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

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning , 2007, and ending

B Check if applicable: [ ] Address change; [ ] Name change; [ ] Initial return; [ ] Termination; [X] Amended return; [ ] Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: SUTTER HEALTH

Number and street (or P O. box if mail is not delivered to street address): 2200 RIVER PLAZA DRIVE — Room/suite:

City or town, state or country, and ZIP + 4: SACRAMENTO, CA 95833

D Employer identification number: 94-2788907

E Telephone number: (916) 286-6665

F Accounting method: [ ] Cash [X] Accrual [ ] Other (specify) ▶

- **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Website: ▶ WWW. SUTTERHEALTH. ORG

H *and I are not applicable to section 527 organizations*

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? [ ] Yes [ ] No (If "No," attach a list See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No

J Organization type (check only one) ▶ [X] 501(c) (3) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

K Check here ▶ [ ] if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

I Group Exemption Number ▶

M Check ▶ [ ] if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,358,565,148.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances *(See the instructions.)*

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Contributions to donor advised funds	1a			
	b	Direct public support (not included on line 1a)	1b	1,973,137.		
	c	Indirect public support (not included on line 1a)	1c			
	d	Government contributions (grants) (not included on line 1a)	1d			
	e	Total (add lines 1a through 1d) (cash $ 1,973,137. noncash $)			1e	1,973,137.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	269,063,801.
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	
	5	Dividends and interest from securities			5	41,090,306.
	6 a	Gross rents	6a	4,267,297.		
	b	Less rental expenses	6b	4,285,977.		
	c	Net rental income or (loss). Subtract line 6b from line 6a			6c	-18,680.
	7	Other investment income (describe ▶)			7	
	8 a	Gross amount from sales of assets other than inventory — (A) Securities: 1,038,401,191.	8a	(B) Other: 6,250.		
	b	Less cost or other basis and sales expenses	8b	993,125,603. / 1,083.		
	c	Gain or (loss) (attach schedule)	8c	45,275,588. / 5,167.		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)			8d	45,280,755.
	9	Special events and activities (attach schedule). If any amount is from gaming, check here ▶ [ ]				
	a	Gross revenue (not including $ 71,230. of STMT 7 contributions reported on line 1b) STMT. 8.	9a	6,258.		
	b	Less direct expenses other than fundraising expenses	9b	7,599.		
	c	Net income or (loss) from special events. Subtract line 9b from line 9a			9c	-1,341.
	10 a	Gross sales of inventory, less returns and allowances	10a			
	b	Less cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a			10c	
	11	Other revenue (from Part VII, line 103)			11	3,756,908.
	12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	361,144,886.
Expenses	13	Program services (from line 44, column (B))			13	332,681,616.
	14	Management and general (from line 44, column (C))			14	11,819,765.
	15	Fundraising (from line 44, column (D))			15	
	16	Payments to affiliates (attach schedule)			16	
	17	**Total expenses.** Add lines 16 and 44, column (A)			17	344,501,381.
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12			18	16,643,505.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	709,415,094.
	20	Other changes in net assets or fund balances (attach explanation) STMT 9. STMT. 10			20	331,525,425.
	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20			21	1,057,584,024.

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. *(See the Instructions)*

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash $ _____ noncash $ _____) If this amount includes foreign grants, check here ▶ ☐	22a				
22b Other grants and allocations (attach schedule) (cash $ 2,787,050. noncash $ _____) If this amount includes foreign grants, check here ▶ ☐	22b	2,787,050.	2,787,050.		
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	13,669,380.	13,669,380.		
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	1,808,454.	1,808,454.		
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	63,949,790.	59,365,575.	4,584,215.	
27 Pension plan contributions not included on lines 25a, b, and c	27	6,344,797.	6,344,797.		
28 Employee benefits not included on lines 25a - 27	28	30,973,169.	28,826,513.	2,146,656.	
29 Payroll taxes	29	9,587,304.	9,587,304.		
30 Professional fundraising fees	30				
31 Accounting fees	31	2,760,515.	2,760,515.		
32 Legal fees	32	13,046,481.	13,046,481.		
33 Supplies	33	6,351,575.	6,249,615.	101,960.	
34 Telephone	34	9,038,775.	9,038,775.		
35 Postage and shipping	35	340,223.	334,812.	5,411.	
36 Occupancy	36				
37 Equipment rental and maintenance	37	247,566.	247,566.		
38 Printing and publications	38	431,082.	431,082.		
39 Travel	39	3,340,361.	3,340,361.		
40 Conferences, conventions, and meetings	40				
41 Interest	41	1,051,987.	1,051,987.		
42 Depreciation, depletion, etc. (attach schedule)	42	39,666,607.	39,666,607.		
43 Other expenses not covered above (itemize) **a** STMT 21	43a	139,106,265.	134,124,742.	4,981,523.	
b _____	43b				
c _____	43c				
d _____	43d				
e _____	43e				
f _____	43f				
g _____	43g				
44 **Total functional expenses.** Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	344,501,381.	332,681,616.	11,819,765.	

Joint Costs. Check ▶ ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ▶ ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs $ _____, (ii) the amount allocated to Program services $ _____, (iii) the amount allocated to Management and general $ _____, and (iv) the amount allocated to Fundraising $ _____

Part III Statement of Program Service Accomplishments *(See the instructions.)*

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶SEE STATEMENT 22 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	**Program Service Expenses** (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
a SEE PRIMARY EXEMPT PURPOSE STATEMENT (Grants and allocations $ 2,787,050.) If this amount includes foreign grants, check here ▶ ☐	332,681,616.
b (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
c (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
d (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
e Other program services (attach schedule) (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) . . . . . ▶	332,681,616.

Part IV Balance Sheets *(See the instructions.)*

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*

				(A) Beginning of year		(B) End of year
Assets	45	Cash - non-interest-bearing			45	
	46	Savings and temporary cash investments		227,587,945.	46	119,412,145.
	47a	Accounts receivable	47a 25,571.			
	b	Less. allowance for doubtful accounts	47b 25,571.	NONE	47c	NONE
	48a	Pledges receivable	48a			
	b	Less: allowance for doubtful accounts	48b		48c	
	49	Grants receivable			49	
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b	
	51a	Other notes and loans receivable (attach schedule)	51a			
	b	Less: allowance for doubtful accounts	51b		51c	
	52	Inventories for sale or use		403,765.	52	431,495.
	53	Prepaid expenses and deferred charges		8,503,014.	53	9,706,464.
	54a	Investments - publicly-traded securities ▶ ☐ Cost ☒ FMV		454,510,513.	54a	808,557,090.
	b	Investments - other securities (attach schedule) ▶ ☐ Cost ☐ FMV			54b	
	55a	Investments - land, buildings, and equipment. basis	55a			
	b	Less: accumulated depreciation (attach schedule)	55b		55c	
	56	Investments - other (attach schedule)			56	
	57a	Land, buildings, and equipment: basis	57a 605,604,864.			
	b	Less: accumulated depreciation (attach schedule)	57b 230,687,944.	223,149,166.	57c	374,916,920.
	58	Other assets, including program-related investments (describe ▶ STMT 25)		82,215,882.	58	100,705,254.
	59	**Total assets** (must equal line 74). Add lines 45 through 58		996,370,285.	59	1,413,729,368.
Liabilities	60	Accounts payable and accrued expenses		35,191,482.	60	111,120,864.
	61	Grants payable			61	
	62	Deferred revenue			62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a	Tax-exempt bond liabilities (attach schedule)			64a	
	b	Mortgages and other notes payable (attach schedule)			64b	
	65	Other liabilities (describe ▶ STMT 26)		251,763,709.	65	245,024,480.
	66	**Total liabilities.** Add lines 60 through 65		286,955,191.	66	356,145,344.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here** ▶ ☒ and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted		705,315,741.	67	1,054,013,675.
	68	Temporarily restricted		4,099,353.	68	3,570,349.
	69	Permanently restricted			69	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds			70	
	71	Paid-in or capital surplus, or land, building, and equipment fund			71	
	72	Retained earnings, endowment, accumulated income, or other funds			72	
	73	**Total net assets or fund balances.** Add lines 67 through 69 or lines 70 through 72. (Column (A) **must** equal line 19 and column (B) **must** equal line 21)		709,415,094.	73	1,057,584,024.
	74	**Total liabilities and net assets/fund balances.** Add lines 66 and 73		996,370,285.	74	1,413,729,368.

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements			a	330,151,555.
b	Amounts included on line a but not on Part I, line 12:				
1	Net unrealized gains on investments	b1			
2	Donated services and use of facilities	b2			
3	Recoveries of prior year grants	b3			
4	Other (specify): SEE STATEMENT 27	b4	8,631,329.		
	Add lines b1 through b4			b	8,631,329.
c	Subtract line b from line a			c	321,520,226.
d	Amounts included on Part I, line 12, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify): SEE STATEMENT 28	d2	39,624,660.		
	Add lines d1 and d2			d	39,624,660.
e	Total revenue (Part I, line 12). Add lines c and d			e	361,144,886.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements			a	313,437,292.
b	Amounts included on line a but not on Part I, line 17:				
1	Donated services and use of facilities	b1			
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify): SEE STATEMENT 29	b4	5,825,560.		
	Add lines b1 through b4			b	5,825,560.
c	Subtract line b from line a			c	307,611,732.
d	Amounts included on Part I, line 17, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify): SEE STATEMENT 30	d2	36,889,649.		
	Add lines d1 and d2			d	36,889,649.
e	Total expenses (Part I, line 17). Add lines c and d			e	344,501,381.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions)*

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 31		10,240,060.	3,321,181.	108,139.

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

		Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 14		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) 75b		X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." ▶ If "Yes," attach a statement that includes the information described in the instructions. 75c		X
d	Does the organization have a written conflict of interest policy? 75d	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits
(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 35	NONE	1,751,298.	47,463.	9,693.

Part VI Other Information *(See the instructions.)*

		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change 76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. 77		X
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return? 78a	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year? 78b	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement 79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? 80a	X	
b	If "Yes," enter the name of the organization ▶ STMT 36 and check whether it is [X] exempt or [X] nonexempt		
81a	Enter direct and indirect political expenditures. (See line 81 instructions.) 81a		
b	Did the organization file Form 1120-POL for this year? 81b	N/A	

Part VI Other Information *(continued)*

			Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III.) 82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to *quid pro quo* contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	N/A	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85a	*501(c)(4), (5), or (6)* Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b	N/A	
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members 85c N/A			
d	Section 162(e) lobbying and political expenditures 85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	*501(c)(7) orgs* Enter a Initiation fees and capital contributions included on line 12 86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A			
87	*501(c)(12) orgs* Enter a Gross income from members or shareholders 87a N/A			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b N/A			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Part IX	88a	X	
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI ▶	88b	X	
89a	*501(c)(3) organizations* Enter Amount of tax imposed on the organization during the year under section 4911 ▶ NONE , section 4912 ▶ NONE , section 4955 ▶ NONE			
b	*501(c)(3) and 501(c)(4) orgs* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ N/A			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization ▶ N/A			
e	*All organizations* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f	*All organizations* Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g	*For supporting organizations and sponsoring organizations maintaining donor advised funds* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	N/A	
90a	List the states with which a copy of this return is filed ▶ CALIFORNIA			
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions)	90b	1642	
91a	The books are in care of ▶ JIM REICH Telephone no. ▶ 916-286-6665			
	Located at ▶ 2200 RIVER PLAZA DRIVE SACRAMENTO, CA ZIP + 4 ▶ 95833			
b	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)?	91b		X
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** Report of Foreign Bank and Financial Accounts.			

Part VI Other Information *(continued)*

		Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States? 91c		X
	If "Yes," enter the name of the foreign country ▶		
92	*Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041* - Check here . . . . . ▶ ☐		
	and enter the amount of tax-exempt interest received or accrued during the tax year . . . . ▶ 92 N/A		

Part VII Analysis of Income-Producing Activities *(See the instructions.)*

Note: *Enter gross amounts unless otherwise indicated*	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue.					
a AFFILIATE SUPPORT					269,063,801.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies .					
94 Membership dues and assessments . . .					
95 Interest on savings and temporary cash investments .					
96 Dividends and interest from securities . .			14	41,090,306.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property			16	-18,680.	
98 Net rental income or (loss) from personal property . .					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	45,280,755.	
101 Net income or (loss) from special events .			01	-1,341.	
102 Gross profit or (loss) from sales of inventory . .					
103 Other revenue a STMT 41		3,756,908.			
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E)) . .		3,756,908.		86,351,040.	269,063,801.
105 **Total** (add line 104, columns (B), (D), and (E)) . . . . . ▶					359,171,749.

Note: *Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes *(See the instructions.)*

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93	SEE PRIMARY EXEMPT PURPOSE STATEMENT

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities *(See the instructions.)*

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
STMT 42	%		53,741,885.	35,941,577.
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts *(See the instructions.)*

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes	☒ No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	☐ Yes	☒ No

Note: *If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).*

Part XI **Information Regarding Transfers To and From Controlled Entities.** *Complete only if the organization is a controlling organization as defined in section 512(b)(13).*

		Yes	No
106	Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.	X	

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	SEE STATEMENT 43			
b				
c				
	Totals			433,242,732.

		Yes	No
107	Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.	X	

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	SEE STATEMENT 60			
b				
c				
	Totals			1,385,366,213.

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?	X	

Please Sign Here

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

▶ Signature of officer — Date 11·10·10

▶ Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ — Date 11-9-10 — Check if self-employed ▶ ☐ — Preparer's SSN or PTIN (See Gen Inst. X) P00043433

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ERNST & YOUNG U.S. LLP, 2901 DOUGLAS BLVD., SUITE 300, ROSEVILLE, CA 95661 — EIN ▶ 34-6565596 — Phone no. ▶ 916-218-1900

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

2007

Name of the organization

SUTTER HEALTH

Employer identification number

94-2788907

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 80				
Total number of other employees paid over $50,000 . . ▶	1299			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 81		
Total number of others receiving over $50,000 for professional services . . . . . ▶	90	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 82		
Total number of other contractors receiving over $50,000 for other services . . . . . ▶	60	

Part III Statements About Activities (See page 2 of the instructions.)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ 201,054. (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.)	1	X	
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)*			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit? .STMT.83	2b	X	
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? SEE.990.PART.V.	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) .STMT.84	3a	X	
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966?	4b	N/A	
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A	
d	Enter the total number or donor advised funds owned at the end of the tax year ▶			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts ▶ NONE			
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ NONE			

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box.)

5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i).

6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

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

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 ☐ An organization that normally receives **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)

13 ☒ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization

☐ Type I ☐ Type II ☒ Type III - Functionally Integrated ☐ Type III - Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents? Yes	(d) No	(e) Amount of support
SEE STATEMENT 85					
Total ▶					253,600,395.

14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) ***Use cash method of accounting.***

Note: *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.* NOT APPLICABLE

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					

26 Organizations described on lines 10 or 11:

a Enter 2% of amount in column (e), line 24 NOT APPLICABLE ▶ **26a**

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ▶ **26b**

c Total support for section 509(a)(1) test Enter line 24, column (e) ▶ **26c**

d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____ ▶ **26d**

e Public support (line 26c minus line 26d total) ▶ **26e**

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ **26f** %

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year

NOT APPLICABLE

(2006) _____ (2005) _____ (2004) _____ (2003) _____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year:

(2006) _____ (2005) _____ (2004) _____ (2003) _____

c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶ **27c**

d Add Line 27a total _____ and line 27b total _____ ▶ **27d**

e Public support (line 27c total minus line 27d total) ▶ **27e**

f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) ▶ **27f**

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ **27g** %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ **27h** %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15

Part V **Private School Questionnaire** (See page 9 of the instructions.) NOT APPLICABLE
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)
(To be completed ONLY by an eligible organization that filed Form 5768) NOT APPLICABLE

Check ▶ a ☐ if the organization belongs to an affiliated group. Check ▶ b ☐ if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table - **If the amount on line 40 is - / The lobbying nontaxable amount is -**: Not over $500,000 — 20% of the amount on line 40; Over $500,000 but not over $1,000,000 — $100,000 plus 15% of the excess over $500,000; Over $1,000,000 but not over $1,500,000 — $175,000 plus 10% of the excess over $1,000,000; Over $1,500,000 but not over $17,000,000 — $225,000 plus 5% of the excess over $1,500,000; Over $17,000,000 — $1,000,000	41		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720.*

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers	X		
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes	X		183,344.
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means	X		17,710.
i Total lobbying expenditures (Add lines c through h.)			201,054.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities. STMT 86

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 14 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

FORM 990 - GENERAL EXPLANATION ATTACHMENT

LAND, BUILDINGS AND EQUIPMENT
PART II - LINE 42 & PART IV - LINE 57

	PP&E	A/D	NET
BEGINNING BALANCE	414,333,539	191,184,373	223,149,166
ADDITIONS	194,745,444	39,666,607	155,078,837
DELETIONS	(243,512)	(182,375)	(61,137)
TRANSFERS	(3,230,607)	19,339	(3,249,946)
ENDING BALANCE	605,604,864	230,687,944	374,916,920

FORM 990 - GENERAL EXPLANATION ATTACHMENT

SUTTER HEALTH COMPENSATION PHILOSOPHY

SUTTER HEALTH WORKS TO MAINTAIN EXECUTIVE COMPENSATION PRACTICES THAT:

ENABLE THE ORGANIZATION TO ATTRACT AND RETAIN THE HIGH QUALITY TALENT NEEDED TO PROVIDE LEADERSHIP IN ADVANCING THE MISSION, VISION, VALUES AND CHARITABLE PURPOSE OF THE ORGANIZATION,

RECOGNIZE AND REWARD BOTH INDIVIDUAL AND TEAM PERFORMANCE AGAINST PERFORMANCE PARAMETERS IMPORTANT TO THE ORGANIZATION'S SUCCESS, ARE COMPETITIVE WHEN COMPARED WITH COMPENSATION PROVIDED BY SIMILAR ORGANIZATIONS, AND

MAINTAIN ADMINISTRATIVE INTEGRITY AND COMPENSATION "REASONABLENESS" IN ACCORDANCE WITH INTERNAL REVENUE SERVICE REQUIREMENTS.

