVIDE ACCESS TO EXCELLENT

HEALTHCARE SERVICES FOR NORTHERN CALIFORNIANS, REGARDLESS OF ABILITY TO

PAY. AS PART OF OUR NOT-FOR-PROFIT MISSION, SUTTER HEALTH INVESTS

Provide the following information

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MILLIONS OF DOLLARS BACK INTO THE COMMUNITIES WE SERVE - AND BEYOND.

THROUGH THESE INVESTMENTS AND COMMUNITY PARTNERSHIPS, WE'RE PROVIDING AND PRESERVING VITAL PROGRAMS AND SERVICES, THEREBY IMPROVING THE HEALTH AND WELL-BEING OF THE COMMUNITIES WE SERVE.

OVER THE PAST FIVE YEARS, SUTTER HEALTH HAS COMMITTED MORE THAN \$4

BILLION TO CARE FOR PATIENTS WHO COULDN'T AFFORD TO PAY, AND TO SUPPORT

PROGRAMS THAT IMPROVE COMMUNITY HEALTH. OUR 2016 COMMITMENT OF \$669

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:

- IN 2016, SUTTER HEALTH INVESTED \$388 MILLION MORE THAN THE STATE PAID

TO CARE FOR MEDI-CAL PATIENTS. MEDI-CAL ACCOUNTED FOR 19 PERCENT OF

SUTTER HEALTH'S GROSS PATIENT SERVICE REVENUES IN 2016. SUTTER HEALTH

HOSPITALS PROUDLY SERVE MORE MEDI-CAL PATIENTS IN OUR NORTHERN CALIFORNIA

SERVICE AREA THAN ANY OTHER HEALTHCARE PROVIDER.

Provide the following information

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- THROUGHOUT OUR HEALTHCARE 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 ADDRESS REAL COMMUNITY NEEDS.

FOR MORE FACTS AND INFORMATION VISIT WWW.SUTTERHEALTH.ORG.

SCHEDULE H, PART VI, LINE 7

STATE FILING OF COMMUNITY BENEFIT REPORT:

CALIFORNIA

SCHEDULE (Form 990)

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

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

2016	Onen to Public
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▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Employer Identification number 94-1156621

General Information on Grants and Assistance  Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assi
Part 1

SUTTER HEALTH SACRAMENTO SIERRA REGION

FKA

SUTTER VALLEY HOSPITALS

Department of the Treasury Internal Revenue Service Name of the organization

å Yes X istance, and 

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

1 (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 noncash assistance	(h) Purpose of grant or assistance
(1) THEATRE FOR CHILDREN INC							
2711 B ST SACRAMENTO, CA 95816	95-4047805	501 (C) (3)	3,000,000				GENERAL SUPPORT
(2) STEINBERG INSTITUTE							
1130 K ST LL50 SACRAMENTO, CA 95814	81-4361691	501(C)(3)	1,500,000.				GENERAL SUPPORT
(3) COMMUNICARE HEALTH CENTERS							
PO BOX 1260 DAVIS, CA 95617	94-2188574	501(C) (3)	400,000				GENERAL SUPPORT
(4) NEHEMIAH COMMUNITY FOUNDATION							
640 BERCUT DR STE A SACRAMENTO, CA 95811	68-0449972	501(C)(3)	333,000.				GENERAL SUPPORT
(5) LA CLINICA DE LA RAZA							
1515 FRUITVALE AVE OAKLAND, CA 94601	94-1744108	501 (C) (3)	300,000				GENERAL SUPPORT
(6) GEORGE HILLS COMPANY INC							
3043 GOLD CANAL DR RANCH CORDOVA, CA 95670	94-2546177	501(C)(3)	250,000				GENERAL SUPPORT
(7) MENTAL HEALTH AMERICA INC							
500 MONTGOMERY ST #820 ALEXANDRIA, CA 22314	13-1614906	501(C)(3)	250,000.				GENERAL SUPPORT
(8) DOWNTOWN SACTO PARTNERSHIP							
980 NINTH ST STE 400 SACRAMENTO, CA 95814	68-0270320	501 (C) (3)	180,550				GENERAL SUPPORT
(9) SHADY CREEK OUTDOOR EDUCATION FOUNDATION							
970 KLAMATH LN YUBA CITY, CA 95993	68-0239809	501 (C) (3)	170,672				GENERAL SUPPORT
(10) TOURO UNIVERSITY							
1310 CLUB DR VALLEJO, CA 94592	13-3838740	501 (C) (3)	150,000				GENERAL SUPPORT
(11) SACRAMENTO STEPS FORWARD		711					
1331 GARDEN HWY STE 100 SACRAMENTO CA 95833	27-4907397	501(C) (3)	140,000				GENERAL SUPPORT
(12) SENIORS FIRST							
12183 LOCKSLEY LN STE 205 AUBURN, CA 95602	68-0430154	501 (C) (3)	137,077.				GENERAL SUPPORT
2 Enter total number of section 501(c)(3) and government	government o	organizations lis	ent organizations listed in the line 1 table	je		•	
3 Enter total number of other organizations listed in the line 1 table	ed in the line	1 table	•				

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

JSA 6E1288 1 000

Schedule I (Form 990) (2016)

SCHEDULEI (Form 990) Department of the Treasury Name of the organization Internal Revenue Service

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

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

OMB No 1545-0047
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Open to Public Inspection

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

SUTTER VALLEY HOSPITALS

Employer identification number 94-1156621

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FKA SUTTER HEALTH SACRAMENTO SIERRA REGION

- ž X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
  - Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

1 (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 noncash assistance	(h) Purpose of grant or assistance
(1) UNITED STATES FUND FOR UNICEF	- 1						
125 MAIDEN LN NEW YORK, NY 10038	13-1760110	501(C)(3)	125,000				GENERAL SUPPORT
(2) YOLO COUNTY CHILDREN'S ALLIANCE							
600 A ST STE Y DAVIS, CA 95616	68-0526185	501 (C) (3)	112,500				GENERAL SUPPORT
(3) SACRAMENTO METRO CHAMBER							
ONE CAPITOL MALL #300 SACRAMENTO, CA 95814	94-0824600	501(C)(6)	100,000				GENERAL SUPPORT
(4) FOOD BANK OF YOLO COUNTY							
1244 FORTNA AVE WOODLAND, CA 95776	23-7111782	501(C)(3)	90,000				GENERAL SUPPORT
(5) WEAVE							
PO BOX 161389 SACRAMENTO, CA 95816	94-2493158	501 (C) (3)	80,000				GENERAL SUPPORT
(6) YOLO HEALTHY AGING ALLIANCE							
625 COURT ST WOODLAND, CA 95695	46-1075195	501 (C) (3)	80,000				GENERAL SUPPORT
(7) LATINO LEADERSHIP COUNCIL INC							
2945 BELL RD STE 274 AUBURN, CA 95603	27-0970476	501 (C) (3)	79,712				GENERAL SUPPORT
(8) PEACH TREE HEALTHCARE							
1114 YUBA ST STE 144 MARYSVILLE, CA 95901	68-0371679	501 (C) (3)	75,000				GENERAL SUPPORT
(9) RONALD MCDONALD HOUSE CHARITIES NORTHERN CA						:	
2555 49TH ST SACRAMENTO, CA 95817	68-0147193	501(C)(3)	75,000				GENERAL SUPPORT
(10) CROCKER ART MUSEUM ASSOCIATION							
216 O ST SACRAMENTO, CA 95814	94-2552486	501 (C) (3)	20,000				GENERAL SUPPORT
(11) HEALTH EDUCATION COUNCIL							
3950 INDUSTRIAL BLVD SACRAMENTO, CA 95691	68-0242926	501 (C) (3)	50,000				GENERAL SUPPORT
(12) MENTAL HEALTH AMERICA NORTHERN CALIFORNIA							
9719 LINCOLN VILLAGE DR SACRAMENTO CA 95827	94-1476949	501(C)(3)	.000,000				GENERAL SUPPORT
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.	government o	rganizations lis	ted in the line 1 tab	<u>e</u>		•	
3 Enter total number of other organizations listed in the line 1 table	ed in the line	1 table					

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule I (Form 990) (2016)

**SCHEDULE 1** (Form 990)

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

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

2016 2016
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Employer identification number 94-1156621

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

SUTTER VALLEY HOSPITALS

FKA SUTTER HEALTH SACRAMENTO SIERRA REGION

Department of the Treasury internal Revenue Service Name of the organization

		Yes
	[	×
	substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	:
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	assist	:
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General Information on Grants and	ion	a use
ıl Inf	anıza	criter
nera	orga	tion
පි	Does the organization maintain records to su	the selection criteria used to award the grants
Ŧ	Doe	the
Par	-	

**%** 

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

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

1 (a) Name and address of organization or government	(p) 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 noncash assistance	(h) Purpose of grant or assistance
(1) SOIL BORN FARMS URBAN AGRICULTURE PROJECT	,						
PO BOX 661175 SACRAMENTO, CA 95866	20-0774693	501 (C) (3)	20,000		•		GENERAL SUPPORT
(2) PLACER BREAST CANCER ENDOWMENT							
PO BOX 564 ROSEVILLE, CA 95678	27-0690037	501 (C) (3)	50,000				GENERAL SUPPORT
(3) AMERICAN RIVER PARKWAY FOUNDATION							
5700 ARDEN WY SACRAMENTO, CA 95608	94-2881344	501(C)(3)	40,000				GENERAL SUPPORT
(4) COMMUNITY SERVICE EDUCATION							
5380 ELVAS AVE SACRAMENTO, CA 95819	23-7003581	501(C)(3)	35,000	i			GENERAL SUPPORT
(5) YUBA CITY UNIFIED SCHOOL DISTRICT							
750 PALORA AVE YUBA CITY, CA 95991	94-6002768	GOVT	35,000				GENERAL SUPPORT
(6) VALLEJO SENIOR CITIZENS COUNCIL INC							
333 AMADOR ST VALLEJO, CA 94590	23-7367329	501(C)(3)	30,000				GENERAL SUPPORT
(7) DISCOVERY MUSEUM							
101 I ST SACRAMENTO, CA 95814	68-0321106	501(C)(3)	25,000				GENERAL SUPPORT
(8) YOLO CRISIS NURSERY INC	-						
1477 DREW AVE STE 103 DAVIS, CA 95618	47-1006055	501 (C) (3)	25,000				GENERAL SUPPORT
(9) KIDS FIRST	<del>-</del>						
124 MAIN ST ROSEVILLE, CA 95678	68-0195225	501 (C) (3)	20,000			•	GENERAL SUPPORT
(10) SAN JUAN EDUCATION FOUNDATION	,						
PO BOX 1247 CARMICHAEL, CA 95609	94-3160088	501 (C) (3)	20,000				GENERAL SUPPORT
(11) CHAPA DE INDIAN HEALTH PROGRAM INC							
11670 ATWOOD RD AUBURN, CA 85603	94-2583156	501 (C) (3)	7,799				GENERAL SUPPORT
(12) HEALTH COMMUNICATION RESEARCH INSTITUTE INC							
5020 HACKBERRY LN SACRAMENTO, CA 95841	68-0195121	501(C)(3)	1,500				GENERAL SUPPORT
2 Enter total number of section 501(c)(3) and governm	government c	organizations lis	ent organizations listed in the line 1 table	Je		<b>▲</b> : : : : : : : : : : : : : : : : : : :	
3 Enter total number of other organizations listed in the line 1 table	ed in the line	1 table	•	•	•		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule I (Form 990) (2016)

SCHEDULE 1 (Form 990)

(Form 990)
Department of the Treasury

Governments, and Individuals in the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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△ I D S Open to Publ

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

Inspection
Employer Identification number
94-1156621

FKA SUTTER HEALTH SACRAMENTO SIERRA REGION

Part | General Information on Grants and Assistance

SUTTER VALLEY HOSPITALS

Internal Revenue Service Name of the organization

Š × Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States the selection criteria used to award the grants or assistance?

