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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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

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

C Name of organization
SUTTER HEALTH

Doing Business As

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

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

D Employer identification number
94-2788907

E Telephone number
(916) 286-6665

G Gross receipts $ 672,448,208

F Name and address of principal officer
PATRICK FRY
2200 RIVER PLAZA DRIVE
SACRAMENTO, CA 95833

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) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW SUTTERHEALTH ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1981 | **M** State of legal domicile CA

Part I Summary

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**	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	13
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	3,464
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	15,500,799
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-25,017,088

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	3,675,962	5,184,612
9	Program service revenue (Part VIII, line 2g)	456,159,323	529,467,189
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	24,879,490	115,233,918
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,405,551	17,066,008
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	496,120,326	666,951,727
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	13,732,511	7,086,372
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)	269,540,511	353,552,039
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)	257,377,880	288,680,551
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	540,650,902	649,318,962
19	Revenue less expenses Subtract line 18 from line 12	-44,530,576	17,632,765

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	2,319,008,252	3,065,101,682
21	Total liabilities (Part X, line 26)	631,675,850	903,349,228
22	Net assets or fund balances Subtract line 21 from line 20	1,687,332,402	2,161,752,454

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: 2011-10-11

BOB REED CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶☐	PTIN
Firm's name ▶ ERNST & YOUNG US LLP				Firm's EIN ▶
Firm's address ▶ 178 S RIO GRANDE STREET SUITE 400 SALT LAKE CITY, UT 84101				Phone no ▶ (801) 350-3300

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the 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 $ 604,184,420 including grants of $ 7,121,761) (Revenue $ 529,467,189)

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** ▶ $ 604,184,420

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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		No
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		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		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
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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**		No
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 lines 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
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**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
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**		No
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 (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
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**	Yes	
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)?	**35**	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☑ **Yes** ☐ **No**			
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

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	849		
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	3,464		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a 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 instructions for 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?			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 receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h	
8	**Sponsoring organizations maintaining donor advised funds 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			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b	

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 14		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	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 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," 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	Yes	

Section C. Disclosure

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

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

JIM REICH
2200 RIVER PLAZA DRIVE
SACRAMENTO, CA 95833
(916) 286-6665

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

Check if Schedule O contains a response to any question in this Part VII . . . . . .☐

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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 Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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 Additional Data Table										
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								27,606,719	647,084	12,995,312

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 ▶ 963

			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 or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**	Yes	

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
TURNER CONSTRUCTION CO 2484 NATOMAS PARK DR STE 101 SACRAMENTO, CA 958332938	CONSTRUCTION	124,612,460
BOLDT CO LOCK BOX 285 MILWAUKEE, WI 532880285	CONSTRUCTION	60,604,157
DPR CONSTRUCTION 2480 NATOMAS PARK DR STE 100 SACRAMENTO, CA 95833	CONSTRUCTION	55,736,925
HERRERO CONTRACTORS INC 2100 OAKDALE AVE SAN FRANCISCO, CA 94124	CONSTRUCTION	29,344,183
SMITH GROUP INC 301 BATTERY ST SAN FRANCISCO, CA 94111	ARCHITECTURAL SVCS	17,839,676

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 ▶ 314

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				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations . . .	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 5,184,612				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f . . . . . ▶		5,184,612			
Program Service Revenue		Business Code				
	2a MANAGEMENT SERVICES	900099	529,467,189	529,467,189		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . . ▶		529,467,189			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		50,682,245			50,682,245
	4 Income from investment of tax-exempt bond proceeds . . ▶		0			
	5 Royalties . . . . . ▶		1,665			1,665
		(i) Real / (ii) Personal				
	6a Gross Rents	5,092,469				
	b Less rental expenses	5,496,481				
	c Rental income or (loss)	-404,012				
	d Net rental income or (loss) . . . . . ▶		-404,012			-404,012
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	64,551,673				
	b Less cost or other basis and sales expenses					
	c Gain or (loss)	64,551,673				
	d Net gain or (loss) . . . . . ▶		64,551,673			64,551,673
Other Revenue	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 SUTTER PHYSICIAN SERVICES	621110	11,031,960		11,031,960	
	b RADIATION PHYSICS SERVICES	541900	1,778,473		1,778,473	
	c SURGERY CENTER MANAGEMENT	621400	988,790		988,790	
	d All other revenue		3,669,132		1,701,576	1,967,556
	e **Total.** Add lines 11a–11d . . . . . ▶		17,468,355			
	12 **Total revenue.** See Instructions . . . ▶		666,951,727	529,467,189	15,500,799	116,799,127

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	7,086,372	7,086,372		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0	0		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	22,892,779	0	22,892,779	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	0	0	0
7 Other salaries and wages	234,295,557	222,028,249	12,267,308	0
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	26,826,100	26,788,874	37,226	0
9 Other employee benefits	49,217,072	45,950,226	3,266,846	0
10 Payroll taxes	20,320,531	20,299,411	21,120	0
a Fees for services (non-employees) Management	24,131,950	24,131,950	0	0
b Legal	13,443,836	13,443,836	0	0
c Accounting	2,843,954	2,843,954	0	0
d Lobbying	225,087	0	225,087	0
e Professional fundraising services *See Part IV, line 17*	0			0
f Investment management fees	5,045,347	5,045,347	0	0
g Other	31,785,876	28,939,529	2,846,347	0
12 Advertising and promotion	8,432,021	8,218,016	214,005	0
13 Office expenses	17,157,491	16,965,642	191,849	0
14 Information technology	70,284,425	70,284,425	0	0
15 Royalties	0	0	0	0
16 Occupancy	10,533,198	10,533,198	0	0
17 Travel	4,030,099	3,860,556	169,543	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	1,623,668	522,927	1,100,741	0
20 Interest	518	518	0	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	58,560,901	58,539,981	20,920	0
23 Insurance	8,443,505	8,216,115	227,390	0
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a UNINSURED LITIGATION	12,002,615	12,002,615		
b DEVELOPMENT FEES	6,767,314	6,767,314		
c REPAIRS AND MAINTENANCE	4,378,330	4,350,300	28,030	
d DUES & SUBSCRIPTIONS	2,000,808	1,618,840	381,968	
e ASSET WRITE-DOWN	1,274,451	1,274,451		
f All other expenses	5,715,157	4,471,774	1,243,383	
25 **Total functional expenses.** Add lines 1 through 24f	649,318,962	604,184,420	45,134,542	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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		0	2	0
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		520,386	8	536,327
	9	Prepaid expenses and deferred charges		22,419,359	9	17,231,014
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 917,840,459			
	b	Less accumulated depreciation	10b 370,865,667	545,165,835	10c	546,974,792
	11	Investments—publicly traded securities		1,324,255,630	11	1,896,126,611
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		3,809,624	13	2,566,704
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		422,837,418	15	601,666,234
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,319,008,252	16	3,065,101,682
Liabilities	17	Accounts payable and accrued expenses		355,604,481	17	536,127,459
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	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		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		276,071,369	25	367,221,769
	26	**Total liabilities.** Add lines 17 through 25		631,675,850	26	903,349,228
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		1,683,301,450	27	2,156,396,256
	28	Temporarily restricted net assets		4,030,952	28	5,356,198
	29	Permanently restricted net assets			29	
		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		1,687,332,402	33	2,161,752,454
	34	Total liabilities and net assets/fund balances		2,319,008,252	34	3,065,101,682

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	666,951,727
2	Total expenses (must equal Part IX, column (A), line 25)	2	649,318,962
3	Revenue less expenses Subtract line 2 from line 1	3	17,632,765
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	1,687,332,402
5	Other changes in net assets or fund balances (explain in Schedule O)	5	456,787,287
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,161,752,454

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			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 separate basis, consolidated 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		No
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		

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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

2010

Open to Public Inspection

Name of the organization
SUTTER HEALTH

Employer identification number
94-2788907

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

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

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

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

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)**		No
(ii) a family member of a person described in (i) above? **11g(ii)**		No
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		No