SUTTER HEALTH MAINTAINS A "TOTAL COMPENSATION" OR "TOTAL REMUNERATION" PERSPECTIVE. THIS MEANS THAT BASE SALARY, INCENTIVES (BOTH ANNUAL AND LONG-TERM) AND BENEFIT/PERQUISITE PRACTICES ARE CONSIDERED. IT IS OUR DESIRE TO HAVE A COMPREHENSIVE EXECUTIVE PAY PACKAGE THAT INCLUDES ALL OF THESE COMPONENTS - RECOGNIZING THAT DIFFERENT COMPONENTS SERVE DIFFERENT PURPOSES.

ABOUT INCENTIVE COMPENSATION

INCENTIVE COMPENSATION HAS BECOME AN INCREASINGLY PREVALENT PRACTICE IN HEALTH CARE AND, THEREFORE, OF GREATER IMPORTANCE IN THE OVERALL COMPENSATION EQUATION. AT SUTTER HEALTH WE BELIEVE THAT A MINIMUM LEVEL OF INCENTIVE COMPENSATION SHOULD OCCUR IF THE EXECUTIVE MEETS THE APPROVED BUDGET AND PLANNED OBJECTIVES FOR HIS/HER POSITION. HIGHER LEVELS OF INCENTIVE PAY ARE OBTAINED BY MEETING PRE-ESTABLISHED "STRETCH" GOALS. ALL PLANS HAVE A "MAXIMUM" THAT CAPS THE INCENTIVE AWARDS AVAILABLE, ENSURING REASONABLENESS YET PROVIDING REWARDS COMMENSURATE WITH PRE-ESTABLISHED PERFORMANCE OBJECTIVES.

THE COMPENSATION SHOWN ON THIS FORM 990 MAY CONTAIN PAYMENT OF AN ANNUAL PERFORMANCE AWARD IN THE YEAR 2007. THE ANNUAL PERFORMANCE AWARD REFLECTS ORGANIZATION PERFORMANCE, INCLUDING QUALITY, SERVICE, COMMUNITY CONTRIBUTION, GROWTH, FINANCIAL HEALTH, AND PEOPLE.

THE COMPENSATION SHOWN ON THIS FORM 990 MAY CONTAIN PAYMENT OF A

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT' D)

LONG-TERM PERFORMANCE AWARD IN THE YEAR 2007. THIS LONG-TERM PERFORMANCE AWARD REFLECTS ORGANIZATION PERFORMANCE, INCLUDING QUALITY, COMMUNITY CONTRIBUTION, GROWTH, AND FINANCIAL HEALTH, OVER A THREE-YEAR PERIOD OF TIME.

ABOUT DEFERRED COMPENSATION

THE COMPENSATION SHOWN ON THIS FORM 990 MAY CONTAIN AN AMOUNT FOR DEFERRED COMPENSATION VESTING IN 2007. THE PRINCIPAL CONTRIBUTIONS BY SUTTER HEALTH INTO AN INVESTMENT ACCOUNT TO PROVIDE THE DEFERRED COMPENSATON WERE REPORTED IN A PRIOR YEAR IN THE "CONTRIBUTION TO EMPLOYEE BENEFITS" COLUMN.

THE CONTRIBUTIONS TO EMPLOYEE BENEFITS COLUMN MAY CONTAIN DEFERRED COMPENSATION AMOUNTS THAT HAVE BEEN SET ASIDE FOR THE EMPLOYEE UNTIL HE/SHE BECOMES VESTED. ONCE THE EMPLOYEE HAS MET ALL VESTING REQUIREMENTS, THE AMOUNT IS INCLUDED IN COMPENSATION AS VESTED DEFERRED COMPENSATION.

OVERSIGHT

THE COMPENSATION COMMITTEE OF THE SUTTER HEALTH BOARD OF DIRECTORS RETAINS ULTIMATE DISCRETIONARY AUTHORITY OVER ALL ELEMENTS OF COMPENSATION TO ASSURE THAT ORGANIZATIONAL PURPOSES ARE APPROPRIATELY BEING SERVED. THE COMPENSATION COMMITTEE USES CREDIBLE DATA SOURCES AND MAINTAINS AN OBJECTIVE "ARMS LENGTH" DECISION-MAKING PROCESS, ENSURING THE INTEGRITY OF SUTTER' S EXECUTIVE PROGRAMS AND CONSISTENCY WITH THE ORGANIZATION' S OVERALL MISSION.

ENSURING COMPETITIVENESS

IN ORDER TO ENSURE EXTERNAL COMPETITIVENESS, NATIONAL, CALIFORNIA AND LOCAL MARKET AREA COMPENSATION DATA COMPARISONS ARE REVIEWED. COMPETITIVE ANALYSIS INCLUDES: (A) BASE SALARY, (B) TOTAL CASH (BASE SALARY + ANNUAL INCENTIVE) AND (C) TOTAL REMUNERATION (BASE SALARY + ANNUAL INCENTIVE + BENEFITS AND LONG-TERM INCENTIVE).

THIS ANALYSIS INCLUDES COMPARAB LE ORGANIZATIONS AND GEOGRAPHIC CONSIDERATIONS. FOR THE MOST SENIOR EXECUTIVE POSITIONS, NATIONAL COMPARISONS FOR ORGANIZATIONS SIMILAR IN SIZE, SCOPE AND COMPLEXITY AS SUTTER HEALTH ARE MOST APPROPRIATE SINCE IT IS A NATIONAL MARKETPLACE IN WHICH SUTTER COMPETES FOR EXECUTIVE TALENT. ON THE OTHER HAND, BECAUSE CALIFORNIA' S UNDERLYING COMPENSATION STRUCTURE

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT' D)

IS HIGHER THAN NATIONAL DATA (ESPECIALLY IN THE BAY AREA), REGIONAL PAY COMPARISONS AND ADJUSTMENTS ARE MADE.

FORM 990 - GENERAL EXPLANATION ATTACHMENT

2007 FORM 990 TRANSFER CATEGORIES
PART XI - INFORMATION REGARDING TRANSFERS TO AND FROM CONTOLLED ENTITIES

1. SUPPORT SERVICES

SUPPORT SERVICES ARE THE CENTRALIZED COSTS OF PROVIDING SUPPORT TO SUTTER HEALTH'S AFFILIATES IN ADVANCING THE MISSION IN THE COMMUNITIES THEY SERVE. SUPPORT SERVICES INCLUDE INVESTMENTS IN INFORMATION SERVICES TO IMPLEMENT NEW TECHNOLOGICAL ADVANCES IN HEALTHCARE AS WELL AS CENTRALLY MANAGING OUR CLINICAL AND BUSINESS APPLICATIONS. THIS CATEGORY ALSO INCLUDES THE ROUTINE COST OF ESSENTIAL FUNCTIONS SUCH AS ADMINISTRATION, BUSINESS DEVELOPMENT, LEGAL, COMPLIANCE, NURSE RECRUITMENT, CLINICAL INTEGRATION, AND FINANCE.

2. SERVICE FEE AND EXPENSE SHARING

SERVICE FEE AND EXPENSE SHARING ARE TRANSFERS BETWEEN SUTTER HEALTH AND AFFILIATES WHERE AFFILIATES CAN PURCHASE SERVICES IN A CENTRALIZED MODEL OR SUTTER HEALTH SERVES AS A FACILITATOR IN ACHIEVING COST SAVINGS THROUGH ECONOMIES OF SCALE. THESE TRANSFERS INCLUDE SERVICES FOR KEY INITIATIVES, BENEFITS ADMINISTRATION, BANKING AND INVESTMENT FEES, HEALTH CARE INFORMATION FOR WEBSITES, TRAINING AND RECRUITMENT, EVENING PHARMACY COVERAGE, FACILITIES PLANNING, AND REGIONAL ADMINISTRATIVE COSTS.

3. DEVELOPMENT AGREEMENTS

AGREEMENTS BY WHICH SUTTER HEALTH TRANSFERS FUNDS TO AN AFFILIATE FOR THE PURPOSE OF ENHANCING HEALTH CARE SERVICES FOR THE COMMUNITIES THEY SERVE.

4. WORKERS' COMPENSATION PREMIUMS

WORKERS' COMPENSATION PREMIUMS ARE THE TRANSFERS BETWEEN SUTTER HEALTH AND CERTAIN AFFILIATES AS SUTTER HEALTH OPERATES AND MANAGES A SELF-INSURED WORKERS' COMPENSATION PROGRAM ON BEHALF OF THE AFFILIATES WHERE THE LIABILITIES AND PROGRAM ADMINISTRATION ARE CENTRALLY MANAGED.

5. EQUITY TRANSFERS

SUTTER HEALTH OPERATES UNDER A CONSOLIDATED BALANCE WHICH PERMITS EQUITY TRANSFERS BETWEEN AFFILIATES AND SUTTER HEALTH. EQUITY TRANSFERS TO AFFILIATES ARE PRIMARILY TRANSFERS OF CASH WHEN AN AFFILIATE IS UNABLE TO MEETS ITS DAY TO DAY CASH COMMITMENTS. EQUITY TRANSFERS FROM AFFILIATES

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT' D)

ARE PRIMARILY TRANSFERS OF CASH WHEN AN AFFILIATE'S CASH EXCEEDS THE AMOUNT NEEDED TO MEET DAY TO DAY COMMITMENTS. IN THE SUTTER HEALTH SYSTEM, THE CASH RETAINED IS REINVESTED IN THE COMMUNITIES IT SERVES THROUGH NEW CAPITAL PROJECTS, ADVANCEMENTS IN TECHNOLOGY, AND CLINICAL PROGRAMS SUCH AS EICU, THE ELECTRONIC HEALTH RECORD, AND DISEASE MANAGEMENT.

6. RENTS

RENTS REPRESENT THOSE TRANSFERS BETWEEN SUTTER HEALTH AND AN AFFILIATE WHERE SUTTER HEALTH OWNED OR SUBLET SPACE IS RENTED TO AN AFFILIATE.

FORM 990, PART I - EXCLUDED CONTRIBUTIONS

DESCRIPTION	AMOUNT
GOLF TOURNAMENT	71,230.
TOTAL	71,230.

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
GOLF TOURNAMENT	6,258.	7,599.	-1,341.
TOTALS	6,258.	7,599.	-1,341.

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

DESCRIPTION	AMOUNT
CHANGE IN UNREALIZED GAIN ON INVESTMENTS	2,575,059.
EQUITY TRANSFERS (NET)	397,291,934.
PARTNERSHIP INCOME ON BOOKS	215,711.
TOTAL	400,082,704.

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES

DESCRIPTION	AMOUNT
K-1 INTEREST	28,163.
K-1 ORDINARY INCOME	204,350.
K-1 GUARANTEED PAYMENTS	363,429.
K-1 LONG-TERM CAPITAL GAIN	494.
K-1 SECTION 1231 GAIN	5,763.
ANNUITY TRUSTS - INTEREST/DIVIDENDS	37,735.
ANNUITY TRUSTS - SALE OF SECURITIES	19,183.
PRIOR PERIOD ADJUSTMENT	67,898,162.
TOTAL	68,557,279.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
GRANTS PAID			
AMERICAN HEART ASSOCIATION 120 MONTGOMERY STREET STE 1650 SAN FRANCISCO, CA 94104	N/A PUBLIC CHARITY	DONATION	600.
AMERICAN RED CROSS PO BOX 100805 PASADENA, CA 91189-0805	N/A PUBLIC CHARITY	DONATION	150,000.
AQUARIUM OF THE BAY FOUNDATION ONE FERRY BLDG STE 350 SAN FRANCISCO, CA 94111	N/A PUBLIC CHARITY	SPONSORSHIP	2,500.
BERKELEY COMMUNITY FUND 800 JONES ST BERKELEY, CA 94580	N/A PUBLIC CHARITY	DONATION	5,000.
BEST BUDDIES INTERNATIONAL INC 100 SE 2ND STREET STE 1250 MIAMI, FL 33131	N/A PUBLIC CHARITY	SPONSORSHIP	2,500.
BNAI BRITH INTERNATIONAL 4311 WILSHIRE BLVD STE 300 LOS ANGELES, CA 90010	N/A PUBLIC CHARITY	DONATION	2,500.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
BOYS AND GIRLS CLUB OF GREATER SACRAMENTO 5212 LEMON HILL AVENUE SACRAMENTO, CA 95824	N/A PUBLIC CHARITY	DONATION	10,000.
FOUNDATION FOR HEARING DBA CCHAT CENTER SACRAMENTO 9350 KIEFER BLVD SACRAMENTO, CA 95826	N/A PUBLIC CHARITY	SPONSORSHIP	2,500.
CENTER FOR INDEPENDENT LIVING 2539 TELEGRAPH AVENUE BERKELEY, CA 94704	N/A PUBLIC CHARITY	SPONSORSHIP	10,000.
CENTER FOR LANDBASED LEARNING 5265 PUTAH CREEK ROAD WINTERS, CA 95694	N/A PUBLIC CHARITY	DONATION	20,000.
FAMILIES FIRST INC 2100 FIFTH STREET DAVIS, CA 95616	N/A PUBLIC CHARITY	SPONSORSHIP	5,000.
GOLDEN EMPIRE COUNCIL 251 COMMERCE DRIVE SACRAMENTO, CA 95815	N/A PUBLIC CHARITY	SPONSORSHIP	3,500.
HEALTH TECHNOLOGY CENTER 524 SECOND STREET 2ND FL SAN FRANCISCO, CA 94107	N/A PUBLIC CHARITY	DONATION	100,000.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
INTERPLAST INC 857 MAUDE AVENUE MOUNTAIN VIEW, CA 94043	N/A PUBLIC CHARITY	DONATION	10,000.
JUNIOR STATESMEN 400 SOUTH EL AMINO REAL, STE 300 SAN MATEO, CA 94402	N/A PUBLIC CHARITY	SCHOLARSHIP	4,150.
LA CLINICA DE LA RAZA 1515 FRUITVALE AVE OAKLAND, CA 94601	N/A PUBLIC CHARITY	SPONSORHIP	5,000.
MAITRI COMPASSIONATE CARE 401 DUBOCE AVENUE SAN FRANCISCO, CA 94117	N/A PUBLIC CHARITY	SPONSORSHIP	2,500.
MARCH OF DIMES 6535 TELEGRAPH AVENUE, STE C201 OAKLAND, CA 94609	N/A PUBLIC CHARITY	SPONSORSHIP	135,000.
NATIONAL CENTER FOR HEALTHCARE LEADERSHIP 515 SO. STATE STREET STE 2000 CHICAGO, IL 60610	N/A PUBLIC CHARITY	CONTRIBUTION	2,800.
OKIZU FOUNDATION 16 DIGITAL DRIVE, STE 100 NOVATO, CA 94949	N/A PUBLIC CHARITY	SPONSORSHIP	5,000.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
AMBULATORY SURGERY ACCESS 115 SANSOME STREET, STE 1205 SAN FRANCISCO, CA 94104	N/A PUBLIC CHARITY	CONTRIBUTION	350,000.
PARTNERS IN CARE FOUNDATION 732 MOTT STREET STE 150 SAN FERNANDO, CA 91340	N/A PUBLIC CHARITY	SPONSORSHIP	1,000.
UNIVERISTY OF CALIFORNIA 423 WARREN HALL STE 7360 BERKELEY, CA 94720-7360	N/A PUBLIC CHARITY	DONATION	30,000.
RIVER CATS FOUNDATION INC 400 BALLPARK DRIVE W. SACRAMENTO, CA 95691	N/A PUBLIC CHARITY	DONATION	25,000.
SACRAMENTO BALLET ASSOCIATION 1631 K STREET SACRAMENTO, CA 95814	N/A PUBLIC CHARITY	SPONSORSHIP	2,000.
SACRAMENTO CRT APPOINTED SPECIAL ADVOCATE PROGRAM PO BOX 278383 SACRAMENTO, CA 95827-8383	N/A PUBLIC CHARITY	SPONSORSHIP	2,500.
SALVATION ARMY PO BOX 340699 SACRAMENTO, CA 95834	N/A PUBLIC CHARITY	DONATION	1,000.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
SANTA CRUZ COUNTY COMMUNITY FOUNDATION 2425 PORTER STREET STE 17 SOQUEL, CA 95073	N/A PUBLIC CHARITY	DONATION	200,000.
SAN FRANCISCO COMM CLINIC 1550 BRYANT STREET, STE 450 SAN FRANCISCO, CA 94103	N/A PUBLIC CHARITY	SPONSORSHIP	2,500.
PROJECT HOMELESS CONNECT 1380 HOWARD STREET, 2ND FLOOR SAN FRANCISCO, CA 94105	N/A PUBLIC CHARITY	SPONSORSHIP	15,000.
SIERRA ADOPTION SERVICES 138 NEW MOHAWK ROAD, STE 200 NEVADA CITY, CA 95959	N/A PUBLIC CHARITY	DONATION	75,000.
SUPPORTED LIFE INSITITUTE 2025 HURLEY WAY STE 250 SACRAMENTO, CA 95825	N/A PUBLIC CHARITY	SPONSORSHIP	1,000.
WORKS IN NEW DIRECTION YOUTH CENTER 300 AHERN ST SACRAMENTO, CA 95814	N/A PUBLIC CHARITY	SPONSORSHIP	35,000.
WONDER INC. PO BOX 18808 SACRAMENTO, CA 95818	N/A PUBLIC CHARITY	SPONSORSHIP	1,500.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
CALIFORNIA REGIONAL HEALTH INFORMATIONAL ORG. 526 2ND STREET SAN FRANCISCO, CA 94107	N/A PUBLIC CHARITY	CONTRIBUTION	500,000.
CALIF NURSE MIDWIVES ASSOCIATION 27200 PRADO DEL SOL CARMEL, CA 93923	N/A PUBLIC CHARITY	CONTRIBUTION	175,000.
THE EFFORT 1820 J STREET SACRAMENTO, CA 95811	N/A PUBLIC CHARITY	CONTRIBUTION	262,000.
ALTA BATES SUMMIT FOUNDATION 350 HAWTHORNE AVENUE OAKLAND, CA 94609	501(C)(3) AFFILIATE PUBLIC CHARITY	SPONSORSHIP	5,000.
CALIFORNIA PACIFIC MED FOUNDATION PO BOX 60000, FILE 73710 SAN FRANCSICO, CA 94160-3710	501(C)(3) AFFILIATE PUBLIC CHARITY	SPONSORSHIP	5,000.
DELTA MEMORIAL HOSPITAL FOUNDATION 3901 LONE TREE WAY ANTIOCH, CA 94509	501(C)(3) AFFILIATE PUBLIC CHARITY	SPONSORSHIP	5,000.
EDEN MEDICAL CENTER 20103 LAKE CHABOT ROAD CASTRO VALLEY, CA 94546	501(C)(3) AFFILIATE PUBLIC CHARITY	SPONSORSHIP	5,000.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
SUTTER HEALTH PACIFIC 91-2301 FORT WEAVER ROAD EWA BEACH, HI 96706	501(C)(3) AFFILIATE PUBLIC CHARITY	SPONSORSHIP	5,000.
MARIN GENERAL HOSPITAL PO BOX 8010 SAN RAFAEL, CA 94912	501(C)(3) AFFILIATE PUBLIC CHARITY	SPONSORSHIP	5,000.
MEMORIAL HOSPITAL FOUNDATION 1329 SPANOS COURT STE C2 MODESTO, CA 95355	N/A PUBLIC CHARITY	SPONSORSHIP	5,000.
MEMORIAL HOSPITAL LOS BANOS 520 W I STREET LOS BANOS, CA 93635	501(C)(3) AFFILIATE PUBLIC CHARITY	SPONSORSHIP	5,000.
MILLS PENINSULA HOSPITAL FOUNDATION 1783 EL CAMINO REAL BURLINGAME, CA 94010	501(C)(3) AFFILIATE PUBLIC CHARITY	SPONSORSHIP	5,000.
SUTTER MARIN 180 ROWLAND WAY NOVATO, CA 94945	501(C)(3) AFFILIATE PUBLIC CHARITY	SPONSORSHIP	5,000.
SUTTER MARIN 180 ROWLAND WAY NOVATO, CA 94945	501(C)(3) AFFILIATE PUBLIC CHARITY	AWARD	100,000.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
PALO ALTO MEDICAL FOUNDATION 795 EL CAMINO REAL PALO ALTO, CA 94301	501(C)(3) AFFILIATE PUBLIC CHARITY	SPONSORSHIP	10,000.
PALO ALTO MEDICAL FOUNDATION 795 EL CAMINO REAL PALO ALTO, CA 94301	501(C)(3) AFFILIATE PUBLIC CHARITY	AWARD	200,000.
SAMUEL MERRITT COLLEGE 370 HAWTHORNE AVE OAKLAND, CA 94609	501(C)(3) AFFILIATE PUBLIC CHARITY	SPONSORSHIP	5,000.
ST LUKES HOSPITAL FOUNDATION 3555 CESAR CHAVEZ ST SAN FRACISCO, CA 94110	N/A PUBLIC CHARITY	SPONSORSHIP	5,000.
SUTTER AMADOR HOSPITAL 1500 SO HWY 49, STE 104 JACKSON, CA 95642	501(C)(3) AFFILIATE PUBLIC CHARITY	SPONSORSHIP	5,000.
SUTTER AUBURN FAITH HOSPTIAL FOUNDATION 11815 EDUCATION STREET AUBURN, CA 95604	501(C)(3) AFFILIATE PUBLIC CHARITY	SPONSORSHIP	5,000.
SUTTER COAST HOSPITAL 800 E WASHINGTON BLVD CRESENT CITY, CA 95531	501(C)(3) AFFILIATE PUBLIC CHARITY	SPONSORSHIP	5,000.