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

1 (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 noncash assistance	(h) Purpose of grant or assistance
(1) WELLSPACE HEALTH							
1820 J ST SACRAMENTO, CA 95811	94-1713704	501 (C) (3)	3,768,290.				GENERAL SUPPORT
(2)							
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2 Enter total number of section 501(c)(3) and government	government c	rganizations lis	organizations listed in the line 1 table.	e		•	36.
3 Enter total number of other organizations listed in the line 1 table	ted in the line	1 table				<b>A</b>	1.
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

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Page 2

Schedule I (Form 990) (2016)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

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	(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
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Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	nformation re	quired in Part I, I	ine 2, Part III, c	olumn (b), and any o	ther additional

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

Schedule I (Form 990) (2016)

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Schedule I (Form 990) (2016)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of non-cash assistance
		ecibients	cash grant	non-cash assistance	FMV appraisal, omer)	
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Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	nformation re	quired in Part I,	line 2, Part III, c	olumn (b), and any o	ther additional

- 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 PROJECT'S BUDGET, INDICATING ANY UNUSED AMOUNT

Schedule 1 (Form 990) (2016)

Schedule I (Form 990) (2016)

**Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

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

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.

Schedule I (Form 990) (2016)

SUTTER VALLEY HOSPITALS

Schedule I (Form 990) (2016)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

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	(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
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Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.	nformation re	quired in Part I, I	ine 2, Part III, c	olumn (b); and any o	ther additional

THE SUTTER HEALTH SYSTEM HAS AN OVERLAP IN LEADERSHIP WHICH MONITORS THE

USE OF GRANTS BETWEEN AFFILIATES.

### SCHEDULE J (Form 990)

### **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.

0MB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Name of the organization SUTTER VALLEY HOSPITALS
FKA SUTTER HEALTH SACRAMENTO SIERRA REGION

Employer Identification number

94-1156621

Part	Questions Regarding Compensation		V	N-
10	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form	$\overline{}$	Yes	No
14	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	X Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as, maid, chauffeur, chef)			
	<del></del>			
þ	If any of the boxes on 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	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a <sup>2</sup>	2	Х	
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			
	X   Compensation committee   Written employment contract			
	X Independent compensation consultant X Compensation survey or study	ĺĺ		
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	1		
	organization or a related organization			
a		4a 4b	X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4c		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	40		
	The set of any of lines 4a-c, list the persons and provide the applicable amounts for each item in Fart in	,		
	Only section 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		^	
а	The organization?	5a		Х
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III			
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			
а	The organization?	6a_		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	[		
_	payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X	Ļ
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			v
_	In Part III	8		X_
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		
	1/2 guiduona accitoti do 7300-0(c)			

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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2016

Schedule J (Form 990) 2016

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 aren't 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

ındıvıdual

		(B) Breakdown of W-2	f W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	in column (B) reported as deferred on prior Form 990
PETER HULL, MD	Ξ	0	0	169,600.	0	0	169,600.	0
TRUSTEE/CME, SVH	3	71,602.	0	2,298.	25,734.	3,044.	102,678.	0.
JAMES CONFORTI	ε	0	0	0	0.	0.	0	0.
	: 3	750,788.	340,000.	73,808.	376,176.	24,682.	1,565,454.	70,006.
SARAH KREVANS	€	0	0	0	0.	.0	0	0.
3PRESIDENT & CEO, SUTTER HEALTH	€	1,528,303.	647,289.	190,356.	1,484,076.	27,074.	3,877,098.	345,896.
PAIGE TERRA	Ξ	0	0	0	0	0.	0.	0.
4CFO, SH VALLEY AREA	€	437,196.	140,875.	21,835.	117,776.	17,502.	735,184.	42,230.
PENNY WESTFALL	€	0	0	0	0.	.0	0	0
SCHIEF LEGAL OFC SH VALLEY AREA	Ξ	399,057.	128,895.	37,974.	94,926.	11,870.	672,722.	36,337.
JOHN W. BOYD	€	0	.0	.0	0	.0	0.	0.
GCEO, SSMC & MHS, SYS EXEC	€	315,112.	106,113.	20,477.	95,730.	11,215.	548,647.	21,200.
PAT BRADY	Ξ	0	.0	0	0	0.	0.	0.
TCEO, SUTTER ROSEVILLE MED CTR	3	477,942.	180,004.	93,470.	164,926.	19,782.	936,124.	164,231.
MICHAEL COHILL	Ξ	0	0	0	0.	0.	0.	0.
<b>g</b> CEO, SMCS	€	329,433.	640,948.	214,136.	148,376.	23,769.	1,356,662.	319,021.
GRANT DAVIES	Ξ	0.	0	0	0.	0.	0.	0.
<b>g</b> CEO, VALLEY AREA HOSPITALS	Ξ	630,125.	244,923.	78,442.	195,576.	23,204.	1,172,270.	65,921.
ADRIENNE EDENS	ε	0	.0	0	0.	0	0.	0.
10 <sup>CIO</sup> , VALLEY AREA HOSPITALS	€	139,998.	108,150.	58,338.	27,312.	4,309.	338,107.	0.
MITCH HANNA	Ξ	.0	0	0	0.	0.	0.	0.
11CEO, SCH & SAFH	€	351,027.	136,938.	93,435.	116,926.	18,389.	716,715.	0.
JENNIFER MAHER	€	0.	0.	0	0	0.	0.	0.
12CEO, SUTTER DAVIS HOSPITAL	Ξ	273,427.	.407,66	9,702.	73,713.	11,292.	467,838.	0.
CARRIE OWEN-PLIETZ	ε	0	0	0	0	0.	0	0.
13CEO, SMCS	€	87,496.	181,072.	107,876.	65,466.	4,494.	446,404.	0.
ANNE PLATT	ε	0.	0.	0	0.	0.	0	0.
14CEO, SUTTER AMADOR HOSPITAL	€	286,886.	109,130.	31,382.	80,576.	19,293.	527,267.	48,276.
ASIT GOLKI, MD	(2)	0	0	0.	.0	0.	0.	0.
15CMO, VALLEY AREA	(II)	496,039.	190,010.	48,228.	132,976.	21,343.	888, 596.	61,334.
JOHN MESIC, MD	(i)	0.	0	0.	.0	0.	0	0.
16PHYSICIAN EXEC, VALLEY AREA	Ξ	555,497.	199,555.	68,197.	174,176.	16,660.	1,014,085.	111,947.

Schedule J (Form 990) 2016

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Schedule J (Form 990) 2016

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 aren't 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

		(B) Breakdown of W-2	W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(F) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation		(III) Other reportable compensation	other deferred	benefits	(B)(i)-(D)	in column (8) reported as deferred on pnor Form 990
DIONNE C. MILLER	ε	0	0	0	0	0	0.	0.
	: €	294,555.	86,241.	30,711.	57,376.	10,685.	479,568.	49,400.
JEFF SZCZESNY	Ξ	0	0	0	0	0.	0	.0
2 <sup>VP</sup> HR, VALLEY AREA	: €	362,553.	122,535.	32,075.	93,526.	17,167.	627,856.	47,596.
FARAAZ YOUSUF	€	0	0	0	0	0	0.	0
3coo, smcs	3	329,433.	85,140.	19,684.	68,076.	15,740.	518,073.	38,800.
THOMAS BLINN	Ξ	0	0	0	0	0	0.	0
CEO, SH VALLEY AREA FOUNDATION	€	521,765.	184,907.	75,799.	74,676.	18,760.	875,907.	119,800.
DENNIE CONRAD	€	0	0	0	.0	.0	0.	0
5REG VP, PLNNG & BUS DEV - SVH	€	66,710.	98,385.	61,772.	24,441.	3,207.	254,515.	0
TERRY GLUBKA	Ξ	0.	0.	0	0.	0.	0.	0.
<b>6</b> CEO, EDEN MEDICAL CENTER	•	412,169.	159,328.	45,862.	118,826.	15,289.	751,474.	80,675.
THOMAS REAM II	(ε)	0	0	0	.0	0.	0.	0.
TREG CIO SUTTER VALLEY HOSPITLS	€	9,106.	79,738.	245,063.	2,867.	1,985.	338,759.	0.
JEFF SPRAGUE	€	0	0	0	.0	0.	0.	0
8SVP 6 CFO, SVH FINANCE ADMIN	(E)	698,248.	337,500.	113,751.	509,176.	29,023.	1,687,698.	104,373.
JANET WAGNER	Ξ	0	0	0	0.	0	0	0.
${f g}$ CEO, MILLS PENINSULA DIVISION	•	410,723.	160,000.	55,461.	144,126.	17,488.	787,798.	93,371.
	€							
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### 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.

SCHEDULE J, PART I, LINE 1A

TAX INDEMNIFICATION:

AND AWARDS ARE GROSSED-UP FOR TAX PURPOSES. THE AMOUNT OF THE GROSS-UP IS STANDARD POLICY FOR ALL SUTTER HEALTH EMPLOYEES IS THAT NON-CASH GIFTS ADDED TO THE EMPLOYEE'S WAGES AND TAXED ACCORDINGLY.

SCHEDULE J, PART I, LINE 3

SUPPLEMENTAL COMPENSATION INFORMATION:

APPROPRIATELY BEING SERVED. THE COMPENSATION COMMITTEE USES CREDIBLE DATA TAX-EXEMPT ORGANIZATION. THE COMPENSATION COMMITTEE OF THE SUTTER HEALTH THE CEO OF THIS ORGANIZATION IS AN EMPLOYEE OF SUTTER HEALTH, A RELATED BOARD OF DIRECTORS RETAINS ULTIMATE DISCRETIONARY AUTHORITY OVER ALL ELEMENTS OF COMPENSATION TO ASSURE THAT ORGANIZATIONAL PURPOSES ARE PROCESS, ENSURING THE INTEGRITY OF SUTTER'S EXECUTIVE PROGRAMS AND SOURCES AND MAINTAINS AN OBJECTIVE "ARM'S LENGTH" DECISION-MAKING 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 (Form 990) 2016

Schedule J (Form 990) 2016

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.

SCHEDULE J, PART I, LINE 4A

SEVERANCE PAYMENTS:

THOMAS REAM II RECEIVED SEVERANCE PAYMENTS OF \$172,619.

SCHEDULE J, PART I, LINE 4B

NONQUALIFIED RETIREMENT PLAN:

PLAN AND SOCIAL SECURITY BENEFITS. SUTTER'S PLANS ARE DESIGNED CONSISTENT BENEFITS THAT WOULD OTHERWISE BE OBTAINED THROUGH THE QUALIFIED PENSION HEALTH EXECUTIVES WITH A COMPETITIVE RETIREMENT BENEFIT CONSISTENT WITH THE PURPOSE OF THE NONQUALIFIED RETIREMENT PLAN IS TO PROVIDE SUTTER CONTRIBUTIONS ARE DESIGNED TAKING INTO CONSIDERATION LOST RETIREMENT SUTTER HEALTH'S OVERALL COMPENSATION PHILOSOPHY FOR ALL EMPLOYEES WITH COMPETITIVE INDUSTRY PRACTICES.