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
See Additional Data Table									
Total									485,911,009

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** 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—2009.** 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—2010.** 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—2009.** 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 Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2009 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2010.** 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—2009.** 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 94-2788907
Name: SUTTER HEALTH

Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
(A) EAST BAY PERINATAL CENTER	510172285	03	Yes		Yes		Yes		600558
(B) EDEN MEDICAL CENTER	942948100	03	Yes		Yes		Yes		12376655
(C) SUTTER HEALTH PACIFIC	990298651	03	Yes		Yes		Yes		1000000
(D) MILLS-PENINSULA HEALTH SERVICES	941156265	03	Yes		Yes		Yes		54852561
(E) PALO ALTO MEDICAL FOUNDATION	941156581	03	Yes		Yes		Yes		132142426
(F) SAMUEL MERRITT UNIVERSITY	942992642	02	Yes		Yes		Yes		5754
(G) SUTTER CENTRAL VALLEY HOSPITALS	941080917	03	Yes		Yes		Yes		13053949
(H) SUTTER COAST HOSPITAL	942988520	03	Yes		Yes		Yes		1778784
(I) SUTTER EAST BAY HOSPITALS	941196176	03	Yes		Yes		Yes		46228344
(J) SUTTER GOULD MEDICAL FOUNDATION	941682256	03	Yes		Yes		Yes		6790785
(K) SUTTER HEALTH SACRAMENTO SIERRA REGION	941156621	03	Yes		Yes		Yes		49463074
(L) SUTTER MEDICAL CENTER CASTRO VALLEY	770146047	03	Yes		Yes		Yes		84739638
(M) SUTTER VISITING NURSE ASSOCIATION AND HOSPICE	946068843	09	Yes		Yes		Yes		5684955
(N) SUTTER WEST BAY HOSPITALS	940562680	03	Yes		Yes		Yes		43795102
(O) SUTTER WEST BAY MEDICAL FOUNDATION	942948131	03	Yes		Yes		Yes		33398424

Additional Data

Software ID:
Software Version:
EIN: 94-2788907
Name: SUTTER HEALTH

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			
GERALDINE BRINTON BOARD MEMBER (CHAIR FINANCE)	10 0	X		X				27,500	0	0
MARY BROWN BOARD MEMBER	7 0	X						27,500	0	0
GARY DEPOLO BOARD MEMBER	7 0	X						27,500	0	0
PATRICK FRY PRESIDENT & CEO	40 0	X		X	X			2,699,636	0	2,088,912
MIKE GAULKE BOARD MEMBER	7 0	X						27,500	0	0
ALEXANDER GONZALES PHD BOARD MEMBER	7 0	X						27,500	0	0
H JAMES GRAY BOARD MEMBER	7 0	X						27,500	0	0
DAVID JEPPSON BOARD MEMBER	7 0	X						27,500	0	0
RICHARD LEVY PHD BOARD MEMBER (SECRETARY)	7 0	X		X				27,500	0	0
TODD MURRAY BOARD MEMBER	7 0	X						27,500	0	0
ANDY PANSINI BOARD MEMBER (CHAIR)	12 0	X		X				27,500	0	0
MICHAEL ROOSEVELT BOARD MEMBER	7 0	X						27,500	0	0
TODD SMITH MD BOARD MEMBER	7 0	X						27,500	0	0
ELIZABETH VILARDO MD BOARD MEMBER	7 0	X						27,500	0	0
FLO DI BENEDETTO SVP & GEN COUNSEL/ASST SECR	40 0			X	X			759,682	0	397,259
ED ERWIN DIR REAL ESTATE SRVCS/ASST SEC	40 0			X				177,326	0	24,703
ROBERT REED SVP & CFO SUTTER HEALTH	40 0			X	X			1,551,089	0	853,844
PETER ANDERSON SVP STRATEGY & BUS DVLPMT	40 0				X			911,742	0	429,178
DAVID BENN REG PRES , CENTRAL VALLEY	40 0				X			951,817	0	423,138
ED BERDICK REGIONAL PRESIDENT, EAST BAY	40 0				X			1,403,417	0	648,513
MARTIN BROTMAN REGIONAL PRESIDENT, WEST BAY	40 0				X			2,535,924	0	1,751,747
JOHN BURNICH MD SVP, EXEC OFFICER MED NETWORK	40 0				X			832,800	0	449,588
MIKE COHILL SVP SUTTER HEALTH	40 0				X			957,310	0	494,242
DAVID DRUKER MD SVP REGIONAL EXECUTIVE	40 0				X			2,927,390	0	450,030
JEFF GERARD REG PRES, PENINSULA COASTAL	40 0				X			972,294	0	465,572

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			
MIKE HELM SVP HUMAN RESOURCES	40 0				X			784,957	0	384,189
GORDON HUNT MD SVP & CHIEF MEDICAL OFFICER	40 0				X			1,266,022	0	759,889
SARAH KREVANS REG PRES , SAC SIERRA REGION	40 0				X			1,428,383	0	666,550
JONATHAN MANIS SVP & CIO SUTTER HEALTH	40 0				X			880,402	0	406,018
RICHARD SLAVIN MD PRESIDENT & CEO, PAMF	40 0				X			114,914	647,084	10,077
CHARLES WIRTH CEO SUTTER CONNECT	40 0				X			733,090	0	288,608
WARREN KIRK CEO, SUTTER EAST BAY HOSPITALS	40 0					X		1,040,973	0	214,353
THOMAS GAGEN CEO, SUTTER MED CTR SACRAMENTO	40 0					X		945,037	0	446,279
MORRIS FLAUM CEO, SUTTER WEST BAY MED FDN	40 0					X		944,907	0	268,722
ROBERT MERWIN CEO, MILLS PENINSULA HEALTH SV	40 0					X		882,238	0	404,581
THOMAS BLINN CEO, SUTTER MEDICAL FOUNDATION	40 0					X		778,497	0	474,757
JOHN RAY CEO SUTTER REGIONAL MED FOUND							X	519,810	0	194,563
CYNTHIA KETTMANN CONSULTANT							X	249,562	0	0

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
SUTTER HEALTH	94-2788907

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		5,000
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		220,087
j	Total lines 1c through 1i			225,087
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information

Identifier	Return Reference	Explanation
OTHER ACTIVITIES	PART II-B, QUESTION 1I	PAID CONSULTANTS THAT PERFORMED LOBBYING ACTIVITIES

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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

2010

Open to Public Inspection

Name of the organization
SUTTER HEALTH

Employer identification number
94-2788907

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 ▶ $ _____

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					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

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)		
(ii) related organizations	3a(ii)		
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		110,439,888		110,439,888
b Buildings		98,628,595	23,696,509	74,932,086
c Leasehold improvements		15,978,628	9,016,652	6,961,976
d Equipment		511,913,429	337,405,951	174,507,478
e Other		180,879,919	746,555	180,133,364
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				546,974,792

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
(1) Financial derivatives		
(2) 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
(1) UNAMORTIZED FINANCING COSTS	172,996
(2) INTERCOMPANY RECEIVABLES	113,131,095
(3) NOTES RECEIVABLE - RELATED ORG	5,040,749
(4) DEPOSITS	52,007
(5) PREPAID PENSION	170,080,185
(6) SECUTITIES LENDING RECEIVABLE	171,898,092
(7) OTHER RECEIVABLES	32,792,405
(8) OTHER ASSETS	108,498,705
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	601,666,234

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
SELF INSURANCE RESERVE	246,064,580
OTHER LIABILITIES	121,157,189
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	367,221,769

