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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable
- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

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

C Name of organization
Palo Alto Medical Foundation

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
2350 El Camino Real

City or town, state or country, and ZIP + 4
Mountain View, CA 94040

D Employer identification number
94-1156581

E Telephone number
(916) 286-6665

G Gross receipts $ 1,203,705,633

F Name and address of principal officer
PATRICK FRY
2350 EL CAMINO REAL
MOUNTAIN VIEW,CA 94040

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www sutterhealth org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1948

M State of legal domicile CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
SEE SCHEDULE O

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	34
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	28
5	Total number of employees (Part V, line 2a)	5	4,770
6	Total number of volunteers (estimate if necessary)	6	110
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	971,869
b	Net unrelated business taxable income from Form 990-T, line 34	7b	12,176

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	7,079,465	9,265,065
	9	Program service revenue (Part VIII, line 2g)	1,047,812,658	1,183,213,261
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,529,831	8,859,334
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,383,695	1,585,486
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,066,805,649	1,202,923,146
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,032,432	2,009,257
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	305,982,334	336,850,560
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	696,180,623	772,141,541
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,005,195,389	1,111,001,358
	19	Revenue less expenses Subtract line 18 from line 12	61,610,260	91,921,788

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,091,321,850	1,011,225,633
	21	Total liabilities (Part X, line 26)	504,578,393	401,314,470
	22	Net assets or fund balances Subtract line 21 from line 20	586,743,457	609,911,163

Part II Signature Block

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

Sign Here

Signature of officer | Date: 2010-10-14

SHARON KUTIS CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-employed ▶ ☐ | Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4: ERNST & YOUNG US LLP
2901 DOUGLAS BLVD SUITE 300
ROSEVILLE, CA 95661

EIN ▶

Phone no ▶ (916) 218-1900

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . ☐ Yes ☑ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 959,902,706 including grants of $ 2,009,257) (Revenue $ 1,183,213,261)

SEE SCHEDULE O

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶$ 959,902,706

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8	Yes	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — 12A: Yes (Yes/No)			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	Yes	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	28c	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable*	1a	599			
b	Enter the number of Forms W-2G included in line 1a *Enter -0- if not applicable*	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	4,770			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No
b	If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	**1a** 34			
b	Enter the number of voting members that are independent	**1b** 28			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		**3**		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		**5**		No
6	Does the organization have members or stockholders?		**6**	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		**7a**	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		**9**		No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

GARY B COLVIN
2350 W EL CAMINO REAL THIRD FLOOR
MOUNTAIN VIEW, CA 94040
(650) 691-6470

Part VII **Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b	**Total** . . . . ▶	4,493,622	8,208,614	5,219,800

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶566

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	**(B)** Description of services	**(C)** Compensation
PALO ALTO FOUNDATION MEDICAL GROUP 2350 W EL CAMINO REAL THIRD FLOOR MOUNTAIN VIEW, CA 94040	MEDICAL SERVICES	416,645,039
SLATTER CONSTRUCTION 126 FERN STREET SANTA CRUZ, CA 95060	CONSTRUCTION	3,517,680
STANFORD MEDICAL CENTER PRO PO BOX 60000 FILE 744432 SAN FRANCISCO, CA 94160	MEDICAL SERVICES	2,638,004
PHILIPS MEDICAL SYSTEMS PO BOX 100355 ATLANTA, GA 30384	INSTALLATION SVCS	2,095,452
LUCILE PACKARD CHILDRENS HOSPITAL PO BOX 60000 FILE 74545 SAN FRANCISCO, CA 94160	MEDICAL SERVICES	1,304,864

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶108

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . . . 1a	328,260				
	b Membership dues 1b					
	c Fundraising events 1c					
	d Related organizations . . . 1d					
	e Government grants (contributions) 1e	1,046,486				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	7,890,319				
	g Noncash contributions included in lines 1a-1f $ 222,181					
	h **Total.** Add lines 1a-1f . . . . ▶		9,265,065			
Program Service Revenue		Business Code				
	2a PATIENT SERVICE REVENUE	900,099	1,183,213,261	1,183,213,261		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . ▶		1,183,213,261			
Other Revenue	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		8,816,088			8,816,088
	4 Income from investment of tax-exempt bond proceeds . . ▶		0			
	5 Royalties . . . . ▶		0			
	6a Gross Rents — (i) Real: 876,721; (ii) Personal:					
	b Less rental expenses — (i) Real: 263,104; (ii) Personal:					
	c Rental income or (loss) — (i) Real: 613,617; (ii) Personal:					
	d Net rental income or (loss) . . . . ▶		613,617			613,617
	7a Gross amount from sales of assets other than inventory — (i) Securities: 552,129; (ii) Other: 10,500					
	b Less cost or other basis and sales expenses — (i) Securities: 519,383; (ii) Other: 0					
	c Gain or (loss) — (i) Securities: 32,746; (ii) Other: 10,500					
	d Net gain or (loss) . . . . ▶		43,246			43,246
	8a Gross income from fundraising events (not including $ ______ of contributions reported on line 1c) See Part IV, line 18 . . . a					
	b Less direct expenses . . . b					
	c Net income or (loss) from fundraising events . . ▶		0			
	9a Gross income from gaming activities See Part IV, line 19 . . . a					
	b Less direct expenses . . . b					
	c Net income or (loss) from gaming activities . . . ▶		0			
	10a Gross sales of inventory, less returns and allowances . a					
	b Less cost of goods sold . . b					
	c Net income or (loss) from sales of inventory . . ▶		0			
	Miscellaneous Revenue	Business Code				
	11a UBI - OPTICAL RETAIL	446,110	2,605		2,605	
	b UBI - CONTRACTED ANIMAL SERVICES	541,900	945,949		945,949	
	c UBI - HEALTH MGMT RESOURCES OUTSIDE SALES	454,110	23,315		23,315	
	d All other revenue					
	e **Total.** Add lines 11a–11d . . . . ▶		971,869			
	12 **Total revenue.** See Instructions . . . ▶		1,202,923,146	1,183,213,261	971,869	9,472,951

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	**(A)** Total expenses	**(B)** Program service expenses	**(C)** Management and general expenses	**(D)** Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,998,257	1,998,257		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	11,000	11,000		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	7,279,809		7,279,809	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	210,326,300	169,821,380	40,504,920	0
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	18,062,524	14,072,839	3,989,685	0
9	Other employee benefits	84,270,646	66,208,011	18,062,635	0
10	Payroll taxes	16,911,281	13,166,240	3,745,041	0
11	Fees for services (non-employees)				
a	Management	14,086,165		14,086,165	0
b	Legal	1,175,933	107,038	1,068,895	0
c	Accounting	410,144		410,144	0
d	Lobbying	0			
e	Professional fundraising *See Part IV, line 17* . .	0			
f	Investment management fees	421,078		421,078	0
g	Other	413,430,717	413,430,717		
12	Advertising and promotion	3,238,010	248,791	2,989,219	0
13	Office expenses	97,370,382	92,471,766	4,898,616	0
14	Information technology	13,566,547		13,566,547	0
15	Royalties . .	0			
16	Occupancy	45,079,333	28,300,952	16,778,381	0
17	Travel	545,169	302,472	242,697	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	533,549	366,925	166,624	0
20	Interest	7,665,528		7,665,528	0
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	48,667,024	47,566,385	1,100,639	0
23	Insurance	15,544,857	14,718,484	826,373	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	MANAGED CARE PURCHASED SVCS	23,426,037	23,426,037		
b	SYSTEM ALLOCATION FEES	9,952,171		9,952,171	
c	PURCHASED SERVICES	54,660,794	54,660,794		
d	BAD DEBT EXPENSE	17,428,455	17,428,455		
e	OTHER EXPENSES	4,939,648	1,596,163	3,343,485	
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	1,111,001,358	959,902,706	151,098,652	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		51,415,626	2	72,251,029
	3	Pledges and grants receivable, net		6,722,020	3	4,942,822
	4	Accounts receivable, net		94,301,535	4	110,143,573
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		3,397,292	8	2,981,210
	9	Prepaid expenses and deferred charges		2,897,077	9	3,209,043
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 879,594,723			
	b	Less accumulated depreciation	10b 254,156,127	618,138,583	10c	625,438,596
	11	Investments—publicly traded securities		248,781,935	11	126,438,885
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		65,667,782	15	65,820,475
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,091,321,850	16	1,011,225,633
Liabilities	17	Accounts payable and accrued expenses		112,300,045	17	102,120,227
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		383,721,327	20	266,515,479
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		1,237,788	23	1,292,762
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		7,319,233	25	31,386,002
	26	**Total liabilities.** Add lines 17 through 25		504,578,393	26	401,314,470
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		566,949,114	27	571,996,632
	28	Temporarily restricted net assets		13,292,258	28	27,963,992
	29	Permanently restricted net assets		6,502,085	29	9,950,539
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		586,743,457	33	609,911,163
	34	Total liabilities and net assets/fund balances		1,091,321,850	34	1,011,225,633