SUTTER HEALTH 94-2788907

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
SUTTER COAST HOSPITAL 800 E WASHINGTON BLVD CRESENT CITY, CA 95531	501(C)(3) AFFILIATE PUBLIC CHARITY	AWARD	100,000.
SUTTER DAVIS HOSPITAL PO BOX 1617 DAVIS, CA 95617	501(C)(3) AFFILIATE PUBLIC CHARITY	SPONSORSHIP	5,000.
SUTTER LAKESIDE HOSPITAL 5176 HILL ROAD E LAKEPORT, CA 95453	501(C)(3) AFFILIATE PUBLIC CHARITY	SPONSORSHIP	5,000.
SUTTER MED CTR OF SANTA ROSA 3325 CHANATE ROAD SANTA ROSA, CA 95404	501(C)(3) AFFILIATE PUBLIC CHARITY	SPONSORSHIP	5,000.
SUTTER MEDICAL FOUNDATION PO BOX 160168 SACRAMENTO, CA 95816	501(C)(3) AFFILIATE PUBLIC CHARITY	SPONSORSHIP	5,000.
SUTTER NORTH MEDICAL FOUNDATION PO BOX 2690 MARYSVILLE, CA 95901	501(C)(3) AFFILIATE PUBLIC CHARITY	SPONSORSHIP	5,000.
SUTTER ROSEVILLE MEDICAL CENTER FOUNDATION 1 MEDICAL PLAZA ROSEVILLE, CA 95661	501(C)(3) AFFILIATE PUBLIC CHARITY	SPONSORSHIP	5,000.

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
SUTTER ROSEVILLE MEDICAL CENTER 1 MEDICAL PLAZA ROSEVILLE, CA 95661	501(C)(3) AFFILIATE PUBLIC CHARITY	AWARD	100,000.
SUTTER SOLANO CHARITABLE FOUNDATION PO BOX 3189 VALLEJO, CA 94590-9969	501(C)(3) AFFILIATE PUBLIC CHARITY	SPONSORSHIP	5,000.
SUTTER VNA AND HOSPICE 1900 POWELL STREET STE 300 EMERYVILLE, CA 94608	501(C)(3) AFFILIATE PUBLIC CHARITY	SPONSORSHIP	5,000.
SUTTER TRACY COMMUNITY HOSPITAL 1420 NO TRACY BLVD TRACY, CA 95376	501(C)(3) AFFILIATE PUBLIC CHARITY	SPONSORSHIP	5,000.
		TOTAL CONTRIBUTIONS PAID	2,787,050.

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL
AMORTIZATION	145,927.	145,927.	
COMMUNITY BENEFIT (PAID/ACC' D)	7,322,441.	7,322,441.	
INSURANCE	7,588,379.	7,588,379.	
LICENSES & TAXES	995,158.	990,205.	4,953.
DUES & SUBSCRIPTIONS	1,797,634.	1,442,663.	354,971.
LOSS ON ASSET DISPOSAL	39,108.	39,108.	
MARKETING & ADVERTISING	8,839,576.	8,839,576.	
PURCHASED SERVICES	49,761,722.	48,363,794.	1,397,928.
RECRUITING	1,723,886.	1,723,886.	
REPAIRS & MAINTENANCE	23,096,345.	23,096,345.	
SEMINARS & EDUCATION	1,535,888.	1,530,102.	5,786.
UTILITIES	1,867,567.	1,808,335.	59,232.
INCOME TAXES	44,737.	44,737.	
INVESTMENT MANAGEMENT FEES	3,352,195.	3,352,195.	
MISCELLANEOUS	30,995,702.	27,837,049.	3,158,653.
TOTALS	139,106,265.	134,124,742.	4,981,523.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

SUTTER HEALTH PROVIDES ADMINISTRATIVE AND CONSULTING SERVICES TO ITS AFFILIATES. SUTTER HEALTH AND ITS AFFILIATES COMPRISE A NOT-FOR-PROFIT INTEGRATED HEALTH CARE DELIVERY SYSTEM THAT SHARES RESOURCES AND EXPERTISE TO ADVANCE HEALTH CARE QUALITY. SERVING MORE THAN 100 COMMUNITIES IN NORTHERN CALIFORNIA, SUTTER HEALTH IS A REGIONAL LEADER IN CARDIAC CARE, CANCER TREATMENT, ORTHOPEDICS, OBSTETRICS AND NEWBORN INTENSIVE CARE, AND IS A PIONEER IN ADVANCED PATIENT SAFETY TECHNOLOGY.

THE SUTTER HEALTH SYSTEM CONSISTS OF:

* HOSPITALS, PHYSICIAN CLINICS, AND OTHER OUTPATIENT CARE CENTERS IN MORE THAN 100 COMMUNITIES IN NORTHERN CALIFORNIA, SOUTHERN OREGON AND HAWAII
* MORE THAN 45,000 EMPLOYEES AND ABOUT 5,000 VOLUNTEERS
* TWENTY-SIX ACUTE CARE HOSPITALS
* EIGHT MEDICAL FOUNDATIONS (MEDICAL CLINICS)
* FOUR TRAUMA CENTERS
* TEN NEONATAL INTENSIVE CARE UNITS
* FIVE ACUTE REHABILITATION CENTERS
* TEN CANCER CENTERS
* EIGHT CARDIAC CENTERS
* OCCUPATIONAL HEALTH SERVICES
* LONG-TERM CARE CENTERS
* BEHAVIORAL HEALTH SERVICES
* HOME HEALTH AND HOSPICE SERVICES
* MEDICAL RESEARCH CENTERS
* EDUCATION CENTERS AND PHYSICIAN TRAINING PROGRAMS
* EXPRESS MEDICAL CLINICS

AS ONE OF THE NATION'S LEADING NOT-FOR-PROFIT INTEGRATED HEALTH CARE DELIVERY SYSTEMS, WE APPROACH CARE FROM A COMMON MISSION OF ENHANCING THE HEALTH AND WELL BEING OF PEOPLE IN THE COMMUNITIES WE SERVE THROUGH A NOT-FOR-PROFIT COMMITMENT TO COMPASSION AND EXCELLENCE. TO HELP CARRY OUT OUR MISSION, WE ARE GUIDED BY SEVEN CORE VALUES:

1. HONESTY AND INTEGRITY
2. EXCELLENCE AND QUALITY
3. COMMUNITY
4. INNOVATION
5. TEAMWORK
6. COMPASSION AND CARING
7. AFFORDABILITY

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

HEADQUARTERED IN SACRAMENTO, A COMMUNITY-BASED BOARD OF DIRECTORS GOVERNS SUTTER HEALTH. TO VIEW A LIST OF SUTTER HEALTH AFFILIATES, PLEASE VIEW FORM 990, SCHEDULE A, PART IV.

SUTTER HEALTH'S COMMUNITY BENEFIT PROGRAM

THE FUNDAMENTAL MISSION OF SUTTER HEALTH AND ITS AFFILIATES IS TO ENHANCE THE HEALTH AND WELL-BEING OF THE PEOPLE IN THE COMMUNITIES WE SERVE THROUGH COMPASSION AND EXCELLENCE. THIS BROAD VISION OF HEALTH CARE MOTIVATES US TO DO MORE THAN CARE FOR PATIENTS--OUR CHARGE IS IMPROVING THE HEALTH OF OUR COMMUNITIES. SUTTER'S AFFILIATED PHYSICIAN ORGANIZATIONS, HOSPITALS, HOME CARE AND OTHER PROGRAMS PROVIDE MANY SERVICES TO THOSE IN NEED OF CARE, REGARDLESS OF THEIR ABILITY TO PAY. MORE THAN HALF OF THOSE SERVED BY SUTTER ARE MEDICARE AND MEDI-CAL PATIENTS.

SUTTER HEALTH IS COMMITTED TO THE PRECEPT THAT THE COMMUNITY BENEFITS DERIVED FROM NOT-FOR-PROFIT HOSPITALS AND HEALTH SYSTEMS ARE IMPORTANT ASSETS FOR THE CITIZENS OF CALIFORNIA. WE TAKE OUR ROLE AS STEWARDS OF THESE ASSETS VERY SERIOUSLY AND ARE HELD ACCOUNTABLE BY THE NUMEROUS COMMUNITIES SUTTER AFFILIATES SERVE.

ONE MEASURE OF ACCOUNTABILITY IS FULFILLING UNMET NEEDS IN THE COMMUNITY. THROUGH OUR AFFILIATES, SUTTER PROVIDES A WIDE RANGE OF VITAL SERVICES TO MEET UNMET PATIENT AND COMMUNITY NEEDS. THE RANGE OF SERVICES IS AS HETEROGENEOUS AS THE COMMUNITIES WE SERVE IN CALIFORNIA. COMMUNITY BENEFIT AND IMPROVING THE HEALTH OF OUR COMMUNITIES IS AT THE CORE OF OUR MISSION, OUR VALUES, OUR VISION AND OUR STRATEGIC PLANNING PRINCIPLES.

IN 2007, THE SUTTER HEALTH SYSTEM EXPENDITURES FOR COMMUNITY BENEFIT TOTALED $492 MILLION, OR 6.75% OF THE SYSTEM'S NET PATIENT SERVICE REVENUES. THIS INVESTMENT REPRESENTS CONTRIBUTIONS OF UNPAID SERVICES TO OUR COMMUNITIES INCLUDING, COMMUNITY HEALTH SERVICES, CHARITY CARE, MEDICAL RESEARCH, EDUCATION, AND THE UNPAID COSTS OF PUBLIC PROGRAMS EXCLUDING MEDICARE. SUTTER HEALTH AND ITS AFFILIATES DEMONSTRATE LEADERSHIP AS NOT-FOR-PROFIT, CHARITABLE INSTITUTIONS THROUGH:

* DELIVERING LOW-VOLUME, HIGH-COST SPECIALTY SERVICES SUCH AS TRAUMA, NEONATAL CARE, TRANSPLANTATION, AND AIDS CARE.

* PROVIDING THE MOST APPROPRIATE CARE IN THE MOST APPROPRIATE SETTING THROUGH OUR COMMUNITY-BASED CLINICS; PRIMARY CARE CLINICS; SCHOOL- BASED FREE CLINICS; AND THROUGH HOME HEALTH CARE SERVICES

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

TO AIDS PATIENTS AND THE INDIGENT.

* CONTROLLING HEALTH CARE COSTS BY FOCUSING ON DISEASE PREVENTION AND HEALTH PROMOTION: WE CREATE COMMUNITY WIDE PROGRAMS TARGETING SPECIFIC AREAS, SUCH AS IMMUNIZATION, HEALTH EDUCATION, FRAIL AND AT-RISK ELDERLY, ADOLESCENT HEALTH SERVICES AND OUTREACH TO THE HOMELESS.

* FUNDING PUBLIC HEALTH SERVICES FOR THE POOR OR MEDICALLY INDIGENT. WE FUND LOCAL GOVERNMENT BUDGET SHORTFALLS FOR NEEDED HEALTH SERVICES LIKE MENTAL HEALTH AND PRIMARY CARE SERVICES. AND WE SUPPORT PUBLIC-PRIVATE PARTNERSHIPS TO IMPROVE HOUSING, EDUCATION AND OTHER SOCIAL SERVICES THAT AFFECT HEALTH STATUS.

SUTTER HEALTH AND ITS AFFILIATES ARE COMMITTED TO THE COMMUNITY NEEDS ASSESSMENT PROCESS AND COMMUNITY PLANNING TO IMPROVE HEALTH STATUS. SUTTER HEALTH AFFILIATES THAT ARE REQUIRED BY CALIFORNIA LAW TO CONDUCT COMMUNITY NEEDS ASSESSMENTS SUBMIT THEIR REPORTS AND PLANS TO ADDRESS COMMUNITY NEEDS TO THE CALIFORNIA OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT (OSHPD). COPIES OF THESE COMMUNITY BENEFIT PLANS CAN BE OBTAINED FROM OSHPD.

SUTTER HEALTH AND ITS AFFILIATES CAN CLEARLY DEMONSTRATE THE COMMUNITY BENEFIT WE PROVIDE TO OUR COMMUNITIES.

FORM 990, PART IV - OTHER ASSETS

DESCRIPTION	ENDING BOOK VALUE
UNAMORTIZED FINANCING COSTS	8,389.
INTERCOMPANY RECEIVABLES	15,122,879.
NOTES RECEIVABLE	1,235,853.
OTHER RECEIVABLES	2,896,384.
GOODWILL	148,216.
OTHER ASSETS	78,278,214.
DEPOSITS	588,000.
INVEST IN HEALTHCARE ENTITIES	2,427,319.
TOTALS	100,705,254.

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION		ENDING BOOK VALUE
INSURANCE LIABILITIES		195,069,856.
OTHER LIABILITIES		49,954,624.
	TOTALS	245,024,480.

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

DESCRIPTION	AMOUNT
RENTAL EXPENSE RECLASS	4,285,977.
NET ASSETS REL FR RESTRICTION	2,590,058.
SPECIAL EVENT EXPENSE RECLASS	7,599.
ELIMINATIONS	1,531,984.
PARTNERSHIP INCOME ON BOOKS	215,711.
TOTAL	8,631,329.

FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS

DESCRIPTION	AMOUNT
FUND BALANCE CONTRIBUTIONS	1,901,907.
K-1 INTEREST INCOME	28,163.
INVESTMENT INCOME RECLASS	16,260,300.
FUND BALANCE INVESTMENT INCOME	173,987.
GAIN ON SALE OF ASSETS	5,167.
INSURANCE CLAIMS EXPENSE	17,271,987.
MANAGEMENT FEES	3,352,195.
K-1 ORDINARY INCOME	204,350.
K-1 GUARANTEED PAYMENTS	363,429.
K-1 LONG-TERM CAPITAL GAIN	494.
K-1 §1231 GAIN	5,763.
ANNUITY TRUSTS - DIV/INTEREST	37,735.
ANNUITY TRUSTS - SALE OF SEC	19,183.
TOTAL	39,624,660.

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

DESCRIPTION	AMOUNT
RENTAL EXPENSE RECLASS	4,285,977.
SPECIAL EVENT EXPENSE RECLASS	7,599.
ELIMINATIONS	1,531,984.
TOTAL	5,825,560.

FORM 990, PART IV-B - OTHER EXPENSES ON RETURN BUT NOT ON BOOKS

DESCRIPTION	AMOUNT
INVESTMENT INCOME RECLASS	16,260,300.
GAIN ON SALE OF ASSETS	5,167.
INSURANCE CLAIMS EXPENSE	17,271,987.
MANAGEMENT FEES	3,352,195.
TOTAL	36,889,649.

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
PETER ANDERSON 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833	SVP STRATEGY & BUS. DVLPMT 40.00	668,135.	123,773.	12,275.
ED BERDICK 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833	REGIONAL EXECUTIVE OFFICER 40.00	877,518.	240,276.	10,268.
GERALDINE BRINTON 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833	BOARD MEMBER 5.00	27,500.	NONE	NONE
MARY BROWN 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833	BOARD MEMBER 5.00	27,500.	NONE	NONE
MIKE COHILL 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833	REGIONAL EXECUTIVE OFFICER 40.00	602,158.	204,695.	11,838.
GARY DEPOLO 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833	BOARD MEMBER 5.00	27,500.	NONE	NONE
DAVID DRUKER MD 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833	REGIONAL EXECUTIVE OFFICER 40.00	1,094,005.	394,402.	10,783.
ED ERWIN 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833	DIR REAL ESTATE SVCS 40.00	157,275.	20,196.	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
PATRICK FRY 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833	PRESIDENT & CEO/BOARD MEMBER 40.00	1,844,430.	425,186.	18,147.