2. Fin 48 (ASC 740) 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 (ASC740)

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
ASC 740 (FIN48) FOOTNOTE FROM AUDIT	PART X, LINE 2	THIS ORGANIZATION WAS PART OF A CONSOLIDATED FINANCIAL SYSTEM AUDIT THE ASC 740 AUDIT FOOTNOTE DISCLOSURE FOR THE SUTTER SYSTEM IS AS FOLLOWS DEFERRED INCOME TAX ASSETS, WHICH AS OF DECEMBER 31, 2010 AND 2009 WERE FULLY RESERVED, REFLECT THE NET TAX EFFECT OF TEMPORARY DIFFERENCES BETWEEN THE CARRYING AMOUNTS OF ASSETS AND THE LIABILITIES FOR FINANCIAL REPORTING AND THE AMOUNTS USED FOR INCOME TAX PURPOSES AS OF DECEMBER 31, 2010 AND 2009, SUTTER HAD DEFERRED TAX ASSETS OF $13 (MILLION) RELATING PRINCIPALLY TO NET OPERATING LOSS CARRYOVERS AS OF DECEMBER 31, 2010 AND 2009, SUCH DEFERRED TAX ASSETS WERE OFFSET BY A VALUATION ALLOWANCE OF $13 (MILLION) THE VALUATION ALLOWANCE DID NOT CHANGE IN 2010 OR 2009 FEDERAL NET OPERATING LOSS CARRYOVERS TOTALED $32 (MILLION) AT DECEMBER 31, 2010 AND WILL EXPIRE BETWEEN 2015 AND 2030

Additional Data

Software ID:
Software Version:
EIN: 94-2788907
Name: SUTTER HEALTH

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	**(b)** Book value
UNAMORTIZED FINANCING COSTS	172,996
INTERCOMPANY RECEIVABLES	113,131,095
NOTES RECEIVABLE - RELATED ORG	5,040,749
DEPOSITS	52,007
PREPAID PENSION	170,080,185
SECUTITIES LENDING RECEIVABLE	171,898,092
OTHER RECEIVABLES	32,792,405
OTHER ASSETS	108,498,705

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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

2010

Open to Public Inspection

Name of the organization
SUTTER HEALTH

Employer identification number
94-2788907

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. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (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 . . . ▶ 58

3 Enter total number of other organizations . . . ▶ 0

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

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, LINE 2	DONATION PAYMENTS WERE UNRESTRICTED AMOUNTS TO THE ORGANIZATION CERTAIN GRANTS ARE MONITORED ON AN INDIVIDUAL BASIS BY REVIEWING EXPENDITURES, PREPARING REPORTS, AND OTHER CONTACT WITH THE GRANTEE TO ENSURE COMPLIANCE WITH GRANT PURPOSE 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: 94-2788907
Name: SUTTER HEALTH

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
ALAMEDA COUNTY FOOD BANK7900 EDGEWATER DRIVE OAKLAND,CA 94614	94-2960297	501(C)(3)	25,000				GENERAL DONATION
AMBULATORY SURGERY ACCESS115 SANSOME ST SAN FRANCISCO,CA 94104	94-3180356	501(C)(3)	150,000				GENERAL DONATION
AMERICAN RED CROSS BAY AREA85 2ND ST SAN FRANCISCO,CA 94105	94-3045430	501(C)(3)	100,000				GENERAL DONATION
ASIAN HEALTH SERVICES 818 WEBSTER ST OAKLAND,CA 94607	94-2235908	501(C)(3)	100,000				GENERAL DONATION
AXIS COMMUNITY HEALTH 4361 RAILROAD AVE PLEASANTON,CA 94566	94-2232394	501(C)(3)	75,000				GENERAL DONATION
BOYS AND GIRLS CLUB GREATER SACRAMENTO 5212 LEMON HILL AVE SACRAMENTO,CA 95824	68-0338324	501(C)(3)	20,000				GENERAL DONATION
CALIFORNIA INSTITUTE FOR NURSING715 HEARST ST BERKELEY,CA 94710	82-0570413	501(C)(3)	20,000				GENERAL DONATION
COALITION FOR COMPASSIONATE CARE 1331 GARDEN HWY SACRAMENTO,CA 95833	27-0419836	501(C)(3)	30,000				GENERAL DONATION
COASTAL HEALTH ALLIANCE PT REYES CLINICPO BOX 910 PT REYES STATION,CA 949560910	68-0172541	501(C)(3)	62,500				GENERAL DONATION
CENTER FOR HEALTHCARE DECISIONS INC3400 DATA DR RANCHO CORDOVA,CA 95670	68-0441958	501(C)(3)	10,000				GENERAL DONATION
FOOD PANTRY OF DAVIS STREEET3081 TEAGARDEN SAN LEANDRO,CA 94577	94-3121699	501(C)(3)	12,500				GENERAL DONATION
DIENTES COMMUNITY DENTAL CLINIC1830 COMMERCIAL WAY SANTA CRUZ,CA 95065	77-0311752	501(C)(3)	45,000				GENERAL 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
DISTRICT COUNCIL OF CONTRA COSTA2210 GLADSTONE DR PITTSBURG,CA 94565	94-1448577	501(C)(3)	12,500				GENERAL DONATION
DOCTORS WITHOUT BORDERS USA INC333 7TH AVE NEW YORK,NY 10001	13-3433452	501(C)(3)	1,000,000				GENERAL DONATION
EMERGENCY FOOD BANK OF SAN JOAQUIN7 W SCOTTS AVENUE STOCKTON,CA 95203	68-0022165	501(C)(3)	15,000				GENERAL DONATION
FOOD BANK OF SOLANO and CONTRA COSTA COUNTYPO BOX 6324 CONCORD,CA 95424	94-2418054	501(C)(3)	5,500				GENERAL DONATION
INTERPLAST INC857 MAUDE AVENUE MOUNTAIN VIEW,CA 94043	23-7297770	501(C)(3)	10,000				GENERAL DONATION
JEWISH COMMUNITY FREE CLINIC490 CITY CENTER DR ROHNERT PARK,CA 94928	94-3386103	501(C)(3)	75,000				GENERAL DONATION
LA CLINICA DE LA RAZA 1515 FRUITVALE AVE OAKLAND,CA 94601	94-1744108	501(C)(3)	350,000				GENERAL DONATION