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other ______ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . .	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b		

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Palo Alto Medical Foundation

Employer identification number
94-1156581

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

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

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

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

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?	**11g(i)**		
(ii) a family member of a person described in (i) above?	**11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

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

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III Support Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:
Software Version:
EIN: 94-1156581
Name: Palo Alto Medical Foundation

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ARNOLD AIGEN MD TRUSTEE	1 0	X						0	0	0
THOMAS BAILARD TRUSTEE	1 0	X						0	0	0
JAMES BASSETT MD TRUSTEE	1 0	X						0	0	0
AUGUST BENZ TRUSTEE	1 0	X						0	0	0
JORDAN BLOOM TRUSTEE	1 0	X						0	0	0
ROBERT BREMNER TRUSTEE	1 0	X						0	0	0
C TERRIGAL BURN MD TRUSTEE	1 0	X						0	0	0
GEORGE COHEN MD TRUSTEE	1 0	X						0	0	0
LAWRENCE DEGHETALDI MD DIVISION PRESIDENT-PAMF	40 0	X			X			0	573,818	284,083
SUSAN FORD DORSEY TRUSTEE / CHAIR	1 0	X		X				0	0	0
DAVID DRUKER MD SVP REGIONAL EXECUTIVE	40 0	X		X				0	1,264,428	1,271,653
PATRICK FRY PRESIDENT & CEO-SUTTER HEALTH	40 0	X						0	2,299,497	1,693,145
MICHAEL GAULKE TRUSTEE	1 0	X						0	0	0
JEFF GERARD REG PRES , PENINSULA COASTAL	40 0	X		X				0	707,011	505,303
CHRISTINE GRIGER MD TRUSTEE	1 0	X						0	0	0
VINITA GUPTA TRUSTEE	1 0	X						0	0	0
KAREN HALL TRUSTEE / SECRETARY	1 0	X		X				0	0	0
HARRY HANSON TRUSTEE	1 0	X						0	0	0
CARY HILL MD TRUSTEE	1 0	X						0	0	0
ROBERT JAUNICH TRUSTEE	1 0	X						0	0	0
JOSEPH LACY MD TRUSTEE	1 0	X						0	0	0
RICHARD LEVY PHD TRUSTEE / CHAIR OF FINANCE	1 0	X		X				0	0	0
FRANCIS MARZONI DIVISION PRESIDENT-PAMF	40 0	X			X			838,010	0	33,627
DUNCAN L MATTESON TRUSTEE	1 0	X						0	0	0
LARRY MAY TRUSTEE	1 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
ANTHONY MEIER TRUSTEE	1 0	X						0	0	0
ROBERT MERWIN TRUSTEE	1 0	X						0	0	0
LAWRENCE MOHR TRUSTEE	1 0	X						0	0	0
RICHARD MORGAN MD TRUSTEE	1 0	X						0	0	0
JON NORDGAARD DPM TRUSTEE	1 0	X						0	0	0
MARGARET RAFFIN TRUSTEE	1 0	X						0	0	0
BRIAN ROACH MD TRUSTEE	1 0	X						0	0	0
RICHARD SLAVIN MD DIVISION PRESIDENT-PAMF	40 0	X			X			0	673,282	0
MARGARET TAYLOR TRUSTEE / VICE CHAIR	1 0	X		X				0	0	0
ELIZABETH VILARDO MD TRUSTEE	1 0	X						0	0	0
DAVID JURY SECRETARY, VP SUPPORT SERVICES	40 0			X	X			292,746	0	39,161
SHARON KUTIS CFO-PAMF	40 0			X				0	442,161	161,745
GENEVIEVE BUCHANAN VP CLINICAL OPERATIONS	40 0				X			236,037	0	45,771
DEBBIE GOODIN VP HUMAN RESOURCES-PAMF	40 0				X			0	340,724	144,515
ANNE JIGGER VP PHILANTHROPY-PAMF	40 0				X			260,979	0	36,006
KATHERINE KORBHOLZ VP ANCILLARY OPERATIONS	40 0				X			245,823	0	35,372
JANET LEDERER VP EDUCATION-PAMF	40 0				X			195,803	0	32,718
KATHERINE MANUEL COO, SANTA CRUZ MEDICAL FOUND	40 0				X			0	257,803	81,098
CECILIA MONTALVO VP STRATEGIC PLANNING-PAMF	40 0				X			0	383,767	147,468
MICHAEL REANDEAU REG CIO, PENINSULA COASTAL	40 0				X			0	374,978	108,186
KATHY ROWAN VP OPERATIONS, COO	40 0				X			337,990	0	36,062
PAUL TANG MD CMO-PAMF	40 0				X			561,460	0	43,651
HAROLD LUFT DIRECTOR RESEARCH INSTITUTE	40 0					X		490,521	0	33,693
CLAIRE RENZI VP PAYOR CONTRACTING	40 0					X		285,981	0	30,607
JENNIFER R TURNBULL VP MARKETING, PUBLIC AFFAIRS	40 0					X		301,627	0	43,519

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHARLES YOUNG SR SOFTWARE ARCHITECT	40 0					X		274,254	0	43,569
VIVIAN K YOUNG VP HUMAN RESOURCES-PAMF	40 0					X		0	277,524	81,940
PAUL DECHANT MD CEO, SGMF	40 0						X	0	613,621	265,853
MARK MCLAUGHLIN DIRECTOR OF RESEARCH	40 0						X	172,391	0	21,055

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	**(A) Total expenses**	**(B) Program service expenses**	**(C) Management and general expenses**	**(D) Fundraising expenses**
MANAGED CARE PURCHASED SVCS	23,426,037	23,426,037		
SYSTEM ALLOCATION FEES	9,952,171		9,952,171	
PURCHASED SERVICES	54,660,794	54,660,794		
BAD DEBT EXPENSE	17,428,455	17,428,455		
OTHER EXPENSES	4,939,648	1,596,163	3,343,485	

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Palo Alto Medical Foundation

Employer identification number
94-1156581

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ ______

4 Number of states where property subject to conservation easement is located ▶ ______

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ ______

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ ______

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ ______

(ii) Assets included in Form 990, Part X ▶ $ 1,545,081

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ______

b Assets included in Form 990, Part X ▶ $ ______

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☑ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☑ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	22,798,516	28,024,903			
b Contributions	2,079,571	2,982,394			
c Investment earnings or losses	5,015,365	-6,174,934			
d Grants or scholarships					
e Other expenditures for facilities and programs	1,339,118	1,875,346			
f Administrative expenses	168,020	158,500			
g End of year balance	28,386,314	22,798,517			

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶ 45 175 % %

b Permanent endowment ▶ 31 514 % %

c Term endowment ▶ 23 311 % %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		137,423,225		137,423,225
b Buildings		387,696,973	83,074,332	304,622,641
c Leasehold improvements		30,531,628	12,757,348	17,774,280
d Equipment		238,792,942	157,862,712	80,930,230
e Other		85,149,955	461,735	84,688,220
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				625,438,596