PENSION PLAN BENEFITS. SUTTER HEALTH EXECUTIVES ARE GENERALLY INELIGIBLE FOR EMPLOYER MATCH CONTRIBUTIONS. ADDITIONALLY, QUALIFIED PENSION PLAN THE RETIREMENT PLAN FOR SUTTER HEALTH EMPLOYEES IS A COMBINATION OF SOCIAL SECURITY, 403(B) EMPLOYER MATCH CONTRIBUTIONS, AND QUALIFIED

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## 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.

AND SOCIAL SECURITY BENEFIT 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 SUTTER HEALTH MAKES AN ANNUAL CONTRIBUTION TO DESCRIBED ABOVE,

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 PENSION 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

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### 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.

- 65% OF FINAL 4-YEAR AVERAGE BASE BENEFITS PLUS 457(F)) FALLS BELOW 50% SALARY WHEN RETIRING AT AGE 65 WITH 22.5 YEARS OF SERVICE. TARGET BENEFIT

65. LEVELS ARE DISCOUNTED FOR YEARS OF SERVICE LESS THAN 22.5 AT AGE UNLIKE SUTTER HEALTH'S QUALIFIED PENSION 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:

ADRIENNE EDENS - \$25,740

MITCH HANNA - \$43,635

CARRIE OWEN-PLIETZ - \$50,446

DENNIE CONRAD - \$28,443

THOMAS REAM II - \$16,061

Schedule J (Form 990) 2016

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.

SCHEDULE J, PART I, LINE 7

NON-FIXED PAYMENTS

FOR THE AMOUNT OF THE SPOT AWARD BUT THE AMOUNT TENDS THERE ARE NO SPOT AWARDS ARE INFREQUENTLY USED TO REWARD EMPLOYEES. TO NOT EXCEED 5% TO 10% OF GROSS ANNUAL SALARY. SPECIFIC GUIDELINES

ANNUAL INCENTIVE PLAN (AIP)

AND SYSTEM-WIDE OBJECTIVES THAT DRIVE OVERALL ORGANIZATION PERFORMANCE. A PORTION OF THE PLAN AWARD IS DISCRETIONARY IN THAT THE SUPERVISOR MAY ADD THE PURPOSE OF THE PLAN IS TO FOCUS EXECUTIVES ON SPECIFIC, SHORTER-TERM GOALS THAT ARE CRITICAL TO THE ACHIEVEMENT OF AFFILIATE, OPERATING UNIT 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 A LONG TERM PERFORMANCE PLAN WHICH IS DESIGNED

TO FOCUS ON LONGER TERM STRATEGIC OBJECTIVES OF THE ORGANIZATION.

SUTTER'S LONG TERM PERFORMANCE PLAN APPROACH IS A COMBINATION OF BOTH

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# Part | 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.

STRATEGIES WHICH REQUIRE THE COMBINED EFFORT OF ALL LEADERSHIP TO ACHIEVE LONGER TERM MEASURES OF ORGANIZATION SUCCESS AND KEY ORGANIZATION SUCCESS

THAT ACTIONS OF LEADERSHIP ARE CONSISTENT WITH SUPPORTING SUTTER HEALTH'S MODIFY INDIVIDUAL AWARDS WITHIN LIMITS THAT HAVE BEEN PRE-APPROVED BY THE AND INCREASE OF AWARD AMOUNTS. SUCH MODIFICATIONS GENERALLY DO NOT EXCEED OVERALL MISSION, VISION, AND VALUES, SUTTER'S LONG TERM PERFORMANCE PLAN ENSURE THAT EXTRAORDINARY EFFORTS BY INDIVIDUALS CAN BE RECOGNIZED AND SUTTER HEALTH COMPENSATION COMMITTEE. THIS INCLUDES BOTH THE REDUCTION COMPENSATION COMMITTEE HAS DELEGATED AUTHORITY TO THE PRESIDENT & CEO EFFORTS. THIS FOSTERS A COMMON PURPOSE ACROSS LEADERSHIP AND A SHARED SUTTER USES A COMMON FATE APPROACH IN THAT ALL PLAN PARTICIPANTS ARE MEASURED AGAINST THE SAME, ORGANIZATION-WIDE CRITERIA VS. INDIVIDUAL SENSE OF ACCOUNTABILITY FOR THE OVERALL SUCCESS OF SUTTER HEALTH. TO +/- 20% AND ARE EMPLOYED JUDICIOUSLY. IN ALL CASES, THE COMPENSATION THE SUTTER HEALTH APPROACH ALSO INCORPORATES A COMBINATION OF CEO AND SUTTER HEALTH COMPENSATION COMMITTEE DISCRETION. IN SOME CASES,

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Schedule J (Form 990) 2016

### 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.

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 BY THE COMPENSATION COMMITTEE PRIOR TO

PAYMENT.

SCHEDULE K (Form 990)

Name of the organization

Supplemental Information on Tax-Exempt Bonds

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

20**16** Inspection

OMB No 1545-0047

▶ Attach to Form 990.

Employer Identification number 94-1156621

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

FKA SUTTER HEALTH SACRAMENTO SIERRA REGION	SGION					76	94-1156621	5621	
Part   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) Pooled financing
						Yes	No Yes	No	Yes No
A CSCDA 2004CD	68-0164610	130795TE7	05/06/2008	87,750,717	87,750,717 CONSTRUCTION & REFUND - 2/17/04	×		×	×
						_			
B CHFFA 2008A	52-1643828	13033F2L3	05/14/2008	329,041,638	329,041,638 REFUNDING 5/1/07, 04 & 02	×		×	×
		6			UNITITION OF PARTITION OF THE STATE OF THE S	,		,	>
CSCDA 2008BC	0104010	130795109	02/14/2008	711, 333, 417	CONSTRUCT & EQUIF FACILITY			<	4
<b>D</b> CSCDA 2011A	68-0164610	130795209	02/10/2011	271,589,951	271,589,951 CONSTRUCT & EQUIP FACILITY	×	_	×	×
Part II Proceeds			•						

	4		В	၁	O
1 Amount of bonds retired	18,18	18,180,000.	136,685,000.		
2 Amount of bonds legally defeased					:
3 Total proceeds of issue	89,36	89,364,731.	329,041,638.	307,344,381.	276,420,623.
4 Gross proceeds in reserve funds	8'8	846,437.			
5 Capitalized interest from proceeds				31,655,776.	
6 Proceeds in refunding escrows					
7 Issuance costs from proceeds					
8 Credit enhancement from proceeds					
9 Working capital expenditures from proceeds					
10 Capital expenditures from proceeds				262,891,121.	276,420,623.
11 Other spent proceeds	80,518,	18,294.	329,041,638.	12,797,484.	
12 Other unspent proceeds					
13 Year of substantial completion				2015	2014
	Yes	No	Yes	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?	×		×	×	×
17 Does the organization maintain adequate books and records to support the					
final allocation of proceeds?	×	3	×	×	×

\$ <b>`</b> ₹ .	d pawned b	roperty	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	exem	pt bond	or a ls?	шеп 	o light	t an LLC		Yes
ձ ձ	e there any nd-financed p	rease property	Are there any lease arrangements that may result in private business use of bond-financed property?	mat 	may r	esuit	ਰੂ : ਰੂ :	ivate .	Dusiness	nse or	× 

Part II Private Business Use

For Paperwork Reduction Act Notice, see the Instructions for Form 990. USA 6E125,1000

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Yes

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Yes

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Yes

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SCHEDULE K (Form 990)

Supplemental Information on Tax-Exempt Bonds

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

► Attach to Form 990.

2016

OMB No 1545-0047

Open to Public Inspection

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

SUTTER HEALTH SACRAMENTO SIERRA REGION

Name of the organization Department of the Treasury

Ϋ́Α

Internal Revenue Servic

Employer Identification number 94-1156621

Yes No (i) Pooled financing (h) On behalf of issuer Yes No (g) Defeased Š Yes 204,061,105. REFUND 2005A & 1995 CERTIFICATES (f) Description of purpose CONSTRUCT & REFUNDING REFUNDING - 1999 REFUNDING 2002 132,681,869 38,777,964 331,759,643 (e) Issue price 12/22/2011 07/11/2012 11/12/2015 (d) Date issued 12/22/2011 (c) CUSIP # 13032UAR9 13033LVW4 1307956KB 13079508 (b) Issuer EIN 68-0164610 52-1643828 68-0164610 52-1643828 (a) Issuer name Bond Issues Proceeds B CHFFA 2011D D CHFFA 2015A A CSCDA 2011C C CSCDA 2012A Part II Partl

	∢	α,	ပ	۵
1 Amount of bonds retired				
2 Amount of bonds legally defeased				
3 Total proceeds of issue	38,777,964	334,684,174.	132,681,869.	204,061,105.
4 Gross proceeds in reserve funds				
5 Capitalized interest from proceeds				
6 Proceeds in refunding escrows.				
7 Issuance costs from proceeds		}	;	<u> </u>
8 Credit enhancement from proceeds				
9 Working capital expenditures from proceeds				
10 Capital expenditures from proceeds		145,589,174.		
11 Other spent proceeds	38,777,964	189,095,000.	132,681,869.	204,061,105.
12 Other unspent proceeds				
13 Year of substantial completion.		2014		
	Yes No	Yes No	Yes No	Yes
14 Were the bonds issued as part of a current refunding issue?	×	×	Х	×
15 Were the bonds issued as part of an advance refunding issue?	×	×	×	×
16 Has the final allocation of proceeds been made?	×	X	X	×
17 Does the organization maintain adequate books and records to support the				
final allocation of proceeds?	×	×	×	×
Part III Private Business Use				

	Use
	Business
	Private B
1	Par

		A		В	0			
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	Š	Yes	No	Yes	No	Yes	No
which owned property financed by tax-exempt bonds?				×		×		×
2 Are there any lease arrangements that may result in private business use of								
bond-financed property?			×		×		×	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.						Š	Schedule K (Form 990) 2016	rm 990) 2016

For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 6E125, 1000

SCHEDULE K (Form 990)

Supplemental Information on Tax-Exempt Bonds

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

► Attach to Form 990.