LEUKEMIA & LYMPHOMA SOCIETY OF THE SOUTH 675 NO 1ST ST SAN JOSE,CA 95112	13-5644916	501(C)(3)	7,500				GENERAL DONATION
LIFE LONG MEDICAL CARE PO BOX 11247 BERKELEY,CA 94712	94-2502308	501(C)(3)	25,000				GENERAL DONATION
MARCH OF DIMES-NORTHERN CALIFORNIA CHAPTER1050 SANSOME ST SAN FRANCISCO,CA 94111	13-1846366	501(C)(3)	138,400				GENERAL DONATION
MARIN COMMUNITY FOOD BANK75 DIGITAL DRIVE NOVATO,CA 94949	68-0044262	501(C)(3)	15,000				GENERAL DONATION
MENDOCINO COMMUNITY HEALTH CLINIC INC333 LAWS AVE UKIAH,CA 95482	68-0259045	501(C)(3)	49,754				GENERAL 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
MEDSHARE INTERNATIONAL3240 CLIFTON SPRINGS RD DECATUR,GA 30034	58-2433968	501(C)(3)	250,000				GENERAL DONATION
MOUNTAIN VIEW ROTACARE BAY AREA2500 DONATION RD MOUNTAIN VIEW,CA 94040	94-2823235	501(C)(3)	100,000				GENERAL DONATION
OKIZU FOUNDATION16 DIGITAL DRIVE NOVATO,CA 94949	68-0291178	501(C)(3)	27,500				GENERAL DONATION
PLACER FOOD BANK133 CHURCH STREET ROSEVILLE,CA 95678	94-1740316	501(C)(3)	14,500				GENERAL DONATION
REDWOOD EMPIRE FOOD BANK3320 INDUSTRIAL DRIVE SANTA ROSA,CA 95403	68-0121855	501(C)(3)	10,000				GENERAL DONATION
RIVER CATS FOUNDATION INC400 BALLPARK DR W SACRAMENTO,CA 95691	94-3367617	501(C)(3)	25,000				GENERAL DONATION
RIVER CITY FOOD BANK 1322 27TH STREET SACRAMENTO,CA 95816	91-1851398	501(C)(3)	22,000				GENERAL DONATION
SACRAMENTO PUBLIC POLICY FOUNDATION1717 I STREET SACRAMENTO,CA 95814	61-1614386	501(C)(3)	20,000				GENERAL DONATION
SALVATION ARMY - MODESTO CITADELPO BOX 1663 MODESTO,CA 95353	94-1156347	501(C)(3)	20,000				GENERAL DONATION
SALUD PARA LA GENTE195 AVIATION WAY WATSONVILLE,CA 95076	94-2705747	501(C)(3)	75,000				GENERAL DONATION
SAMARITAN HOUSE4031 PACIFIC BLVD SAN MATEO,CA 94403	23-7416272	501(C)(3)	100,000				GENERAL DONATION
SANTA CRUZ COUNTY HEALTH SERVICES AGENCY1040 EMELINE AVE SANTA CRUZ,CA 95060	94-6000534	501(C)(3)	30,000				GENERAL 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
SANTA CRUZ WOMEN'S HEALTH CENTER250 LOCUST ST SANTA CRUZ,CA 95060	23-7428303	501(C)(3)	50,000				GENERAL DONATION
SECOND HARVEST FOOD BANK SANTA CLARA750 CURTNER AVENUE SAN JOSE,CA 95125	94-2614101	501(C)(3)	33,500				GENERAL DONATION
SECOND HARVEST FOOD BANK OF SANTA CRUZ CTY 800 OHLONE PARKWAY WATSONVILLE,CA 95076	77-0326685	501(C)(3)	16,500				GENERAL DONATION
SEROTONIN SURGE CHARITIES1955 COWELL BLVD DAVIS,CA 95616	68-0411254	501(C)(3)	50,000				GENERAL DONATION
SAN FRANCISCO CONNECT-PROJECT HOMELESS25 VAN NESS AVE SAN FRANCISCO,CA 94102	20-4331462	501(C)(3)	10,000				GENERAL DONATION
SAN FRANCISCO FOOD BANK900 PENNSYLVANIA SAN FRANCISCO,CA 94107	94-3041517	501(C)(3)	12,500				GENERAL DONATION
SOUTH COUNTY COMMUNITY HEALTH 1798A BAY RD PALO ALTO,CA 94303	94-3372130	501(C)(3)	50,000				GENERAL DONATION
THE EFFORT1820 J STREET SACRAMENTO,CA 95814	94-1713704	501(C)(3)	500,000				GENERAL DONATION
TIBURCIO VASQUEZ HEALTH CENTER INC33255 NINTH STREET UNION CITY,CA 94587	23-7118361	501(C)(3)	150,000				GENERAL DONATION
TRACY INTERFAITH MINISTRIES3111 W DONATION LINE RD TRACY,CA 95376	94-3150638	501(C)(3)	10,000				GENERAL DONATION
TRI-CITY HEALTH CENTER 39465 PASEO PADRE FREMONT,CA 94538	23-7255435	501(C)(3)	100,000				GENERAL DONATION
WEST COUNTY HEALTH CENTERS INCPO BOX 1449 GUERNEVILLE,CA 95446	23-7310613	501(C)(3)	50,000				GENERAL 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
SUTTER EAST BAY HOSPITALS350 HAWTHORNE AVE OAKLAND,CA 94609	94-1196176	501(C)(3)	319,782				GENERAL DONATION
CALIFORNIA PACIFIC MED CENTER FOUNDATIONPO BOX 7999 SAN FRANCISCO,CA 94121	94-2728423	501(C)(3)	195,916				GENERAL DONATION
SUTTER WEST BAY HOSPITALSPO BOX 60000 SAN FRANCISCO,CA 94160	94-0562680	501(C)(3)	192,440				GENERAL DONATION
EDEN MEDICAL CENTER 20103 LAKE CHABOT CASTRO VALLEY,CA 94546	94-2948100	501(C)(3)	303,611				GENERAL DONATION
MARIN GENERAL HOSPITALPO BOX 8010 SAN RAFAEL,CA 94912	94-2823538	501(C)(3)	109,720				GENERAL DONATION
MILLS PENINSULA HEALTH SERVICES1501 TROUSDALE DR BURLINGAME,CA 94010	94-1156265	501(C)(3)	281,945				GENERAL DONATION
SWBH DBA NOVATO COM HOSP180 ROWLAND WAY NOVATO,CA 94945	51-0206463	501(C)(3)	89,959				GENERAL DONATION
SUTTER HEALTH SAC SIERRA REGION5151 F ST SACRAMENTO,CA 95819	94-1156621	501(C)(3)	765,785				GENERAL DONATION
SUTTER MEDICAL FOUNDATIONPO BOX 160168 SACRAMENTO,CA 95816	68-0273974	501(C)(3)	11,200				GENERAL DONATION
SUTTER VNA AND HOSPICE1900 POWELL STREET EMERYVILLE,CA 94608	94-6068843	501(C)(3)	632,496				GENERAL DONATION