THE COMPENSATION AMOUNT FOR PATRICK FRY IS COMPRISED OF THE FOLLOWING:

BASE COMPENSATION		1,052,523
ANNUAL PERFORMANCE AWARD	[1]	667,562
DEF. COMPENSATION VESTING IN 2007	[2]	124,345

THE BENEFIT AMOUNT IS COMPRISED OF THE FOLLOWING:

PENSION AND BENEFITS		46,435
NON-VESTED DEF. COMPENSATION	[3]	378,751

[1] THE EMPLOYEE RECEIVED AN ANNUAL PERFORMANCE AWARD IN THE YEAR 2007 AS FURTHER DESCRIBED IN THE SUTTER HEALTH COMPENSATION PHILOSOPHY FOUND IN THE GENERAL EXPLANATION ATTACHMENT.

[2] VESTED DEFERRED COMPENSATION REPRESENTS THE AMOUNT VESTING IN 2007. THE PRINCIPAL CONTRIBUTIONS BY SUTTER HEALTH INTO AN INVESTMENT ACCOUNT WERE PREVIOUSLY REPORTED AS NON-VESTED DEFERRED COMPENSATION.

[3] THIS AMOUNT HAS BEEN SET ASIDE FOR THE EMPLOYEE UNTIL HE/SHE IS LEGALLY ENTITLED TO THE AMOUNT. ONCE THE EMPLOYEE HAS MET ALL VESTING REQUIREMENTS, THE AMOUNT IS INCLUDED AS VESTED DEFERRED COMPENSATION.

ALEXANDER GONZALES PHD 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833	BOARD MEMBER 5.00	27,500.	NONE	NONE
JIM GRAY	BOARD MEMBER (CHAIR) 10.00	27,500.	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833				
MIKE HELM 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833	SVP HUMAN RESOURCES 40.00	572,250.	98,404.	8,414.
GORDON HUNT MD 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833	SVP & CHIEF MED OFF 40.00	966,862.	438,390.	7,534.
DAVID JEPPSON 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833	BOARD MEMBER 5.00	27,500.	NONE	625.
SARAH KREVANS 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833	REGIONAL EXECUTIVE OFFICER 40.00	1,069,140.	156,772.	10,971.
RICHARD LEVY PHD 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833	BOARD MEMBER 5.00	27,500.	NONE	NONE
GARY LOVERIDGE 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833	SVP & GEN COUNSEL 40.00	806,373.	937,395.	9,971.
TODD MURRAY 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833	BOARD MEMBER 5.00	27,500.	NONE	NONE
ANDY PANSINI	BOARD MEMBER 5.00	27,500.	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833				
ROBERT REED 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833	SVP & CFO 40.00	1,224,414.	281,692.	7,313.
TED SAENGER 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833	BOARD MEMBER 5.00	27,500.	NONE	NONE
ELIZABETH VILARDO MD 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833	BOARD MEMBER 5.00	27,500.	NONE	NONE
SHARON WOO 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833	BOARD MEMBER (SECRETARY) 5.00	27,500.	NONE	NONE
DON WREDEN MD 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833	BOARD MEMBER 5.00	27,500.	NONE	NONE
THE COMPENSATION REPORTED FOR ALL EMPLOYEES REPRESENTS THE TOTAL COMPENSATION OF THE NAMED INDIVIDUAL IN RETURN FOR ALL SERVICES PROVIDED TO SUTTER HEALTH AND ITS RELATED ORGANIZATIONS. SEE ADDITIONAL COMPENSATION PHILOSOPHY AT STATEMENT 2.				
	GRAND TOTALS	10,240,060.	3,321,181.	108,139.

SUTTER HEALTH 94-2788907

FORM 990, PART V-B - FORMER OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	LOANS AND ADVANCES	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
JAMES FARRELL - CONSULTANT 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833	NONE	170,028.	NONE	NONE
VAN JOHNSON - FORMER CEO 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833	NONE	302,162.	NONE	NONE
CYNDI KETTMANN - EMPLOYEE 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833	NONE	660,616.	NONE	NONE
CYNDI KETTMANN - CONSULTANT 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833	NONE	183,337.	NONE	NONE
JOHN RAY - EMPLOYEE 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833	NONE	435,155.	47,463.	9,693.
GRAND TOTALS	NONE	1,751,298.	47,463.	9,693.

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS

RELATED ORGANIZATION NAME:	ADOLESCENT TREATMENT CENTERS, INC.
EXEMPT: X NONEXEMPT:	
RELATED ORGANIZATION NAME:	ALTA BATES SUMMIT FOUNDATION
EXEMPT: X NONEXEMPT:	
RELATED ORGANIZATION NAME:	ALTA BATES SUMMIT MEDICAL CENTER
EXEMPT: X NONEXEMPT:	
RELATED ORGANIZATION NAME:	CALIFORNIA AEROMEDICAL RESCUE & EVACUATION, INC.
EXEMPT: X NONEXEMPT:	
RELATED ORGANIZATION NAME:	CALIFORNIA PACIFIC MEDICAL CENTER
EXEMPT: X NONEXEMPT:	
RELATED ORGANIZATION NAME:	CALIFORNIA PACIFIC MEDICAL CENTER FOUNDATION
EXEMPT: X NONEXEMPT:	
RELATED ORGANIZATION NAME:	CENTRAL VALLEY PARTNERS IN CARE, INC.
EXEMPT: NONEXEMPT: X	
RELATED ORGANIZATION NAME:	DELTA MEMORIAL HOSPITAL FOUNDATION
EXEMPT: X NONEXEMPT:	
RELATED ORGANIZATION NAME:	EAST BAY PERINATAL CENTER
EXEMPT: X NONEXEMPT:	
RELATED ORGANIZATION NAME:	EDEN MEDICAL CENTER
EXEMPT: X NONEXEMPT:	
RELATED ORGANIZATION NAME:	HEALTH VENTURES, INC.
EXEMPT: NONEXEMPT: X	

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS

RELATED ORGANIZATION NAME:	MARIN COMMUNITY HEALTH
EXEMPT: X NONEXEMPT:	
RELATED ORGANIZATION NAME:	MARIN GENERAL HOSPITAL
EXEMPT: X NONEXEMPT:	
RELATED ORGANIZATION NAME:	MARIN GENERAL HOSPITAL FOUNDATION
EXEMPT: X NONEXEMPT:	
RELATED ORGANIZATION NAME:	MEMORIAL HOSPITAL LOS BANOS
EXEMPT: X NONEXEMPT:	
RELATED ORGANIZATION NAME:	MEMORIAL HOSPITALS ASSOCIATION
EXEMPT: X NONEXEMPT:	
RELATED ORGANIZATION NAME:	MILLS-PENINSULA HEALTH SERVICES
EXEMPT: X NONEXEMPT:	
RELATED ORGANIZATION NAME:	MILLS-PENINSULA HOSPITAL FOUNDATION
EXEMPT: X NONEXEMPT:	
RELATED ORGANIZATION NAME:	MILLS-PENINSULA SENIOR FOCUS
EXEMPT: X NONEXEMPT:	
RELATED ORGANIZATION NAME:	PALO ALTO MEDICAL FND FOR HEALTH CARE RESEARCH & EDUCATION
EXEMPT: X NONEXEMPT:	
RELATED ORGANIZATION NAME:	PALO ALTA MEDICAL FOUNDATION HOSPITAL CORPORATION
EXEMPT: X NONEXEMPT:	
RELATED ORGANIZATION NAME:	PHYSICIAN FOUNDATION AT CALIFORNIA PACIFIC MEDICAL CNTR
EXEMPT: X NONEXEMPT:	

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS

RELATED ORGANIZATION NAME:	SAMUEL MERRITT COLLEGE
EXEMPT: X NONEXEMPT:	
RELATED ORGANIZATION NAME:	ST. LUKE'S HEALTH CARE CENTER
EXEMPT: X NONEXEMPT:	
RELATED ORGANIZATION NAME:	ST. LUKE'S HOSPITAL FOUNDATION
EXEMPT: X NONEXEMPT:	
RELATED ORGANIZATION NAME:	SUTTER AMADOR HOSPITAL
EXEMPT: X NONEXEMPT:	
RELATED ORGANIZATION NAME:	SUTTER AUBURN FAITH HOSPITAL FOUNDATION
EXEMPT: X NONEXEMPT:	
RELATED ORGANIZATION NAME:	SUTTER COAST HOSPITAL
EXEMPT: X NONEXEMPT:	
RELATED ORGANIZATION NAME:	SUTTER CONNECT
EXEMPT: NONEXEMPT: X	
RELATED ORGANIZATION NAME:	SUTTER DAVIS HOSPITAL FOUNDATION
EXEMPT: X NONEXEMPT:	
RELATED ORGANIZATION NAME:	SUTTER DELTA MEDICAL CENTER
EXEMPT: X NONEXEMPT:	
RELATED ORGANIZATION NAME:	SUTTER EAST BAY MEDICAL FOUNDATION
EXEMPT: X NONEXEMPT:	
RELATED ORGANIZATION NAME:	SUTTER GOULD MEDICAL FOUNDATION
EXEMPT: X NONEXEMPT:	

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS

RELATED ORGANIZATION NAME:	SUTTER HEALTH
EXEMPT: X NONEXEMPT:	
RELATED ORGANIZATION NAME:	SUTTER HEALTH PACIFIC
EXEMPT: X NONEXEMPT:	
RELATED ORGANIZATION NAME:	SUTTER HEALTH SACRAMENTO SIERRA REGION
EXEMPT: X NONEXEMPT:	
RELATED ORGANIZATION NAME:	SUTTER INSURANCE SERVICES CORPORATION
EXEMPT: X NONEXEMPT:	
RELATED ORGANIZATION NAME:	SUTTER LAKESIDE HOSPITAL
EXEMPT: X NONEXEMPT:	
RELATED ORGANIZATION NAME:	SUTTER MARIN
EXEMPT: X NONEXEMPT:	
RELATED ORGANIZATION NAME:	SUTTER MATERNITY AND SURGERY CENTER OF SANTA CRUZ
EXEMPT: X NONEXEMPT:	
RELATED ORGANIZATION NAME:	SUTTER MEDICAL CENTER CASTRO VALLEY
EXEMPT: X NONEXEMPT:	
RELATED ORGANIZATION NAME:	SUTTER MEDICAL CENTER FOUNDATION
EXEMPT: X NONEXEMPT:	
RELATED ORGANIZATION NAME:	SUTTER MEDICAL CENTER OF SANTA ROSA
EXEMPT: X NONEXEMPT:	
RELATED ORGANIZATION NAME:	SUTTER MEDICAL FOUNDATION
EXEMPT: X NONEXEMPT:	

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS

RELATED ORGANIZATION NAME:	SUTTER NORTH MEDICAL FOUNDATION
EXEMPT: X NONEXEMPT:	
RELATED ORGANIZATION NAME:	SUTTER REGIONAL MEDICAL FOUNDATION
EXEMPT: X NONEXEMPT:	
RELATED ORGANIZATION NAME:	SUTTER ROSEVILLE MEDICAL CENTER FOUNDATION
EXEMPT: X NONEXEMPT:	
RELATED ORGANIZATION NAME:	SUTTER SOLANO CHARITABLE FOUNDATION
EXEMPT: X NONEXEMPT:	
RELATED ORGANIZATION NAME:	SUTTER SOLANO MEDICAL CENTER
EXEMPT: X NONEXEMPT:	
RELATED ORGANIZATION NAME:	SUTTER TRACY COMMUNITY HOSPITAL
EXEMPT: X NONEXEMPT:	
RELATED ORGANIZATION NAME:	SUTTER VISITING NURSE ASSOCIATION AND HOSPICE
EXEMPT: X NONEXEMPT:	
RELATED ORGANIZATION NAME:	SUTTER VNA AND HOSPICE FOUNDATION
EXEMPT: X NONEXEMPT:	
RELATED ORGANIZATION NAME:	TRACY HOSPITAL FOUNDATION
EXEMPT: X NONEXEMPT:	

FORM 990, PART VII - OTHER REVENUE

DESCRIPTION	BUSINESS CODE	AMOUNT	EXCLUSION CODE	AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
MANAGEMENT AGREEMENT	541900	165,819.			
TELECOM	517000	809,937.			
BIO-MEDICAL	541380	661,612.			
RECORDS MANAGEMENT	541900	682,403.			
RADIATION PHYSICS	541900	1,338,035.			
EXTERNAL PARTNERS	624100	75,000.			
WORKERS COMPENSATION ADMINISTRATION FEES	561000	24,102.			
TOTALS		3,756,908.			

FORM 990, PART IX - INFORMATION REGARDING TAXABLE SUBSIDIARIES

NAME AND ADDRESS EMPLOYER IDENTIFICATION NUMBER	PERCENTAGE OWNERSHIP INTEREST	NATURE OF BUSINESS ACTIVITIES	TOTAL INCOME	ENDING ASSETS
SUTTER CONNECT 10470 OLD PLACERVILLE ROAD SACRAMENTO, CA 95827 68-0209157	100.000000	MANAGEMENT	53,741,885.	33,435,142.
NORTH BAY REGIONAL SURGERY CTR 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 20-8633751	51.000000	MEDICAL SERVICES	NONE	2,506,435.
TOTAL INCOME			53,741,885.	35,941,577.

FORM 990, PART XI - TRANSFERS TO CONTROLLED ENTITIES STATEMENT

CONTROLLED ENTITY'S NAME: ALTA BATES SUMMIT FOUNDATION
CONTROLLED ENTITY'S ADDRESS: 3012 SUMMIT STREET, 3RD FLOOR
CITY, STATE & ZIP: OAKLAND, CA 94609
EIN: 51-0160184
TRANSFER AMOUNT: 2,801.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
SERVICE FEES AND EXPENSE SHARING - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: ALTA BATES SUMMIT MEDICAL CENTER
CONTROLLED ENTITY'S ADDRESS: 3012 SUMMIT STREET, 3RD FLOOR
CITY, STATE & ZIP: OAKLAND, CA 94609
EIN: 94-1196176
TRANSFER AMOUNT: 816,504.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
EQUITY TRANSFERS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: ALTA BATES SUMMIT MEDICAL CENTER
CONTROLLED ENTITY'S ADDRESS: 3012 SUMMIT STREET, 3RD FLOOR
CITY, STATE & ZIP: OAKLAND, CA 94609
EIN: 94-1196176
TRANSFER AMOUNT: 4,482,574.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
SERVICE FEES AND EXPENSE SHARING - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: ALTA BATES SUMMIT MEDICAL CENTER
CONTROLLED ENTITY'S ADDRESS: 3012 SUMMIT STREET, 3RD FLOOR
CITY, STATE & ZIP: OAKLAND, CA 94609
EIN: 94-1196176
TRANSFER AMOUNT: 26,415,201.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
WORKERS' COMPENSATION PREMIUMS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: CALIFORNIA PACIFIC MEDICAL CENTER
CONTROLLED ENTITY'S ADDRESS: P.O. BOX 7999
CITY, STATE & ZIP: SAN FRANCISCO, CA 94120
EIN: 94-0562680
TRANSFER AMOUNT: 1,724,641.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
EQUITY TRANSFERS - SEE STATEMENTS 5 & 6

CONTINUED

FORM 990, PART XI - TRANSFERS TO CONTROLLED ENTITIES STATEMENT (CONT'

CONTROLLED ENTITY'S NAME: CALIFORNIA PACIFIC MEDICAL CENTER
CONTROLLED ENTITY'S ADDRESS: P.O. BOX 7999
CITY, STATE & ZIP: SAN FRANCISCO, CA 94120
EIN: 94-0562680
TRANSFER AMOUNT: 2,956,882.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
SERVICE FEES AND EXPENSE SHARING - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: CALIFORNIA PACIFIC MEDICAL CENTER
CONTROLLED ENTITY'S ADDRESS: P.O. BOX 7999
CITY, STATE & ZIP: SAN FRANCISCO, CA 94120
EIN: 94-0562680
TRANSFER AMOUNT: 1,032,626.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
WORKERS' COMPENSATION PREMIUMS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: CALIFORNIA PACIFIC MEDICAL CENTER FDN
CONTROLLED ENTITY'S ADDRESS: P.O. BOX 7999
CITY, STATE & ZIP: SAN FRANCISCO, CA 94120
EIN: 94-2728423
TRANSFER AMOUNT: 820.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
SERVICE FEES AND EXPENSE SHARING - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: EDEN MEDICAL CENTER
CONTROLLED ENTITY'S ADDRESS: 20103 LAKE CHABOT ROAD
CITY, STATE & ZIP: CASTRO VALLEY, CA 94546
EIN: 94-2948100
TRANSFER AMOUNT: 439,077.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
EQUITY TRANSFERS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: EDEN MEDICAL CENTER
CONTROLLED ENTITY'S ADDRESS: 20103 LAKE CHABOT ROAD
CITY, STATE & ZIP: CASTRO VALLEY, CA 94546
EIN: 94-2948100
TRANSFER AMOUNT: 993,735.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
SERVICE FEES AND EXPENSE SHARING - SEE STATEMENTS 5 & 6

CONTINUED

FORM 990, PART XI - TRANSFERS TO CONTROLLED ENTITIES STATEMENT (CONT'

CONTROLLED ENTITY'S NAME: EDEN MEDICAL CENTER
CONTROLLED ENTITY'S ADDRESS: 20103 LAKE CHABOT ROAD
CITY, STATE & ZIP: CASTRO VALLEY, CA 94546
EIN: 94-2948100
TRANSFER AMOUNT: 5,129,848.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
WORKERS' COMPENSATION PREMIUMS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: MARIN COMMUNITY HEALTH FOUNDATION
CONTROLLED ENTITY'S ADDRESS: 250 BON AIR ROAD
CITY, STATE & ZIP: GREENBRAE, CA 94904
EIN: 94-6127213
TRANSFER AMOUNT: 4,792.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
SERVICE FEES AND EXPENSE SHARING - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: MARIN GENERAL HOSPITAL
CONTROLLED ENTITY'S ADDRESS: 250 BON AIR ROAD
CITY, STATE & ZIP: GREENBRAE, CA 94904
EIN: 94-2823538
TRANSFER AMOUNT: 39,119.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
EQUITY TRANSFERS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: MARIN GENERAL HOSPITAL
CONTROLLED ENTITY'S ADDRESS: 250 BON AIR ROAD
CITY, STATE & ZIP: GREENBRAE, CA 94904
EIN: 94-2823538
TRANSFER AMOUNT: 384,786.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
SERVICE FEES AND EXPENSE SHARING - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: MEMORIAL HOSPITALS ASSOCIATION
CONTROLLED ENTITY'S ADDRESS: 1800 COFFEE ROAD, SUITE 76
CITY, STATE & ZIP: MODESTO, CA 95355
EIN: 94-1080917
TRANSFER AMOUNT: 4,150,746.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
EQUITY TRANSFERS - SEE STATEMENTS 5 & 6