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Inspection

OMB No 1545-0047

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

SUTTER VALLEY HOSPITALS

Name of the organization Department of the Treasury

Internal Revenue Servic

Employer identification number 94-1156621

Yes No (I) Pooled financing ŝ ŝ Ŷ (h) On behalf of ۵ Yes Yes Yes (g) Defeased ŝ Yes ŝ ŝ ပ ပ REFUND 2003AB, 2005BC & 2007A Yes Yes (f) Description of purpose ŝ ŝ 0 Φ Yes Yes 901,627,093. 901,627,093. 901,627,093 ŝ ŝ (e) Issue price × × ⋖ Yes Yes × × × 08/17/2016 (d) Date issued 5 Capitalized interest from proceeds....... Year of substantial completion..... 15 Were the bonds issued as part of an advance refunding issue?.......... Does the organization maintain adequate books and records to support the Are there any lease arrangements that may result in private business use 1 Was the organization a partner in a partnership, or a member of an LLC, (c) CUSIP # 13032UDW5 (b) Issuer EIN 52-1643828 SUTTER HEALTH SACRAMENTO SIERRA REGION which owned property financed by tax-exempt bonds? 16 Has the final allocation of proceeds been made? . . final allocation of proceeds? . . . Part | Private Business Use (a) Issuer name Total proceeds of issue, **Bond Issues** Part Proceeds A CHFFA 2016B Part ~ 9 ~ 7 ω ပ

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rase lase of bondinanced properly.  The same any management of several may result in private by the same and the organization counted any management of several counted or other outsides any management of several counted or other outsides any research degenerants relating to the manage of properly.  **A in the same any research degenerants relating to the manage operation.  **A in the same any research degenerants relating to the manage operation.  **A in the same and any research degenerants relating to the manage operation.  **A in the same as even soft and a properly used in a private business use as a section 5616(3) organization routerly used in a private business use as a section 5616(3) organization or sales or floatigoverimment.  **A in the percentage of handed properly used in a private business use as a section 5616(3) organization or sales or floatigoverimment.  **A in the percentage of handed properly used in a private business used or the same as state or local goverimment.  **A in the percentage of handed properly used in a private business used or sales or floatigoverimment or sales or		- {		3	-	-	١		
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there any research agreements that may result in private business use of harden group research agreements that may result in private business use of the safe of bose the organization routinely engage bond counsel).  ### Percentage of financed properly used in a private business use as a section 501(c)(3) organization or a state of local government.  ### Percentage of financed properly used in a private business use as a section 501(c)(3) organization or a state of local government.  ### Percentage of financed properly used in a private business use as a section 501(c)(3) organization or a state of local government.  ### Percentage of the private accounts or properly used in a private of the private accounts or a state of local government.  ### Percentage of the private accounts or properly sold or a state of local government and the state of the private accounts or a state of local government and as also or disconance or any or harden business as also or disconance or any or harden business as also or disconance or any or harden business as also or disconance or any or harden business as also or disconance or any or harden business and or disconance or any or harden business and or disconance or any or harden business and or disconance or any or harden business and or disconance or any or harden properly sold or any or any or any or any or any any remediate or more disconance with the any organization relabilished written procedures to ensure that any organization accounts it also accordance with the accordance with the distert organization relabilished written procedures to ensure that the closure and the relabilished written accordance with the accordance with the distert entered into a qualified any any accounts of the governmental issuer entered into a qualified any accounts.  #### Percentage Rebails are any organization and any organization or any organization or any organization or any organization or any organization organization and any organization organization organization organization organization or	If "Yes" to line 3a, does the organization routinely engage bond counsel or other counsel to review any management or service contracts relating to the financed property?	×		×		×		×	
de coursel to review any reaching registe bond coursel or other de coursel or other coursel to review any rescribing between the financed property.  The percentage of infanced property used on a private business use by entities the acceptage of thanced property used on a provise business use by entities.  The percentage of financed property used on by your organization.  The rescention SOI(o(3) organization or a state or floral government to the section SOI(o(3) organization or a state or floral property sead on by your organization.  The bond same meet the provinced property to a companie business used to the section of any of the bond fearured property sold or well as a content than a SOI(o(3) organization or any of the bond fearured property sold or set to the section of any of the bond fearured property sold or a set of deposition or state of than organization or state or the organization set of the sections of the set of the section	Are there any research agreements that may result in private business use bond-financed property?		×	\ \ 	×		×		×
The percentage of fuanced properly used in a private business uses by entitles  The na section 501((3)) organization or salate or biblioperment  The percentage of fuanced properly used in a private business uses as a for furnished expenditured properly used in a private business uses as a for fundated or business activity carried on by your organization, in a sale or business activity carried on by your organization, in a sale or fundation or a sale or floating organization, or a sale or floating organization, or a sale or floating organization, or a sale or floating organization, or a sale or floating organization, or a sale or floating organization, or a sale or floating organization or a sale or floating organization or a sale or floating organization or a sale or floating organization organization organization organization organization organization as a floating organization as a floating organization and sale organization activities and infa-22.  A print age or floating organization activities and accordance with the construction organization as a floating organization activities and infa-22.  A construction organization organization and accordance with the construction organization and accordance with the construction organization organization and accordance with the construction organizatio	1								
The percentage of financed property used in a private business use as a for innerlied related or business activity carried on by your organization.  For innerlied related or business activity carried on by your organization.  For including a factor of a state of local government.  ***  ***  ***  ***  ***  ***  ***	ĺ								
The bond size and solution or a state or local government    In the bond size and 5    In the bond size and 5    In the bond size and 5    In the bond size and 5    In the bond size and size and 5    In the bond size and size and 5    In the bond size and size and 5    In the bond size and size and 5    In the bond size and size and 5    In the bond size and 5	Enter the percentage of financed property used in a private business use as result of unrelated trade or business activity carried on by your organization				l				
In the bodic state of the processor of	another section 501(c)(3) organization, or a state or local government		%				%		
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ons 141-12 and 145-2?  In the day was any remedial action taken pursuant to Regulations or that 141-12 and 145-2?  Arbitrage  The result field Form 8038-T, Arbitrage Rebate, Yield Reduction and the result field following apply?  The roll of the following apply?  The not due yet?  T	disposed of		%	ı	%		%		%
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o" to line 1, did the following apply?         X	Penalty in Lieu of Arbitrage Rebate?		×		×		×		×
At both dies yet?         X	If "No" to line 1, did the following apply?.							ļ	
es_ to lune 2c, provide in Part VI the date the rebate computation was provide in Part VI the date the rebate computation was part of lune 2c, provide in Part VI the date the rebate computation was prize a variable rate issue?         X	- 1		×		×		×		×
es" to line 2c, provide in Part VI the date the rebate computation was ormed	Exception to rebate?		×		×		×		×
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Schedule K (Form 990) 2016

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JSA 6E1296 1 000

83764K 4019

e Was the hedge terminated?.....

Schedule K (Form 990) 2016

Schedule K (Form 990) 2016

% 8 8 Schedule K (Form 990) 2016 % ŝ ŝ Q Yes Yes % 8 8 % ŝ ŝ Yes Yes ~ 88 ₹ ş ŝ ω œ Yes Yes % 88 % 2900 ŝ 2900 ŝ × × × × × × × Ses Yes × × × × d Was the hedge superintegrated?...... and If "Yes" to line 2c, provide in Part VI the date the rebate computation was ₽ If "Yes" to line 3c, does the organization routinely engage bond counsel or other Enter the percentage of financed property used in a private business use by entities qualified private b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside of unrelated trade or business activity carried on by your organization, other than a section 501(c)(3) organization or a state or local government . . . . . . ▶ Rebate not due yet?..... c Term of hedge. counsel to review any management or service contracts relating to the financed property? . . . . outside counsel to review any research agreements relating to the financed property?. Enter the percentage of financed property used in a private business use as Are there any research agreements that may result in private business use Reduction nongovernmental person other than a 501(c)(3) organization since the bonds were issued? ⊆ σ result nto If "Yes" to line 8a, enter the percentage of bond-financed property sold or If "Yes" to line 8a, was any remedial action taken pursuant to Regulations another section 501(c)(3) organization, or a state or local government Yield nonqualified bonds of the issue are remediated in accordance with the Has the organization established written procedures to ensure that all 8a Has there been a sale or disposition of any of the bond-financed property to a requirements under Regulations sections 1 141-12 and 1.145-27... service contracts that may entered Is the bond issue a variable rate issue?........ Rebate, Does the bond issue meet the private security or payment test? ISSUE Arbitrage 4a Has the organization or the governmental Private Business Use (Continued) business use of bond-financed property?. . Has the issuer filed Form 8038-T, If "No" to line 1, did the following apply?. Penalty in Lieu of Arbitrage Rebate? . . hedge with respect to the bond issue?. sections 1 141-12 and 1 145-27... management or Total of lines 4 and 5..... bond-financed property? performed..... b Exception to rebate? Part IV Arbitrage 3a Are there any c No rebate due? result σ م ပ 4 σ S 9 7 က

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Schedule K (Form 990) 2016

Page 3 Schedule K (Form 990) 2016 ŝ ŝ × × ٥ ۵ Yes Yes × ŝ ŝ × × ပ Yes Yes Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions ŝ ŝ × × œ Yes Yes × ŝ ŝ  $\times$ × Yes Yes 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 isn't available under applicable regulations? the c Term of GIC..... monitor 6 Were any gross proceeds invested beyond an available temporary period? . . . d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? organization established written procedures to Procedures To Undertake Corrective Action requirements of section 148? Arbitrage (Continued) 7 Has the JSA 6E1328 1 000

83764K 4019

Page 3 Schedule K (Form 990) 2016 Ŷ ŝ ۵ ۵ Yes Yes ŝ ŝ Yes Yes Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions ŝ ŝ œ ø Yes Yes ŝ ŝ × × Yes Yes × × 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 isn't available under applicable regulations? 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? . . . . . . . . . . . . . Has the organization established written procedures to monitor 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? c Term of GIC..... Procedures To Undertake Corrective Action Arbitrage (Continued) requirements of section 148? Schedule K (Form 990) 2016 Part VI Part V

SUTTER VALLEY HOSPITALS

Schedule K (Form 990) 2016

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

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

THE OUTSTANDING SUBSIDIARY ORGANIZATIONS, INCLUDING THE ORGANIZATION. BOND LIABILITY ALLOCATED TO THIS ORGANIZATION IS REPORTED ON FORM 990,

WITH THE EXCEPTION OF THIS PART X, BALANCE SHEET, AND PART VI HEREIN.

PORTION OF PART VI, THE SCHEDULE K FOR THIS ORGANIZATION IS REPORTING

INFORMATION FOR THE ENTIRE BOND ISSUE.

SCHEDULE K, PART I-1, COLUMN (E):

THE FILING ORGANIZATION RECEIVED BOND PROCEEDS IN THE AMOUNTS OF:

\$26,894,199 FROM THE 2004CD ISSUE; \$155,359,971 FROM THE 2008A ISSUE;

\$116,612,870 FROM THE 2008BC ISSUE AND \$271,589,951 FROM THE 2011A

ISSUE

THE DIFFERENCE BETWEEN THE ISSUE PRICE REPORTED IN PART I, COLUMN (E) AND

THE PROCEEDS OF ISSUE IN PART II, LINE 3 IS DUE TO INVESTMENT EARNINGS.

SCHEDULE K, PART I-2, COLUMN (E):

THE FILING ORGANIZATION RECEIVED BOND PROCEEDS IN THE AMOUNTS OF:

\$25,952,489 FROM THE 2011C ISSUE; \$59,991,527 FROM THE 2011D ISSUE;

Schedule K (Form 990) 2016

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

\$79,418,843 FROM THE 2012A ISSUE AND \$46,787,671 FROM THE 2015A ISSUE.

THE DIFFERENCE BETWEEN THE ISSUE PRICE REPORTED IN PART I, COLUMN (E) AND

ISSUE IN PART II, LINE 3 IS DUE TO INVESTMENT EARNINGS. THE PROCEEDS OF

SCHEDULE K, PART I-3, COLUMN (E):

THE FILING ORGANIZATION RECEIVED BOND PROCEEDS IN THE AMOUNTS OF:

\$158,668,797 FROM THE 2016B ISSUE.