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
GOODWILL	2,586,390
UNAMORTIZED FINANCING COSTS	1,777,904
INTERCOMPANY RECEIVABLES	7,138,994
OTHER RECEIVABLES	21,021,294
OTHER ASSETS	33,295,893
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . ▶	65,820,475

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
INSURANCE LIABILITIES	25,300,015
OTHER LIABILITIES	6,085,987
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	31,386,002

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS	PART V, QUESTION 4	GOODHEART ENDOWMENT - GENERAL RESEARCH MILO FELLOWSHIP - RESEARCH FELLOWSHIPS ELY FELLOWSHIP - RESEARCH INSTITUTE EXEC DIRECTOR SALARY SUPPORT RES INST ENDOW-U - GENERAL RESEARCH AMES ENDOWMENT-P - GENERAL RESEARCH SAIER ENDOWMENT-PR - GENERAL RESEARCH DUSTERBERRY ENDOWMENT-TR - HEALTH CARE PROJECTS IN THE FREMONT, NEWARK AND UNION CITY AREAS EDUCATION ENDOWMENT - GENERAL EDUCATION PROGRAM PHYSICIANS ENDOWMENT TR - GENERAL HEALTHCARE PROGRAMS PAMF NURSING ENDOWMENT - NURSING SCHOLARSHIP KILBANE ENDOWMENT - RADIATION ONCOLOGY PROGRAMS STEVENS ENDOW-PR - ELDERLY/AGING CARE PROGRAMS PEDIATRIC ENDOWMENT-PR - GENERAL PEDIATRIC PROGRAMS RHOADES ENDOWMENT PR - GENERAL HEALTHCARE PROGRAMS RUSSELL ENDOWMENT - GENERAL PEDIATRIC PROGRAMS MITCHELL ENDOWMENT - MEDICAL ONCOLOGY PROGRAMS
FIN48 FOOTNOTE FROM AUDIT	PART XIV	IN JUNE 2006, THE FASB ISSUED INTERPRETATION NO 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES (FIN 48) FIN 48 CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN FINANCIAL STATEMENTS IN ACCORDANCE WITH FASB STATEMENT NO 109, ACCOUNTING FOR INCOME TAXES FIN 48 PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN AND PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE, AND TRANSITION FIN 48 WAS ADOPTED BY SUTTER IN 2007 AND ITS ADOPTION DID NOT HAVE A MATERIAL EFFECT ON SUTTER'S COMBINED FINANCIAL POSITION OR RESULTS OF OPERATIONS
DESCRIPTION OF THE ORGANIZATION'S COLLECTIONS	SCHEDULE D, PART III, LINE 4	ORGANIZATION HAS ART WORK BEING DISPLAYED IN PUBLIC PLACES OF THE MEDICAL FACILITY FOR DECORATIVE PURPOSES

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Palo Alto Medical Foundation

Employer identification number
94-1156581

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 28

3 Enter total number of other organizations . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	**(b)** Number of recipients	**(c)** Amount of cash grant	**(d)** Amount of non-cash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of non-cash assistance
PAMF NURSING SCHOLARSHIP	10	11,000			
See Additional Data Table					

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS	PART I, QUESTION 2	THE SUTTER HEALTH SYSTEM HAS AN OVERLAP IN LEADERSHIP WHICH MONITORS THE USE OF GRANTS BETWEEN AFFILIATES

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 94-1156581
Name: Palo Alto Medical Foundation

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ADOLESCENT COUNSELING SERVICES 4000 MIDDLEFIELD RD PALO ALTO,CA 94303	51-0192551	501(c)(3)	25,000				DONATION
AMERICAN CANCER ASSOCIATION350 ALHAMBRA BLVD SACRAMENTO,CA 95816	94-1170350	501(c)(3)	30,000				DONATION
AVENIDAS450 BRYANT ST PALO ALTO,CA 94301	94-1480548	501(c)(3)	10,000				DONATION
BOYS AND GIRLS CLUB401 PIERCE RD MENLO PARK,CA 94025	94-1552134	501(c)(3)	10,000				DONATION
CITY OF SAN CARLOS600 ELM STREET SAN CARLOS,CA 94070	94-6000415	501(c)(3)	250,000				DONATION
FRIENDS OF PALO ALTO PARKS721 EMERSON ST PALO ALTO,CA 94301	56-2424518	501(c)(3)	10,000				DONATION
FAMILY CAREGIVER ALLIANCE180 MONTGOMERY ST SAN FRANCISCO,CA 94104	94-2687079	501(c)(3)	10,000				DONATION
EL CAMINO HOSPITAL 2500 GRANT RD MT VIEW,CA 94040	94-3167314	501(c)(3)	49,950				DONATION
NOTRE DAME DE NAMUR UNIVERSITY1500 RALSTON AVE BELMONT,CA 94002	94-1156646	501(c)(3)	10,000				DONATION
FRIENDS OF CHILDREN WITH SPECIAL NEEDS2300 PERALTA BLVD FREMONT,CA 94536	77-0446853	501(c)(3)	25,000				DONATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
O'CONNOR HOSPITAL FOUNDATION2105 FOREST AVE SAN JOSE,CA 95128	91-2154436	501(c)(3)	212,500				DONATION
OMBUDSMAN SERVICES 711 NEVADA ST REDWOOD CITY,CA 94061	94-3397402	501(c)(3)	10,000				DONATION
OPPORTUNITY HEALTH PARTNERS33 ENCINA AVE PALO ALTO,CA 94301	20-2886131	501(c)(3)	162,000				DONATION
LIFE ELDERCARE INC3300 CAPITOL AVE FREMONT,CA 94537	23-7455567	501(c)(3)	20,000				DONATION
MAYVIEW COMMUNITY HEALTH CENTER270 GRAND AVE PALO ALTO,CA 94306	94-2239648	501(c)(3)	25,000				DONATION
SAFE ALTERNATIVES TO VIOLENT ENVIROMENTSPO BOX 8283 FREMONT,CA 94537	94-2520559	501(c)(3)	12,500				DONATION
SCHOOL OF IMAGINARILY INC7567 AMADOR VALLEY DUBLIN,CA 94568	20-8683005	501(c)(3)	6,250				DONATION
SAMARITAN HOUSE1511 SO CLAREMONT ST SAN MATEO,CA 94402	23-7416272	501(c)(3)	25,000				DONATION
TEEN PREGNANCY COALITION OF SAN MATEO CO703 WOODSIDE RD 7 REDWOOD CITY,CA 94061	94-3227947	501(c)(3)	25,000				DONATION
TRI-CITY HOMELESS COALITION40849 FREMONT BLVD FREMONT,CA 94538	94-3087060	501(c)(3)	25,000				DONATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PENINSULA VOLUNTEERS INC800 MIDDLE AVE MENLO PARK,CA 94025	94-1294939	501(c)(3)	10,000				
PATHWAYS HOSPICE201 SAN ANTONIO CIR MOUNTAIN VIEW,CA 94040	77-0280660	501(c)(3)	5,500				
REDWOOD CITY EDUCATION FOUNDATION PO BOX 3046 REDWOOD CITY,CA 94064	94-2903141	501(c)(3)	10,000				
PALO ALTO HILLS GOLF 3000 ALEXIS DR PALO ALTO,CA 94304	94-1463217	501(c)(3)	18,827				
RAVENSWOOD FAMILY HEALTH CENTER1789 A BAY ROAD EAST PALO ALTO,CA 94303	94-3372130	501(c)(3)	220,000				
SANTA CLARA FAMILY HEALTH210 E HACIENDA AVE CAMPBELL,CA 95008	77-0545774	501(c)(3)	600,000				
SUNNYVALE COMMUNITY SERVICES725 KIEFER ROAD SUNNYVALE,CA 94088	94-1713897	501(c)(3)	10,000				

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization
Palo Alto Medical Foundation