CONTINUED

FORM 990, PART XI - TRANSFERS TO CONTROLLED ENTITIES STATEMENT (CONT'

CONTROLLED ENTITY'S NAME: MEMORIAL HOSPITALS ASSOCIATION
CONTROLLED ENTITY'S ADDRESS: 1800 COFFEE ROAD, SUITE 76
CITY, STATE & ZIP: MODESTO, CA 95355
EIN: 94-1080917
TRANSFER AMOUNT: 2,090,662.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
SERVICE FEES AND EXPENSE SHARING - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: MEMORIAL HOSPITALS ASSOCIATION
CONTROLLED ENTITY'S ADDRESS: 1800 COFFEE ROAD, SUITE 76
CITY, STATE & ZIP: MODESTO, CA 95355
EIN: 94-1080917
TRANSFER AMOUNT: 6,602.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
SUPPORT SERVICES - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: MILLS-PENINSULA HEALTH SERVICES
CONTROLLED ENTITY'S ADDRESS: 1783 EL CAMINO REAL
CITY, STATE & ZIP: BURLINGAME, CA 94010
EIN: 94-1156265
TRANSFER AMOUNT: 6,717,000.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
SERVICE FEES AND EXPENSE SHARING - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: MILLS-PENINSULA HEALTH SERVICES
CONTROLLED ENTITY'S ADDRESS: 1783 EL CAMINO REAL
CITY, STATE & ZIP: BURLINGAME, CA 94010
EIN: 94-1156265
TRANSFER AMOUNT: 3,494,271.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
WORKERS' COMPENSATION PREMIUMS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: MILLS-PENINSULA HOSPITAL FOUNDATION
CONTROLLED ENTITY'S ADDRESS: 1720 EL CAMINO REAL
CITY, STATE & ZIP: BURLINGAME, CA 94010
EIN: 23-7288765
TRANSFER AMOUNT: 43,904.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
SERVICE FEES AND EXPENSE SHARING - SEE STATEMENTS 5 & 6

CONTINUED

FORM 990, PART XI - TRANSFERS TO CONTROLLED ENTITIES STATEMENT (CONT'

CONTROLLED ENTITY'S NAME: PALO ALTO MEDICAL FOUNDATION
CONTROLLED ENTITY'S ADDRESS: 795 EL CAMINO REAL
CITY, STATE & ZIP: PALO ALTO, CA 94301
EIN: 94-1156581
TRANSFER AMOUNT: 28,180,246.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
DEVELOPMENT AGREEMENTS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: PALO ALTO MEDICAL FOUNDATION
CONTROLLED ENTITY'S ADDRESS: 795 EL CAMINO REAL
CITY, STATE & ZIP: PALO ALTO, CA 94301
EIN: 94-1156581
TRANSFER AMOUNT: 101,688,577.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
EQUITY TRANSFERS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: PALO ALTO MEDICAL FOUNDATION
CONTROLLED ENTITY'S ADDRESS: 795 EL CAMINO REAL
CITY, STATE & ZIP: PALO ALTO, CA 94301
EIN: 94-1156581
TRANSFER AMOUNT: 6,608,819.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
SERVICE FEES AND EXPENSE SHARING - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: PHYSICIAN FOUNDATION AT CPMC
CONTROLLED ENTITY'S ADDRESS: 1700 CALIFORNIA STREET, SUITE 530
CITY, STATE & ZIP: SAN FRANCISCO, CA 94109
EIN: 94-2948131
TRANSFER AMOUNT: 21,500,000.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
EQUITY TRANSFERS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SISCO
CONTROLLED ENTITY'S ADDRESS: 745 FORT STREET, SUITE 1100
CITY, STATE & ZIP: HONOLULU, HI 96813
EIN: 99-0289310
TRANSFER AMOUNT: 7,199,744.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
SERVICE FEES AND EXPENSE SHARING - SEE STATEMENTS 5 & 6

CONTINUED

FORM 990, PART XI - TRANSFERS TO CONTROLLED ENTITIES STATEMENT (CONT'

CONTROLLED ENTITY'S NAME: ST. LUKE'S HEALTH CARE CENTER
CONTROLLED ENTITY'S ADDRESS: 3555 CESAR CHAVEZ STREET
CITY, STATE & ZIP: SAN FRANCISCO, CA 94110
EIN: 51-0201241
TRANSFER AMOUNT: 7,500,000.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
EQUITY TRANSFERS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: ST. LUKE'S HEALTH CARE CENTER
CONTROLLED ENTITY'S ADDRESS: 3555 CESAR CHAVEZ STREET
CITY, STATE & ZIP: SAN FRANCISCO, CA 94110
EIN: 51-0201241
TRANSFER AMOUNT: 82,466.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
SERVICE FEES AND EXPENSE SHARING - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: ST. LUKE'S HEALTH CARE CENTER
CONTROLLED ENTITY'S ADDRESS: 3555 CESAR CHAVEZ STREET
CITY, STATE & ZIP: SAN FRANCISCO, CA 94110
EIN: 51-0201241
TRANSFER AMOUNT: 114,737.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
WORKERS' COMPENSATION PREMIUMS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER AMADOR HOSPITAL
CONTROLLED ENTITY'S ADDRESS: 200 MISSION BLVD.
CITY, STATE & ZIP: JACKSON, CA 95642
EIN: 68-0291072
TRANSFER AMOUNT: 637,245.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
EQUITY TRANSFERS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER AMADOR HOSPITAL
CONTROLLED ENTITY'S ADDRESS: 200 MISSION BLVD.
CITY, STATE & ZIP: JACKSON, CA 95642
EIN: 68-0291072
TRANSFER AMOUNT: 2,772,606.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
SERVICE FEES AND EXPENSE SHARING - SEE STATEMENTS 5 & 6

CONTINUED

FORM 990, PART XI - TRANSFERS TO CONTROLLED ENTITIES STATEMENT (CONT'

CONTROLLED ENTITY'S NAME: SUTTER AMADOR HOSPITAL
CONTROLLED ENTITY'S ADDRESS: 200 MISSION BLVD.
CITY, STATE & ZIP: JACKSON, CA 95642
EIN: 68-0291072
TRANSFER AMOUNT: 514,906.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
WORKERS' COMPENSATION PREMIUMS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER COAST HOSPITAL
CONTROLLED ENTITY'S ADDRESS: 800 E. WASHINGTON BLVD.
CITY, STATE & ZIP: CRESCENT CITY, CA 95531
EIN: 94-2988520
TRANSFER AMOUNT: 32,595.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
EQUITY TRANSFERS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER COAST HOSPITAL
CONTROLLED ENTITY'S ADDRESS: 800 E. WASHINGTON BLVD.
CITY, STATE & ZIP: CRESCENT CITY, CA 95531
EIN: 94-2988520
TRANSFER AMOUNT: 130,465.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
SERVICE FEES AND EXPENSE SHARING - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER COAST HOSPITAL
CONTROLLED ENTITY'S ADDRESS: 800 E. WASHINGTON BLVD.
CITY, STATE & ZIP: CRESCENT CITY, CA 95531
EIN: 94-2988520
TRANSFER AMOUNT: 1,310,245.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
WORKERS' COMPENSATION PREMIUMS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER CONNECT
CONTROLLED ENTITY'S ADDRESS: 10470 OLD PLACERVILLE ROAD
CITY, STATE & ZIP: SACRAMENTO, CA 95827
EIN: 68-0209157
TRANSFER AMOUNT: 23,067.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
SERVICE FEES AND EXPENSE SHARING - SEE STATEMENTS 5 & 6

CONTINUED

FORM 990, PART XI - TRANSFERS TO CONTROLLED ENTITIES STATEMENT (CONT'

CONTROLLED ENTITY'S NAME: SUTTER DAVIS FOUNDATION
CONTROLLED ENTITY'S ADDRESS: P.O. BOX 1617
CITY, STATE & ZIP: DAVIS, CA 95617
EIN: 68-0217870
TRANSFER AMOUNT: 6,197.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
SERVICE FEES AND EXPENSE SHARING - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER DELTA MEDICAL CENTER
CONTROLLED ENTITY'S ADDRESS: 3901 LONE TREE WAY
CITY, STATE & ZIP: ANTIOCH, CA 94509
EIN: 94-1552887
TRANSFER AMOUNT: 9,873.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
EQUITY TRANSFERS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER DELTA MEDICAL CENTER
CONTROLLED ENTITY'S ADDRESS: 3901 LONE TREE WAY
CITY, STATE & ZIP: ANTIOCH, CA 94509
EIN: 94-1552887
TRANSFER AMOUNT: 673,955.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
SERVICE FEES AND EXPENSE SHARING - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER DELTA MEDICAL CENTER
CONTROLLED ENTITY'S ADDRESS: 3901 LONE TREE WAY
CITY, STATE & ZIP: ANTIOCH, CA 94509
EIN: 94-1552887
TRANSFER AMOUNT: 1,681,046.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
WORKERS' COMPENSATION PREMIUMS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER EAST BAY MEDICAL FOUNDATION
CONTROLLED ENTITY'S ADDRESS: 3687 MT. DIABLO BLVD., SUITE 200
CITY, STATE & ZIP: LAFAYETTE, CA 94549
EIN: 94-2690415
TRANSFER AMOUNT: 9,000,000.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
EQUITY TRANSFERS - SEE STATEMENTS 5 & 6

CONTINUED

FORM 990, PART XI - TRANSFERS TO CONTROLLED ENTITIES STATEMENT (CONT'

CONTROLLED ENTITY'S NAME: SUTTER GOULD MEDICAL FOUNDATION
CONTROLLED ENTITY'S ADDRESS: 600 COFFEE ROAD
CITY, STATE & ZIP: MODESTO, CA 95355
EIN: 94-1682256
TRANSFER AMOUNT: 6,302,303.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
EQUITY TRANSFERS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER GOULD MEDICAL FOUNDATION
CONTROLLED ENTITY'S ADDRESS: 600 COFFEE ROAD
CITY, STATE & ZIP: MODESTO, CA 95355
EIN: 94-1682256
TRANSFER AMOUNT: 751,894.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
SERVICE FEES AND EXPENSE SHARING - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER GOULD MEDICAL FOUNDATION
CONTROLLED ENTITY'S ADDRESS: 600 COFFEE ROAD
CITY, STATE & ZIP: MODESTO, CA 95355
EIN: 94-1682256
TRANSFER AMOUNT: 1,557,229.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
WORKERS' COMPENSATION PREMIUMS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER HEALTH PACIFIC
CONTROLLED ENTITY'S ADDRESS: 91-2301 FORT WEAVER ROAD
CITY, STATE & ZIP: EWA BEACH, HI 96706
EIN: 99-0298651
TRANSFER AMOUNT: 600,000.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
EQUITY TRANSFERS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER HEALTH PACIFIC
CONTROLLED ENTITY'S ADDRESS: 91-2301 FORT WEAVER ROAD
CITY, STATE & ZIP: EWA BEACH, HI 96706
EIN: 99-0298651
TRANSFER AMOUNT: 5,000.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
SERVICE FEES AND EXPENSE SHARING - SEE STATEMENTS 5 & 6

CONTINUED

FORM 990, PART XI - TRANSFERS TO CONTROLLED ENTITIES STATEMENT (CONT'

CONTROLLED ENTITY'S NAME: SUTTER HEALTH SACRAMENTO SIERRA REGION
CONTROLLED ENTITY'S ADDRESS: P.O. BOX 160727
CITY, STATE & ZIP: SACRAMENTO, CA 95816
EIN: 94-1156621
TRANSFER AMOUNT: 4,101,456.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
EQUITY TRANSFERS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER HEALTH SACRAMENTO SIERRA REGION
CONTROLLED ENTITY'S ADDRESS: P.O. BOX 160727
CITY, STATE & ZIP: SACRAMENTO, CA 95816
EIN: 94-1156621
TRANSFER AMOUNT: 95,451.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
RENT - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER HEALTH SACRAMENTO SIERRA REGION
CONTROLLED ENTITY'S ADDRESS: P.O. BOX 160727
CITY, STATE & ZIP: SACRAMENTO, CA 95816
EIN: 94-1156621
TRANSFER AMOUNT: 15,995,331.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
SERVICE FEES AND EXPENSE SHARING - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER HEALTH SACRAMENTO SIERRA REGION
CONTROLLED ENTITY'S ADDRESS: P.O. BOX 160727
CITY, STATE & ZIP: SACRAMENTO, CA 95816
EIN: 94-1156621
TRANSFER AMOUNT: 15,518,837.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
WORKERS' COMPENSATION PREMIUMS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER LAKESIDE HOSPITAL
CONTROLLED ENTITY'S ADDRESS: 5176 HILL ROAD EAST
CITY, STATE & ZIP: LAKEPORT, CA 95453
EIN: 94-1628356
TRANSFER AMOUNT: 4,076,057.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
EQUITY TRANSFERS - SEE STATEMENTS 5 & 6

CONTINUED

FORM 990, PART XI - TRANSFERS TO CONTROLLED ENTITIES STATEMENT (CONT'

CONTROLLED ENTITY'S NAME: SUTTER LAKESIDE HOSPITAL
CONTROLLED ENTITY'S ADDRESS: 5176 HILL ROAD EAST
CITY, STATE & ZIP: LAKEPORT, CA 95453
EIN: 94-1628356
TRANSFER AMOUNT: 181,677.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
SERVICE FEES AND EXPENSE SHARING - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER LAKESIDE HOSPITAL
CONTROLLED ENTITY'S ADDRESS: 5176 HILL ROAD EAST
CITY, STATE & ZIP: LAKEPORT, CA 95453
EIN: 94-1628356
TRANSFER AMOUNT: 945,353.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
WORKERS' COMPENSATION PREMIUMS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER MARIN (FKA NCH)
CONTROLLED ENTITY'S ADDRESS: P.O. BOX 8010
CITY, STATE & ZIP: SAN RAFAEL, CA 94912
EIN: 51-0206463
TRANSFER AMOUNT: 500,000.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
EQUITY TRANSFERS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER MARIN (FKA NCH)
CONTROLLED ENTITY'S ADDRESS: P.O. BOX 8010
CITY, STATE & ZIP: SAN RAFAEL, CA 94912
EIN: 51-0206463
TRANSFER AMOUNT: 589,557.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
SERVICE FEES AND EXPENSE SHARING - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER MARIN (FKA NCH)
CONTROLLED ENTITY'S ADDRESS: P.O. BOX 8010
CITY, STATE & ZIP: SAN RAFAEL, CA 94912
EIN: 51-0206463
TRANSFER AMOUNT: 567,670.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
WORKERS' COMPENSATION PREMIUMS - SEE STATEMENTS 5 & 6

CONTINUED

FORM 990, PART XI - TRANSFERS TO CONTROLLED ENTITIES STATEMENT (CONT'

CONTROLLED ENTITY'S NAME: SUTTER MATERNITY & SURGERY CENTER OF SAN
CONTROLLED ENTITY'S ADDRESS: 2025 SOQUEL AVENUE
CITY, STATE & ZIP: SANTA CRUZ, CA 95062
EIN: 68-0279954
TRANSFER AMOUNT: 77,744.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
EQUITY TRANSFERS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER MATERNITY & SURGERY CENTER OF SAN
CONTROLLED ENTITY'S ADDRESS: 2025 SOQUEL AVENUE
CITY, STATE & ZIP: SANTA CRUZ, CA 95062
EIN: 68-0279954
TRANSFER AMOUNT: 101,858.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
SERVICE FEES AND EXPENSE SHARING - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER MEDICAL CENTER FOUNDATION
CONTROLLED ENTITY'S ADDRESS: P.O. BOX 160727
CITY, STATE & ZIP: SACRAMENTO, CA 95816
EIN: 94-2788906
TRANSFER AMOUNT: 67,087.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
SERVICE FEES AND EXPENSE SHARING - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER MEDICAL CENTER OF SANTA ROSA
CONTROLLED ENTITY'S ADDRESS: 3325 CHANATE ROAD
CITY, STATE & ZIP: SANTA ROSA, CA 95404
EIN: 68-0374805
TRANSFER AMOUNT: 16,079,613.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
EQUITY TRANSFERS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER MEDICAL CENTER OF SANTA ROSA
CONTROLLED ENTITY'S ADDRESS: 3325 CHANATE ROAD
CITY, STATE & ZIP: SANTA ROSA, CA 95404
EIN: 68-0374805
TRANSFER AMOUNT: 2,189,418.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
SERVICE FEES AND EXPENSE SHARING - SEE STATEMENTS 5 & 6

CONTINUED

FORM 990, PART XI - TRANSFERS TO CONTROLLED ENTITIES STATEMENT (CONT'

CONTROLLED ENTITY'S NAME: SUTTER MEDICAL CENTER OF SANTA ROSA
CONTROLLED ENTITY'S ADDRESS: 3325 CHANATE ROAD
CITY, STATE & ZIP: SANTA ROSA, CA 95404
EIN: 68-0374805
TRANSFER AMOUNT: 4,798,342.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
WORKERS' COMPENSATION PREMIUMS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER MEDICAL FOUNDATION
CONTROLLED ENTITY'S ADDRESS: 2800 L STREET, 7TH FLOOR
CITY, STATE & ZIP: SACRAMENTO, CA 95816
EIN: 68-0273974
TRANSFER AMOUNT: 29,600,000.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
EQUITY TRANSFERS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER MEDICAL FOUNDATION
CONTROLLED ENTITY'S ADDRESS: 2800 L STREET, 7TH FLOOR
CITY, STATE & ZIP: SACRAMENTO, CA 95816
EIN: 68-0273974
TRANSFER AMOUNT: 3,313,616.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
SERVICE FEES AND EXPENSE SHARING - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER MEDICAL FOUNDATION
CONTROLLED ENTITY'S ADDRESS: 2800 L STREET, 7TH FLOOR
CITY, STATE & ZIP: SACRAMENTO, CA 95816
EIN: 68-0273974
TRANSFER AMOUNT: 1,265,406.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
WORKERS' COMPENSATION PREMIUMS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER NORTH MEDICAL FOUNDATION
CONTROLLED ENTITY'S ADDRESS: 969 PLUMAS STREET, SUITE 205
CITY, STATE & ZIP: YUBA CITY, CA 95991
EIN: 94-1080019
TRANSFER AMOUNT: 12,125,218.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
EQUITY TRANSFERS - SEE STATEMENTS 5 & 6

CONTINUED

FORM 990, PART XI - TRANSFERS TO CONTROLLED ENTITIES STATEMENT (CONT'

CONTROLLED ENTITY'S NAME: SUTTER NORTH MEDICAL FOUNDATION
CONTROLLED ENTITY'S ADDRESS: 969 PLUMAS STREET, SUITE 205
CITY, STATE & ZIP: YUBA CITY, CA 95991
EIN: 94-1080019
TRANSFER AMOUNT: 27,271.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
SERVICE FEES AND EXPENSE SHARING - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER NORTH MEDICAL FOUNDATION
CONTROLLED ENTITY'S ADDRESS: 969 PLUMAS STREET, SUITE 205
CITY, STATE & ZIP: YUBA CITY, CA 95991
EIN: 94-1080019
TRANSFER AMOUNT: 456,209.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
WORKERS' COMPENSATION PREMIUMS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER REGIONAL MEDICAL FOUNDATION
CONTROLLED ENTITY'S ADDRESS: 1234 EMPIRE STREET
CITY, STATE & ZIP: FAIRFIELD, CA 94533
EIN: 20-0078199
TRANSFER AMOUNT: 3,395,976.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
DEVELOPMENT AGREEMENTS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER REGIONAL MEDICAL FOUNDATION
CONTROLLED ENTITY'S ADDRESS: 1234 EMPIRE STREET
CITY, STATE & ZIP: FAIRFIELD, CA 94533
EIN: 20-0078199
TRANSFER AMOUNT: 31,000,000.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
EQUITY TRANSFERS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER REGIONAL MEDICAL FOUNDATION
CONTROLLED ENTITY'S ADDRESS: 1234 EMPIRE STREET
CITY, STATE & ZIP: FAIRFIELD, CA 94533
EIN: 20-0078199
TRANSFER AMOUNT: 28,758.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
SERVICE FEES AND EXPENSE SHARING - SEE STATEMENTS 5 & 6

CONTINUED

FORM 990, PART XI - TRANSFERS TO CONTROLLED ENTITIES STATEMENT (CONT'

CONTROLLED ENTITY'S NAME: SUTTER REGIONAL MEDICAL FOUNDATION
CONTROLLED ENTITY'S ADDRESS: 1234 EMPIRE STREET
CITY, STATE & ZIP: FAIRFIELD, CA 94533
EIN: 20-0078199
TRANSFER AMOUNT: 372,144.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
WORKERS' COMPENSATION PREMIUMS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER SOLANO MEDICAL CENTER
CONTROLLED ENTITY'S ADDRESS: 300 HOSPITAL DRIVE
CITY, STATE & ZIP: VALLEJO, CA 94589
EIN: 94-1241942
TRANSFER AMOUNT: 3,512,602.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
EQUITY TRANSFERS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER SOLANO MEDICAL CENTER
CONTROLLED ENTITY'S ADDRESS: 300 HOSPITAL DRIVE
CITY, STATE & ZIP: VALLEJO, CA 94589
EIN: 94-1241942
TRANSFER AMOUNT: 22,597.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
SERVICE FEES AND EXPENSE SHARING - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER SOLANO MEDICAL CENTER
CONTROLLED ENTITY'S ADDRESS: 300 HOSPITAL DRIVE
CITY, STATE & ZIP: VALLEJO, CA 94589
EIN: 94-1241942
TRANSFER AMOUNT: 1,552,739.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
WORKERS' COMPENSATION PREMIUMS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER TRACY COMMUNITY HOSPITAL
CONTROLLED ENTITY'S ADDRESS: 1420 NORTH TRACY BLVD.
CITY, STATE & ZIP: TRACY, CA 95376
EIN: 94-1196220
TRANSFER AMOUNT: 76,654.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
EQUITY TRANSFERS - SEE STATEMENTS 5 & 6

CONTINUED

FORM 990, PART XI - TRANSFERS TO CONTROLLED ENTITIES STATEMENT (CONT'

CONTROLLED ENTITY'S NAME: SUTTER TRACY COMMUNITY HOSPITAL
CONTROLLED ENTITY'S ADDRESS: 1420 NORTH TRACY BLVD.
CITY, STATE & ZIP: TRACY, CA 95376
EIN: 94-1196220
TRANSFER AMOUNT: 261,406.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
SERVICE FEES AND EXPENSE SHARING - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER TRACY COMMUNITY HOSPITAL
CONTROLLED ENTITY'S ADDRESS: 1420 NORTH TRACY BLVD.
CITY, STATE & ZIP: TRACY, CA 95376
EIN: 94-1196220
TRANSFER AMOUNT: 765,054.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
WORKERS' COMPENSATION PREMIUMS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER VISITING NURSES ASSOCIATION AND H
CONTROLLED ENTITY'S ADDRESS: 1900 POWELL STREET, SUITE 300
CITY, STATE & ZIP: EMERYVILLE, CA 94608
EIN: 94-6068843
TRANSFER AMOUNT: 3,000,000.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
EQUITY TRANSFERS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER VISITING NURSES ASSOCIATION AND H
CONTROLLED ENTITY'S ADDRESS: 1900 POWELL STREET, SUITE 300
CITY, STATE & ZIP: EMERYVILLE, CA 94608
EIN: 94-6068843
TRANSFER AMOUNT: 12,036,544.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
SERVICE FEES AND EXPENSE SHARING - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER VISITING NURSES ASSOCIATION AND H
CONTROLLED ENTITY'S ADDRESS: 1900 POWELL STREET, SUITE 300
CITY, STATE & ZIP: EMERYVILLE, CA 94608
EIN: 94-6068843
TRANSFER AMOUNT: 4,729,071.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
WORKERS' COMPENSATION PREMIUMS - SEE STATEMENTS 5 & 6

CONTINUED

FORM 990, PART XI - TRANSFERS TO CONTROLLED ENTITIES STATEMENT (CONT'

CONTROLLED ENTITY'S NAME:	TRACY COMMUNITY MEMORIAL HOSPITAL FDN
CONTROLLED ENTITY'S ADDRESS:	1420 NORTH TRACY BLVD.
CITY, STATE & ZIP:	TRACY, CA 95376
EIN:	68-0318845
TRANSFER AMOUNT:	6,210.

EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
SERVICE FEES AND EXPENSE SHARING - SEE STATEMENTS 5 & 6

FORM 990, PART XI - TRANSFERS FROM CONTROLLED ENTITIES STATEMENT

CONTROLLED ENTITY'S NAME: ALTA BATES SUMMIT FOUNDATION
CONTROLLED ENTITY'S ADDRESS: 3012 SUMMIT STREET, 3RD FLOOR
CITY, STATE & ZIP: OAKLAND, CA 94609
EIN: 51-0160184
TRANSFER AMOUNT: 14,158.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
SERVICE FEES AND EXPENSE SHARING - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: ALTA BATES SUMMIT MEDICAL CENTER
CONTROLLED ENTITY'S ADDRESS: 3012 SUMMIT STREET, 3RD FLOOR
CITY, STATE & ZIP: OAKLAND, CA 94609
EIN: 94-1196176
TRANSFER AMOUNT: 62,877,995.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
EQUITY TRANSFERS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: ALTA BATES SUMMIT MEDICAL CENTER
CONTROLLED ENTITY'S ADDRESS: 3012 SUMMIT STREET, 3RD FLOOR
CITY, STATE & ZIP: OAKLAND, CA 94609
EIN: 94-1196176
TRANSFER AMOUNT: 20,181,714.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
SERVICE FEES AND EXPENSE SHARING - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: ALTA BATES SUMMIT MEDICAL CENTER
CONTROLLED ENTITY'S ADDRESS: 3012 SUMMIT STREET, 3RD FLOOR
CITY, STATE & ZIP: OAKLAND, CA 94609
EIN: 94-1196176
TRANSFER AMOUNT: 17,451,595.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
SUPPORT SERVICES - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: ALTA BATES SUMMIT MEDICAL CENTER
CONTROLLED ENTITY'S ADDRESS: 3012 SUMMIT STREET, 3RD FLOOR
CITY, STATE & ZIP: OAKLAND, CA 94609
EIN: 94-1196176
TRANSFER AMOUNT: 17,744,584.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
WORKERS' COMPENSATION PREMIUMS - SEE STATEMENTS 5 & 6

CONTINUED

FORM 990, PART XI - TRANSFERS FROM CONTROLLED ENTITIES STATEMENT (CON

CONTROLLED ENTITY'S NAME: CALIFORNIA PACIFIC MEDICAL CENTER
CONTROLLED ENTITY'S ADDRESS: P.O. BOX 7999
CITY, STATE & ZIP: SAN FRANCISCO, CA 94120
EIN: 94-0562680
TRANSFER AMOUNT: 68,918,141.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
EQUITY TRANSFERS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: CALIFORNIA PACIFIC MEDICAL CENTER
CONTROLLED ENTITY'S ADDRESS: P.O. BOX 7999
CITY, STATE & ZIP: SAN FRANCISCO, CA 94120
EIN: 94-0562680
TRANSFER AMOUNT: 36,216,187.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
SERVICE FEES AND EXPENSE SHARING - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: CALIFORNIA PACIFIC MEDICAL CENTER
CONTROLLED ENTITY'S ADDRESS: P.O. BOX 7999
CITY, STATE & ZIP: SAN FRANCISCO, CA 94120
EIN: 94-0562680
TRANSFER AMOUNT: 30,932,996.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
SUPPORT SERVICES - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: CALIFORNIA PACIFIC MEDICAL CENTER
CONTROLLED ENTITY'S ADDRESS: P.O. BOX 7999
CITY, STATE & ZIP: SAN FRANCISCO, CA 94120
EIN: 94-0562680
TRANSFER AMOUNT: 1,032,626.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
WORKERS' COMPENSATION PREMIUMS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: EDEN MEDICAL CENTER
CONTROLLED ENTITY'S ADDRESS: 20103 LAKE CHABOT ROAD
CITY, STATE & ZIP: CASTRO VALLEY, CA 94546
EIN: 94-2948100
TRANSFER AMOUNT: 24,100,000.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
EQUITY TRANSFERS - SEE STATEMENTS 5 & 6

CONTINUED

FORM 990, PART XI - TRANSFERS FROM CONTROLLED ENTITIES STATEMENT (CON

CONTROLLED ENTITY'S NAME: EDEN MEDICAL CENTER
CONTROLLED ENTITY'S ADDRESS: 20103 LAKE CHABOT ROAD
CITY, STATE & ZIP: CASTRO VALLEY, CA 94546
EIN: 94-2948100
TRANSFER AMOUNT: 9,578,586.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
SERVICE FEES AND EXPENSE SHARING - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: EDEN MEDICAL CENTER
CONTROLLED ENTITY'S ADDRESS: 20103 LAKE CHABOT ROAD
CITY, STATE & ZIP: CASTRO VALLEY, CA 94546
EIN: 94-2948100
TRANSFER AMOUNT: 5,505,085.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
SUPPORT SERVICES - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: EDEN MEDICAL CENTER
CONTROLLED ENTITY'S ADDRESS: 20103 LAKE CHABOT ROAD
CITY, STATE & ZIP: CASTRO VALLEY, CA 94546
EIN: 94-2948100
TRANSFER AMOUNT: 3,244,070.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
WORKERS' COMPENSATION PREMIUMS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: MARIN COMMUNITY HEALTH
CONTROLLED ENTITY'S ADDRESS: 250 BON AIR ROAD
CITY, STATE & ZIP: GREENBRAE, CA 94904
EIN: 94-2994751
TRANSFER AMOUNT: 6,900,000.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
EQUITY TRANSFERS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: MARIN GENERAL HOSPITAL
CONTROLLED ENTITY'S ADDRESS: 250 BON AIR ROAD
CITY, STATE & ZIP: GREENBRAE, CA 94904
EIN: 94-2823538
TRANSFER AMOUNT: 37,280,409.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
EQUITY TRANSFERS - SEE STATEMENTS 5 & 6

CONTINUED

FORM 990, PART XI - TRANSFERS FROM CONTROLLED ENTITIES STATEMENT (CON

CONTROLLED ENTITY'S NAME: MARIN GENERAL HOSPITAL
CONTROLLED ENTITY'S ADDRESS: 250 BON AIR ROAD
CITY, STATE & ZIP: GREENBRAE, CA 94904
EIN: 94-2823538
TRANSFER AMOUNT: 1,945,798.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
RENTAL TRANSFERS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: MARIN GENERAL HOSPITAL
CONTROLLED ENTITY'S ADDRESS: 250 BON AIR ROAD
CITY, STATE & ZIP: GREENBRAE, CA 94904
EIN: 94-2823538
TRANSFER AMOUNT: 11,843,188.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
SERVICE FEES AND EXPENSE SHARING - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: MARIN GENERAL HOSPITAL
CONTROLLED ENTITY'S ADDRESS: 250 BON AIR ROAD
CITY, STATE & ZIP: GREENBRAE, CA 94904
EIN: 94-2823538
TRANSFER AMOUNT: 5,110,663.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
SUPPORT SERVICES - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: MEMORIAL HOSPITALS ASSOCIATION
CONTROLLED ENTITY'S ADDRESS: 1800 COFFEE ROAD, SUITE 76
CITY, STATE & ZIP: MODESTO, CA 95355
EIN: 94-1080917
TRANSFER AMOUNT: 62,500,000.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
EQUITY TRANSFERS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: MEMORIAL HOSPITALS ASSOCIATION
CONTROLLED ENTITY'S ADDRESS: 1800 COFFEE ROAD, SUITE 76
CITY, STATE & ZIP: MODESTO, CA 95355
EIN: 94-1080917
TRANSFER AMOUNT: 11,426,811.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
SERVICE FEES AND EXPENSE SHARING - SEE STATEMENTS 5 & 6

CONTINUED

FORM 990, PART XI - TRANSFERS FROM CONTROLLED ENTITIES STATEMENT (CON

CONTROLLED ENTITY'S NAME: MEMORIAL HOSPITALS ASSOCIATION
CONTROLLED ENTITY'S ADDRESS: 1800 COFFEE ROAD, SUITE 76
CITY, STATE & ZIP: MODESTO, CA 95355
EIN: 94-1080917
TRANSFER AMOUNT: 8,552,500.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
SUPPORT SERVICES - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: MILLS-PENINSULA HEALTH SERVICES
CONTROLLED ENTITY'S ADDRESS: 1783 EL CAMINO REAL
CITY, STATE & ZIP: BURLINGAME, CA 94010
EIN: 94-1156265
TRANSFER AMOUNT: 105,001,174.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
EQUITY TRANSFERS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: MILLS-PENINSULA HEALTH SERVICES
CONTROLLED ENTITY'S ADDRESS: 1783 EL CAMINO REAL
CITY, STATE & ZIP: BURLINGAME, CA 94010
EIN: 94-1156265
TRANSFER AMOUNT: 83,710,479.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
SERVICE FEES AND EXPENSE SHARING - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: MILLS-PENINSULA HEALTH SERVICES
CONTROLLED ENTITY'S ADDRESS: 1783 EL CAMINO REAL
CITY, STATE & ZIP: BURLINGAME, CA 94010
EIN: 94-1156265
TRANSFER AMOUNT: 7,291,633.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
SUPPORT SERVICES - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: MILLS-PENINSULA HEALTH SERVICES
CONTROLLED ENTITY'S ADDRESS: 1783 EL CAMINO REAL
CITY, STATE & ZIP: BURLINGAME, CA 94010
EIN: 94-1156265
TRANSFER AMOUNT: 3,550,982.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
WORKERS' COMPENSATION PREMIUMS - SEE STATEMENTS 5 & 6

CONTINUED

FORM 990, PART XI - TRANSFERS FROM CONTROLLED ENTITIES STATEMENT (CON

CONTROLLED ENTITY'S NAME: PALO ALTO MEDICAL FOUNDATION
CONTROLLED ENTITY'S ADDRESS: 795 EL CAMINO REAL
CITY, STATE & ZIP: PALO ALTO, CA 94301
EIN: 94-1156581
TRANSFER AMOUNT: 1,738,632.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
DEVELOPMENT AGREEMENTS - SEE STATEMENT 5 & 6

CONTROLLED ENTITY'S NAME: PALO ALTO MEDICAL FOUNDATION
CONTROLLED ENTITY'S ADDRESS: 795 EL CAMINO REAL
CITY, STATE & ZIP: PALO ALTO, CA 94301
EIN: 94-1156581
TRANSFER AMOUNT: 58,288,628.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
EQUITY TRANSFERS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: PALO ALTO MEDICAL FOUNDATION
CONTROLLED ENTITY'S ADDRESS: 795 EL CAMINO REAL
CITY, STATE & ZIP: PALO ALTO, CA 94301
EIN: 94-1156581
TRANSFER AMOUNT: 17,281,113.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
SERVICE FEES AND EXPENSE SHARING - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: PALO ALTO MEDICAL FOUNDATION
CONTROLLED ENTITY'S ADDRESS: 795 EL CAMINO REAL
CITY, STATE & ZIP: PALO ALTO, CA 94301
EIN: 94-1156581
TRANSFER AMOUNT: 8,453,850.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
SUPPORT SERVICES - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: PHYSICIAN FOUNDATION AT CPMC
CONTROLLED ENTITY'S ADDRESS: 1700 CALIFORNIA STREET, SUITE 530
CITY, STATE & ZIP: SAN FRANCISCO, CA 94109
EIN: 94-2948131
TRANSFER AMOUNT: 1,925,903.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
SERVICE FEES AND EXPENSE SHARING - SEE STATEMENTS 5 & 6

CONTINUED

FORM 990, PART XI - TRANSFERS FROM CONTROLLED ENTITIES STATEMENT (CON

CONTROLLED ENTITY'S NAME: PHYSICIAN FOUNDATION AT CPMC
CONTROLLED ENTITY'S ADDRESS: 1700 CALIFORNIA STREET, SUITE 530
CITY, STATE & ZIP: SAN FRANCISCO, CA 94109
EIN: 94-2948131
TRANSFER AMOUNT: 793,979.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
SUPPORT SERVICES - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: ST. LUKE'S HEALTH CARE CENTER
CONTROLLED ENTITY'S ADDRESS: 3555 CESAR CHAVEZ STREET
CITY, STATE & ZIP: SAN FRANCISCO, CA 94110
EIN: 51-0201241
TRANSFER AMOUNT: 160,500.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
SERVICE FEES AND EXPENSE SHARING - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: ST. LUKE'S HEALTH CARE CENTER
CONTROLLED ENTITY'S ADDRESS: 3555 CESAR CHAVEZ STREET
CITY, STATE & ZIP: SAN FRANCISCO, CA 94110
EIN: 51-0201241
TRANSFER AMOUNT: 379,933.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
SUPPORT SERVICES - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: ST. LUKE'S HEALTH CARE CENTER
CONTROLLED ENTITY'S ADDRESS: 3555 CESAR CHAVEZ STREET
CITY, STATE & ZIP: SAN FRANCISCO, CA 94110
EIN: 51-0201241
TRANSFER AMOUNT: 194,129.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
WORKERS' COMPENSATION PREMIUMS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER AMADOR HOSPITAL
CONTROLLED ENTITY'S ADDRESS: 200 MISSION BLVD.
CITY, STATE & ZIP: JACKSON, CA 95642
EIN: 68-0291072
TRANSFER AMOUNT: 22,800,000.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
EQUITY TRANSFERS - SEE STATEMENTS 5 & 6

CONTINUED

FORM 990, PART XI - TRANSFERS FROM CONTROLLED ENTITIES STATEMENT (CON

CONTROLLED ENTITY'S NAME: SUTTER AMADOR HOSPITAL
CONTROLLED ENTITY'S ADDRESS: 200 MISSION BLVD.
CITY, STATE & ZIP: JACKSON, CA 95642
EIN: 68-0291072
TRANSFER AMOUNT: 8,914,089.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
SERVICE FEES AND EXPENSE SHARING - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER AMADOR HOSPITAL
CONTROLLED ENTITY'S ADDRESS: 200 MISSION BLVD.
CITY, STATE & ZIP: JACKSON, CA 95642
EIN: 68-0291072
TRANSFER AMOUNT: 1,280,976.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
SUPPORT SERVICES - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER AMADOR HOSPITAL
CONTROLLED ENTITY'S ADDRESS: 200 MISSION BLVD.
CITY, STATE & ZIP: JACKSON, CA 95642
EIN: 68-0291072
TRANSFER AMOUNT: 707,364.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
WORKERS' COMPENSATION PREMIUMS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER COAST HOSPITAL
CONTROLLED ENTITY'S ADDRESS: 800 E. WASHINGTON BLVD.
CITY, STATE & ZIP: CRESCENT CITY, CA 95531
EIN: 94-2988520
TRANSFER AMOUNT: 3,626,334.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
EQUITY TRANSFERS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER COAST HOSPITAL
CONTROLLED ENTITY'S ADDRESS: 800 E. WASHINGTON BLVD.
CITY, STATE & ZIP: CRESCENT CITY, CA 95531
EIN: 94-2988520
TRANSFER AMOUNT: 2,995,719.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
SERVICE FEES AND EXPENSE SHARING - SEE STATEMENTS 5 & 6

CONTINUED

FORM 990, PART XI - TRANSFERS FROM CONTROLLED ENTITIES STATEMENT (CON

CONTROLLED ENTITY'S NAME: SUTTER COAST HOSPITAL
CONTROLLED ENTITY'S ADDRESS: 800 E. WASHINGTON BLVD.
CITY, STATE & ZIP: CRESCENT CITY, CA 95531
EIN: 94-2988520
TRANSFER AMOUNT: 1,420,192.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
SUPPORT SERVICES - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER COAST HOSPITAL
CONTROLLED ENTITY'S ADDRESS: 800 E. WASHINGTON BLVD.
CITY, STATE & ZIP: CRESCENT CITY, CA 95531
EIN: 94-2988520
TRANSFER AMOUNT: 962,861.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
WORKERS' COMPENSATION PREMIUMS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER CONNECT
CONTROLLED ENTITY'S ADDRESS: 10470 OLD PLACERVILLE ROAD
CITY, STATE & ZIP: SACRAMENTO, CA 95827
EIN: 68-0209157
TRANSFER AMOUNT: 2,627,500.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
SERVICE FEES AND EXPENSE SHARING - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER DELTA MEDICAL CENTER
CONTROLLED ENTITY'S ADDRESS: 3901 LONE TREE WAY
CITY, STATE & ZIP: ANTIOCH, CA 94509
EIN: 94-1552887
TRANSFER AMOUNT: 3,000,000.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
EQUITY TRANSFERS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER DELTA MEDICAL CENTER
CONTROLLED ENTITY'S ADDRESS: 3901 LONE TREE WAY
CITY, STATE & ZIP: ANTIOCH, CA 94509
EIN: 94-1552887
TRANSFER AMOUNT: 6,007,567.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
SERVICE FEES AND EXPENSE SHARING - SEE STATEMENTS 5 & 6

CONTINUED

FORM 990, PART XI - TRANSFERS FROM CONTROLLED ENTITIES STATEMENT (CON

CONTROLLED ENTITY'S NAME: SUTTER DELTA MEDICAL CENTER
CONTROLLED ENTITY'S ADDRESS: 3901 LONE TREE WAY
CITY, STATE & ZIP: ANTIOCH, CA 94509
EIN: 94-1552887
TRANSFER AMOUNT: 3,118,383.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
SUPPORT SERVICES - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER DELTA MEDICAL CENTER
CONTROLLED ENTITY'S ADDRESS: 3901 LONE TREE WAY
CITY, STATE & ZIP: ANTIOCH, CA 94509
EIN: 94-1552887
TRANSFER AMOUNT: 1,703,164.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
WORKERS' COMPENSATION PREMIUMS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER EAST BAY MEDICAL FOUNDATION
CONTROLLED ENTITY'S ADDRESS: 3687 MT. DIABLO BLVD., SUITE 200
CITY, STATE & ZIP: LAFAYETTE, CA 94549
EIN: 94-2690415
TRANSFER AMOUNT: 1,368,019.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
SERVICE FEES AND EXPENSE SHARING - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER EAST BAY MEDICAL FOUNDATION
CONTROLLED ENTITY'S ADDRESS: 3687 MT. DIABLO BLVD., SUITE 200
CITY, STATE & ZIP: LAFAYETTE, CA 94549
EIN: 94-2690415
TRANSFER AMOUNT: 319,717.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
SUPPORT SERVICES - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER GOULD MEDICAL FOUNDATION
CONTROLLED ENTITY'S ADDRESS: 600 COFFEE ROAD
CITY, STATE & ZIP: MODESTO, CA 95355
EIN: 94-1682256
TRANSFER AMOUNT: 13,300,000.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
EQUITY TRANSFERS - SEE STATEMENTS 5 & 6

CONTINUED

FORM 990, PART XI - TRANSFERS FROM CONTROLLED ENTITIES STATEMENT (CON

CONTROLLED ENTITY'S NAME: SUTTER GOULD MEDICAL FOUNDATION
CONTROLLED ENTITY'S ADDRESS: 600 COFFEE ROAD
CITY, STATE & ZIP: MODESTO, CA 95355
EIN: 94-1682256
TRANSFER AMOUNT: 11,645,782.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
SERVICE FEES AND EXPENSE SHARING - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER GOULD MEDICAL FOUNDATION
CONTROLLED ENTITY'S ADDRESS: 600 COFFEE ROAD
CITY, STATE & ZIP: MODESTO, CA 95355
EIN: 94-1682256
TRANSFER AMOUNT: 2,227,730.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
SUPPORT SERVICES - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER GOULD MEDICAL FOUNDATION
CONTROLLED ENTITY'S ADDRESS: 600 COFFEE ROAD
CITY, STATE & ZIP: MODESTO, CA 95355
EIN: 94-1682256
TRANSFER AMOUNT: 920,013.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
WORKERS' COMPENSATION PREMIUMS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER HEALTH PACIFIC
CONTROLLED ENTITY'S ADDRESS: 91-2301 FORT WEAVER ROAD
CITY, STATE & ZIP: EWA BEACH, HI 96706
EIN: 99-0298651
TRANSFER AMOUNT: 742,957.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
SERVICE FEES AND EXPENSE SHARING - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER HEALTH PACIFIC
CONTROLLED ENTITY'S ADDRESS: 91-2301 FORT WEAVER ROAD
CITY, STATE & ZIP: EWA BEACH, HI 96706
EIN: 99-0298651
TRANSFER AMOUNT: 538,878.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
SUPPORT SERVICES - SEE STATEMENTS 5 & 6

CONTINUED

FORM 990, PART XI - TRANSFERS FROM CONTROLLED ENTITIES STATEMENT (CON

CONTROLLED ENTITY'S NAME: SUTTER HEALTH SACRAMENTO SIERRA REGION
CONTROLLED ENTITY'S ADDRESS: P.O. BOX 160727
CITY, STATE & ZIP: SACRAMENTO, CA 95816
EIN: 94-1156621
TRANSFER AMOUNT: 137,802,175.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
EQUITY TRANSFERS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER HEALTH SACRAMENTO SIERRA REGION
CONTROLLED ENTITY'S ADDRESS: P.O. BOX 160727
CITY, STATE & ZIP: SACRAMENTO, CA 95816
EIN: 94-1156621
TRANSFER AMOUNT: 196,397,645.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
SERVICE FEES AND EXPENSE SHARING - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER HEALTH SACRAMENTO SIERRA REGION
CONTROLLED ENTITY'S ADDRESS: P.O. BOX 160727
CITY, STATE & ZIP: SACRAMENTO, CA 95816
EIN: 94-1156621
TRANSFER AMOUNT: 23,092,309.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
SUPPORT SERVICES - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER HEALTH SACRAMENTO SIERRA REGION
CONTROLLED ENTITY'S ADDRESS: P.O. BOX 160727
CITY, STATE & ZIP: SACRAMENTO, CA 95816
EIN: 94-1156621
TRANSFER AMOUNT: 11,391,313.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
WORKERS' COMPENSATION PREMIUMS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER INSURANCE SERVICES CORPORATION
CONTROLLED ENTITY'S ADDRESS: 745 FORT STREET, SUITE 1100
CITY, STATE & ZIP: HONOLULU, HI 96813
EIN: 99-0289310
TRANSFER AMOUNT: 6,851,504.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
SERVICE FEES AND EXPENSE SHARING - SEE STATEMENTS 5 & 6

CONTINUED

FORM 990, PART XI - TRANSFERS FROM CONTROLLED ENTITIES STATEMENT (CON

CONTROLLED ENTITY'S NAME: SUTTER LAKESIDE HOSPITAL
CONTROLLED ENTITY'S ADDRESS: 5176 HILL ROAD EAST
CITY, STATE & ZIP: LAKEPORT, CA 95453
EIN: 94-1628356
TRANSFER AMOUNT: 29,772.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
EQUITY TRANSFERS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER LAKESIDE HOSPITAL
CONTROLLED ENTITY'S ADDRESS: 5176 HILL ROAD EAST
CITY, STATE & ZIP: LAKEPORT, CA 95453
EIN: 94-1628356
TRANSFER AMOUNT: 3,635,944.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
SERVICE FEES AND EXPENSE SHARING - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER LAKESIDE HOSPITAL
CONTROLLED ENTITY'S ADDRESS: 5176 HILL ROAD EAST
CITY, STATE & ZIP: LAKEPORT, CA 95453
EIN: 94-1628356
TRANSFER AMOUNT: 1,547,807.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
SUPPORT SERVICES - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER LAKESIDE HOSPITAL
CONTROLLED ENTITY'S ADDRESS: 5176 HILL ROAD EAST
CITY, STATE & ZIP: LAKEPORT, CA 95453
EIN: 94-1628356
TRANSFER AMOUNT: 1,081,451.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
WORKERS' COMPENSATION PREMIUMS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER MARIN (FKA NCH)
CONTROLLED ENTITY'S ADDRESS: P.O. BOX 8010
CITY, STATE & ZIP: SAN RAFAEL, CA 94912
EIN: 51-0206463
TRANSFER AMOUNT: 10,100,386.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
EQUITY TRANSFERS - SEE STATEMENTS 5 & 6

CONTINUED

FORM 990, PART XI - TRANSFERS FROM CONTROLLED ENTITIES STATEMENT (CON

CONTROLLED ENTITY'S NAME: SUTTER MARIN (FKA NCH)
CONTROLLED ENTITY'S ADDRESS: P.O. BOX 8010
CITY, STATE & ZIP: SAN RAFAEL, CA 94912
EIN: 51-0206463
TRANSFER AMOUNT: 1,974,945.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
SERVICE FEES AND EXPENSE SHARING - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER MARIN (FKA NCH)
CONTROLLED ENTITY'S ADDRESS: P.O. BOX 8010
CITY, STATE & ZIP: SAN RAFAEL, CA 94912
EIN: 51-0206463
TRANSFER AMOUNT: 1,252,999.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
SUPPORT SERVICES - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER MARIN (FKA NCH)
CONTROLLED ENTITY'S ADDRESS: P.O. BOX 8010
CITY, STATE & ZIP: SAN RAFAEL, CA 94912
EIN: 51-0206463
TRANSFER AMOUNT: 769,469.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
WORKERS' COMPENSATION PREMIUMS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER MATERNITY & SURGERY CENTER OF SAN
CONTROLLED ENTITY'S ADDRESS: 2025 SOQUEL AVENUE
CITY, STATE & ZIP: SANTA CRUZ, CA 95062
EIN: 68-0279954
TRANSFER AMOUNT: 10,335,796.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
EQUITY TRANSFERS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER MATERNITY & SURGERY CENTER OF SAN
CONTROLLED ENTITY'S ADDRESS: 2025 SOQUEL AVENUE
CITY, STATE & ZIP: SANTA CRUZ, CA 95062
EIN: 68-0279954
TRANSFER AMOUNT: 2,360,429.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
SERVICE FEES AND EXPENSE SHARING - SEE STATEMENTS 5 & 6

CONTINUED

FORM 990, PART XI - TRANSFERS FROM CONTROLLED ENTITIES STATEMENT (CON

CONTROLLED ENTITY'S NAME: SUTTER MATERNITY & SURGERY CENTER OF SAN
CONTROLLED ENTITY'S ADDRESS: 2025 SOQUEL AVENUE
CITY, STATE & ZIP: SANTA CRUZ, CA 95062
EIN: 68-0279954
TRANSFER AMOUNT: 784,702.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
SUPPORT SERVICES - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER MEDICAL CENTER CASTRO VALLEY
CONTROLLED ENTITY'S ADDRESS: 1800 COFFEE ROAD
CITY, STATE & ZIP: MODESTO, CA 95355
EIN: 77-0146047
TRANSFER AMOUNT: 2,000,000.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
EQUITY TRANSFERS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER MEDICAL CENTER FOUNDATION
CONTROLLED ENTITY'S ADDRESS: P.O. BOX 160727
CITY, STATE & ZIP: SACRAMENTO, CA 95816
EIN: 94-2788906
TRANSFER AMOUNT: 561,519.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
SERVICE FEES AND EXPENSE SHARING - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER MEDICAL CENTER OF SANTA ROSA
CONTROLLED ENTITY'S ADDRESS: 3325 CHANATE ROAD
CITY, STATE & ZIP: SANTA ROSA, CA 95404
EIN: 68-0374805
TRANSFER AMOUNT: 809.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
EQUITY TRANSFERS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER MEDICAL CENTER OF SANTA ROSA
CONTROLLED ENTITY'S ADDRESS: 3325 CHANATE ROAD
CITY, STATE & ZIP: SANTA ROSA, CA 95404
EIN: 68-0374805
TRANSFER AMOUNT: 19,936,949.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
SERVICE FEES AND EXPENSE SHARING - SEE STATEMENTS 5 & 6

CONTINUED

FORM 990, PART XI - TRANSFERS FROM CONTROLLED ENTITIES STATEMENT (CON

CONTROLLED ENTITY'S NAME: SUTTER MEDICAL CENTER OF SANTA ROSA
CONTROLLED ENTITY'S ADDRESS: 3325 CHANATE ROAD
CITY, STATE & ZIP: SANTA ROSA, CA 95404
EIN: 68-0374805
TRANSFER AMOUNT: 3,671,528.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
SUPPORT SERVICES - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER MEDICAL CENTER OF SANTA ROSA
CONTROLLED ENTITY'S ADDRESS: 3325 CHANATE ROAD
CITY, STATE & ZIP: SANTA ROSA, CA 95404
EIN: 68-0374805
TRANSFER AMOUNT: 3,180,140.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
WORKERS' COMPENSATION PREMIUMS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER MEDICAL FOUNDATION
CONTROLLED ENTITY'S ADDRESS: 2800 L STREET, 7TH FLOOR
CITY, STATE & ZIP: SACRAMENTO, CA 95816
EIN: 68-0273974
TRANSFER AMOUNT: 1,900,000.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
EQUITY TRANSFERS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER MEDICAL FOUNDATION
CONTROLLED ENTITY'S ADDRESS: 2800 L STREET, 7TH FLOOR
CITY, STATE & ZIP: SACRAMENTO, CA 95816
EIN: 68-0273974
TRANSFER AMOUNT: 19,134,102.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
SERVICE FEES AND EXPENSE SHARING - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER MEDICAL FOUNDATION
CONTROLLED ENTITY'S ADDRESS: 2800 L STREET, 7TH FLOOR
CITY, STATE & ZIP: SACRAMENTO, CA 95816
EIN: 68-0273974
TRANSFER AMOUNT: 3,427,768.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
SUPPORT SERVICES - SEE STATEMENTS 5 & 6

CONTINUED

FORM 990, PART XI - TRANSFERS FROM CONTROLLED ENTITIES STATEMENT (CON

CONTROLLED ENTITY'S NAME: SUTTER MEDICAL FOUNDATION
CONTROLLED ENTITY'S ADDRESS: 2800 L STREET, 7TH FLOOR
CITY, STATE & ZIP: SACRAMENTO, CA 95816
EIN: 68-0273974
TRANSFER AMOUNT: 1,247,536.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
WORKERS' COMPENSATION PREMIUMS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER NORTH MEDICAL FOUNDATION
CONTROLLED ENTITY'S ADDRESS: 969 PLUMAS STREET, SUITE 205
CITY, STATE & ZIP: YUBA CITY, CA 95991
EIN: 94-1080019
TRANSFER AMOUNT: 15,532,628.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
SERVICE FEES AND EXPENSE SHARING - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER NORTH MEDICAL FOUNDATION
CONTROLLED ENTITY'S ADDRESS: 969 PLUMAS STREET, SUITE 205
CITY, STATE & ZIP: YUBA CITY, CA 95991
EIN: 94-1080019
TRANSFER AMOUNT: 1,010,599.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
SUPPORT SERVICES - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER NORTH MEDICAL FOUNDATION
CONTROLLED ENTITY'S ADDRESS: 969 PLUMAS STREET, SUITE 205
CITY, STATE & ZIP: YUBA CITY, CA 95991
EIN: 94-1080019
TRANSFER AMOUNT: 672,149.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
WORKERS' COMPENSATION PREMIUMS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER REGIONAL MEDICAL FOUNDATION
CONTROLLED ENTITY'S ADDRESS: 1234 EMPIRE STREET
CITY, STATE & ZIP: FAIRFIELD, CA 94533
EIN: 20-0078199
TRANSFER AMOUNT: 2,436,294.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
DEVELOPMENT AGREEMENTS - SEE STATEMENT 5 & 6

CONTINUED

FORM 990, PART XI - TRANSFERS FROM CONTROLLED ENTITIES STATEMENT (CON

CONTROLLED ENTITY'S NAME: SUTTER REGIONAL MEDICAL FOUNDATION
CONTROLLED ENTITY'S ADDRESS: 1234 EMPIRE STREET
CITY, STATE & ZIP: FAIRFIELD, CA 94533
EIN: 20-0078199
TRANSFER AMOUNT: 38,419.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
EQUITY TRANSFERS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER REGIONAL MEDICAL FOUNDATION
CONTROLLED ENTITY'S ADDRESS: 1234 EMPIRE STREET
CITY, STATE & ZIP: FAIRFIELD, CA 94533
EIN: 20-0078199
TRANSFER AMOUNT: 23,262,027.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
SERVICE FEES AND EXPENSE SHARING - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER REGIONAL MEDICAL FOUNDATION
CONTROLLED ENTITY'S ADDRESS: 1234 EMPIRE STREET
CITY, STATE & ZIP: FAIRFIELD, CA 94533
EIN: 20-0078199
TRANSFER AMOUNT: 1,265,625.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
SUPPORT SERVICES - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER SOLANO MEDICAL CENTER
CONTROLLED ENTITY'S ADDRESS: 300 HOSPITAL DRIVE
CITY, STATE & ZIP: VALLEJO, CA 94589
EIN: 94-1241942
TRANSFER AMOUNT: 31,655.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
EQUITY TRANSFERS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER SOLANO MEDICAL CENTER
CONTROLLED ENTITY'S ADDRESS: 300 HOSPITAL DRIVE
CITY, STATE & ZIP: VALLEJO, CA 94589
EIN: 94-1241942
TRANSFER AMOUNT: 8,115,451.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
SERVICE FEES AND EXPENSE SHARING - SEE STATEMENTS 5 & 6

CONTINUED

FORM 990, PART XI - TRANSFERS FROM CONTROLLED ENTITIES STATEMENT (CON

CONTROLLED ENTITY'S NAME: SUTTER SOLANO MEDICAL CENTER
CONTROLLED ENTITY'S ADDRESS: 300 HOSPITAL DRIVE
CITY, STATE & ZIP: VALLEJO, CA 94589
EIN: 94-1241942
TRANSFER AMOUNT: 2,432,699.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
SUPPORT SERVICES - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER SOLANO MEDICAL CENTER
CONTROLLED ENTITY'S ADDRESS: 300 HOSPITAL DRIVE
CITY, STATE & ZIP: VALLEJO, CA 94589
EIN: 94-1241942
TRANSFER AMOUNT: 1,381,296.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
WORKERS' COMPENSATION PREMIUMS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER TRACY COMMUNITY HOSPITAL
CONTROLLED ENTITY'S ADDRESS: 1420 NORTH TRACY BLVD.
CITY, STATE & ZIP: TRACY, CA 95376
EIN: 94-1196220
TRANSFER AMOUNT: 22,200,000.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
EQUITY TRANSFERS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER TRACY COMMUNITY HOSPITAL
CONTROLLED ENTITY'S ADDRESS: 1420 NORTH TRACY BLVD.
CITY, STATE & ZIP: TRACY, CA 95376
EIN: 94-1196220
TRANSFER AMOUNT: 3,868,447.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
SERVICE FEES AND EXPENSE SHARING - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER TRACY COMMUNITY HOSPITAL
CONTROLLED ENTITY'S ADDRESS: 1420 NORTH TRACY BLVD.
CITY, STATE & ZIP: TRACY, CA 95376
EIN: 94-1196220
TRANSFER AMOUNT: 1,789,023.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
SUPPORT SERVICES - SEE STATEMENTS 5 & 6

CONTINUED

FORM 990, PART XI - TRANSFERS FROM CONTROLLED ENTITIES STATEMENT (CON

CONTROLLED ENTITY'S NAME: SUTTER TRACY COMMUNITY HOSPITAL
CONTROLLED ENTITY'S ADDRESS: 1420 NORTH TRACY BLVD.
CITY, STATE & ZIP: TRACY, CA 95376
EIN: 94-1196220
TRANSFER AMOUNT: 783,431.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
WORKERS' COMPENSATION PREMIUMS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER VISITING NURSES ASSOCIATION AND H
CONTROLLED ENTITY'S ADDRESS: 1900 POWELL STREET, SUITE 300
CITY, STATE & ZIP: EMERYVILLE, CA 94608
EIN: 94-6068843
TRANSFER AMOUNT: 5,200,000.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
EQUITY TRANSFERS - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER VISITING NURSES ASSOCIATION AND H
CONTROLLED ENTITY'S ADDRESS: 1900 POWELL STREET, SUITE 300
CITY, STATE & ZIP: EMERYVILLE, CA 94608
EIN: 94-6068843
TRANSFER AMOUNT: 2,284,671.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
SERVICE FEES AND EXPENSE SHARING - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER VISITING NURSES ASSOCIATION AND H
CONTROLLED ENTITY'S ADDRESS: 1900 POWELL STREET, SUITE 300
CITY, STATE & ZIP: EMERYVILLE, CA 94608
EIN: 94-6068843
TRANSFER AMOUNT: 3,030,487.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
SUPPORT SERVICES - SEE STATEMENTS 5 & 6

CONTROLLED ENTITY'S NAME: SUTTER VISITING NURSES ASSOCIATION AND H
CONTROLLED ENTITY'S ADDRESS: 1900 POWELL STREET, SUITE 300
CITY, STATE & ZIP: EMERYVILLE, CA 94608
EIN: 94-6068843
TRANSFER AMOUNT: 3,207,029.
EXPLANATION OF TRANSFER FROM CONTROLLED ENTITY:
WORKERS' COMPENSATION PREMIUMS - SEE STATEMENTS 5 & 6

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
MARTIN BROTMAN 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833	CEO CPMC 40.00	983,957.	250,891.	6,655.
THOMAS GAGEN 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833	CEO SMCS 40.00	689,439.	205,813.	6,388.
ROBERT MERWIN 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833	CEO MPHS 40.00	682,550.	178,422.	4,964.
WARREN KIRK 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833	CEO ABSMC 40.00	664,536.	180,701.	9,718.
CYNDI KETTMANN 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833	SR VP SUTTER HEALTH 40.00	660,616.	NONE	NONE
	TOTAL COMPENSATION	3,681,098.	815,827.	27,725.

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.

NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
MCDONOUGH HOLLAND AND ALLEN 555 CAPITAL MALL 9TH FLOOR SACRAMENTO, CA 95814	LEGAL SERVICES	8,693,740.
JURAN INSTITUTE INC 555 HERITAGE ROAD STE 100 SOUTHBURY, CT 06488	CONSULTING	5,535,790.
DELOITTE CONSULTING LLP PO BOX 402901 ATLANTA, GA 30384-2901	CONSULTING	5,471,389.
ERNST AND YOUNG LLP DEPT 6793 LOS ANGELES, CA 90084-6793	ACCOUNTING	3,873,603.
MCDERMOTT WILL AND EMERY PO BOX 894549 LOS ANGELES, CA 90189-4549	LEGAL SERVICES	3,495,776.
	TOTAL COMPENSATION	27,070,298.

SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV.

NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
EPIC SYSTEMS CORPORATION BOX 88314 MILWAUKEE, WI 53288-0314	CONSULTING/SOFTWARE	26,150,372.
MERING AND ASSOCIATES 1700 1ST STREET, 2ND FLR SACRAMENTO, CA 95814	ADVERTISING/MRKTNG	8,031,614.
PACIFIC BELL PO BOX 650396 DALLAS, TX 75265-0396	UTILITIES	6,216,079.
WHITING TURNER CONTRACTING CO PO BOX 17596 BALTIMORE, MD 21297	CONSTRUCTION	3,130,239.
L AND A MEETING PO BOX 2612 ELK GROVE, CA 95759-2612	EVENT PLANNING	1,919,830.
	TOTAL COMPENSATION	45,448,134.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2B

DURING THE YEAR, SUTTER HEALTH HAD AN INTERCOMPANY RECEIVABLE FROM SUTTER CONNECT, A RELATED TAXABLE ENTITY. GORDON HUNT, MD, SENIOR VP AND CHIEF MEDICAL OFFICER OF SUTTER HEALTH, AND SARAH KREVANS, REGIONAL EXECUTIVE OFFICER, WERE ON THE BOARD OF SUTTER CONNECT IN 2007. NO MONEY WAS LENT, EXTENSION OF CREDIT MADE OR COMPENSATION PAID TO DR. HUNT OR MS. KREVANS BY SUTTER CONNECT.

SCHEDULE A, PART III - EXPLANATION FOR LINE 3A

THE SUTTER SCHOLARSHIP PROGRAM IS FOR CHILDREN AND GRANDCHILDREN OF EMPLOYEES AND CHILDREN AND GRANDCHILDREN OF MEDICAL FOUNDATION PHYSICIANS WORKING FOR SUTTER HEALTH AFFILIATES. THE PRIMARY PURPOSE OF THIS PROGRAM IS TO HELP STUDENTS WHO, WITHOUT THIS AID, MIGHT NOT BE ABLE TO ATTEND COLLEGE. THE SCHOLARSHIPS ALSO ENCOURAGE STUDENTS TO PURSUE EDUCATIONAL OBJECTIVES AND/OR CAREERS THAT ARE HEALTHCARE RELATED.

SUTTER HEALTH FUNDS THESE SCHOLARSHIPS BY MAKING IRREVOCABLE GRANTS TO TWO COMMUNITY FOUNDATIONS. THE SAN FRANCISCO FOUNDATION AND THE SACRAMENTO REGIONAL FOUNDATION ARE TWO COMMUNITY FOUNDATIONS THAT ARE WELL SUITED TO PROVIDE THE SERVICES REQUIRED FOR A SUCCESSFUL SCHOLARSHIP PROGRAM. BOTH FOUNDATIONS ARE ALSO ABLE TO PROVIDE SERVICES FROM THROUGHOUT THE ENTIRE SUTTER HEALTH SERVICE AREA. SUTTER HEALTH SERVES IN AN ADVISORY CAPACITY TO THE COMMUNITY FOUNDATIONS. WHILE SUTTER HEALTH PROVIDES THE OVERALL MISSION AND INTENT OF THE SCHOLARSHIP PROGRAM, THE SCHOLARSHIP PROGRAMS' SELECTION COMMITTEE CONDUCTS THE WORK OF SETTING AND REFINING SPECIFIC SELECTION CRITERIA AND GUIDELINES.

SCHEDULE A, PART IV - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(A) NAME(S) OF SUPPORTED ORGANIZATION(S)	(B) EIN	(C) TYPE OF ORGANIZATION	(D) LISTED IN DOC. YES	(D) LISTED IN DOC. NO	(E) AMOUNT OF SUPPORT
ALTA BATES SUMMIT MEDICAL CENTER	94-1196176	07	X		816,504.
CALIFORNIA PACIFIC MEDICAL CENTER	94-0562680	07	X		1,724,641.
EAST BAY PERINATAL CENTER	51-0172285	07	X		NONE
EDEN MEDICAL CENTER	94-2948100	07	X		444,077.
MARIN COMMUNITY HEALTH	94-2994751	13	X		NONE
MARIN GENERAL HOSPITAL	94-2823538	07	X		44,119.
MEMORIAL HOSPITALS ASSOCIATION	94-1080917	07	X		4,150,746.
MEMORIAL HOSPITAL LOS BANOS	94-1551464	07	X		5,000.
MILLS-PENINSULA HEALTH SERVICES	94-1156265	07	X		NONE
PALO ALTO MEDICAL FOUNDATION HOSPITAL CORPORATION	94-2206441	13	X		5,000.
PALO ALTO MEDICAL FND FOR HEALTH CARE, RESEARCH & EDUCATION	94-1156581	07	X		103,584,948.
PHYSICIAN FOUNDATION AT CALIFORNIA PACIFIC MEDICAL CENTER	94-2948131	07	X		21,500,000.
SAMUEL MERRITT COLLEGE	94-2992642	07	X		5,000.
SUTTER AMADOR HOSPITAL	68-0291072	07	X		642,245.
SUTTER COAST HOSPITAL	94-2988520	07	X		137,595.
SUTTER DELTA MEDICAL CENTER	94-1552887	07	X		9,873.
SUTTER EAST BAY MEDICAL FOUNDATION	94-2690415	07	X		9,000,000.
SUTTER GOULD MEDICAL FOUNDATION	94-1682256	07	X		6,302,303.
SUTTER HEALTH PACIFIC	99-0298651	07	X		605,000.
SUTTER HEALTH SACRAMENTO SIERRA REGION	94-1156621	07	X		4,101,456.
SUTTER LAKESIDE HOSPITAL	94-1628356	07	X		4,081,057.
SUTTER MARIN (DBA NCH)	51-0206463	07	X		605,000.
SUTTER MATERNITY AND SURGERY CENTER OF SANTA CRUZ	68-0279954	07	X		77,744.
SUTTER MEDICAL CENTER CASTRO VALLEY	77-0146047	07	X		NONE
SUTTER MEDICAL CENTER OF SANTA ROSA	68-0374805	07	X		16,084,613.
SUTTER MEDICAL FOUNDATION	68-0273974	13	X		29,949,000.
SUTTER NORTH MEDICAL FOUNDATION	94-1080019	07	X		12,130,218.
SUTTER REGIONAL MEDICAL FOUNDATION	20-0078199	07	X		31,000,000.
SUTTER SOLANO MEDICAL CENTER	94-1241942	07	X		3,512,602.
SUTTER TRACY COMMUNITY HOSPITAL	94-1196220	07	X		81,654.
SUTTER VISITING NURSE ASSOCIATION AND HOSPICE	94-6068843	07	X		3,000,000.
TOTAL AMOUNT OF SUPPORT					253,600,395.

SCHEDULE A, PART VI-B - LOBBYING ACTIVITY EXPLANATION

LINE A

SUTTER HEALTH ENCOURAGED KEY EMPLOYEES, TRUSTEES AND LOCAL BUSINESS OWNERS TO CONTACT LEGISLATORS CONCERNING VARIOUS ISSUES THROUGHOUT THE YEAR.

LINE F

SUTTER HEALTH MAINTAINS A MEMBERSHIP IN CALIFORNIA CHAMBER OF COMMERCE. THE DUES PAID WERE $11,000, OF WHICH $2,750 WAS USED FOR LOBBYING PURPOSES. IN ADDITION, SUTTER HEALTH MADE PAC CONTRIBUTIONS IN THE AMOUNT OF $3,000.

SUTTER HEALTH MAINTAINS A MEMBERSHIP IN CALIFORNIA BUSINESS ROUNDTABLE. DUES PAID WERE $30,000, OF WHICH $4,500 WAS USED FOR LOBBYING PURPOSES. IN ADDITION, SUTTER HEALTH MADE PAC CONTRIBUTIONS IN THE AMOUNT OF $3,000.

SUTTER HEALTH MADE CONTRIBUTIONS TO CALIFORNIA URBAN ISSUES PROJECT IN THE AMOUNT OF $50,000.

SUTTER HEALTH PAID THE FIRM PLATINUM ADVISORS, LLC $120,094 FOR VARIOUS LOBBYING ACTIVITIES THROUGH THE YEAR.

LINE H

SUTTER HEALTH SPENT $17,710 ON AN ADVOCACY DAY WHICH EDUCATED KEY EMPLOYEES AND TRUSTEES ON HEALTH CARE ISSUES AND LOBBYING TECHNIQUES.

SUTTER HEALTH

94-2788907

Schedule D Detail of Long-term Capital Gains and Losses

Description	Date Acquired	Date Sold	Gross Sales Price	Cost or Other Basis	Long-term Gain/Loss
CAPITAL GAINS (LOSSES) FROM SECURITIES					
VARIOUS SECURITIES	VAR	VAR	1037946488.	992,696,340.	45,250,148.
ANNUITY TRUSTS	VAR	VAR	448,446.	429,263.	19,183.
K-1 LONG TERM CAPITAL GAIN	VAR	VAR	494.		494.
K-1 SECTION 1231 GAIN	VAR	VAR	5,763.		5,763.
TOTAL CAPITAL GAINS (LOSSES) FROM SECURITIES			1038401191.	993,125,603.	45,275,588.
Totals			1038401191.	993,125,603.	45,275,588.

JSA
7F0970 1 000

SUTTER HEALTH

94-2788907

Supplement to Form 4797 Part II Detail

Description	Date Acquired	Date Sold	Gross Sales Price	Depreciation Allowed or Allowable	Cost or Other Basis	Gain or (Loss) for entire year
VARIOUS ASSETS	VAR	VAR	6,250.	108,338.	109,421.	5,167.
Totals						5,167.