SCHEDULE K, PART I-1, LINE A, COLUMN (F) (CSCDA 2004CD):

BONDS ISSUED IN 2004 WERE "NEW MONEY" BONDS THAT WERE RETIRED THE INITIAL

SCHEDULE AND REISSUED ON MAY 6, 2008. ACCORDINGLY, WHERE APPROPRIATE, 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) (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

Schedule K (Form 990) 2016

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

IN 2002 WERE USED TO REFUND BONDS ISSUED IN 1922, WHICH WERE USED TO

REFUND BONDS ISSUED IN 1985, 1986 AND 1987.

SCHEDULE K, PART II, LINE 7:

ISSUANCE COSTS WERE FUNDED THROUGH EQUITY CONTRIBUTIONS.

SCHEDULE K, PART IV, LINE 2C

THE REBATE COMPUTATIONS WERE PERFORMED FOR BOND CSCDA 2004CD ON

6/21/2013; BOND CHFFA 2008A ON 6/21/2013; BOND CSCDA 2008BC ON 6/21/2013;

BOND CSCDA 2011A ON 3/15/2016; BOND CSCDA 2011C ON 1/13/2016; AND BOND

CHFFA 2011D ON 1/13/2016.

Schedule K (Form 990) 2016 PAGE 176

### SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury

**Transactions With Interested Persons** 

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

►Attach to Form 990 or Form 990-EZ.

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

Name of the organization SUTTER VALLEY HOSPITALS Employer

Inspection
Employer identification number

OMB No 1545-0047

Open To Public

O4 115CC01

FKA SUTTER HEALTH SACRAMENTO SIERRA REGION

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

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

4	(a) Name of disqualified person	(b) Relationship between disqualified person and	(a) Description of transaction	(d) C	Сопесы
	(a) Name of disqualified person	organization	(c) Description of transaction	Yes	s N
(1)	<u> </u>				Т
(2)					
(3)					T
(4)					T
(5)					
(6)					T

	under section 4958						 🕨	<b>\$</b>	
3	Enter the amount of tax, if	any, on line 2,	above, rei	mbursed by the o	rganızat	ion	 🕨	<b>&gt;</b> \$	

### Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fron	an to or n the ization?	(e) Original principal amount	(f) Balance due	(g) in c	default?	(h) Ap by bo comm	ard or	(i) W agreer	
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)		-										
(10)				1								
Total						\$						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
10)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2016

Schedule L (Form 990 or 990-EZ) 2016

Page 2

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sh organu rever	-
				Yes	No
(1) JENNIFER P NEWELL	SEE PART V	103,618	SEE PART V		х
(2) MORAG M THOMSON/	SEE PART V	19,467	SEE PART V		х
(3) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	678,196	INDPNDT CONTRACTOR ARRANGEMENT		х
(4) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	1,252,946	INDPNDT CONTRACTOR ARRANGEMENT		х
(5)					
(6)					
(7)			_		
(8)					
(9)	1	,			
10)					

Part V Supplemental Information

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

SCHEDULE L, PART IV

DESCRIPTION OF BUSINESS TRANSACTIONS WITH INTERESTED PERSONS:

JENNIFER NEWELL IS THE SPOUSE OF TRUSTEE MICHAEL NEWELL. SHE IS AN RN AT SUTTER DAVIS HOSPITAL WHICH IS PART OF SVH.

MORAG THOMSON IS THE DAUGHTER OF TRUSTEE HELEN THOMSON. SHE IS AN RN AT SUTTER CENTER FOR PSYCHIATRY WHICH IS PART OF SVH.

### SCHEDULE O (Form 990 or 990-EZ)

### 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.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No 1545-0047

Name of the organization

SUTTER VALLEY HOSPITALS

Employer identification number

FKA SUTTER HEALTH SACRAMENTO SIERRA REGION

94-1156621

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.

FORM 990, PART III, LINE 4A

SUTTER VALLEY HOSPITALS:

SUTTER VALLEY HOSPITALS 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 VALLEY HOSPITAL FACILLITIES PARTICIPATED IN THE FOLLOWING COMMUNITY BENEFIT PROGRAM:

FREE MAMMOGRAM SCREENING PROGRAM: THROUGHOUT THE MONTH OF OCTOBER, SUTTER

Employer Identification number 94-1156621

DIAGNOSTIC IMAGING CENTERS ACROSS THE REGION PROVIDED

UNINSURED/UNDERINSURED WOMEN THE OPPORTUNITY TO RECEIVE FREE DIGITAL

MAMMOGRAMS. 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 FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

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 64 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

Name of the organization SUTTER VALLEY HOSPITALS
FKA SUTTER HEALTH SACRAMENTO SIERRA REGION

Employer identification number 94-1156621

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

Name of the organization SUTTER VALLEY HOSPITALS FKA SUTTER HEALTH SACRAMENTO SIERRA REGION

Employer Identification number 94-1156621

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 2016, SUTTER AUBURN FAITH HOSPITAL CONTRIBUTED \$1,091,918 IN COMMUNITY

Employer identification number 94-1156621

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

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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

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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 CITE 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 CAN 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

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PLACER COUNTY TO ENCOURAGE USE.

FORM 990, PART III, LINE 4A CONTINUED 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 SAFH GUILD IS COMPRISED OF MORE THAN 60 VOLUNTEERS WHO PROVIDE HIGHLY SPECIALIZED SKILLS AND EXPERIENCE--BOTH WITHIN THE HOSPITAL AND

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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.

SUTTER AMADOR HOSPITAL:

SUTTER AMADOR HOSPITAL IS A 52-BED ACUTE CARE HOSPITAL LOCATED IN

JACKSON, CALIFORNIA APPROXIMATELY 55 MILES SOUTHEAST OF SACRAMENTO IN

AMADOR COUNTY. THE HOSPITAL WAS ESTABLISHED IN THE MID-1800'S AND BECAME

AFFILIATED WITH SUTTER HEALTH IN 1993.

AS ONE OF AMADOR COUNTY'S LARGEST EMPLOYER, SUTTER AMADOR HOSPITAL EMPLOYS 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 REGIONAL OCCUPATION PROGRAM (ROP).

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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

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GASTROENTEROLOGY

SUTTER MEDICAL FOUNDATION LAB PATIENT SERVICE CENTER

NEUROLOGY - A CERTIFIED STROKE CENTER

NUCLEAR MEDICINE

OPHTHALMOLOGY

ORTHOPEDICS

INPATIENT AND OUTPATIENT 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 2016, SUTTER AMADOR HOSPITAL CONTRIBUTED NEARLY \$687,187 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.

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. 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 LIFELINE'S, EMERGENCY RESPONSE SERVICE. AMADOR LIFELINE PROVIDED 20 VARIOUS CLASSES/WORKSHOPS TO IMPROVE HEALTH AND 6 COMMUNITY EVENTS.

FORM 990, PART III, LINE 4A CONTINUED 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.

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AS DAVIS'S 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

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INTENSIVE CARE

NUCLEAR MEDICINE

FAMILY BIRTH CENTER

COMMUNITY BENEFIT PROGRAMS

IN 2016, SUTTER DAVIS HOSPITAL CONTRIBUTED NEARLY \$1.3 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

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MEDICAL HOME. THIS FEDERALLY QUALIFIED HEALTH CENTER (FOHC) 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.

DAVIS FARMER'S MARKET: SUTTER DAVIS HOSPITAL BECAME THE MAJOR SPONSOR FOR THE DAVIS FARMERS MARKET WITH THE GOAL OF BUILDING PUBLIC AWARENESS ABOUT THE RELATIONSHIP BETWEEN EATING FARM-FRESH, LOCAL FOODS AND GOOD HEALTH. IN ADDITION, SUTTER DAVIS HOSPITAL ALSO SUPPORTS THE FARM TO SCHOOL PROGRAM, WHICH BRINGS LOCALLY GROWN FARM-FRESH FOODS INTO THE LOCAL SCHOOLS.

## ADDITIONAL COMMUNITY SERVICES

- 24-HOUR EMERGENCY SERVICES OUR EMERGENCY DEPARTMENT IS STAFFED AND EQUIPPED TO CARE FOR MOST EMERGENCY NEEDS AROUND THE CLOCK.
- BIRTHING CENTER THE SELF-CONTAINED BIRTHING CENTER HAS SIX LABOR AND DELIVERY ROOMS AND 12 POSTPARTUM ROOMS, AS WELL AS ITS OWN DIAGNOSTIC CAPABILITIES AND OPERATING SUITE. ALTERNATIVE BIRTHING METHODS ARE ALSO AVAILABLE SUCH AS WATER BIRTHS, MIDWIVES, AS WELL AS A VOLUNTEER DOULA PROGRAM.
- INTENSIVE CARE UNIT AN INTENSIVE CARE UNIT IS STAFFED BY SPECIALLY

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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 CARDIORESPIRATIORY 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

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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.

FORM 990, PART III, LINE 4A CONTINUED

SUTTER MEDICAL CENTER OF SACRAMENTO (HOSPITAL ORGANIZATION):

GENERAL DESCRIPTION

THE MEDICAL CAMPUS INCLUDES TWO ACUTE CARE HOSPITALS - ANDERSON LUCCHETTI WOMEN'S AND CHILDREN'S 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 WOMEN'S AND CHILDREN'S 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,

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PEDIATRIC CARDIAC, NEUROSURGERY AND CANCER SERVICES, AND HIGH-RISK AND CONVENTIONAL MATERNITY SERVICES. IT REPLACES SUTTER MEMORIAL HOSPITAL AS "SACRAMENTO'S BABY HOSPITAL" AND IS HOME TO THE SUTTER CHILDREN'S CENTER, SACRAMENTO, A COMPREHENSIVE CHILDREN'S HOSPITAL INSIDE THE WOMEN'S AND CHILDREN'S CENTER.

AMONG THE FEATURES OF THE WOMEN'S AND CHILDREN'S 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 PREEMIES 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

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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 VALLEY HOSPITALS OF SACRAMENTO SERVICE AREA IS COMMITTED TO PROVIDING THE BEST POSSIBLE HEALTHCARE TO ITS PATIENTS, AND THE SUTTER INSTITUTE FOR MEDICAL RESEARCH SUPPORTS THIS COMMITMENT BY PROVIDING RESEARCH SUPPORT AND EDUCATION PROGRAMS.

SIMR HAS A HISTORY OF OVER FIVE DECADES OF COMMITMENT TO MEDICAL RESEARCH. SIMR HAS GAINED RECOGNITION FOR ITS INVESTIGATIVE STUDIES IN THE AREAS OF HEART, CANCER, ORTHOPEDICS, RESPIRATORY, NEUROLOGY, GI/GU AND MANY OTHER AREAS OF MEDICINE.

SIMR'S PRIMARY OBJECTIVE IS TO HELP HEALTH PROFESSIONALS CONDUCT RESEARCH
IN A CLINICAL SETTING BY PROVIDING MANAGEMENT AND ADMINISTRATIVE
RESOURCES OTHERWISE UNAVAILABLE TO THE PRIVATE PRACTITIONER. AT SIMR,

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SUTTER INVESTIGATORS RECEIVE SUPPORT IN FIVE AREAS.

RESEARCH ADMINISTRATIVE SERVICES: SIMR IS THE REGIONAL OVERSIGHT FOR ALL RESEARCH CONDUCTED IN THE SUTTER VALLEY HOSPITALS OF SACRAMENTO. 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 THEM. 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, AND 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

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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.