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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

2010

Open to Public Inspection

Name of the organization
SUTTER HEALTH

Employer identification number
94-2788907

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	☐ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ 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	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ 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 from the organization or a related organization?	**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 duplicate copies if additional space is 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							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							

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
PART I, QUESTION 1A	RELEVANT INFORMATION REGARDING COMPENSATION ITEMS	FIRST-CLASS TRAVEL DIRECTORS AND KEY EMPLOYEES PAID BY SUTTER HEALTH MAY UPGRADE TO FIRST-CLASS TRAVEL FOR FLIGHTS GREATER THAN FOUR HOURS IN DURATION 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 SOCIAL CLUB THE CEO RECEIVES A PAID MEMBERSHIP TO A LOCAL SOCIAL/BUSINESS CLUB
PART I, QUESTION 3	SUPPLEMENTAL COMPENSATION INFORMATION	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 ENSURE THAT ORGANIZATIONAL PURPOSES ARE APPROPRIATELY BEING SERVED THE COMPENSATION COMMITTEE USES CREDIBLE DATA SOURCES AND MAINTAINS AN OBJECTIVE "ARMS LENGTH" DECISION-MAKING PROCESS, ENSURING THE INTEGRITY OF SUTTER'S EXECUTIVE PROGRAMS AND CONSISTENCY WITH THE ORGANIZATION'S OVERALL MISSION
PART I, QUESTION 4B	NONQUALIFIED RETIREMENT PLAN	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 2010 PETER ANDERSON $ 91,200 DAVID BENN $ 144,700 ED BERDICK $ 217,500 MARTIN BROTMAN $ 1,370,936 JOHN BURNICH $ 127,200 MIKE COHILL $ 174,700 FLO DI BENEDETTO $ 115,000 DAVID DRUKER MD $ 122,700 PATRICK FRY $ 1,127,856 JEFF GERARD $ 101,700 MIKE HELM $ 77,000 GORDON HUNT MD $ 331,900 SARAH KREVANS $ 149,800 JONATHAN MANIS $ 84,700 ROBERT REED $ 332,500 CHARLES WIRTH $ 41,000 THOMAS BLINN $ 224,700 MORRIS FLAUM $ 47,900 THOMAS GAGEN $ 141,400 WARREN KIRK $ 120,100 ROBERT MERWIN $ 135,200 JOHN RAY $ 23,900
PART I, QUESTION 7	NON-FIXED PAYMENTS	SPOT AWARDS ARE INFREQUENTLY USED TO REWARD EMPLOYEES THERE ARE NO SPECIFIC GUIDELINES FOR THE AMOUNT OF THE SPOT AWARD BUT THE AMOUNT TENDS TO NOT EXCEED 5% OF GROSS PAY ANNUAL INCENTIVE PLAN (AIP) THE PURPOSE OF THE PLAN IS TO FOCUS EXECUTIVES ON SPECIFIC, SHORTER-TERM GOALS THAT ARE CRITICAL TO THE ACHIEVEMENT OF AFFILIATE, REGION, AND SYSTEM-WIDE OBJECTIVES THAT DRIVE OVERALL ORGANIZATION PERFORMANCE A PORTION OF THE PLAN AWARD IS DISCRETIONARY IN THAT THE SUPERVISOR MAY ADD +/- 5% TO THE AWARD PROVIDED THE TOTAL AWARD (FORMULA PORTION PLUS DISCRETIONARY) DOES NOT EXCEED THE MAXIMUM ESTABLISHED FOR ANY GIVEN EXECUTIVE LONG TERM PERFORMANCE PLAN (LTPP) SUTTER HEALTH ALSO EMPLOYS LONG TERM PERFORMANCE PLANS WHICH ARE DESIGNED TO FOCUS ON LONGER TERM STRATEGIC OBJECTIVES OF THE ORGANIZATION SUTTER'S LONG TERM PERFORMANCE PLAN APPROACH IS A COMBINATION OF BOTH LONGER TERM MEASURES OF ORGANIZATION SUCCESS AND KEY ORGANIZATION STRATEGIES WHICH REQUIRE THE COMBINED EFFORT OF ALL LEADERSHIP TO ACHIEVE SUCCESS SUTTER USES A COMMON FATE APPROACH IN THAT ALL PLAN PARTICIPANTS ARE MEASURED AGAINST THE SAME, ORGANIZATION WIDE CRITERIA VS INDIVIDUAL EFFORTS THIS FOSTERS A COMMON PURPOSE ACROSS LEADERSHIP AND A SHARED SENSE OF ACCOUNTABILITY FOR THE OVERALL SUCCESS OF SUTTER HEALTH TO ENSURE THAT EXTRAORDINARY EFFORTS BY INDIVIDUALS CAN BE RECOGNIZED AND THAT ACTIONS OF LEADERSHIP ARE CONSISTENT WITH SUPPORTING SUTTER HEALTH'S OVERALL MISSION, VISION, AND VALUES, SUTTER'S LONG TERM INCENTIVE PLAN APPROACH ALSO INCORPORATES A CEO DISCRETIONARY COMPONENT THIS UNIQUE FEATURE ALLOWS THE PRESIDENT & CEO THE ABILITY TO MODIFY INDIVIDUAL AWARDS WITHIN LIMITS THAT HAVE BEEN PRE-APPROVED BY THE SUTTER HEALTH COMPENSATION COMMITTEE THIS INCLUDES BOTH THE REDUCTION AND INCREASE OF AWARD AMOUNTS SUCH MODIFICATIONS GENERALLY DO NOT EXCEED +/- 20% AND ARE EMPLOYED JUDICIOUSLY AND ARE REVIEWED BY THE COMPENSATION COMMITTEE

Additional Data

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Software ID:
Software Version:
EIN: 94-2788907
Name: SUTTER HEALTH

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC 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
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
PETER ANDERSON	(I)	551,324	345,314	15,104	411,045	18,133	1,340,920	297,820
	(II)	0	0	0	0	0	0	0
DAVID BENN	(I)	596,953	350,364	4,500	407,325	15,813	1,374,955	374,262
	(II)	0	0	0	0	0	0	0
ED BERDICK	(I)	804,437	581,230	17,750	630,154	18,359	2,051,930	493,734
	(II)	0	0	0	0	0	0	0
MARTIN BROTMAN	(I)	1,517,694	1,006,400	11,830	1,734,000	17,747	4,287,671	667,161
	(II)	0	0	0	0	0	0	0
JOHN BURNICH MD	(I)	492,520	335,050	5,230	432,256	17,332	1,282,388	289,505
	(II)	0	0	0	0	0	0	0
MIKE COHILL	(I)	613,172	333,375	10,763	480,456	13,786	1,451,552	379,838
	(II)	0	0	0	0	0	0	0
FLO DI BENEDETTO	(I)	459,508	294,803	5,371	387,646	9,613	1,156,941	242,632
	(II)	0	0	0	0	0	0	0
DAVID DRUKER MD	(I)	2,135,005	780,457	11,928	440,614	9,416	3,377,420	565,132
	(II)	0	0	0	0	0	0	0
ED ERWIN	(I)	161,126	16,200	0	7,962	16,741	202,029	0
	(II)	0	0	0	0	0	0	0
PATRICK FRY	(I)	1,450,576	1,233,950	15,110	2,058,620	30,292	4,788,548	973,771
	(II)	0	0	0	0	0	0	0
JEFF GERARD	(I)	613,953	353,400	4,941	447,307	18,265	1,437,866	331,232
	(II)	0	0	0	0	0	0	0
MIKE HELM	(I)	471,916	302,510	10,531	364,530	19,659	1,169,146	261,385
	(II)	0	0	0	0	0	0	0
GORDON HUNT MD	(I)	800,772	454,748	10,502	751,299	8,590	2,025,911	507,631
	(II)	0	0	0	0	0	0	0
CYNTHIA KETTMANN	(I)	249,562	0	0	0	0	249,562	0
	(II)	0	0	0	0	0	0	0
SARAH KREVANS	(I)	813,872	602,072	12,439	645,775	20,775	2,094,933	533,801
	(II)	0	0	0	0	0	0	0
JONATHAN MANIS	(I)	560,432	317,527	2,443	386,147	19,871	1,286,420	341,020
	(II)	0	0	0	0	0	0	0
JOHN RAY	(I)	335,423	176,013	8,374	181,097	13,466	714,373	168,630
	(II)	0	0	0	0	0	0	0
ROBERT REED	(I)	989,257	559,057	2,775	835,258	18,586	2,404,933	611,103
	(II)	0	0	0	0	0	0	0
RICHARD SLAVIN MD	(I)	114,914	0	0	4,956	2,248	122,118	0
	(II)	466,451	175,000	5,633	0	2,873	649,957	0
CHARLES WIRTH	(I)	465,554	259,023	8,513	269,846	18,762	1,021,698	239,021
	(II)	0	0	0	0	0	0	0
WARREN KIRK	(I)	673,478	358,489	9,006	199,631	14,722	1,255,326	465,402
	(II)	0	0	0	0	0	0	0
THOMAS GAGEN	(I)	614,124	321,979	8,934	429,132	17,147	1,391,316	341,270
	(II)	0	0	0	0	0	0	0
MORRIS FLAUM	(I)	582,408	349,437	13,062	245,445	23,277	1,213,629	249,898
	(II)	0	0	0	0	0	0	0
ROBERT MERWIN	(I)	555,175	319,660	7,403	387,854	16,727	1,286,819	288,231
	(II)	0	0	0	0	0	0	0
THOMAS BLINN	(I)	494,089	273,662	10,746	459,728	15,029	1,253,254	202,089
	(II)	0	0	0	0	0	0	0

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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

2010

Open to Public Inspection

Name of the organization
SUTTER HEALTH

Employer identification number
94-2788907

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	(c) Corrected? 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	(b) Loan to or from the organization? From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) In default? No	(f) Approved by board or committee? Yes	(f) Approved by board or committee? No	(g) Written agreement? Yes	(g) Written agreement? 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
(1) PAT FRY	BROTHER	2,895,418	SEE PART V		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	SCHEDULE L, PART IV	PAT FRY IS A TRUSTEE AND PRESIDENT/CEO OF SUTTER HEALTH HIS BROTHER IS AN OWNER AND OFFICER OF LIONAKIS BEAUMONT DESIGN GROUP, AN ARCHITECTURAL FIRM DURING THE YEAR THE FIRM PROVIDED ARCHITECTURAL SERVICES TO SUTTER HEALTH AND ITS AFFILIATES VIA AN ARMS-LENGTH AGREEMENT