Employer identification number
94-1156581

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☑ Travel for companions ☑ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Independent compensation consultant ☐ Form 990 of other organizations ☐ Written employment contract ☑ Compensation survey or study ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
RELEVANT INFORMATION REGARDING COMPENSATION ITEMS	PART I, QUESTION 1A	TRAVEL FOR COMPANIONS OFFICERS AND KEY EMPLOYEES PAID BY SUTTER HEALTH ARE ELIGIBLE TO BRING A COMPANION ON ONE BUSINESS TRIP PER CALENDAR YEAR AND HAVE THE COST OF THE AIRFARE AND MEALS PAID FOR BY SUTTER HEALTH THE COST IS ADDED TO EMPLOYEE'S WAGES TAX INDEMNIFICATION STANDARD POLICY FOR ALL SUTTER HEALTH EMPLOYEES IS THAT NON-CASH GIFTS AND AWARDS ARE GROSSED-UP FOR TAX PURPOSES THE AMOUNT OF THE GROSS-UP IS ADDED TO THE EMPLOYEE'S WAGES
SUPPLEMENTAL COMPENSATION INFORMATION	PART I, QUESTION 3	THE CEO OF THE ORGANIZATION IS AN EMPLOYEE OF SUTTER HEALTH 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
NONQUALIFIED RETIREMENT PLAN	PART I, QUESTION 4B	THE PURPOSE OF THE NONQUALIFIED RETIREMENT PLAN IS TO PROVIDE ADDITIONAL DEFERRED COMPENSATION BENEFITS TO THE PARTICIPANTS, WHO ARE MEMBERS OF A SELECT GROUP OF MANAGEMENT OR HIGHLY COMPENSATED EMPLOYEES, BY PROVIDING FOR THE PAYMENT OF DEFERRED COMPENSATION AFTER THE COMPLETION OF THE SPECIFIED NUMBER OF YEARS OF SERVICE ANNUALLY, SUTTER HEALTH MAKES A CONTRIBUTION TO EACH PARTICIPANT'S ACCOUNT BASED ON 4% OF BASE PAY THERE IS AN ADDITIONAL CONTRIBUTION FOR EXECUTIVES WHOSE PENSION ELIGIBLE EARNINGS WERE GREATER THAN THE PENSION PAY CAP IN THE PREVIOUS YEAR THE CALCULATION IS AS FOLLOWS * PENSION ELIGIBLE EARNINGS * LESS PENSION PAYCAP AMOUNT * TIMES A SPECIFIC % BASED ON YEARS OF SERVICE THE PENSION RESTORATION PLAN IS DESIGNED TO HELP MAXIMIZE EACH PARTICIPANT'S RETIREMENT POTENTIAL BY PROVIDING A TARGETED BENEFIT THAT, ALONG WITH EACH PARTICIPANT'S OTHER RETIREMENT INCOME, PROVIDES * 65% OF FINAL 4-YEAR AVERAGE SALARY IF PARTICIPANT RETIRES AT AGE 65 WITH 22 5 YEARS OF SERVICE * 50% OF FINAL 4-YEAR AVERAGE SALARY IF PARTICIPANT RETIRES AT AGE 65 WITH 15 YEARS OF SERVICE SINCE IT IS A TARGETED BENEFIT, ANNUAL CONTRIBUTION AMOUNTS VARY BASED ON ASSUMPTIONS MADE TAKING INTO ACCOUNT EACH PARTICIPANTS' AGE, YEARS OF SERVICE, AND OTHER RETIREMENT ACCOUNT BALANCES NAME AND AMOUNT FOR 2009 PAUL DECHANT, MD $28,800 LAWRENCE DEGHETALDI $32,100 DAVID DRUKER, MD $676,200 PATRICK FRY $557,120 DEBBIE GOODIN $16,900 SHARON KUTIS $17,900 CECILIA MONTALVO $15,400 MICHAEL REANDEAU $15,800 YOUNG, VIVIAN K $9,200 JEFF GERARD $69,200 KATHERINE MANUEL $7,700
NON-FIXED PAYMENTS	PART I, QUESTION 7	SPOT AWARDS ARE INFREQUENTLY USED TO REWARD EMPLOYEES THERE ARE NO SPECIFIC GUIDELINES FOR THE AMOUNT OF THE SPOT AWARD BUT THE AMOUNT TENDS TO NEVER EXCEED 5% OF GROSS PAY

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 94-1156581
Name: Palo Alto Medical Foundation

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

(A) Name		(B)(i) Base Compensation	(B)(ii) Bonus & incentive compensation	(B)(iii) Other compensation	(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
GENEVIEVE BUCHANAN	(i)	201,463	23,250	11,324	23,163	22,608	281,808	0
	(ii)	0	0	0	0	0	0	0
PAUL DECHANT MD	(i)	0	0	0	0	0	0	0
	(ii)	434,819	146,742	32,060	249,030	16,823	879,474	133,609
LAWRENCE DEGHETALDI MD	(i)	0	0	0	0	0	0	0
	(ii)	416,042	155,626	2,150	267,405	16,678	857,901	137,781
DAVID DRUKER MD	(i)	0	0	0	0	0	0	0
	(ii)	771,671	477,501	15,256	1,257,136	14,517	2,536,081	371,665
PATRICK FRY	(i)	0	0	0	0	0	0	0
	(ii)	1,388,106	897,243	14,148	1,664,838	28,307	3,992,642	652,984
JEFF GERARD	(i)	0	0	0	0	0	0	0
	(ii)	568,889	130,300	7,822	492,305	12,998	1,212,314	145,204
DEBBIE GOODIN	(i)	0	0	0	0	0	0	0
	(ii)	280,391	59,600	733	129,192	15,323	485,239	69,903
ANNE JIGGER	(i)	237,729	23,250	0	20,825	15,181	296,985	0
	(ii)	0	0	0	0	0	0	0
DAVID JURY	(i)	256,321	23,250	13,175	20,825	18,336	331,907	0
	(ii)	0	0	0	0	0	0	0
KATHERINE KORBHOLZ	(i)	212,654	23,250	9,919	20,269	15,103	281,195	0
	(ii)	0	0	0	0	0	0	0
SHARON KUTIS	(i)	0	0	0	0	0	0	0
	(ii)	374,904	66,700	557	150,509	11,236	603,906	80,998
JANET LEDERER	(i)	168,093	23,250	4,460	15,789	16,929	228,521	0
	(ii)	0	0	0	0	0	0	0
HAROLD LUFT	(i)	418,449	72,072	0	15,925	17,768	524,214	0
	(ii)	0	0	0	0	0	0	0
KATHERINE MANUEL	(i)	0	0	0	0	0	0	0
	(ii)	211,868	45,700	235	70,000	11,098	338,901	45,700
FRANCIS MARZONI	(i)	647,087	145,462	45,461	18,375	15,252	871,637	0
	(ii)	0	0	0	0	0	0	0
MARK MCLAUGHLIN	(i)	145,728	17,750	8,913	12,650	8,405	193,446	0
	(ii)	0	0	0	0	0	0	0
CECILIA MONTALVO	(i)	0	0	0	0	0	0	0
	(ii)	321,393	62,000	374	132,119	15,349	531,235	72,514
MICHAEL REANDEAU	(i)	0	0	0	0	0	0	0
	(ii)	318,945	51,700	4,333	99,401	8,785	483,164	61,106
CLAIRE RENZI	(i)	260,969	23,250	1,762	20,825	9,782	316,588	0
	(ii)	0	0	0	0	0	0	0
KATHY ROWAN	(i)	272,440	35,000	30,550	20,825	15,237	374,052	0
	(ii)	0	0	0	0	0	0	0
RICHARD SLAVIN MD	(i)	0	0	0	0	0	0	0
	(ii)	673,282	0	0	0	0	673,282	0
PAUL TANG MD	(i)	489,703	23,250	48,507	18,057	25,594	605,111	0
	(ii)	0	0	0	0	0	0	0
JENNIFER R TURNBULL	(i)	259,577	23,250	18,800	20,825	22,694	345,146	0
	(ii)	0	0	0	0	0	0	0
CHARLES YOUNG	(i)	233,378	17,898	22,978	18,071	25,498	317,823	0
	(ii)	0	0	0	0	0	0	0
VIVIAN K YOUNG	(i)	0	0	0	0	0	0	0
	(ii)	231,134	43,200	3,190	76,287	5,653	359,464	49,323