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SUTTER HEALTH CENTRAL AREA INSTITUTIONAL REVIEW COMMITTEE (IRC): SUTTER VALLEY HOSPITALS ARE 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 SVH. 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 SVH 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 2016, SUTTER MEDICAL CENTER, SACRAMENTO CONTRIBUTED \$13.5 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.

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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.

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 PATIENT'S CARE

COORDINATION AND LINKAGE TO FOLLOW UP CARE, COMMUNITY RESOURCES AND OTHER

CRITICAL HEALTH AND SOCIAL RESOURCES, STAYS INTACT, EVEN FOLLOWING

DISCHARGE.

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

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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.

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.

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" AND 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,

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ENABLING MEN AND WOMEN TO GET OFF THE STREETS AND ON WITH THEIR LIVES.

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.

### 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:

Name of the organization SUTTER VALLEY HOSPITALS
FKA SUTTER HEALTH SACRAMENTO SIERRA REGION

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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

Name of the organization SUTTER VALLEY HOSPITALS
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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

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.

FORM 990, PART III, LINE 4A CONTINUED COMMUNITY BENEFIT PROGRAMS

IN 2016, SUTTER ROSEVILLE MEDICAL CENTER CONTRIBUTED \$4.5 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

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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

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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

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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 CITE 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.

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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

Name of the organization SUTTER VALLEY HOSPITALS FKA SUTTER HEALTH SACRAMENTO SIERRA REGION

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EVALUATION.

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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.

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 CENTER'S 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

SSMC'S EMERGENCY DEPARTMENT IS STAFFED 24-HOURS A DAY, 7 DAYS A WEEK BY
BOARD-CERTIFIED EMERGENCY MEDICAL PHYSICIANS AND NURSES WHO SPECIALIZE IN
EMERGENCY MEDICINE - ADULT AND PEDIATRIC.

SSMC IS ONE OF THE ONLY FACILITIES IN THE AREA WITH A HELICOPTER LANDING ZONE FOR ACCESS TO TRANSFER PATIENTS TO A HIGHER LEVEL OF CARE WHEN REQUIRED.

ON AVERAGE, SSMC DELIVERS 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 2016, SUTTER SOLANO MEDICAL CENTER CONTRIBUTED \$1.7 MILLION IN COMMUNITY BENEFIT AND CHARITY CARE INVESTMENTS TO THE UNDERSERVED IN

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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 "WRAPAROUND" SERVICES INCLUDING CONNECTION TO A MEDICAL HOME

AND MENTAL/BEHAVIORAL HEALTH SERVICES, ENROLLMENT IN ELIGIBLE PROGRAMS

AND COMMUNITY SUPPORT SERVICES FOR CLIENTS. THIS PROGRAM IS A

COLLABORATIVE OF SSMC, THE SOLANO COALITION FOR BETTER HEALTH, KAISER

PERMANENTE, NORTH BAY AND THE BENICIA COMMUNITY ACTION COUNCIL.

SSMC EMERGENCY DEPARTMENT NAVIGATOR: THE EMERGENCY DEPARTMENT NAVIGATOR PROGRAM SEEKS TO CONNECT WITH PATIENTS WHO ARE INAPPROPRIATELY ACCESSING CARE AT THE SUTTER SOLANO MEDICAL CENTER EMERGENCY DEPARTMENT AND LINKS ALL NON-URGENT USERS OF THE ED TO IMMEDIATE COMMUNITY RESOURCES AND MEDICAL CARE. MORE SPECIFICALLY, ED NAVIGATORS REACH OUT TO PATIENTS WHO DO NOT HAVE A PRIMARY CARE PROVIDER AND PROVIDE EXTERNAL MANAGEMENT,

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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 CLINCIA 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 73-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.

Employer Identification number

94-1156621

FORM 990, PART VI, LINE 1A

THE AFFAIRS AND MANAGEMENT OF THE SUTTER VALLEY HOSPITALS (SVH) ARE SUPERVISED BY THE EXECUTIVE COMMITTEE WHICH HAS POWER TO TRANSACT ALL REGULAR BUSINESS OF SVH DURING THE PERIOD BETWEEN MEETINGS OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE CONSISTS OF SVH'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 SVH. AT LEAST ONE COMMITTEE MEMBER IS A PHYSICIAN DIRECTOR.

FORM 990, PART VI, LINE 4

SIGNIFICANT CHANGES MADE TO THE ORGANIZATION'S GOVERNING DOCUMENTS:

THE ORGANIZATION'S BYLAWS WERE UPDATED TO INCLUDE THE NAME CHANGE FROM
SUTTER HEALTH SACRAMENTO SIERRA REGION TO SUTTER VALLEY HOSPITALS.

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.

FORM 990, PART VI, LINE 7B

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

Employer identification number 94 - 1156621

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,

Employer identification number 94-1156621

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;

Employer Identification number 94-1156621

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.

FORM 990, PART VI, LINE 11B

DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW

FORM 990:

SUTTER HEALTH 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.

FORM 990, PART VI, LINE 12

DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST:

EMPLOYEES ARE EDUCATED ON THE CONFLICT OF INTEREST POLICY AND THE NEED TO

MAKE DISCLOSURE AS PART OF ANNUAL COMPLIANCE EDUCATION. IN ADDITION,

ANNUALLY A DISCLOSURE STATEMENT IS COMPLETED BY ALL DIRECTORS AND

Employer identification number

94-1156621

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.

FORM 990, PART VI, LINE 15

PROCESS FOR DETERMINING COMPENSATION:

THE COMPENSATION COMMITTEE OF THE SUTTER HEALTH BOARD OF DIRECTORS

RETAINS ULTIMATE DISCRETIONARY AUTHORITY OVER ALL ELEMENTS OF

COMPENSATION TO ASSURE THAT ORGANIZATIONAL PURPOSES ARE APPROPRIATELY

BEING SERVED. THE COMPENSATION COMMITTEE USES CREDIBLE DATA SOURCES AND

MAINTAINS AN OBJECTIVE "ARM'S 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 COMPENSATION DATA

COMPARISONS ARE REVIEWED. COMPETITIVE ANALYSIS INCLUDES: (A) BASE SALARY,

(B) TOTAL CASH (BASE SALARY + ANNUAL INCENTIVE), (C) TOTAL DIRECT CASH

(BASE SALARY + ANNUAL INCENTIVE + LONG TERM INCENTIVE) AND (D) TOTAL

REMUNERATION (BASE SALARY + ANNUAL INCENTIVE + BENEFITS AND LONG TERM

INCENTIVE).

THIS ANALYSIS INCLUDES NATIONAL COMPARISONS FOR ORGANIZATIONS SIMILAR IN SIZE, SCOPE AND COMPLEXITY AS SUTTER HEALTH. THIS METHOD IS MOST APPROPRIATE SINCE IT IS A NATIONAL MARKETPLACE IN WHICH SUTTER COMPETES FOR EXECUTIVE TALENT.

OFFICERS AND KEY EMPLOYEES OF THIS ORGANIZATION UNDERGO AN ANNUAL REVIEW BY THE COMPENSATION COMMITTEE OR A DELEGATED SUB-COMMITTEE. APPROVAL IS RECORDED IN THE MINUTES. EXECUTIVE COMPENSATION REVIEW WAS LAST COMPLETED IN DECEMBER 2016.

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.

FORM 990, PART VII, SECTION A

Name of the organization SUTTER VALLEY HOSPITALS
FKA SUTTER HEALTH SACRAMENTO SIERRA REGION

Employer identification number 94-1156621

THE FOLLOWING BOARD MEMBER OF THE ORGANIZATION IS A FULL-TIME EMPLOYEE (40 HOURS PER WEEK) OF SUTTER HEALTH AND THEIR SUTTER HEALTH SALARY IS REPORTED HEREIN. THIS INDIVIDUAL RECEIVED NO COMPENSATION FOR THEIR SERVICE AS A BOARD MEMBER OF THIS ORGANIZATION.

- SARAH KREVANS

FORM 990, PART XI, LINE 9

OTHER CHANGES IN FUND BALANCE:

K-1 ACTIVITY

(448,812)

PARTNERSHIP LOSS ON BOOKS

403,546

EQUITY TRANSFERS (NET)

(130,842,120)

OTHER CHANGES

3,534

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TOTAL

\$(130,883,852)

ATTACHMENT 1

# 990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
RIGHTSOURCING INC PO BOX 515743 LOS ANGELES, CA 90051	STAFFING SERVICES	11,576,645.
SILVERADO CONTRACTORS INC 2855 MANDELA PKWY, 2ND FLR OAKLAND, CA 94608	CONSTRUCTION SRVCS	9,032,048.
UNGER CONSTRUCTION COMPANY 910 X STREET SACRAMENTO, CA 95818	CONSTRUCTION SRVCS	7,448,797.
PULMONARY MEDICINE ASSOCIATES 1300 ETHAN WAY, STE 600 SACRAMENTO, CA 95825	TRAINING SERVICES	5,531,948.
ACUTE CARE SURGERY MEDICAL GROUP	MEDICAL SERVICES	5,110,889.

Page 2

Name of the organization SUTTER VALLEY HOSPITALS FKA SUTTER HEALTH SACRAMENTO SIERRA REGION

Employer Identification number

94-1156621

ATTACHMENT 1 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

PO BOX 1528 SACRAMENTO, CA 95812 Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

94-1156621

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

SUTTER VALLEY HOSPITALS

FKA SUTTER HEALTH SACRAMENTO SIERRA REGION

Part !

Open to Public Inspection

OMB No 1545-0047

Employer Identification number 94-1156621

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 domicle (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)			i	_	
(2)					
(3)					
(4)					
(5)					i
(9)					

**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. Part II

סווב חו ניוחוב ובימובת ומע-בעבווומו חנאמווידמווחוני תחו	בוווףו טינשמוובמנוטווט ממווווט נו	ing the tax year.						
(a) Name, address, and EIN of related organization	ted 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?	b)(13) d
;							Yes	N <sub>o</sub>
(1) ADOLESCENT TREATMENT CENTERS, INC.	68-0088443							
C/O SH TAX 2200 RIVER PLAZA DR	SACRAMENTO, CA 95833	HEALTHCARE	CA	501(C)(3)	3	SUTTER EBH	×	
(2) BETTER HEALTH EAST BAY FOUNDATION	51-0160184		i					!
C/O SH TAX 2200 RIVER PLAZA DR	SACRAMENTO, CA 95833	FUNDRAISING	CA	501(C)(3)	7	SUTTER EBH	×	
(3) CALIFORNIA PACIFIC MEDICAL CTR FOUND.	. 94-2728423							[
C/O SH TAX 2200 RIVER PLAZA DR	SACRAMENTO, CA 95833	FUNDRAISING	CA	501(C)(3)	7	SUTTER BH	×	
(4) EAST BAY PERINATAL CENTER	51-0172285							
C/O SH TAX 2200 RIVER PLAZA DR	SACRAMENTO, CA 95833	HEALTHCARE	CA	501(C)(3)	3	SUTTER EBH	×	
(5) EDEN MEDICAL CENTER	94-2948100							[
C/O SH TAX 2200 RIVER PLAZA DR	SACRAMENTO, CA 95833	HEALTHCARE	CA	501(C)(3)	10	SUTTER HLTH	×	
(6) MEMORIAL HOSPITAL FOUNDATION	94-2290244							[
C/O SH TAX 2200 RIVER PLAZA DR	SACRAMENTO, CA 95833	FUNDRAISING	CA	501 (C) (3)	12A - I	SUTTER CVH	×	
(7) MILLS-PENINSULA HEALTH SERVICES	94-1156265							
C/O SH TAX 2200 RIVER PLAZA DR	SACRAMENTO, CA 95833	HOSPITAL	CA	501(C)(3)	3	SUTTER BMF	×	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Instructions for Form 990.					Schedule F	Schedule R (Form 990) 2016	) 2016