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
SUTTER HEALTH

Employer identification number
94-2788907

Identifier	Return Reference	Explanation
MISSION STATEMENT	FORM 990, PART I, LINE 1 AND PART III, LINE 1	WE ENHANCE THE WELL-BEING OF PEOPLE IN THE COMMUNITIES WE SERVE THROUGH A NOT-FOR-PROFIT COMMITMENT TO COMPASSION AND EXCELLENCE IN HEALTH CARE SERVICES

Identifier	Return Reference	Explanation
EXEMPT PURPOSE ACHIEVEMENTS	FORM 990, PART III, LINE 4A	SUTTER HEALTH PROVIDES ADMINISTRATIVE AND CONSULTING SERVICES TO ITS AFFILIATES SUTTER HEALTH AND ITS AFFILIATES COMPRISE A NOT-FOR-PROFIT INTEGRATED HEALTH CARE DELIVERY SYSTEM THAT SHARES RESOURCES AND EXPERTISE TO ADVANCE HEALTH CARE QUALITY SERVING MORE THAN 100 COMMUNITIES IN NORTHERN CALIFORNIA, THE SUTTER HEALTH SYSTEM IS A REGIONAL LEADER IN CARDIAC CARE, CANCER TREATMENT, ORTHOPEDICS, OBSTETRICS AND NEWBORN INTENSIVE CARE, AND IS A PIONEER IN ADVANCED PATIENT SAFETY TECHNOLOGY THE SUTTER HEALTH SYSTEM CONSISTS OF - HOSPITALS, PHYSICIAN CLINICS AND OTHER OUTPATIENT CARE CENTERS IN MORE THAN 100 COMMUNITIES IN NORTHERN CALIFORNIA, SOUTHERN OREGON AND HAWAII - NEARLY 48,000 EMPLOYEES AND ABOUT 5,000 VOLUNTEERS - 24 ACUTE CARE HOSPITALS - FIVE MEDICAL FOUNDATIONS (CLINICS WITH EXCLUSIVE CONTRACTS WITH MEDICAL GROUPS) - FOUR TRAUMA CENTERS - 11 NEONATAL INTENSIVE CARE UNITS - FIVE ACUTE REHABILITATION CENTERS - NINE CANCER CENTERS - EIGHT CARDIAC CENTERS - OCCUPATIONAL HEALTH SERVICES - LONG-TERM CARE CENTERS - BEHAVIORAL HEALTH SERVICES - HOME HEALTH AND HOSPICE SERVICES - MEDICAL RESEARCH CENTERS - EDUCATION CENTERS AND PHYSICIAN TRAINING PROGRAMS - EXPRESS MEDICAL CLINICS AS ONE OF THE NATION'S LEADING NOT-FOR-PROFIT INTEGRATED HEALTH CARE DELIVERY SYSTEMS, WE APPROACH CARE FROM A COMMON MISSION OF ENHANCING THE HEALTH AND WELL-BEING OF PEOPLE IN THE COMMUNITIES WE SERVE THROUGH A NOT-FOR-PROFIT COMMITMENT TO COMPASSION AND EXCELLENCE TO HELP CARRY OUT OUR MISSION, WE ARE GUIDED BY SEVEN CORE VALUES 1 HONESTY AND INTEGRITY 2 EXCELLENCE AND QUALITY 3 COMMUNITY 4 INNOVATION 5 TEAMWORK 6 COMPASSION AND CARING 7 AFFORDABILITY HEADQUARTERED IN SACRAMENTO, A COMMUNITY-BASED BOARD OF DIRECTORS GOVERNS SUTTER HEALTH TO VIEW A LIST OF SUTTER HEALTH AFFILIATES, PLEASE VIEW FORM 990, SCHEDULE A, PART IV

Identifier	Return Reference	Explanation
DESCRIBE THE PROCESS USED BY MGMT &/OR GOVERNING BODY TO REVIEW FORM 990	FORM 990, PART VI, QUESTION 11A	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 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

Identifier	Return Reference	Explanation
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 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

Identifier	Return Reference	Explanation
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 ENSURE THAT ORGANIZATIONAL PURPOSES ARE APPROPRIATELY BEING SERVED THE COMPENSATION COMMITTEE USES CREDIBLE DATA SOURCES AND MAINTAINS AN OBJECTIVE "ARMS LENGTH" DECISION-MAKING PROCESS, ENSURING THE INTEGRITY OF SUTTER'S EXECUTIVE PROGRAMS AND CONSISTENCY WITH THE ORGANIZATION'S OVERALL MISSION IN ORDER TO ENSURE EXTERNAL COMPETITIVENESS, NATIONAL, CALIFORNIA AND LOCAL MARKET AREA COMPENSATION DATA COMPARISONS ARE REVIEWED COMPETITIVE ANALYSIS INCLUDES (A) BASE SALARY, (B) TOTAL CASH (BASE SALARY + ANNUAL INCENTIVE) AND (C) TOTAL REMUNERATION (BASE SALARY + ANNUAL INCENTIVE + BENEFITS AND LONG TERM INCENTIVE) THIS ANALYSIS INCLUDES COMPARABLE ORGANIZATIONS AND GEOGRAPHIC CONSIDERATIONS FOR THE MOST SENIOR EXECUTIVE POSITIONS, NATIONAL COMPARISONS FOR ORGANIZATIONS SIMILAR IN SIZE, SCOPE AND COMPLEXITY AS SUTTER HEALTH ARE MOST APPROPRIATE SINCE IT IS A NATIONAL MARKETPLACE IN WHICH SUTTER COMPETES FOR EXECUTIVE TALENT ON THE OTHER HAND, BECAUSE CALIFORNIA'S UNDERLYING COMPENSATION STRUCTURE IS HIGHER THAN NATIONAL DATA (ESPECIALLY IN THE BAY AREA), REGIONAL PAY COMPARISONS AND ADJUSTMENTS ARE MADE ALL OFFICERS OF THE ORGANIZATION (I E , CEO, CFO, COO) UNDERGO A REVIEW AND COMPENSATION COMMITTEE 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

Identifier	Return Reference	Explanation
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
OTHER CHANGES IN FUND BALANCE	FORM 990, PART XI, LINE 5	EQUITY TRANSFERS (NET) 432,932,125 K-1 INTEREST (2,173,549) K-1 DIVIDENDS (266,531) K-1 ORDINARY INCOME (1,989,635) K-1 RENTAL (6,117) K-1 GUARANTEED PAYMENTS (1,651,665) K-1 SHORT-TERM CAPITAL GAIN (245,366) K-1 LONG-TERM CAPITAL GAIN 81,464 K-1 SECTION 1231 GAIN 46,131 K-1 ROYALTIES (1,665) K-1 OTHER INCOME (1,967,556) PARTNERSHIP INCOME ON BOOKS 1,965,764 OTHER CHANGES IN FUND BALANCE (2,668) PENSION RELATED CHANGES 23,396,417 PRIOR PERIOD ADJUSTMENT (64,000,000) CHANGE IN UNREALIZED GAIN/(LOSS) ON INVESTMENTS $ 70,670,138 ---------- $ 456,787,287 ==========

Identifier	Return Reference	Explanation
COMPILATION, REVIEW AND AUDIT OF INDEPENDENT ACCOUNTANT	FORM 990, PART XII, 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

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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

2010

Open to Public Inspection

Name of the organization
SUTTER HEALTH

Employer identification number
94-2788907

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
(1) ASC SAN LEANDRO LLC 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 27-1724489	MEDICAL SVCS	CA			SUTTER HLTH
(2) SUTTER CONNECT 10470 OLD PLACERVILLE ROAD SACRAMENTO, CA 95827 68-0209157	HLTH CARE ADM	CA	78,613,914	48,679,331	SUTTER HLTH

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? 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	(k) Percentage ownership
(1) NORTH BAY REGIONAL SURGERY CTR 2200 RIVER PLAZA SAC, CA95833 20-8633751	MEDICAL SERVICES	CA	NA	RELATED	1,294,454	3,551,512		No			No	6 500 %
(2) ASC OPERATORS SAN LUIS OBISPO 2200 RIVER PLAZA DRIVE SACRAMENTO, CA95833 27-2673776	MEDICAL SERVICES	CA	SUTTER HLTH	RELATED	193,033	441,394		No			No	51 000 %

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

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

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

			Yes	No
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	(d) Method of determining amount involved
(1)	See Additional Data Table			
(2)				
(3)				
(4)				
(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

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 94-2788907
Name: SUTTER HEALTH

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
ADOLESCENT TREATMENT CENTERS INC 390 40TH STREET OAKLAND, CA94609 68-0088443	HEALTH CARE	CA	501(C)(3)	3	SUTTER EBH		
ALTA BATES SUMMIT FOUNDATION 3012 SUMMIT STREET 3RD FLOOR OAKLAND, CA94609 51-0160184	FUNDRAISING	CA	501(C)(3)	11A - I	SUTTER EBH		
CALIFORNIA PACIFIC MEDICAL CTR FOUND 2015 STEINER STREET 2ND FLOOR SAN FRANCISCO, CA94115 94-2728423	FUNDRAISING	CA	501(C)(3)	11a - I	SUTTER WBH		
DELTA MEMORIAL HOSPITAL FOUNDATION 3901 LONE TREE WAY ANTIOCH, CA94509 94-2417022	FUNDRAISING	CA	501(C)(3)	11a - I	SUTTER EBH		
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 - II	SUTTER HLTH		
MILLS-PENINSULA HEALTH SERVICES 1501 TROUSDALE DRIVE BURLINGAME, CA94010 94-1156265	HOSPITAL	CA	501(C)(3)	3	PAMF		
MILLS-PENINSULA HOSPITAL FOUNDATION 1501 TROUSDALE DRIVE BURLINGAME, CA94010 23-7288765	FUNDRAISING	CA	501(C)(3)	11a - I	MPHS		
PALO ALTO MEDICAL FOUNDATION 2350 EL CAMINO REAL MOUNTAIN VIEW, CA94040 94-1156581	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		
SUTTER AUBURN FAITH HOSPITAL FOUNDATION 11815 EDUCATION ST AUBURN, CA95602 94-2594966	FUNDRAISING	CA	501(C)(3)	7	SUTTER SSR		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
SUTTER CENTRAL VALLEY HOSPITALS 1700 COFFEE ROAD MODESTO, CA95355 94-1080917	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH		
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 - I	SUTTER SSR		
SUTTER EAST BAY HOSPITALS 2450 ASHBY AVE BERKELEY, CA94705 94-1196176	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)	3	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 -III-FI	NA		
SUTTER HEALTH PACIFIC 91-2301 FT WEAVER RD EWA BEACH, 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		
SUTTER INSURANCE SERVICES CORPORATION 745 FORT STREET SUITE 800 HONOLULU, HI96813 99-0289310	INSURANCE SER	HI	501(C)(3)	11b - II	SUTTER HLTH		
SUTTER MEDICAL CENTER FOUNDATION 2800 L STREET 620 SACRAMENTO, CA95816 94-2788906	FUNDRAISING	CA	501(C)(3)	7	SUTTER SSR		
SUTTER MEDICAL CENTER OF CASTRO VALLEY 20130 LAKE CHABOT RD 103 CASTRO VALLEY, CA94546 77-0146047	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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
SUTTER MEDICAL FOUNDATION 2800 L STREET 7TH FLOOR SACRAMENTO, CA95816 68-0273974	HEALTH CARE	CA	501(C)(3)	11b - II	SUTTER HLTH		
SUTTER ROSEVILLE MEDICAL CTR FOUNDATION ONE MEDICAL PLAZA ROSEVILLE, CA95661 68-0040113	FUNDRAISING	CA	501(C)(3)	11a - I	SUTTER SSR		
SUTTER SOLANO CHARITABLE FOUNDATION 300 HOSPITAL DRIVE VALLEJO, CA94589 94-2668262	FUNDRAISING	CA	501(C)(3)	11a - I	SUTTER SSR		
SUTTER VISITING NURSE ASSOC AND HOSPICE 1900 POWELL ST 300 EMERYVILLE, CA94608 94-6068843	HEALTH CARE	CA	501(C)(3)	9	SUTTER HLTH		
SUTTER WEST BAY HOSPITALS 2333 BUCHANAN STREET SAN FRANCISCO, CA94115 94-0562680	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		
TRACY HOSPITAL FOUNDATION 1420 N TRACY BLVD TRACY, CA95376 68-0318845	FUNDRAISING	CA	501(C)(3)	11a - I	SUTTER CVH		

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1)	ALTA BATES SUMMIT FOUNDATION	q	31,788	
(2)	CALIFORNIA PACIFIC MEDICAL CENTER FOUNDATION	b	195,916	
(3)	CALIFORNIA PACIFIC MEDICAL CENTER FOUNDATION	q	10,551	
(4)	EAST BAY PRENATAL CENTER	o	558	
(5)	EAST BAY PRENATAL CENTER	q	600,000	
(6)	EDEN MEDICAL CENTER	o	2,472,685	
(7)	EDEN MEDICAL CENTER	q	9,903,970	
(8)	KAHI MAHALA HOSPITAL	q	1,000,000	
(9)	MARIN GENERAL HOSPITAL	o	131,801	
(10)	MARIN GENERAL HOSPITAL	q	3,692,835	
(11)	MILLS PENINSULA HEALTH SERVICES	b	287,110	
(12)	MILLS PENINSULA HEALTH SERVICES	l	1,670	
(13)	MILLS PENINSULA HEALTH SERVICES	o	6,740,775	
(14)	MILLS PENINSULA HEALTH SERVICES	q	47,823,005	
(15)	PALO ALTO MEDICAL FOUNDATION	l	4,901,088	
(16)	PALO ALTO MEDICAL FOUNDATION	o	4,347,337	
(17)	PALO ALTO MEDICAL FOUNDATION	q	122,894,001	
(18)	SAMUEL MERRITT UNIVERSITY	o	5,754	
(19)	SUTTER AUBURN FAITH HOSPITAL FOUNDATION	q	960	
(20)	SUTTER CENTRAL VALLEY HOSPITALS	o	2,873,890	
(21)	SUTTER CENTRAL VALLEY HOSPITALS	q	10,180,059	
(22)	SUTTER COAST HOSPITAL	o	140,955	
(23)	SUTTER COAST HOSPITAL	q	1,637,829	
(24)	SUTTER DAVIS HOSPITAL FOUNDATION	q	4,686	
(25)	SUTTER EAST BAY HOSPITALS	l	788,793	
(26)	SUTTER EAST BAY HOSPITALS	o	6,935,981	
(27)	SUTTER EAST BAY HOSPITALS	q	38,503,570	
(28)	SUTTER EAST BAY MEDICAL FOUNDATION	j	33,000	
(29)	SUTTER EAST BAY MEDICAL FOUNDATION	l	2,101,540	
(30)	SUTTER EAST BAY MEDICAL FOUNDATION	q	11,943,505	
(31)	SUTTER FAIRFIELD SURGERY CENTER LLC	l	58,382	
(32)	SUTTER GOULD MEDICAL FOUNDATION	l	168,278	
(33)	SUTTER GOULD MEDICAL FOUNDATION	o	3,597,934	
(34)	SUTTER GOULD MEDICAL FOUNDATION	q	3,024,573	
(35)	SUTTER HEALTH SACRAMENTO SIERRA REGION	j	826,237	
(36)	SUTTER HEALTH SACRAMENTO SIERRA REGION	l	1,086	
(37)	SUTTER HEALTH SACRAMENTO SIERRA REGION	o	11,463,153	
(38)	SUTTER HEALTH SACRAMENTO SIERRA REGION	q	37,172,598	
(39)	SUTTER INSURANCE SERVICES CORPORATION	o	8,494,305	
(40)	SUTTER MEDICAL CENTER - CASTRO VALLEY	o	19,413	
(41)	SUTTER MEDICAL CENTER - CASTRO VALLEY	q	84,720,224	
(42)	SUTTER MEDICAL FOUNDATION	l	348,990	
(43)	SUTTER MEDICAL FOUNDATION	o	6,913,110	
(44)	SUTTER MEDICAL FOUNDATION	q	44,079,519	
(45)	SUTTER SOLANO CHARITABLE FOUNDATION	q	2,468	
(46)	SUTTER VNA & HOSPICE	b	632,496	
(47)	SUTTER VNA & HOSPICE	j	56,201	
(48)	SUTTER VNA & HOSPICE	l	6,486	
(49)	SUTTER VNA & HOSPICE	o	1,872,924	
(50)	SUTTER VNA & HOSPICE	q	3,116,849	
(51)	SUTTER WEST BAY HOSPITALS	b	192,440	
(52)	SUTTER WEST BAY HOSPITALS	j	63,794	
(53)	SUTTER WEST BAY HOSPITALS	l	40,667	
(54)	SUTTER WEST BAY HOSPITALS	o	7,085,451	
(55)	SUTTER WEST BAY HOSPITALS	q	36,412,751	
(56)	SUTTER WEST BAY MEDICAL FOUNDATION	o	358,754	
(57)	SUTTER WEST BAY MEDICAL FOUNDATION	q	33,039,670	
(58)	ALTA BATES SUMMIT FOUNDATION	p	3,658	
(59)	ASC OPERATORS - SAN LUIS OBISPO	k	40,862	
(60)	ASC OPERATORS - SAN LUIS OBISPO	r	6,147	
(61)	ASC OPERATORS LLC	k	1,178,320	
(62)	ASC OPERATORS LLC	r	645,692	
(63)	ASC OPERATORS SANTA ROSA LLC	k	232,519	
(64)	ASC OPERATORS SANTA ROSA LLC	r	186,223	
(65)	CALIFORNIA PACIFIC MEDICAL CENTER FOUNDATION	p	80,573	
(66)	EAST BAY PRENATAL CENTER	k	432	
(67)	EAST BAY PRENATAL CENTER	r	30,311	
(68)	EDEN MEDICAL CENTER	k	6,812,103	
(69)	EDEN MEDICAL CENTER	p	49,246,788	
(70)	EDEN MEDICAL CENTER	r	38,980,402	
(71)	HEALTH VENTURES INC	p	1,078,142	
(72)	KAHI MAHALA HOSPITAL	k	663,295	
(73)	KAHI MAHALA HOSPITAL	p	973,713	
(74)	KAHI MAHALA HOSPITAL	r	447,943	
(75)	MARIN GENERAL HOSPITAL	a	679,986	
(76)	MARIN GENERAL HOSPITAL	k	5,178,119	
(77)	MARIN GENERAL HOSPITAL	p	4,762,524	
(78)	MARIN GENERAL HOSPITAL	r	35,291,039	
(79)	MILLS PENINSULA HEALTH SERVICES	k	22,123,038	
(80)	MILLS PENINSULA HEALTH SERVICES	p	60,841,234	
(81)	MILLS PENINSULA HEALTH SERVICES	r	33,743,579	
(82)	NORTH BAY REGIONAL SURGERY CENTER LLC	i	321,792	
(83)	NORTH BAY REGIONAL SURGERY CENTER LLC	k	561,713	
(84)	NORTH BAY REGIONAL SURGERY CENTER LLC	p	574,824	
(85)	NORTH BAY REGIONAL SURGERY CENTER LLC	r	677,514	
(86)	PALO ALTO MEDICAL FOUNDATION	k	64,933,012	
(87)	PALO ALTO MEDICAL FOUNDATION	p	68,933,596	
(88)	PALO ALTO MEDICAL FOUNDATION	r	230,587,400	
(89)	PALO ALTO MEDICAL FOUNDATION	k	9,816,994	
(90)	PALO ALTO MEDICAL FOUNDATION	p	1,394,366	
(91)	ROSEVILLE ENDOSCOPY CENTER LLC	k	54,656	
(92)	SAMUEL MERRITT UNIVERSITY	k	29,826	
(93)	SAMUEL MERRITT UNIVERSITY	p	479,584	
(94)	SAMUEL MERRITT UNIVERSITY	r	124,177	
(95)	SUTTER CENTRAL VALLEY HOSPITALS	k	25,419,430	
(96)	SUTTER CENTRAL VALLEY HOSPITALS	p	50,829,742	
(97)	SUTTER CENTRAL VALLEY HOSPITALS	r	165,968,669	
(98)	SUTTER COAST HOSPITAL	k	3,611,610	
(99)	SUTTER COAST HOSPITAL	p	4,014,367	
(100)	SUTTER COAST HOSPITAL	r	8,886,072	
(101)	SUTTER EAST BAY HOSPITALS	k	48,315,856	
(102)	SUTTER EAST BAY HOSPITALS	p	105,138,344	
(103)	SUTTER EAST BAY HOSPITALS	r	122,533,687	
(104)	SUTTER EAST BAY MEDICAL FOUNDATION	k	8,673,763	
(105)	SUTTER EAST BAY MEDICAL FOUNDATION	p	5,297,984	
(106)	SUTTER EAST BAY MEDICAL FOUNDATION	r	427,622	
(107)	SUTTER FAIRFIELD SURGERY CENTER LLC	k	411,329	
(108)	SUTTER FAIRFIELD SURGERY CENTER LLC	p	706,313	
(109)	SUTTER GOULD MEDICAL FOUNDATION	k	21,043,364	
(110)	SUTTER GOULD MEDICAL FOUNDATION	p	19,609,252	
(111)	SUTTER GOULD MEDICAL FOUNDATION	r	11,170,762	
(112)	SUTTER HEALTH SACRAMENTO SIERRA REGION	i	9,282	
(113)	SUTTER HEALTH SACRAMENTO SIERRA REGION	k	20,113,158	
(114)	SUTTER HEALTH SACRAMENTO SIERRA REGION	p	241,676,074	
(115)	SUTTER HEALTH SACRAMENTO SIERRA REGION	r	250,826,991	
(116)	SUTTER INSURANCE SERVICES CORPORATION	p	5,389,435	
(117)	SUTTER MEDICAL CENTER - CASTRO VALLEY	k	475	
(118)	SUTTER MEDICAL CENTER - CASTRO VALLEY	p	2,505,712	
(119)	SUTTER MEDICAL CENTER - CASTRO VALLEY	r	114,122	
(120)	SUTTER MEDICAL CENTER FOUNDATION	p	237,171	
(121)	SUTTER MEDICAL FOUNDATION	i	95,488	
(122)	SUTTER MEDICAL FOUNDATION	k	40,745,159	
(123)	SUTTER MEDICAL FOUNDATION	p	42,882,384	
(124)	SUTTER MEDICAL FOUNDATION	r	17,092,078	
(125)	SUTTER ROSEVILLE MEDICAL CENTER FOUNDATION	p	135	
(126)	SUTTER SOLANO CHARITABLE FOUNDATION	p	110,255	
(127)	SUTTER VNA & HOSPICE	i	64,270	
(128)	SUTTER VNA & HOSPICE	k	6,845,481	
(129)	SUTTER VNA & HOSPICE	p	17,687,046	
(130)	SUTTER VNA & HOSPICE	r	14,380,151	
(131)	SUTTER WEST BAY HOSPITALS	k	50,915,299	
(132)	SUTTER WEST BAY HOSPITALS	p	173,139,762	
(133)	SUTTER WEST BAY HOSPITALS	r	202,018,286	
(134)	SUTTER WEST BAY MEDICAL FOUNDATION	k	14,828,943	
(135)	SUTTER WEST BAY MEDICAL FOUNDATION	p	10,915,455	
(136)	SUTTER WEST BAY MEDICAL FOUNDATION	r	459,212	