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Palo Alto Medical Foundation

Employer identification number
94-1156581

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased Yes	(g) Defeased No	(h) On Behalf of Issuer Yes	(h) On Behalf of Issuer No
A	CSCDA 2005A	68-0164610	130911U24	10-19-2005	140,955,816	REFUNDING - 7/18/1995		X		X
B	CSCDA 2005BC	68-0164610	130795EG8	05-07-2007	29,784,970	REFUNDING - 10/19/2005		X		X
C	CSCDA 2008BC	68-0164610	130795TD9	05-14-2008	56,278,449	CONSTRUCT & EQUIP FACILITY		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	14,684,064	3,781,357	5,432,501		
2	Gross proceeds in reserve funds	14,684,062	3,781,357			
3	Proceeds in refunding or defeasance escrows					
4	Other unspent proceeds					
5	Issuance costs from proceeds					
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds	162,264,080		46,029,973		
8	Year of substantial completion	2006	2006	2008		

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
9	Were the bonds issued as part of a current refunding issue?	X		X			X				
10	Were the bonds issued as part of an advance refunding issue?		X		X		X				
11	Has the final allocation of proceeds been made?	X		X		X					
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X					

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?	X		X		X					
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X		X				
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X		X		X				
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		1 200 %		1 200 %		0 900 %				
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶										
6	Total of lines 4 and 5		1 200 %		1 200 %		0 900 %				
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X					

Part IV Arbitrage

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	X		X		X					
2	Is the bond issue a variable rate issue?		X		X		X				
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X		X				
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X		X		X				
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?	X		X		X					
6	Did the bond issue qualify for an exception to rebate?		X		X		X				

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Palo Alto Medical Foundation

Employer identification number
94-1156581

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
AIGEN BASSETT GRIGER VILLARDO B NORDGAARD HILL AND LACY	TRUSTEES	416,645,039	SEE SCHEDULE O		No

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Palo Alto Medical Foundation

Employer identification number
94-1156581

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	6	222,181	FMV OF STOCK
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (____________)				
26 Other ▶ (____________)				
27 Other ▶ (____________)				
28 Other ▶ (____________)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . **29** 0

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b If "Yes," describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b If "Yes," describe in Part II			
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Palo Alto Medical Foundation

Employer identification number
94-1156581

Identifier	Return Reference	Explanation
MISSION STATEMENT	990 PART I, LINE 1 AND PART III, LINE 1	WE COMMIT TO EXCELLENCE, INNOVATION AND CARING IN HEALTHCARE, EDUCATION AND RESEARCH

Identifier	Return Reference	Explanation
EXEMPT PURPOSE ACHIEVEMENTS	990 PART III, LINE 4A	The Palo Alto Medical Foundation The Palo Alto Medical Foundation for Health Care, Research and Education (PAMF) is a not-for-profit health care organization that is a pioneer in both multispecialty group practice of medicine and outpatient medicine In 1993, PAMF affiliated with Sutter Health, a family of not-for-profit hospitals and physician organizations that share 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 as well as care of women and children, and is a pioneer in advanced patient safety technology In 2008, the physicians of the former Camino Medical Group, Palo Alto Medical Clinic and Santa Cruz Medical Clinic merged into a single physician group called the Palo Alto Foundation Medical Group (PAFMG) to contract with PAMF to provide physician services Now, PAMF's 1,000 affiliated physicians and 4,300 employees serve more than 655,000 patients at its medical centers and clinics in Alameda, San Mateo, Santa Clara and Santa Cruz counties PAMF is part of the Peninsula Coastal Region of Sutter Health, which also includes Mills-Peninsula Health Services PAMF has three divisions 1 Health Care 2 Education 3 Research Health Care Division PAMF's Health Care Division consists of three health care regions 1 Palo Alto (with locations in Dublin, Fremont, Los Altos, Menlo Park, Palo Alto, Portola Valley and Redwood City) 2 Camino (with locations in Cupertino, Mountain View, Santa Clara and Sunnyvale) 3 Santa Cruz (with locations in Aptos, Santa Cruz, Scotts Valley, Soquel and Watsonville) These divisions offer more than 40 medical specialties, a full range of medical services, and state-of-the-art technology This technology includes the most advanced diagnostic imaging and treatment devices, an electronic health record system, two licensed acute-care facilities, and one accredited home health agency PAMF's advanced capabilities and emphasis on outpatient care allow physicians and staff to minimize hospitalization of patients, reducing the overall cost of medical care significantly while maintaining the highest quality of care for patients As part of its commitment to serving its community, PAMF provides care to medically indigent patients and those enrolled in Medicare, Medi-Cal, and other government programs whose reimbursements fall short of covering the cost of providing care Achievements * PAMF and its Research Institute have received nearly $8 million in grants from groups such as the National Institutes of Health and Agency for Healthcare Research and Quality (2009) * More than 200,000 PAMF patients are enrolled in PAMFOnline, an innovative set of Internet-based services that allows patients to connect to key portions of their electronic health record (2009) * Sutter Health President's Award - This award recognizes outstanding performance in the areas of clinical quality, service excellence, community benefit and charity care, employee and physician satisfaction, targeted growth and financial health (2008 PAMF, 2007 Palo Alto Division) * PAMF received Sutter Health awards for Most Improved Dashboard Performance for both quality and patient satisfaction (2008) * Camino Medical Group (CMG) also received the Sutter Health President's Award for the most improved medical group CMG also earned Sutter Health System Awards for outstanding performance in the areas of quality and affordability (2007) * The Integrated Healthcare Association named PAMF's legacy medical groups as three of the most outstanding physician groups in California based on its 2007 Pay-for-Performance P4P program measures (2008) * The Palo Alto Division (2007) and Santa Cruz Division (2008) received three-year accreditations from the Institute for Medical Quality (IMQ) IMQ is a not-for-profit organization recognized by the state of California to ensure that outpatient surgery centers, medical groups and other organizations meet certain quality standards * Sutter Maternity and Surgery Center was a 2009 Press Ganey Summit Award winner for top industry performance, remaining in the 95th percentile or above for four consecutive years in Press Ganey's independent quality care measures * The Camino, Santa Cruz and Palo Alto Divisions all exceeded performance benchmarks for both employee satisfaction in Sutter Health's Experience of Work survey and physician satisfaction in a survey by the American Medical Group Association In the latter survey, satisfaction of the Palo Alto Division physicians ranked in the 98th percentile nationally - the highest of any physician group in the United States (2008) * PAMF's Echocardiography Labs in Palo Alto and Fremont received a three-year accreditation from the Intersocietal Commission for the Accreditation of Echocardiograpy Laboratories (ICAEL) PAMF's labs are two of fewer than 1,000 echocardiography labs in the United States, Canada and Puerto Rico to be recognized for providing quality diagnostic testing to patients and having a commitment to high-quality patient care (2008) * PAMF's Santa Cruz Division unveiled a range of new cancer services for patients and the community (2008) * PAMF's Department of Radiation Oncology is among just a few outpatient facilities in the country that offers advanced radiation therapy techniques three-dimensional conformal radiotherapy (3DCRT) and an extension of this approach known as intensity modulated radiation therapy (IMRT) * PAMF's Mountain View Center is the first medical center in Northern California with a powerful dual-source cardiac computer tomography (CT) scanner that allows cardiologist to find patients' heart problems quickly and painlessly Education Division PAMF's Education Division provides health education through health promotion classes, support groups and community outreach It provides financial support to community organizations, projects related to health care, in-kind assistance through donations of medical equipment, and health fairs and programs The Health Education programs offered by PAMF's Education Division focus on wellness, prenatal/postpartum care and disease management PAMF also offers need-based scholarships for education classes In addition, the Education Division offers free community lectures, health resource centers, support groups, and provides reliable health information to the public through PAMF's website, www pamf org Separate Web sites for preteens, teens and parents offer medically accurate and age-appropriate information for those in the community and around the world The teen site has received more than 10 million visits from around the world since it launched in 2001, and the preteen site has received more than 1 2 million visits since it was launched in 2004 PAMF is committed to being an active member of the communities it serves, and collaborates with local schools and agencies on health programs, projects, workshops and lectures PAMF's physicians and staff members volunteer their time and serve on several community boards Research Division The mission of the PAMF Research Institute is to be a world leader in the areas of biomedical, clinical, health policy, public health research and research training The Research Institute also oversees clinical trials conducted by PAMF physicians PAMF's research programs are nationally known and have made numerous discoveries leading to improvement of care for the entire community The Research Institute receives funding from the National Institutes of Health, other government grants, and from individual gifts from donors

DESCRIPTION OF CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS FORM 990, PART VI, QUESTION 7A THIS CORPORATION IS AN AFFILIATE OF SUTTER HEALTH, A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION SUTTER HEALTH IS THE SOLE MEMBER WITH THE RIGHT TO ELECT AT LEAST A MAJORITY OF THE MEMBERS OF THE BOARD OF DIRECTORS DESCR CLASSES OF PERSONS, DECISIONS REQUIRING APPR & TYPE OF VOTING RIGHTS FORM 990, PART VI, QUESTION 7B SUTTER HEALTH AS THE SOLE MEMBER OF THE ORGANIZATION IS ENTITLED TO EXERCISE FULLY ALL RIGHTS AND PRIVILEGES OF MEMBERS OF NONPROFIT CORPORATIONS UNDER THE CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION LAW, AND ALL OTHER APPLICABLE LAWS THE MEMBER HAS THE RIGHTS AND POWERS TO APPOINT (AND REMOVE) MEMBERS OF THE CORPORATION'S BOARD OF DIRECTORS, SUBJECT TO THE PROVISIONS OF THE BYLAWS, IN ADDITION, THE MEMBER HAS THE RIGHT TO APPROVE THE FOLLOWING ACTIONS OF THE CORPORATION'S BOARD OR DIRECTORS (A) MERGER, CONSOLIDATION, REORGANIZATION OR DISSOLUTION OF THE CORPORATION (B) AMENDMENT OR RESTATEMENT OF THE ARTICLES OF INCORPORATION OR THE BYLAWS OF THE CORPORATION (C) ADOPTION OF OPERATING BUDGETS AND CAPITAL BUDGETS (ALTHOUGH THE BOARD IS EMPOWERED TO DEVELOP ITS OWN BUDGETS WITHIN THE GUIDELINES AND OBJECTIVES SET BY THE GENERAL MEMBER) (D) EXPENDITURES BEYOND APPROVED BUDGETS AND IN EXCESS OF A DOLLAR AMOUNT, NOT LESS THAN $200,000, TO BE SET BY THE GENERAL MEMBER (E) BORROWING IN EXCESS OF A DOLLAR AMOUNT, NOT LESS THAN $200,000, TO BE SET BY THE GENERAL MEMBER (FOR THE PURPOSE OF THIS SECTION 14 1, "BORROWING" INCLUDES, BUT IS NOT LIMITED TO, LEASE AGREEMENTS AND INSTALLMENT CONTRACTS) (F) PURCHASE, SALE, LEASE, DISPOSITION, HYPOTHECATION, EXCHANGE, GIFT, PLEDGE OR ENCUMBRANCE OF ANY ASSET, REAL OR PERSONAL, WITH A VALUE IN EXCESS OF A DOLLAR AMOUNT, NOT LESS THAN $200,000, TO BE SET BY THE GENERAL MEMBER AND NOT PREVIOUSLY INCLUDED IN THE CAPITAL BUDGET (G) APPOINTMENT OF AN INDEPENDENT AUDITOR AND CORPORATE COUNSEL (H) APPROVAL OF TRANSACTIONS OF THIS CORPORATION IN WHICH A TRUSTEE OR OFFICER OF THIS CORPORATION HAS A MATERIAL FINANCIAL INTEREST (I) APPROVAL OF SELECTION OF THE CHIEF EXECUTIVE OFFICER (J) ADOPTION OF QUALITY IMPROVEMENT PROCEDURES OR STANDARDS THAT DO NOT MEET OR EXCEED GUIDELINES OR PROCEDURES ESTABLISHED BY THE GENERAL MEMBER (NOTWITHSTANDING THE FOREGOING, IT IS UNDERSTOOD AND AGREED THAT THE GENERAL MEMBER WILL NOT IMPOSE GUIDELINES OR PROCEDURES THAT MAY HAVE A MATERIAL ADVERSE EFFECT ON THE CORPORATION, WITHOUT THE PRIOR APPROVAL OF THIS CORPORATION) (K) THE CREATION OF ANY SUBSIDIARY ORGANIZATION DESCRIBE THE PROCESS USED BY MGMT &/OR GOVERNING BODY TO REVIEW FORM 990 FORM 990, PART VI, QUESTION 11 SUTTER HEALTH HAS A CENTRALIZED TAX DEPARTMENT RESPONSIBLE FOR THE PREPARATION OF THE FORM 990 ANNUALLY THE TAX DEPARTMENT PROVIDES TRAINING AND EDUCATION TO AFFILIATE PERSONNEL WHO ASSIST THE TAX DEPARTMENT IN COLLECTING AND REVIEWING DATA TO BE REPORTED ON THE FORM 990 THE PREPARATION MATERIAL IS REVIEWED BY VARIOUS DEPARTMENTS INCLUDING TAX, FINANCE, OFFICE OF THE GENERAL COUNSEL, AND HUMAN RESOURCES ADDITIONALLY, THE CHIEF FINANCIAL OFFICER SIGNS OFF ON THIS DATA BEFORE THE RETURN GOES TO THE PREPARATION STAGE A NATIONAL ACCOUNTING FIRM PREPARES AND/OR REVIEWS THE RETURN A COMPLETED RETURN IS THEN REVIEWED BY THE TAX DEPARTMENT AND THE AFFILIATE WITH THE CHIEF FINANCIAL OFFICER GIVING HIS/HER APPROVAL BEFORE THE RETURN IS FILED DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST FORM 990, PART VI, QUESTION 12 EACH INDIVIDUAL BOARD MEMBER AND OFFICER HAS TO SIGN AN ACKNOWLEDGEMENT FORM THAT THEY HAVE READ THE POLICY ANNUALLY A DISCLOSURE STATEMENT IS COMPLETED BY ALL OFFICERS AND BOARD MEMBERS ON THIS STATEMENT THE INDIVIDUAL WILL LIST A WIDE RANGE OF INFORMATION WHICH INCLUDES BUSINESS RELATIONSHIPS, EMPLOYMENT RELATIONSHIPS, PROPERTY INTERESTS, AND THOSE OF RELATED PARTIES THE CEO AND BOARD CHAIR WILL REVIEW THE STATEMENTS AND MONITOR SITUATIONS THAT MAY POSE A POTENTIAL CONFLICT OF INTEREST THE CEO AND BOARD CHAIR MAY CONSULT WITH THE OFFICE OF THE GENERAL COUNSEL AS NECESSARY IF THERE IS A POTENTIAL CONFLICT OF INTEREST RELATED TO A PARTICULAR TRANSACTION, THE INTERESTED TRUSTEE MUST DISCLOSE THE EXISTENCE AND NATURE OF THE RELATIONSHIP THE BOARD CHAIR MAY APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE THE CONFLICT UNTIL THE POTENTIAL CONFLICT IS RESOLVED, THE BOARD CHAIR MAY REQUEST THE TRUSTEE TO LEAVE THE ROOM OR NOT PARTICIPATE DURING RELATED PRESENTATIONS AND DISCUSSIONS IN ALL CIRCUMSTANCES INVOLVING AN ACTUAL CONFLICT, THE INTERESTED TRUSTEE SHALL REFRAIN FROM VOTING ON ANY MATTER RELATED TO THE TRANSACTION PROCESS FOR DETERMINING COMPENSATION FORM 990, PART VI, QUESTION 15 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 IN ORDER TO ENSURE EXTERNAL COMPETITIVENESS, NATIONAL, CALIFORNIA AND LOCAL MARKET AREA COMPENSATION DATA COMPARISONS ARE REVIEWED COMPETITIVE ANALYSIS INCLUDES (A) BASE SALARY, (B) TOTAL CASH (BASE SALARY + ANNUAL INCENTIVE) AND (C) TOTAL REMUNERATION (BASE SALARY + ANNUAL INCENTIVE + BENEFITS AND LONG TERM INCENTIVE) THIS ANALYSIS INCLUDES COMPARABLE ORGANIZATIONS AND GEOGRAPHIC CONSIDERATIONS FOR THE MOST SENIOR EXECUTIVE POSITIONS, NATIONAL COMPARISONS FOR ORGANIZATIONS SIMILAR IN SIZE, SCOPE AND COMPLEXITY AS SUTTER HEALTH ARE MOST APPROPRIATE SINCE IT IS A NATIONAL MARKETPLACE IN WHICH SUTTER COMPETES FOR EXECUTIVE TALENT ON THE OTHER HAND, BECAUSE CALIFORNIA'S UNDERLYING COMPENSATION STRUCTURE IS HIGHER THAN NATIONAL DATA (ESPECIALLY IN THE BAY AREA), REGIONAL PAY COMPARISONS AND ADJUSTMENTS ARE MADE ALL OFFICERS OF THE ORGANIZATION (I E , CEO, CFO, COO) UNDERGO A REVIEW AND BOARD APPROVAL ANNUALLY KEY EMPLOYEES AND OTHER EXECUTIVES OF SUTTER HEALTH WHO ARE CONSIDERED DISQUALIFIED PERSONS FOR FORM 990 REPORTING PURPOSES ARE HANDLED IN THE SAME MANNER AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC FORM 990, PART VI, QUESTION 19 THE SUTTER HEALTH SYSTEM POSTS ITS CURRENT AND PAST AUDITED FINANCIAL STATEMENTS AT SUTTERHEALTH ORG OTHER DOCUMENTS ARE ALSO LOCATED AT THIS WEBSITE INCLUDING THE ANNUAL REPORT, MISSION STATEMENT, HISTORY, AND LINKS TO AFFILIATE WEBSITES

Identifier	Return Reference	Explanation
COMPILATION, REVIEW AND AUDIT OF INDEPENDENT ACCOUNTANT	FORM 990, PART XI, QUESTION 2	ANNUALLY THE SUTTER HEALTH SYSTEM HAS AN AUDIT OF COMBINED BALANCE SHEETS AND STATEMENTS OF OPERATIONS PERFORMED BY INDEPENDENT AUDITORS AN AUDIT COMMITTEE SELECTS THE AUDITORS AND REVIEWS RESULTS

DESCRIPTIONS, EXPLANATIONS AND ADDITIONAL INFORMATION SCHEDULE K Part I, Column (e) The organization's sole corporate member is a conduit borrower of tax-exempt bond issues that allocates portions of each issue to subsidiary organizations The organization is only reporting the amount it has been allocated Part II, Line 5 Issuance costs were funded through an equity contribution Part III, 3(c) While the organization does not routinely engage bond counsel or outside counsel to review management or service contracts or research agreements relating to the financed property, the organization's sole corporate member regularly participates in bond financings in which bond counsel, underwriter's counsel, and borrower's counsel performs due diligence The most recent bond financing occurred in May 2008 Additionally, within the sole corporate member's Office of the General Counsel ("OGC"), there is a Contract Service Team educated in safe harbors that draft and review these agreements and contracts Finally, also within the OGC, there is a member of the Business, Tax and Governance team with approximately 8 years of public finance experience that (i) periodically reviews these agreements and contracts to assist Treasury in identifying and tracking non-compliant agreements and contracts, (ii) educates and answers questions of the Contract Service Team and subsidiary organizations related to safe harbors and (iii), as necessary, consults with bond counsel regarding management or service contracts or research agreements relating to the financed property Part I, 2005 BC, Column (f) The initial bonds issued in 2005 were new money bonds that were retired and reissued on May 1, 2007 Accordingly, Schedule K reflects the current refunding bonds that were treated as reissued rather than reflecting the "new money" bonds DESCRIPTIONS OF BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS SCHEDULE L, PART IV ARNOLD AIGEN, MD JAMES BASSETT, MD CHRISTINE GRIGER, MD ELIZABETH VILLARDO, MD JON NORDGAARD, DPM C TERRIGAL BURN, MD CARY HILL, MD JOSEPH LACY, MD THE PAMF TRUSTEES, WERE ALSO SHAREHOLDERS & ON THE BOARD OF DIRECTORS OF PALO ALTO FOUNDATION MEDICAL GROUP(PAFMG) CONTRACTED SERVICES WERE PROVIDED BY PAFMG THROUGH THE PROFESSIONAL SERVICES AGREEMENT WHEREIN PAFMG PROVIDES THE PROFESSIONAL SERVICES RENDERED TO PAMF PATIENTS

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Palo Alto Medical Foundation

Employer identification number
94-1156581

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity

See Additional Data Table

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
SUTTER CONNECT 10470 OLD PLACERVILLE ROAD SACRAMENTO, CA95827 68-0209157	HEALTH CARE ADMIN	CA	SUTTER HEALTH	NONPROFIT CORP			

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d	Yes	
e Loans or loan guarantees by other organization(s)	1e	Yes	
f Sale of assets to other organization(s)	1f	Yes	
g Purchase of assets from other organization(s)	1g	Yes	
h Exchange of assets	1h	Yes	
i Lease of facilities, equipment, or other assets to other organization(s)	1i	Yes	
j Lease of facilities, equipment, or other assets from other organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n Sharing of paid employees	1n	Yes	
o Reimbursement paid to other organization for expenses	1o	Yes	
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q	Yes	
r Other transfer of cash or property from other organization(s)	1r	Yes	

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

	(a) Name of other organization	**(b)** Transaction type(a-r)	**(c)** Amount involved
(1)	PALO ALTO MEDICAL FOUNDATION HOSPICAL CORP	O	1,058,488
(2)	SUTTER MATERNITY & SURGERY CENTER SANTA CRUZ	O	130,249
(3)	MILLS PENINSULA HEALTH SERVICES	O	515,736
(4)	MILLS PENINSULA HEALTH SERVICES	P	2,482,959
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	**(b)** Primary activity	**(c)** Legal domicile (state or foreign country)	**(d)** Are all partners section 501(c)(3) organizations?		**(e)** Share of end-of-year assets	**(f)** Disproprtionate allocations?		**(g)** Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	**(h)** General or managing partner?	
			Yes	**No**		**Yes**	**No**		**Yes**	**No**

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 94-1156581
Name: Palo Alto Medical Foundation

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
ADOLESCENT TREATMENT CENTERS INC 390 40TH STREET OAKLAND, CA94609 68-0088443	HEALTH CARE	CA	501(C)(3)	3	SUTTER EBH
ALTA BATES SUMMIT FOUNDATION 2855 TELEGRAPH AVE 601 BERKELEY, CA94705 51-0160184	FUNDRAISING	CA	501(C)(3)	11a	SUTTER EBH
SUTTER EAST BAY HOSPITALS 2450 ASHBY AVE BERKELEY, CA94705 94-1196176	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH
SUTTER WEST BAY HOSPITALS 2333 BUCHANAN STREET SAN FRANCISCO, CA94115 94-0562680	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH
CALIFORNIA PACIFIC MEDICAL CTR FOUND 2015 STEINER STREET 2ND FLOOR SAN FRANCISCO, CA94115 94-2728423	FUNDRAISING	CA	501(C)(3)	11a	SUTTER WBH
DELTA MEMORIAL HOSPITAL FOUNDATION 3901 LONE TREE WAY ANTIOCH, CA94509 94-2417022	FUNDRAISING	CA	501(C)(3)	11a	SUTTER DELTA
EAST BAY PERINATAL CENTER 350 HAWTHORNE AVE OAKLAND, CA94609 51-0172285	HEALTH CARE	CA	501(C)(3)	3	SUTTER EBH
EDEN MEDICAL CENTER 20103 LAKE CHABOT ROAD CASTRO VALLEY, CA94546 94-2948100	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH
MARIN COMMUNITY HEALTH 250 BON AIRE ROAD GREENBRAE, CA94904 94-2994751	SUPPORTING OR	CA	501(C)(3)	11b	SUTTER HLTH
MARIN GENERAL HOSPITAL 250 BON AIRE ROAD GREENBRAE, CA94904 94-2823538	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH
MEMORIAL HOSPITAL LOS BANOS 520 W I STREET LOS BANOS, CA93635 94-1551464	HOSPITAL	CA	501(C)(3)	3	SUTTER CVH
SUTTER CENTRAL VALLEY HOSPITALS 1700 COFFEE ROAD MODESTO, CA95355 94-1080917	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH
MILLS-PENINSULA HEALTH SERVICES 1501 TROUSDALE DRIVE BURLINGAME, CA94010 94-1156265	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH
MILLS-PENINSULA HOSPITAL FOUNDATION 1501 TROUSDALE DRIVE BURLINGAME, CA94010 23-7288765	FUNDRAISING	CA	501(C)(3)	11a	MPHS
MILLS-PENINSULA SENIOR FOCUS 1720 EL CAMINO REAL BURLINGAME, CA94010 94-2663918	HEALTH CARE	CA	501(C)(3)	9	MPHS
PALO ALTO MEDICAL FOUNDATION 2350 EL CAMINO REAL MOUNTAIN VIEW, CA94040 94-1156581	HEALTH CARE	CA	501(C)(3)	3	SUTTER HLTH
PALO ALTO MEDICAL FOUNDATION HOSPITAL CO 570 WILLOW ROAD MENLO PARK, CA94025 94-2206441	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH
SUTTER WEST BAY MEDICAL FOUNDATION 2015 STEINER STREET 1ST FLOOR SAN FRANCISCO, CA94115 94-2948131	HEALTH CARE	CA	501(C)(3)	3	SUTTER HLTH
SAMUEL MERRITT UNIVERSITY 450 30TH STREET 2840 OAKLAND, CA94609 94-2992642	UNIVERSITY	CA	501(C)(3)	2	SUTTER EBH
ST LUKE'S HEALTH CARE CENTER 3555 CAESAR CHAVEZ STREET SAN FRANCISCO, CA94110 51-0201241	HEALTH CARE	CA	501(C)(3)	3	SUTTER WBH
SUTTER AMADOR HOSPITAL 200 MISSION BLVD JACKSON, CA95642 68-0291072	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH
SUTTER AUBURN FAITH HOSPITAL FOUNDATION 11815 EDUCATION ST AUBURN, CA95602 94-2594966	FUNDRAISING	CA	501(C)(3)	7	SUTTER SSR
SUTTER COAST HOSPITAL 800 E WASHINGTON BLVD CRESCENT CITY, CA95531 94-2988520	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH
SUTTER DAVIS HOSPITAL FOUNDATION 2000 SUTTER PLACE DAVIS, CA95616 68-0217870	FUNDRAISING	CA	501(C)(3)	11a	SUTTER SSR
SUTTER DELTA MEDICAL CENTER 3901 LONE TREE WAY ANTIOCH, CA94509 94-1552887	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH
SUTTER EAST BAY MEDICAL FOUNDATION 3687 MT DIABLO BLVD 200 LAFAYETTE, CA94549 94-2690415	HEALTH CARE	CA	501(C)(3)	11a	SUTTER HLTH
SUTTER GOULD MEDICAL FOUNDATION 600 COFFEE ROAD MODESTO, CA95355 94-1682256	HEALTH CARE	CA	501(C)(3)	3	SUTTER HLTH
SUTTER HEALTH 2200 RIVER PLAZA DRIVE SACRAMENTO, CA95833 94-2788907	SUPPORTING OR	CA	501(C)(3)	11c	NA
SUTTER HEALTH PACIFIC 91-2301 FT WEAVER RD EWA BEACH HI, HI96706 99-0298651	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH
SUTTER HEALTH SACRAMENTO SIERRA REGION 2800 L STREET 7TH FLOOR SACRAMENTO, CA95816 94-1156621	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
SUTTER INSURANCE SERVICES CORPORATION 745 FORT STREET SUITE 800 HONOLULU HI, CA96813 99-0289310	INSURANCE SER	HI	501(C)(3)	11b	SUTTER HLTH
SUTTER LAKESIDE HOSPITAL 5176 HILL ROAD EAST LAKEPORT, CA95453 94-1628356	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH
SUTTER MARIN 180 ROWLAND WAY NOVATO, CA94945 51-0206463	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH
SUTTER MATERNITY SURGERY CTR SANTA CRUZ 2900 CHANTICLEER AVE SANTA CRUZ, CA95065 68-0279954	HOSPITAL	CA	501(C)(3)	3	PAMF
SUTTER MEDICAL CENTER FOUNDATION 20130 LAKE CHABOT RD 103 CASTRO VALLEY, CA94546 94-2788906	FUNDRAISING	CA	501(C)(3)	7	SUTTER HLTH
SUTTER MEDICAL CENTER OF CASTRO VALLY 2800 L STREET 620 SACRAMENTO, CA95816 77-0146047	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH
SUTTER MEDICAL CENTER OF SANTA ROSA 3325 CHANATE RD SANTA ROSA, CA95404 68-0374805	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH
SUTTER MEDICAL FOUNDATION 2800 L STREET 7TH FLOOR SACRAMENTO, CA95816 68-0273974	HEALTH CARE	CA	501(C)(3)	11b	SUTTER HLTH
SUTTER NORTH MEDICAL FOUNDATION 969 PLUMAS STREET 205 YUBA CITY, CA95991 94-1080019	HEALTH CARE	CA	501(C)(3)	11b	SUTTER HLTH
SUTTER REGIONAL MEDICAL FOUNDATION 2720 LOW COURT FAIRFIELD, CA94534 20-0078199	HEALTH CARE	CA	501(C)(3)	3	SUTTER HLTH
SUTTER ROSEVILLE MEDICAL CTR FOUNDATION ONE MEDICAL PLAZA ROSEVILLE, CA95661 68-0040113	FUNDRAISING	CA	501(C)(3)	11a	SUTTER SSR
SUTTER SOLANO CHARITABLE FOUNDATION 300 HOSPITAL DRIVE VALLEJO, CA94589 94-2668262	FUNDRAISING	CA	501(C)(3)	11a	SUTTER SOLAN
SUTTER SOLANO MEDICAL CENTER 300 HOSPITAL DRIVE VALLEJO, CA94589 94-1241942	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH
SUTTER TRACY COMMUNITY HOSPITAL 1420 N TRACY BLVD TRACY, CA95376 94-1196220	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH
SUTTER VISITING NURSE ASSOC AND HOSPICE 1900 POWELL ST 300 EMERYVILLE, CA94608 94-6068843	HEALTH CARE	CA	501(C)(3)	9	SUTTER HLTH
SUTTER VNA AND HOSPICE FOUNDATION 1900 POWELL ST 300 EMERYVILLE, CA94608 94-2607708	FUNDRAISING	CA	501(C)(3)	9	SUTTER VNA
TRACY HOSPITAL FOUNDATION 1420 N TRACY BLVD TRACY, CA95376 68-0318845	FUNDRAISING	CA	501(C)(3)	11a	SUTTER TRACY