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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

OMB No 1545-0047

Employer Identification number

94-1156621

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

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

FKA SUTTER HEALTH SACRAMENTO SIERRA REGION

Department of the Treasury Internal Revenue Service Name of the organization

(a) Name, address, and EIN (ff applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					\
(2)					
(3)					
(4)					
(5)					
(9)					

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. Part II

(a)		(q)	(2)	(Đ)	(e)	3	(5)	1
Name, address, and EIN of related organization	ited organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	trolling y	Section 512(b)(13) controlled entity?	(13)
							Yes	S N
(1) MILLS-PENINSULA HOSPITAL FOUNDATION	23-7288765							
C/O SH TAX 2200 RIVER PLAZA DR	SACRAMENTO, CA 95833	FUNDRAISING	CA	501(C)(3)	7	SUTTER BH	×	
(2) SAMUEL MERRITT UNIVERSITY	94-2992642						 	}
450 30TH STREET, STE 2840	OAKLAND, CA 94609	UNIVERSITY	CA	501(C)(3)	2	SUTTER EBH	×	
(3) SUTTER AUBURN FAITH HOSPITAL FOUNDATION	ION 94-2594966		)					l.
C/O SH TAX 2200 RIVER PLAZA DR	SACRAMENTO, CA 95833	FUNDRAISING	CA	501(C)(3)	7	SUTTER VH	×	
(4) SUTTER BAY HOSPITALS	94-0562680							[
C/O SH TAX 2200 RIVER PLAZA DR	SACRAMENTO, CA 95833	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	×	
(5) SUTTER BAY MEDICAL FOUNDATION	94-1156581							}
C/O SH TAX 2200 RIVER PLAZA DR	SACRAMENTO, CA 95833	HEALTHCARE	CA	501(C)(3)	E	SUTTER HLTH	×	
(6) SUTTER CENTRAL VALLEY HOSPITALS	94-1080917							}
C/O SH TAX 2200 RIVER PLAZA DR	SACRAMENTO, CA 95833	HOSPITAL	CA	501(C)(3)	E	SUTTER HLTH	×	
(7) SUTTER COAST HOSPITAL	94-2988520							
C/O SH TAX 2200 RIVER PLAZA DR	SACRAMENTO, CA 95833	HOSPITAL	CA	501 (C) (3)	3	SUTTER HLTH	X	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	e Instructions for Form 990.					Schedule	Schedule R (Form 990) 2016	2016

## SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Partl FKA

SUTTER VALLEY HOSPITALS

► 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.

Related Organizations and Unrelated Partnerships

Open to Public

OMB No 1545-0047

Inspection

**Employer identification number** 

94-1156621

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. SUTTER HEALTH SACRAMENTO SIERRA REGION

(f) Direct controlling entity (e) End-of-year assets (d) Total income (c) Legal domicile (state or foreign country) (b) Primary activity (a)
Name, address, and EIN (if applicable) of disregarded entity £ (2) 3 4 (5)

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. Part II

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	ישי בייניייף כו שבייניים ממווויש מוכ ומא לכמו.	ic ida yedi.						
(a) Name_address_and_EIN of related organization	lated organization	(b) Primate section	(c)	(q)			(g)	2/4/13/
		(mine)	or foreign country)	cyalibi code section	(if section 501(c)(3))	Direct controlling entity	controlle	led S
							Yes	ş
(1) SUTTER DAVIS HOSPITAL FOUNDATION	68-0217870							
C/O SH TAX 2200 RIVER PLAZA DR	SACRAMENTO, CA 95833	FUNDRAISING	CA	501(C)(3)	7	SUTTER VH	×	
(2) SUTTER EAST BAY HOSPITALS	94-1196176							
C/O SH TAX 2200 RIVER PLAZA DR	SACRAMENTO, CA 95833	HOSPITAL	CA	501(C)(3)	m	SUTTER HLTH	×	
(3) SUTTER EAST BAY MEDICAL FOUNDATION	94-2690415							
C/O SH TAX 2200 RIVER PLAZA DR	SACRAMENTO, CA 95833	HEALTHCARE	CA	501(C)(3)	12B - I	SUTTER HLTH	×	
(4) SUTTER GOULD MEDICAL FOUNDATION	94-1682256						:	
C/O SH TAX 2200 RIVER PLAZA DR	SACRAMENTO, CA 95833	HEALTHCARE	CA	501(C)(3)	က	SUTTER HLTH	×	
(5) SUTTER HEALTH	94-2788907				1			
2200 RIVER PLAZA DRIVE	SACRAMENTO, CA 95833	SUPPORTING OR	CA	501(C)(3)	12C III-FI	A/N	<u>.</u>	×
(6) SUTTER HEALTH PACIFIC	99-0298651							:
91-2301 FT WEAVER RD	EWA BEACH, HI 96706	HOSPITAL	CA	501(C)(3)	r	SUTTER HLTH	×	
(7) SUTTER HEALTH PLAN	46-1183948							
C/O SH TAX 2200 RIVER PLAZA DR	SACRAMENTO, CA 95833	HEALTH PLAN	CA	501(C)(4) N/A	N/A	SUTTER HITH	×	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2016

## SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

SUTTER VALLEY HOSPITALS

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990.

Open to Public

OMB No 1545-0047

Employer identification number Inspection 94-1156621

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

Related Organizations and Unrelated Partnerships

Identification of Disregarded Entities. Complete If the organization answered "Yes" on Form 990, Part IV, line 33. FKA SUTTER HEALTH SACRAMENTO SIERRA REGION

(f)
Direct controlling
entity (e) End-of-year assets (d) Total income (c)
Legal domicile (state
or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity (1) 2 3 **€** 9 9

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. Part II

(a)		(q)	(2)	(p)	(e)	9	(B)	
Name, address, and EIN of related organization	iated organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public c (if sectio	Direct controlling entity	Section 512(b)(13) controlled entity?	2(b)(13)  led 
							Yes	٤
(1) SUTTER INSURANCE SERVICES CORPORATION	NC 99-0289310							
745 FORT STREET, SUITE 1100	номоцици, ні 96813	INSURANCE SER	HI	501(C)(3)	12C III-FI	SUTTER HLTH	×	
(2) SUTTER MEDICAL CENTER FOUNDATION	94-2788906							
C/O SH TAX 2200 RIVER PLAZA DR	SACRAMENTO, CA 95833	FUNDRAISING	CA	501(C)(3)	7	SUTTER VH	×	
(3) SUTTER MEDICAL CENTER CASTRO VALLEY	77-0146047							1
C/O SH TAX 2200 RIVER PLAZA DR	SACRAMENTO, CA 95833	HOSPITAL	CA	501(C)(3)	8	SUTTER HLTH	×	
(4) SUTTER ROSEVILLE MEDICAL CTR FOUNDATION	TION 68-0040113							
C/O SH TAX 2200 RIVER PLAZA DR	SACRAMENTO, CA 95833	FUNDRAISING	CA	501(C)(3)	7	SUTTER VH	×	
(5) SUTTER SOLANO CHARITABLE FOUNDATION	94-2668262							
C/O SH TAX 2200 RIVER PLAZA DR	SACRAMENTO, CA 95833	FUNDRAISING	CA	501(C)(3)	7	SUTTER VH	×	
(6) SUTTER VALLEY MEDICAL FOUNDATION	68-0273974							
C/O SH TAX 2200 RIVER PLAZA DR	SACRAMENTO, CA 95833	HEALTHCARE	CA	501 (C) (3)	12B - I	SUTTER HLTH	×	
(7) SUTTER VISITING NURSE ASSOC AND HOSPICE	PICE 94-6068843							
C/O SH TAX 2200 RIVER PLAZA DR	SACRAMENTO, CA 95833	HEALTHCARE	CA	501 (C) (3)	10	SUTTER HLTH	×	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Schedule R (Form 990) 2016

94-1156621

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

FKA SUTTER HEALTH SACRAMENTO SIERRA REGION

Part I

SUTTER VALLEY HOSPITALS

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Related Organizations and Unrelated Partnerships

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

20**16** Open to Public

OMB No 1545-0047

Inspection Employer Identification number

94-1156621

(f)
Direct controlling
entity 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. (e) End-of-year assets (d) Total income (c) Legal domicile (state or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity Part II E 2 3 **₹** (2) 9

(a) Name, address, and EIN of related organization	ated 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?	12(b)(13) siled y?
							Yes	Ŷ
(1) SUTTER WEST BAY MEDICAL FOUNDATION	94-2948131							
C/O SH TAX 2200 RIVER PLAZA DR	SACRAMENTO, CA 95833	HEALTHCARE	CA	501(C)(3)	<del>-</del>	SUTTER HLTH	×	
(2) TRACY HOSPITAL FOUNDATION	68-0318845							
C/O SH TAX 2200 RIVER PLAZA DR	SACRAMENTO, CA 95833	FUNDRAISING	CA	501(C)(3)	12A - I	SUTTER CVH	×	
(3)								
(4)								
(5)								
(9)								
(7)								
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Instructions for Form 990.					Schedule R (Form 990) 2016	R (Form 99	90) 2016

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34

Part III

(k) Percentage ownership

Schedule R (Form 990) 2016 (J) General or 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 managing partner? Yes No (g) Share of end-of-year assets (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) (f) Share of total (h) Disproportorate ŝ Income Yes (g) Share of end-of-year assets Type of entity (C corp, S corp, or trust) C CORP TRUST (f) Share of total income (d)
Direct controlling entity because it had one or more related organizations treated as a partnership during the tax year. N/A (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) Legal domicile state or foreign ŝ CJ S HOLDING COMPANY (b) Primary activity RABBI TRUST (d)
Direct controlling N/A N/A N/A N/A N/A 27-6851989 98-1272216 (c) Legal domicile (state or foreign country) CA 5 CA S Е MRI JOINT VENTURE (a)Name, address, and EIN of related organization (b) Primary activity OUTPATIENT SURG AMBULATORY SURG PATIENT CARE PATIENT CARE ENDOSCOPY JV CA 95833 1819 WAZEE ST, 2ND FLOOR DENVER, CO 80202 SUTTER HEALTH DEFERRED COMP PLANS! 2200 RIVER PLAZA DRIVE SACRAMENTO, 2125 OAK GROVE WLN CK CA 94598 2125 OAK GROVE WLN CK CA 94598 2200 RIVER PLAZA SACRAMENTO CA PLAZA SACRAMENTO CA (3) ALTA CT SERVICES LP 94-3083464 (4) CA PACIFIC ADV IMAG 56-2311840 SF ENDOSCOPY CENTER 91-2160588 (1) MAGNETIC IMAGING AF 94-2953833 NORTHWOOD EUROPE TE FEEDER LP (6) PRESIDIO SURG CNTR 32-0144060 SUT FAIRFIELD SURG 30-0233892 PO BOX 6102 NOVATO, CA 94948 1635 DIVISADERO SF, CA 94115 SURG CTR OF ABSMC 47-0946086 3875 TELEGRAPH OAKLAND, CA Name, address, and EIN of related organization JSA 6E1308 1 000 Part IV (2) (2) (2) 9 4 3 9 (9)

(I) Section 512(b)(13) controlled entity?

Percentage

ownership Ξ

Yes No

Schedule R (Form 990) 2016

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. Part III

בפכממכם ווייסי כי כיומיכע כיוסי איני בי מומיכע כי איני איני איני איני איני איני איני א	in a relation of the		ים יו ספונסם מס מ							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	(f) Share of total income	(g) Share of end-of- year assets	(h) Dispreparate	(I) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	(k) Percentage ownership
		country)		sections 512-514)			Yes No	•	Yes No	
(1) TWIN CTY SURG HOSP 35-2182617										İ
2200 RIVER PLAZA SACRAMENTO CA	SURGERY	CA	N/A							
(2) SUT AMADOR SURG CTR 46-1398093										
2200 RIVER PLAZA SACRAMENTO CA	SURGERY	C,	N/A	RELATED	-58,190	099,806	×	0	×	32 0000
(3) ROSEVILLE ENDOSCOPY 87-0710513										
2200 RIVER PLAZA SACRAMENTO CA	ENDOSCOPY JV	CA	N/A	RELATED	428,062	296,554	×	0	_ ×	11 0000
(4) STANISLAUS SRG HOSP 91-1754157										
1421 OAKDALE RD MODESTO, CA	SURGERY	CA	N/A	RELATED	78,940.	11,103,214	X	0	×	20 0022
(5) MEMORIAL MED BLDG 1 77-0287288										
1800 COFFEE RD #76 MODESTO, CA	OFFICE RENTAL	CA	N/A							
(6) MEMORIAL MED BLDG 2 77-0287288										
1800 COFFEE RD #76 MODESTO, CA OFFICE RENTAL	OFFICE RENTAL	S,	N/A							
(7) MAGNETIC IMAGING AF 47-3696091										
2125 OAK GROVE WLN CK CA 94598 PATIENT CARE	PATIENT CARE	CA	N/A							
Part IV Inc. 34 because it had one or more related organizations treated as a composition or frust during the tay year.	ted Organizations	Taxable	e as a Corporat	tion or Trust. Comp	lete if the organ	ization answer	ed "Yes"	on Form 990,	Part IV,	
(a)			(q)	(c)	(B)	(e)	e	(a)	3	

				a una cara				
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	(d) Direct controlling	(e) Type of entrly	(f) Share of total	(g) Share of	(h) Percentage	(i) Section
		(state or foreign country)	gn entity (	(C corp, S corp, or trust)	ıncome	end-of-year assets ownership controlled entity?	ownership	512(b)(13) controlled entity?
								Yes No
(1)								
(2)								<u> </u>
(3)			)					
(4)						į		
(5)								
		į						
(9)								_
(2)								
JSA 6E1308 1 000						Schedule R (Form 990) 2016	R (Form 99	0) 2016

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Schedule R (Form 990) 2016

(h) (l)
Percentage Section
ownership 512(b)(13)
controlled entity? Yes Schedule R (Form 990) 2016 (k) Percentage ownership (I) General or managing partner? Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, Yes No Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 (g) Share of end-of-year assets Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) (f) Share of total income (h) Disproportionsh Yes No (g) Share of end-of-year assets (e)
Type of entry
(C corp. S corp. or trust) line 34 because it had one or more related organizations treated as a corporation or trust during the tax year (f) Share of total income (d)
I Direct controlling entity because it had one or more related organizations treated as a partnership during the tax year. (e)
Predominant
Income (related,
unrelated,
excluded from
tax under
sections 512-514) (c) Legal domicile (state or foreign country) (b) Primary activity (d)

Direct controlling
entity N/A N/A N/A N/A (c) Legal domicife (state or foreign country) CA S ď (b) Primary activity (a)Name, address, and EIN of related organization PATIENT CARE PATIENT CARE INVESTMENTS INVESTMENTS INVESTMENTS 2200 RIVER PLAZA SACRAMENTO CA 2200 RIVER PLAZA SACRAMENTO CA 250 PARK AVE S WINTER PARK, FL 11111 SANTA MONICA LOS ANGELES ASC OPTRS-SNTA ROSA 26-3386169 (3) DRZ EMERGING MRKETS 61-1729868 ICG CREDIT OPP FUND 81-4220441 (2) ASC OPTRS-SLO, LLC 27-2673776 (4) STRAT COMMODITIES 56-2493292 250 PARK AVE S NEW YORK, NY Name, address, and EIN of related organization JSA 6E1308 1 000 Part Ⅲ Part IV 9 9 5 (1) 2 3 € 9 9 5

N N	Note: Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.			Yes No
-	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?	elated organizations liste	d in Parts II-IV?	
æ	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a
Φ	Gift, grant, or capital contribution to related organization(s)			1b ×
ပ	Gift, grant, or capital contribution from related organization(s).			1c ×
ס	Loans or loan guarantees to or for related organization(s)		•	1d X
a				X
•			•	
4	Dividends from related organization(s)			1f X
				×
n <u>-</u> c				L
:				
	Lease of facilities, equipment, or other assets to related organization(s)			×
•				
¥	Lease of facilities, equipment, or other assets from related organization(s)			×
-	Performance of services or membership or fundraising solicitations for related organization(s)			<b>=</b>
٤	Performance of services or membership or fundraising soli			# E
_	Sharing of facilities, equipment, mailing lists, or other asse			1n ×
0	Sharing of paid employees with related organization(s)		•	10 X
a	Reimbursement paid to related organization(s) for expenses			X dt
. 5				<u> </u>
_	Other transfer of cash or property to related organization(s)			1r X
S				1s ×
7	ons for information on who must	complete this line, including covere	covered relationships and transaction thresholds.	ction thresholds.
	(a) Name of seleted organization	(b)	(c)	(d) Mothod of determine
		type (a-s)		amount involved
Ē	SUTTER INSURANCE SERVICES CORPORATION	Δι	14,613,792.	ACCRUAL
(2)	SUTTER HEALTH PLAN	S	43,420,588.	ACCRUAL
(3)	SUTTER COAST HOSPITAL	Δ.	225.910	ACCRITAT.
<b>9</b>	SUTTER AUBURN FAITH HOSPITAL FOUNDATION	ŏ	1,518,072.	ACCRUAL
(2)	SUTTER CENTRAL VALLEY HOSPITALS	Õ	21,805,218.	ACCRUAL
9	SUTTER BAY MEDICAL FOUNDATION	0	105,889.	ACCRUAL
\ \delta \;				Schedule R (Form 990) 2016

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			Yes	ş
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?	lated organizations liste	ed in Parts II-IV?	,	
a Receipt of (i) interest, (ii) annuities, (iii) royalites, or (iv) rent from a controlled entity				
b Gift, grant, or capital contribution to related organization(s)	•		1b	
c Gift, grant, or capital contribution from related organization(s)			10	
d Loans or loan guarantees to or for related organization(s)	•		19	
		· · · · · · · · · · · · · · · · · · ·		
f Dividends from related organization(s).			1	
			19	
			<b>1</b>	-
i Exchange of assets with related organization(s).			=	
j Lease of facilities, equipment, or other assets to related organization(s)			1,	
k Lease of facilities, equipment, or other assets from related organization(s)				
refluctinglines of services of interiorership of fundrations collectations by related organization(s)			= {	
			=======================================	
Sharing of paid employees with related organization(s)			:	
			:	
n Reimbursement baid to related organization(s) for expenses			4	]
q Reimbursement paid by related organization(s) for expenses				
r Other transfer of cash or property to related organization(s)			1.	
Other			15	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this	complete this line, including cover	covered relationships and transaction thresholds.	action thresholds.	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	ğ
(1) SUTTER SOLANO CHARITABLE FOUNDATION	O	90,809.	ACCRUAL	
(2) SUTTER MEDICAL CENTER FOUNDATION	Δι	154,875.	ACCRUAL	Ī
(3) SUTTER ROSEVILLE MEDICAL CENTER FOUNDATION	Q	292,338.	ACCRUAL	
(4) SUTTER VALLEY MEDICAL FOUNDATION	Ö	3,261,010.	ACCRUAL	
(5) SUTTER VISITING NURSE ASSOCIATION & HOSPICE	0	53,661.	ACCRUAL	1
(6) SUTTER VALLEY MEDICAL FOUNDATION	Z.	9,474,309.	ACCRUAL	
JSA 6E1309 1 000		Sch	Schedule R (Form 990) 2016	2016

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**对数数** (d) Method of determining 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. 13 4 9 5 9 **1**g 폭 무 9 48 # ACCRUAL ACCRUAL ACCRUAL ACCRUAL ACCRUAL Lease of facilities, equipment, or other assets to related organization(s). 5,101,311. 82,147. Transactions With Related Organizations. Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. 266,333. 2,938,167. 1,458,599. Amount involved 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? (b) Transaction type (a-s) C ပ  $\circ$ C b Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity. Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule Dividends from related organization(s), . . . . . . . . . . . . . . . . . Gift, grant, or capital contribution to related organization(s) . . . SUTTER ROSEVILLE MEDICAL CENTER FOUNDATION s Other transfer of cash or property from related organization(s). Name of related organization SUTTER AUBURN FAITH HOSPITAL FOUNDATION SUTTER SOLANO CHARITABLE FOUNDATION Exchange of assets with related organization(s). . . Purchase of assets from related organization(s). SUTTER VALLEY MEDICAL FOUNDATION SUTTER MEDICAL CENTER FOUNDATION Part V Ε ۵ 5 æ **=** 0 하고 E 2 <u>ත</u> **1** 9

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ROSEVILLE ENDOSCOPY CENTER, LLC

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ACCRUAL

220,274.

 $\Box$ 

ş Yes

## 5 ٤ 7 Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. 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? Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity. m Performance of services or membership or fundraising solicitations by related organization(s), Performance of services or membership or fundraising solicitations for related organization(s) Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule e Loans or loan guarantees by related organization(s) Exchange of assets with related organization(s), Part V

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

7	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.	his line, including cove	red relationships and transa	action thresholds.
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
	SUTTER AUBURN FAITH HOSPITAL FOUNDATION	Σ	323,285.	ACCRUAL
(2)	SUTTER EAST BAY HOSPITALS	Ж	117,402,152.	ACCRUAL
(3)	SUTTER VALLEY MEDICAL FOUNDATION	X	265,845.	ACCRUAL
(4)	SUTTER SOLANO CHARITABLE FOUNDATION	Σ	71,160.	ACCRUAL
(5)	SUTTER ROSEVILLE MEDICAL CENTER FOUNDATION	Σ	868,610.	ACCRUAL
9	SUTTER MEDICAL CENTER FOUNDATION	Σ	1,508,060. ACCRUAL	ACCRUAL
AS.			Sch	Schedule R (Form 990) 2016

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

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

(d) (d) (e) (f) (f) (f) (f) (g) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant income (related.	(e) Are all partners section 501(c)(3)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(1) Code V - UBI amount in box 20 of Schedule K-1	(J) General or managing partner?	(k) Percentage ownership
				organizations?			Yes No	(Form 1065)	Yes No	
(1)										
(2)								ļ	-	
(3)										
(4)										
(5)										
(9)										
(1)										
(8)										
(6)										
(10)					į	-				
(11)			:							
(12)										
(13)										
(14)										
(15)										
(16)										
SA ASU								Sch	edule R (For	Schedule R (Form 990) 2016

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Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions.