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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax	OMB No 1545-0047
	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/foi/m990	2015 Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015			
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization SUTTER HEALTH		D Employer identification number 94-2788907
	% CHRIS BOUDREAU		E Telephone number (916) 286-6665
	Doing business as		
	Number and street (or P O box if mail is not delivered to street address) 2200 RIVER PLAZA DRIVE	Room/suite	G Gross receipts \$ 12,235,175,286
	City or town, state or province, country, and ZIP or foreign postal code SACRAMENTO, CA 95833		
F Name and address of principal officer SARAH KREVANS 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833		H(a) Is this a group return for subordinates? ☐ Yes ☒ No	
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a){1} or ☐ 527		H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list (see instructions)	
J Website: ▶ WWW.SUTTERHEALTH.ORG		H(c) Group exemption number ▶	
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation 1981	M State of legal domicile CA

Part I	Summary
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities SEE SCHEDULE O		
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	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 2015 (Part V, line 2a)	5	8,360
6 Total number of volunteers (estimate if necessary)	6	0	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	16,226,820	
7b Net unrelated business taxable income from Form 990-T, line 34	7b	-3,350,714	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	5,301,703	4,795,481
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	995,940,890	1,195,942,343
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	225,985,205	68,684,185
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,988,142	5,078,305
		1,230,215,940	1,274,500,314
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,322,948	1,796,580
	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)	635,631,005	712,640,466
	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–24e)	608,848,858	651,611,398
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,245,802,811	1,366,048,444
	19 Revenue less expenses Subtract line 18 from line 12	-15,586,871	-91,548,130
	Net Assets or Fund Balances		Beginning of Current Year
20 Total assets (Part X, line 16)		4,587,642,833	4,433,603,374
21 Total liabilities (Part X, line 26)		1,448,664,625	1,449,852,079
22 Net assets or fund balances Subtract line 21 from line 20		3,138,978,208	2,983,751,295

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

Sign Here	Signature of officer				2016-11-03	
	JEFF SPRAGUE CFO Type or print name and title				Date	
Paid Preparer Use Only	Pnnt/Type preparer's name DEBRA HEISKALA		Preparer's signature DEBRA HEISKALA		Date	Check ☐ if self-employed PTIN P00649485
	Firm's name ▶ ERNST & YOUNG US LLP					Firm's EIN ▶
	Firm's address ▶ 4370 LA JOLLA VILLAGE DR STE 500 SAN DIEGO, CA 92122					Phone no (858) 535-7200

Part III

Statement of Program Service Accomplishments

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

☐ Yes ☒ No

1 Briefly describe the organization's mission

SEE SCHEDULE O

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

☐ Yes ☒ No

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

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

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 1,295,034,851 including grants of \$ 1,796,580) (Revenue \$ 1,191,373,748)

SEE SCHEDULE O

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

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

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses ▶ 1,295,034,851

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		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		No
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, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			Yes
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2			No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	1,375	
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	8,360	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders.	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c	Enter the amount of reserves on hand.	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 14		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
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 Did the organization have members or stockholders?	6		No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		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 Did the organization have local chapters, branches, or affiliates?	10a	No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13 Did the organization have a written whistleblower policy?	13	Yes
14 Did the organization have a written document retention and destruction policy?	14	Yes
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	Yes
b Other officers or key employees of the organization	15b	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes

Section C. Disclosure

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
CHRIS BOUDREAU 9100 FOOTHILL BLVD ROSEVILLE, CA 95747 (916) 286-6665

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

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

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

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

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

[illegible]

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								36,031,656	0	9,652,593

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1,670

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
HERREROBOLDT PARTNERS, 1200 VAN NESS AVENUE SAN FRANCISCO, CA 94124	CONSTRUCTION SVCS	218,363,157
RIGHTSOURCING INC, PO BOX 515743 LOS ANGELES, CA 90051	STAFFING SERVICES	187,965,572
BOLDT CO, LOCK BOX 285 MILWAUKEE, WI 532880285	CONSTRUCTION SVCS	33,371,377
SMITH GROUP INC, 301 BATTERY ST 7TH FLOOR SAN FRANCISCO, CA 94111	CONSTRUCTION SVCS	24,560,709
GE MEDICAL SYSTEMS, PO BOX 96483 CHICAGO, IL 60693	REPAIRS & MAINT	14,808,658

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 385

Part VIII

Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	4,795,481			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		4,795,481			
Program Service Revenue	2a	MANAGEMENT SERVICES EXEMPT AFFIL	Business Code 900099	1,179,799,441	1,179,799,441		
	b	ASC OPERATORS, LLC GUARANTEED PAYMENTS	900099	2,879,359	2,879,359		
	c	ASCO SAN LUIS OBISPO ORDINARY INCOME	900099	1,537,912	1,537,912		
	d	ASCO SAN FRANCISCO GUARANTEED PAYMENTS	900099	1,050,720	1,050,720		
	e	PRIMEXX ENERGY ORDINARY INCOME	900099	1,654,964	963,902	691,062	
	f	All other program service revenue		9,019,947	8,652,589	367,358	
	g	Total. Add lines 2a-2f		1,195,942,343			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		57,075,104		169,649	56,905,455
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		159,450		4	159,446
	6a	Gross rents	(i) Real 3,042,769				
	b	Less rental expenses	3,954,701				
	c	Rental income or (loss)	-911,932	0			
	d	Net rental income or (loss)		-911,932		-233,840	-678,092
	7a	Gross amount from sales of assets other than inventory	(i) Securities 10,968,201,853	(ii) Other 127,499			
	b	Less cost or other basis and sales expenses	10,956,710,823	9,448			
	c	Gain or (loss)	11,491,030	118,051			
	d	Net gain or (loss)		11,609,081			11,609,081
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a	UBI - SUTTER PHYSICIAN SERVICES	621110	7,863,804		7,863,804	
	b	UBI - SURGERY CENTER MANAGEMENT	621400	3,701,521		3,701,521	
	c	UBI - RADIATION PHYSICS SERVICES	541900	1,873,119		1,873,119	
	d	All other revenue		-7,607,657	-9,401,800	1,794,143	
	e	Total. Add lines 11a-11d		5,830,787			
	12	Total revenue. See Instructions		1,274,500,314	1,185,482,123	16,226,820	67,995,890

Part IX Statement of Functional Expenses

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

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

☐		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.					
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	1,796,580	1,796,580		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4	Benefits paid to or for members.	0			
5	Compensation of current officers, directors, trustees, and key employees.	32,869,941	14,366,659	18,503,282	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7	Other salaries and wages.	438,702,548	438,702,548		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	45,339,736	43,560,722	1,779,014	
9	Other employee benefits.	153,429,146	147,408,985	6,020,161	
10	Payroll taxes.	42,299,095	40,639,388	1,659,707	
11	Fees for services (non-employees):				
a	Management.	49,440,232	31,542,160	17,898,072	
b	Legal.	8,342,105	8,342,105		
c	Accounting.	2,921,421	2,921,421		
d	Lobbying.	356,832		356,832	
e	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees.	12,393,952		12,393,952	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	1,730,558	1,730,558		
12	Advertising and promotion.	9,249,123	9,244,444	4,679	
13	Office expenses.	25,883,013	25,316,813	566,200	
14	Information technology.	157,881,571	157,840,800	40,771	
15	Royalties.	0			
16	Occupancy.	22,427,974	22,405,929	22,045	
17	Travel.	8,068,813	7,541,842	526,971	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19	Conferences, conventions, and meetings.	2,905,033	778,302	2,126,731	
20	Interest.	2,289,334	2,289,334		
21	Payments to affiliates.	0			
22	Depreciation, depletion, and amortization.	128,344,774	128,344,774		
23	Insurance.	4,399,879	3,964,509	435,370	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a	FEDERAL TAXES	412,471		412,471	
b	PURCHASED SERVICES	99,585,326	96,460,508	3,124,818	
c	REPAIRS & MAINTENANCE	59,288,692	59,257,843	30,849	
d	EXPENSE REIMBURSEMENT	26,394,188	26,394,188		
e	All other expenses	29,296,107	24,184,439	5,111,668	
25	Total functional expenses. Add lines 1 through 24e.	1,366,048,444	1,295,034,851	71,013,593	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)	
				Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing		0	1	0	
	2	Savings and temporary cash investments		-9,462,014	2	108,396,780	
	3	Pledges and grants receivable, net		0	3	0	
	4	Accounts receivable, net		1,201	4	0	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	5	0	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		0	6	0	
	7	Notes and loans receivable, net		0	7	0	
	8	Inventories for sale or use		2,329,962	8	2,571,298	
	9	Prepaid expenses and deferred charges		44,515,350	9	77,948,959	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	1,487,774,532			
	b	Less: accumulated depreciation	10b	775,800,338	726,855,656	10c	711,974,194
	11	Investments—publicly traded securities		3,250,213,628	11	3,037,104,004	
	12	Investments—other securities. See Part IV, line 11		0	12	0	
	13	Investments—program-related. See Part IV, line 11		44,924,968	13	47,729,913	
	14	Intangible assets		0	14	0	
	15	Other assets. See Part IV, line 11		528,264,082	15	447,878,226	
16	Total assets. Add lines 1 through 15 (must equal line 34)		4,587,642,833	16	4,433,603,374		
Liabilities	17	Accounts payable and accrued expenses		585,520,085	17	434,242,298	
	18	Grants payable		0	18	0	
	19	Deferred revenue		0	19	0	
	20	Tax-exempt bond liabilities		0	20	0	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	0	
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0	
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		863,144,540	25	1,015,609,781	
	26	Total liabilities. Add lines 17 through 25		1,448,664,625	26	1,449,852,079	
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
27		Unrestricted net assets		3,138,544,251	27	2,983,365,022	
28		Temporarily restricted net assets		433,957	28	386,273	
29		Permanently restricted net assets		0	29	0	
Organizations that do not follow SFAS 117 (ASC 958), 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		3,138,978,208	33	2,983,751,295	
34		Total liabilities and net assets/fund balances		4,587,642,833	34	4,433,603,374	

Part XI **Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,274,500,314
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,366,048,444
3	Revenue less expenses Subtract line 2 from line 1	3	-91,548,130
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,138,978,208
5	Net unrealized gains (losses) on investments	5	-169,734,001
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	106,055,218
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,983,751,295

Part XII **Financial Statements and Reporting**

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PATRICK FRY PRESIDENT & CEO, SUTTER HEALTH	40 0 10 0	X		X				3,841,745	0	3,627,909
MICHAEL GAULKE BOARD MEMBER (SECRETARY)	7 0 1 0	X		X				27,500	0	0
LISA GEVELBER BOARD MEMBER	7 0 0 0	X						27,500	0	0
PETER JACOBI BOARD MEMBER	7 0 2 0	X						27,500	0	0
RICK JELINEK BOARD MEMBER (PT YR)	7 0 0 0	X						27,500	0	0
JOHN KOSTER MD BOARD MEMBER	7 0 0 0	X						27,500	0	0
RICHARD LEVY PHD BOARD MEMBER	7 0 1 0	X						27,500	0	0
SHARON MCCOLLAM BOARD MEMBER	7 0 0 0	X						27,500	0	0
TODD MURRAY BOARD MEMBER (CHAIR FINANCE)	10 0 0 0	X		X				27,500	0	0
DAVID NASAW BD MBR (CHAIR PENSION/INVSTS)	10 0 0 0	X						27,500	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT PEABODY JR MD BOARD MEMBER	7 0 0 0	X						27,500	0	0
MICHAEL ROOSEVELT BOARD MEMBER (CHAIR AUDIT)	10 0 0 0	X						27,500	0	0
TODD SMITH MD BOARD MEMBER (CHAIR)	12 0 1 0	X		X				27,500	0	0
JOAN SMITH-MACLEAN MD BOARD MEMBER	7 0 0 0	X						27,500	0	0
BARRY WILLIAMS BOARD MEMBER	7 0 0 0	X						27,500	0	0
FLO DI BENEDETTO SVP & GENERAL COUNSEL/ASST SEC	40 0 1 0			X				1,282,152	0	368,123
ED ERWIN DIR REAL ESTATE SRVCS/ASST SEC	40 0 0 0			X				201,839	0	27,255
ROBERT REED SVP & CFO SH (PT YR)	40 0 2 0			X				1,725,254	0	151,622
JEFFERY SPRAGUE SVP & CFO SH (PT YR)	40 0 2 0			X				1,264,833	0	516,068
PETER ANDERSON SVP STRATEGY & BUS DVLPMT	40 0 0 0				X			1,252,923	0	287,635

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

(A) Name and Title	(B) Average hours per week (list only hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JEFF BURNICH MD SVP SH MEDICAL MARKET NETWORKS	40 0 0 0				X			1,286,413	0	373,600
JAMES CONFORTI PRESIDENT, SH VALLEY AREA	0 0 40 0				X			1,358,530	0	401,190
JEFF GERARD PRESIDENT, SH BAY AREA	0 0 40 0				X			1,503,468	0	414,810
MIKE HELM SVP HUMAN RESOURCES (PT YR)	40 0 0 0				X			1,612,466	0	141,010
SARAH KREVANS PRES & COO SUTTER HEALTH	40 0 11 0				X			2,077,694	0	496,140
JONATHAN MANIS SVP & CIO SUTTER HEALTH	40 0 0 0				X			1,287,022	0	300,670
JILL RAGSDALE SVP & CHIEF HR OFFICER (PT YR)	40 0 0 0				X			399,025	0	115,340
JEFFREY SZCZESNY INTERIM CHIEF HR OFFCR (PT YR)	40 0 0 0				X			627,206	0	108,540
CHARLES WIRTH CEO, SUTTER PHYSICIAN SERVICES	40 0 0 0				X			786,885	0	171,320
DON L WREDEN SVP PATIENT EXPERIENCE	40 0 0 0				X			1,002,315	0	518,570

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ED BERDICK	40 0					X		2,978,415	0	329,900
SVP SHARED SERVICES	0 0					X		2,095,300	0	225,863
DAVID BRADLEY	0 0					X		1,998,930	0	58,786
REGIONAL PRESIDENT, EAST BAY	40 0					X		2,216,045	0	347,542
MARTIN BROTMAN MD	40 0					X		2,213,973	0	156,651
SVP RSRCH ED PHLNTHRPY (PT YR)	0 0					X		1,287,475	0	326,941
MIKE COHILL	0 0					X		1,346,748	0	187,063
REGIONAL PRESIDENT, WEST BAY	40 0					X				
GORDON HUNT MD	40 0					X				
SVP & CMO SH (PT YR)	0 0					X				
DAVID BENN	0 0					X				
REGIONAL PRES , CENTRAL VALLEY	40 0					X				
RICHARD SLAVIN MD	0 0					X				
PRESIDENT/CEO, PAMF	40 0					X				

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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 (Form 990 or 990-EZ))
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☒

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

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☒

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations

17
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
See Additional Data Table						
Total17					1,406,587,377	

Part II

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

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

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

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2014 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2015.If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐						
b 33 1/3% support test—2014.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐						
17a 10%-facts-and-circumstances test—2015.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► ☐						
b 10%-facts-and-circumstances test—2014.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► ☐						
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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) a ☐ The organization satisfied the Activities Test. Complete line 2 below. b ☒ The organization is the parent of each of its supported organizations. Complete line 3 below. c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	Yes	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	Yes	

Part V

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

1

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

☐

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

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

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART IV, SECTION A, LINE 6	IN 2015, OUR NOT-FOR-PROFIT SUTTER HEALTH NETWORK INVESTED \$957 MILLION TO PROVIDE COMMUNITY BENEFIT PRIMARILY TO PEOPLE ACROSS NORTHERN CALIFORNIA, INCLUDING IN SOME OF OUR POOREST COMMUNITIES A PORTION OF THESE INVESTMENTS INCLUDE GRANTS THAT SUPPORT HEALTH CENTERS AND OTHER COMMUNITY ORGANIZATIONS WHO SHARE OUR GOAL OF IMPROVING OVERALL COMMUNITY HEALTH THESE PARTNERSHIPS SUPPORT ACCESS TO MEDICAL CARE, MENTAL HEALTH SERVICES AND KEY SOCIAL SERVICES, SUCH AS TRANSITIONAL HOUSING, TRANSPORTATION, MEALS FOR THE HUNGRY, EDUCATION, YOUTH JOB-TRAINING PROGRAMS, RESEARCH AND HEALTH CARE ADVOCACY
SCHEDULE A, PART IV, SECTION D, LINE 3	SUTTER HEALTH AND ITS SUPPORTED ORGANIZATIONS ARE ALL PART OF AN INTEGRATED HEALTH SYSTEM WITH AN INTERLOCKING GOVERNANCE MODEL THIS CLOSE AND CONTINUING RELATIONSHIP PROVIDES THE SUPPORTED ORGANIZATION INPUT INTO THE ORGANIZATION'S INVESTMENT POLICIES AND USE OF ITS INCOME AND ASSETS
SCHEDULE A, PART IV, SECTION E, LINE 3	PURSUANT TO THE BYLAWS OF EACH SUPPORTED ORGANIZATION, SUTTER HEALTH IS THE SOLE CORPORATE MEMBER AND HAS THE POWER TO APPOINT OR REMOVE AT LEAST A MAJORITY OF THE DIRECTORS IN ADDITION, THE SUTTER HEALTH BOARD OF DIRECTORS RETAINS CERTAIN "RESERVED POWERS" WHICH REQUIRE THAT CERTAIN DECISIONS MADE BY SUPPORTED ORGANIZATION BOARDS MUST BE APPROVED BY THE SUTTER HEALTH BOARD OF DIRECTORS BEFORE BEING EFFECTIVE SUCH DECISIONS INCLUDE, AMONG OTHERS, THE POWER TO APPROVE - MERGER, CONSOLIDATION, REORGANIZATION OR DISSOLUTION, - AMENDMENT OR RESTATEMENT OF THE ARTICLES OF INCORPORATION OR BYLAWS, - ADOPTION OF OPERATING AND CAPITAL BUDGETS, AS WELL AS STRATEGIC PLANS, - CREATION OR ACQUISITION OF SUBSIDIARY CORPORATIONS, - CREATION OF MAJOR NEW PROGRAMS AND CLINICAL SERVICES, - EXPENDITURES BEYOND APPROVED BUDGETS AND IN EXCESS OF LIMITS ESTABLISHED BY SUTTER HEALTH, AND - LONG-TERM OR MATERIAL AGREEMENTS, INCLUDING AGREEMENTS FOR THE INCURRENCE OF CERTAIN DEBT IN EXCESS OF LIMITS ESTABLISHED BY SUTTER HEALTH, OR THE PURCHASE, SALE, LEASE, DISPOSITION, EXCHANGE, GIFT, PLEDGE OR ENCUMBRANCE OF ANY ASSET IN EXCESS OF LIMITS ESTABLISHED BY SUTTER HEALTH IN ADDITION, THE BYLAWS OF THE SUPPORTED ORGANIZATIONS STATE THAT THE PRESIDENT, THE CHIEF FINANCIAL OFFICER, AND ALL KEY MEMBERS OF MANAGEMENT SHALL BE EMPLOYEES OF SUTTER HEALTH, THAT THE SUPPORTED ORGANIZATION SHALL CONDUCT ITS OPERATIONS AND ACTIVITIES IN ACCORDANCE WITH SUTTER HEALTH SYSTEM POLICIES, AND THAT THE SUPPORTED ORGANIZATION SHALL PARTICIPATE IN ALL INITIATIVES AND PROGRAMS DEVELOPED AND DESIGNATED FOR IMPLEMENTATION BY SUTTER HEALTH SUCH PARTICIPATION SHALL BE WITHOUT LIMITATION OR MODIFICATION EXCEPT AS APPROVED BY SUTTER HEALTH IN ITS SOLE DISCRETION

Additional Data

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

Form 990, Sch A, Part I, Line 11g - 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 listed in your governing document?		Amount of monetary support (see instructions) (v)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) EAST BAY PERINATAL CENTER	510172285		Yes		0	0
EDEN MEDICAL (A) CENTER	942948100		Yes		15,502,325	0
MILLS-PENINSULA (B) HEALTH SERVICES	941156265		Yes		17,776,136	0
(C) PALO ALTO MEDICAL FOUNDATION	941156581		Yes		20,343,940	0
SAMUEL MERRITT (D) UNIVERSITY	942992642		Yes		169,508	0
SUTTER CENTRAL (E) VALLEY HOSPITALS	941080917		Yes		67,997,333	0
SUTTER COAST (F) HOSPITAL	942988520		Yes		2,407,953	0
SUTTER EAST BAY (G) HOSPITALS	941196176		Yes		73,091,782	0
(H) SUTTER GOULD MEDICAL FOUNDATION	941682256		Yes		3,998,287	0
SUTTER HEALTH (I) PACIFIC	990298651		Yes		8,000,000	0
(J) SUTTER HEALTH SACRAMENTO SIERRA REGION	941156621		Yes		740,736,515	0
SUTTER MEDICAL CENTER CASTRO (K) VALLEY	770146047		Yes		44,805,559	0
(L) SUTTER VISITING NURSE ASSOCIATION AND HOSPICE	946068843		Yes		22,727,870	0
SUTTER WEST BAY (M) HOSPITALS	940562680		Yes		296,856,863	0
(N) SUTTER WEST BAY MEDICAL FOUNDATION	942948131		Yes		43,709,197	0

Form 990, Sch A, Part I, Line 11g - 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 listed in your governing document?		(v) Amount of monetary support (see instructions)	Amount of other support (see (vi) instructions)
			Yes	No		
(P) SUTTER EAST BAY MEDICAL FOUNDATION	942690415		Yes		26,957,561	0
(A) SUTTER VALLEY MEDICAL FOUNDATION	680273974		Yes		21,506,548	0

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

OMB No 1545-0047
2015
Open to Public Inspection

If the organization answered "Yes" on 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" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization SUTTER HEALTH	Employer identification number 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 function 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-
2				
3				
4				
5				
6				

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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- 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														
<table><thead><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr></thead><tbody><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></tbody></table>		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		
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														
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-														
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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable 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)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)	(b)
	Yes	No 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?		No
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?	Yes	356,832
j Total Add lines 1c through 1i		356,832
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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible 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

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 11	OTHER ACTIVITIES PAID CONSULTANTS THAT PERFORMED LOBBYING ACTIVITIES

Schedule C (Form 990 or 990EZ) 2015

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
SUTTER HEALTH

Employer identification number
94-2788907

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No	

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space

☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

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

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

(continued)

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds.

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations

(ii) related organizations

3a(i)

3a(ii)

3b

Yes

No

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a)Cost or other basis (investment)	Cost or other basis (b)(other)	Accumulated (c)depreciation	(d)Book value
1a Land		102,619,673		102,619,673
b Buildings		102,222,082	33,287,182	68,934,900
c Leasehold improvements		45,016,284	23,388,653	21,627,631
d Equipment		1,160,527,625	716,706,186	443,821,439
e Other		77,388,868	2,418,317	74,970,551
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				711,974,194

Schedule D (Form 990) 2015

Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

Part XII

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

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

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

Part XIII

Supplemental Information

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

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	ASC 740 (FIN48) FOOTNOTE FROM AUDIT. THIS ORGANIZATION WAS PART OF A CONSOLIDATED SYSTEM AUDIT, THE ASC 740 AUDIT FOOTNOTE DISCLOSURE FOR THE SUTTER HEALTH AND AFFILIATES CONSOLIDATED FINANCIAL STATEMENT IS AS FOLLOWS: SUTTER HEALTH, THE LEGAL ENTITY, AND MOST AFFILIATES HAVE BEEN DETERMINED TO BE EXEMPT ORGANIZATIONS BY THE INTERNAL REVENUE SERVICE, (PURSUANT TO INTERNAL REVENUE CODE SECTION 501(C)(3)), AND THE CALIFORNIA FRANCHISE TAX BOARD (PURSUANT TO CALIFORNIA REVENUE AND TAXATION CODE 23701(D)) AND, GENERALLY, ARE NOT SUBJECT TO TAXES ON INCOME. CERTAIN ACTIVITIES OF SUTTER ARE SUBJECT TO INCOME TAXES, HOWEVER, SUCH ACTIVITIES ARE NOT SIGNIFICANT TO THE CONSOLIDATED FINANCIAL STATEMENTS. WITH RESPECT TO ITS TAXABLE ACTIVITIES, SUTTER RECORDS INCOME TAXES USING THE LIABILITY METHOD, UNDER WHICH DEFERRED TAX ASSETS AND LIABILITIES ARE DETERMINED BASED ON THE DIFFERENCES BETWEEN THE FINANCIAL ACCOUNTING AND TAX BASIS OF ASSETS AND LIABILITIES. DEFERRED TAX ASSETS OR LIABILITIES AT THE END OF EACH PERIOD ARE DETERMINED USING THE CURRENTLY ENACTED TAX RATE EXPECTED TO APPLY TO TAXABLE INCOME IN THE PERIODS THAT THE DEFERRED TAX ASSET OR LIABILITY IS EXPECTED TO BE REALIZED OR SETTLED. SUTTER RECOGNIZES THE TAX BENEFIT FROM UNCERTAIN TAX POSITIONS ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITIONS WILL BE SUSTAINED ON EXAMINATION BY THE TAX AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFIT IS MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. SUTTER RECOGNIZES INTEREST AND PENALTIES RELATED TO INCOME TAX MATTERS IN OPERATING EXPENSES. AT DECEMBER 31, 2015 AND 2014, THERE WERE NO SUCH UNCERTAIN TAX POSITIONS.

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

2015

Open to Public Inspection

94-2788907

☒ Yes ☐ No

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

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	34
3	Enter total number of other organizations listed in the line 1 table	0

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

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

Part IVSupplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	IN ORDER TO CLOSELY MONITOR EFFICIENCY AND EFFECTIVENESS, THE COMMUNITY BENEFIT FUNCTION OUTLINES MEASURABLE REPORTING (QUARTERLY, SIX-MONTH AND/OR YEAR-END), PROGRAM AND FUNDING REQUIREMENTS IN A MEMORANDUM OF UNDERSTANDING (MOU), BUSINESS SERVICES AGREEMENT (BSA), OR JOINT VENTURE AGREEMENT FOR EACH INVESTMENT MADE WITH A COMMUNITY PARTNER WHERE IT IS DETERMINED NECESSARY, ADDITIONAL EFFORTS ARE MADE TO MONITOR EFFECTIVENESS AND EFFICIENCY OF INVESTMENTS, WHICH COULD INCLUDE - QUARTERLY MEETINGS WITH COMMUNITY PARTNERS - E-MAIL AND TELEPHONIC COMMUNICATIONS WITH COMMUNITY PARTNERS - CONTINUED DIALOGUE WITH INVOLVED HOSPITAL STAFF AND COMMUNITY PARTNERS THROUGHOUT DURATION OF PROGRAM - SITE VISITS WITH COMMUNITY PARTNERS - BI-ANNUAL "OUTCOMES" SURVEY (6-MONTH AND YEAR-END OUTCOMES) - REVIEW OF HOSPITAL USAGE AND PATIENT LEVEL DATA - COLLECTION OF PATIENT STORIES AND NARRATIVES - COLLABORATIVE DISCUSSIONS AROUND AD-HOC SUCCESSES AND CHALLENGES THAT ARISE - REPORTING TO INCLUDE YEAR-END FINANCIAL SUMMARY THAT COMPARES ACTUAL EXPENDITURES TO THE FUNDED PROJECTS BUDGET, INDICATING ANY UNUSED AMOUNT OF GRANT FUNDS AT THE END OF EACH YEAR/REPORTING PERIOD, COMMUNITY BENEFIT ANALYZES FULL-YEAR DATA TO ENSURE COMMUNITY PARTNERS MET THE OBJECTIVES OUTLINED IN THE MOU OR BAA IF THE COMMUNITY PARTNERS DID NOT REACH THE ANTICIPATED OUTCOMES, COMMUNITY BENEFIT WORKS TO UNDERSTAND WHAT CIRCUMSTANCES PREVENTED THE ORGANIZATION FROM NOT MEETING THE GOALS TO HELP IDENTIFY WAYS TO IMPROVE OR PERHAPS RE-EVALUATE WHAT SUCCESS OF THIS PROGRAM LOOKS LIKE, AND MAKES THE DETERMINATION TO CONTINUE OR TERMINATE FUNDING

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS PO Box 100805 Pasadena,CA 911890805	53-0196605	501(C)(3)	505,000				GENERAL SUPPORT
ACRES OF HOPE PO Box 238 Auburn,CA 95604	47-0958489	501(C)(3)	25,000				GENERAL SUPPORT
ALAMEDA COUNTY FOOD BANK 7900 Edgewater Drive Oakland,CA 94614	94-2960297	501(C)(3)	25,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA PRIMARY CARE ASSOCIATION 1215 K Street STE 700 Sacramento, CA 95814	94-3215565	501(C)(3)	15,000				GENERAL SUPPORT
CENTER FOR HEALTHCARE DECISIONS INC 3400 Data Drive Rancho Cordova, CA 95670	68-0441958	501(C)(3)	15,000				GENERAL SUPPORT
CERES COMMUNITY PROJECT PO Box 1562 Sebastopol, CA 95473	26-2250997	501(C)(3)	6,250				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COALITION FOR COMPASSIONATE CARE 1331 Garden Hwy STE 100 Sacramento, CA 95833	27-0419836	501(C)(3)	45,000				GENERAL SUPPORT
ELK GROVE FOOD BANK PO Box 1447 Elk Grove, CA 95759	38-3664737	501(C)(3)	6,000				GENERAL SUPPORT
FISHER HOUSE FOUNDATION INC 111 Rockville Pike STE 420 Rockville, MD 20850	11-3158401	501(C)(3)	26,500				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOOD BANK OF SOLANO and CONTRA COSTA COUNTY PO Box 6324 Concord, CA 95424	94-2418054	501(C)(3)	20,000				GENERAL SUPPORT
FOOD PANTRY OF DAVIS STREET 3081 Teagarden San Leandro, CA 94577	94-3121699	501(C)(3)	12,500				GENERAL SUPPORT
INTERNATIONAL MEDICAL CORPS 1919 Santa Monica Blvd Ste 400 Santa Monica, CA 90404	95-3949646	501(C)(3)	250,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Kahı Mohala Hospital 91-2301 Fort Weaver RD Ewa Beach, HI 96706	99-0298651	501(c)(3)	10,000				GENERAL SUPPORT
MARCH OF DIMES 1050 Sansome St 4th FLOOR San Francisco, CA 94111	13-1846366	501(C)(3)	136,500				GENERAL SUPPORT
MEDSHARE INTERNATIONAL 3240 Clifton Springs Rd Decatur, GA 30034	58-2433968	501(C)(3)	155,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MILLS PENINSULA HEALTH SERVICES C/O SUTTER HEALTH TAX 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833	94-1156265	501(C)(3)	50,830				GENERAL SUPPORT
NATUREBRIDGE 28 Geary St Ste 650 San Francisco, CA 94108	94-2145930	501(C)(3)	10,000				GENERAL SUPPORT
NEXUS YOUTH & FAMILY SERVICES 621 New York Ranch Rd Jackson, CA 95642	45-3594607	501(C)(3)	25,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OKIZU FOUNDATION 16 Digital Dr STE 100 Novato, CA 94949	68-0291178	501(C)(3)	25,000				GENERAL SUPPORT
OPERATION ACCESS 1119 Market St Ste 400 San Francisco, CA 94103	94-3180356	501(C)(3)	105,000				GENERAL SUPPORT
PLACER FOOD BANK 133 Church Street Roseville, CA 95678	94-1740316	501(C)(3)	9,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REDWOOD EMPIRE FOOD BANK 3320 Industrial Drive Santa Rosa, CA 95403	68-0121855	501(C)(3)	6,250				GENERAL SUPPORT
RIVER CITY FOOD BANK 1322 27th Street Sacramento, CA 95816	91-1851398	501(C)(3)	15,000				GENERAL SUPPORT
SALVATION ARMY - THE MODESTO CITADEL PO Box 1663 Modesto, CA 95353	94-1156347	501(C)(3)	20,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN FRANCISCO FOOD BANK 900 Pennsylvania AVE San Francisco, CA 94107	94-3041517	501(c)(3)	32,500				GENERAL SUPPORT
SF PUBLIC HLTH FDN PROJECT HOMELESS CONNECT 1450 Sutter Street Ste 101 San Francisco, CA 94109	94-3117093	501(C)(3)	10,000				GENERAL SUPPORT
SECOND HARVEST FOOD BANK-SANTA CLARA 750 Curtner Avenue San Jose, CA 95125	94-2614101	501(c)(3)	48,500				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SECOND HARVEST FOOD BANK-SANTA CRUZ COUNTY 800 Ohlone Parkway Watsonville, CA 95076	77-0326685	501(C)(3)	16,500				GENERAL SUPPORT
SEROTONIN SURGE CHARITIES 1955 Cowell Blvd Davis, CA 95616	68-0411254	501(C)(3)	50,000				GENERAL SUPPORT
SPECIAL OLYMPICS 633 W 5TH St Ste 4000 Los Angeles, CA 90071	45-2853870	501(C)(3)	10,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUTTER VNA AND HOSPICE C/O SUTTER HEALTH TAX 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833	94-6068843	501(C)(3)	15,000				GENERAL SUPPORT
TRACY INTERFAITH MINISTRIES 3111 W Donation Line Road Tracy, CA 95376	94-3150638	501(C)(3)	10,000				GENERAL SUPPORT
UNITED SERVICE ORGANIZATIONs INC PO Box 96860 Washington, DC 20077	13-1610451	501(C)(3)	15,000				GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOLO FOOD BANK 1244 Fortna Ave Woodland, CA 95776	23-7111782	501(C)(3)	6,000				GENERAL SUPPORT

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
SUTTER HEALTH

Employer identification number
94-2788907

Part I Questions Regarding Compensation

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

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

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

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A	RELEVANT INFORMATION REGARDING COMPENSATION ITEMS FIRST-CLASS TRAVEL CERTAIN OFFICERS AND KEY EMPLOYEES OF SUTTER HEALTH MAY UPGRADE TO FIRST-CLASS TRAVEL AS BUSINESS NEED DICTATES UPGRADES ARE CONSIDERED A NECESSARY BUSINESS EXPENSE 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 AND TAXED ACCORDINGLY SOCIAL CLUB THE CEO RECEIVES A PAID MEMBERSHIP TO A LOCAL SOCIAL/BUSINESS CLUB THE MEMBERSHIP IS CONSIDERED A NECESSARY BUSINESS EXPENSE HOUSING ALLOWANCE ONE (1) INDIVIDUAL, MIKE COHILL, RECEIVED A HOUSING ALLOWANCE THE BENEFIT WAS REPORTED AS TAXABLE COMPENSATION ON HIS W-2
SCHEDULE J, PART I, LINE 3	SUPPLEMENTAL COMPENSATION INFORMATION THE COMPENSATION COMMITTEE OF THE SUTTER HEALTH BOARD OF DIRECTORS RETAINS ULTIMATE DISCRETIONARY AUTHORITY OVER ALL ELEMENTS OF COMPENSATION TO ASSURE THAT ORGANIZATIONAL PURPOSES ARE APPROPRIATELY BEING SERVED THE COMPENSATION COMMITTEE USES CREDIBLE DATA SOURCES AND MAINTAINS AN OBJECTIVE "ARMS-LENGTH" DECISION-MAKING PROCESS, ENSURING THE INTEGRITY OF SUTTER'S EXECUTIVE PROGRAMS AND CONSISTENCY WITH THE ORGANIZATION'S OVERALL MISSION SEE SCHEDULE O NARRATIVE FOR PART VI, LINE 15 FOR A FULL DESCRIPTION OF THE COMPENSATION APPROVAL PROCESS COMPLETED BY SUTTER HEALTH
SCHEDULE J, PART I, LINE 4A	SEVERANCE PAYMENT GORDON HUNT JR RECEIVED SEVERANCE PAYMENT OF \$511,686 MICHAEL HELM RECEIVED SEVERANCE PAYMENT OF \$389,344
SCHEDULE J, PART I, LINE 4B	NONQUALIFIED RETIREMENT PLAN THE PURPOSE OF THE NONQUALIFIED RETIREMENT PLAN IS TO PROVIDE SUTTER HEALTH EXECUTIVES WITH A COMPETITIVE RETIREMENT BENEFIT CONSISTENT WITH SUTTER HEALTH'S OVERALL COMPENSATION PHILOSOPHY FOR ALL EMPLOYEES CONTRIBUTIONS ARE DESIGNED TAKING INTO CONSIDERATION LOST RETIREMENT BENEFITS THAT WOULD OTHERWISE BE OBTAINED THROUGH THE QUALIFIED PENSION PLAN SUTTER'S PLANS ARE DESIGNED CONSISTENT WITH COMPETITIVE INDUSTRY PRACTICES THE RETIREMENT PLAN FOR SUTTER HEALTH EMPLOYEES IS A COMBINATION OF SOCIAL SECURITY, 403(B) EMPLOYER MATCH CONTRIBUTIONS AND QUALIFIED PLAN BENEFITS SUTTER HEALTH EXECUTIVES ARE GENERALLY INELIGIBLE FOR EMPLOYER MATCH CONTRIBUTIONS ADDITIONALLY, QUALIFIED PLAN BENEFITS CAPS HAVE THE EFFECT OF SUBSTANTIALLY REDUCING RETIREMENT BENEFITS THAT ARE OTHERWISE PROVIDED TO ALL EMPLOYEES THE EFFECT IS THAT EXECUTIVES OFTEN DO NOT RECEIVE THE SAME LEVEL OF RETIREMENT BENEFIT ON AN INCOME REPLACEMENT BASIS AS OTHER EMPLOYEES TO ENSURE A COMPETITIVE RETIREMENT BENEFIT AND TO ADDRESS THE SHORTFALLS DESCRIBED ABOVE, SUTTER HEALTH MAKES AN ANNUAL CONTRIBUTION TO A NON-QUALIFIED 457(F) PLAN FOR ITS EXECUTIVES THE FORMULA HAS TWO PARTS (1) 4% TO 7% OF BASE SALARY (COMMENSURATE WITH MANAGEMENT LEVEL), PLUS (2) A CONTRIBUTION STARTING AT 5% (BASED UPON TENURE) FOR ELIGIBLE EARNINGS BEYOND THE IRS DEFINITION OF INCLUDIBLE COMPENSATION ("PENSION PAY CAP") THE LATTER OF WHICH IS DESIGNED TO HELP RESTORE LOST PENSION BENEFITS FORFEITED UNDER THE QUALIFIED PLAN FOR EARNINGS OVER THE PENSION PAY CAP LIMIT CONTRIBUTIONS ARE ALSO MADE FOR A SMALL GROUP OF SENIOR LEVEL EXECUTIVES WHOSE ESTIMATED RETIREMENT BENEFIT (SOCIAL SECURITY PLUS QUALIFIED PLAN BENEFITS PLUS 457(F)) FALLS BELOW 50%-65% OF FINAL 4-YEAR AVERAGE BASE SALARY WHEN RETIRING AT AGE 65 WITH 22.5 YEARS OF SERVICE TARGET BENEFIT LEVELS ARE DISCOUNTED FOR YEARS OF SERVICE LESS THAN 22.5 AT AGE 65 UNLIKE SUTTER HEALTH'S QUALIFIED PLAN WHERE EMPLOYEE BENEFITS ARE GUARANTEED (I.E., A DEFINED BENEFIT), SUTTER'S NON-QUALIFIED PLAN BENEFITS ARE NOT GUARANTEED BY SUTTER HEALTH INVESTMENT RISK IS BORNE BY PARTICIPANTS AND BENEFITS ARE NOT PROTECTED SHOULD SUTTER HEALTH BECOME INSOLVENT THE FOLLOWING INDIVIDUALS RECEIVED 457(F) NON-QUALIFIED PAYMENTS DURING THE YEAR MIKE HELM - \$552,693 ROBERT REED - \$570,148 ED BERDICK - \$1,394,752 GORDON HUNT, MD - \$177,452 MARTIN BROTMAN, MD - \$405,115
SCHEDULE J, PART I, LINE 7	NON-FIXED PAYMENTS SPOT AWARDS ARE INFREQUENTLY USED TO REWARD EMPLOYEES THERE ARE NO SPECIFIC GUIDELINES FOR THE AMOUNT OF THE SPOT AWARD BUT THE AMOUNT TENDS TO NOT EXCEED 5% TO 10% OF GROSS ANNUAL SALARY ANNUAL INCENTIVE PLAN (AIP) THE PURPOSE OF THE PLAN IS TO FOCUS EXECUTIVES ON SPECIFIC, SHORTER-TERM GOALS THAT ARE CRITICAL TO THE ACHIEVEMENT OF AFFILIATE, REGION, AND SYSTEM-WIDE OBJECTIVES THAT DRIVE OVERALL ORGANIZATION PERFORMANCE A PORTION OF THE PLAN AWARD IS DISCRETIONARY IN THAT THE SUPERVISOR MAY ADD UP TO 5% TO THE AWARD PROVIDED THE TOTAL AWARD (FORMULA PORTION PLUS DISCRETIONARY) DOES NOT EXCEED THE MAXIMUM ESTABLISHED FOR ANY GIVEN EXECUTIVE LONG TERM PERFORMANCE PLANS SUTTER HEALTH ALSO EMPLOYS LONG TERM PERFORMANCE PLANS WHICH ARE DESIGNED TO FOCUS ON LONGER TERM STRATEGIC OBJECTIVES OF THE ORGANIZATION SUTTER'S LONG TERM PERFORMANCE PLAN APPROACH IS A COMBINATION OF BOTH LONGER TERM MEASURES OF ORGANIZATION SUCCESS AND KEY ORGANIZATION STRATEGIES WHICH REQUIRE THE COMBINED EFFORT OF ALL LEADERSHIP TO ACHIEVE SUCCESS SUTTER USES A COMMON FATE APPROACH IN THAT ALL PLAN PARTICIPANTS ARE MEASURED AGAINST THE SAME, ORGANIZATION WIDE CRITERIA VS INDIVIDUAL EFFORTS THIS FOSTERS A COMMON PURPOSE ACROSS LEADERSHIP AND A SHARED SENSE OF ACCOUNTABILITY FOR THE OVERALL SUCCESS OF SUTTER HEALTH TO ENSURE THAT EXTRAORDINARY EFFORTS BY INDIVIDUALS CAN BE RECOGNIZED AND THAT ACTIONS OF LEADERSHIP ARE CONSISTENT WITH SUPPORTING SUTTER HEALTH'S OVERALL MISSION, VISION, AND VALUES, SUTTER'S LONG TERM INCENTIVE PLAN APPROACH ALSO INCORPORATES A COMBINATION OF CEO AND SUTTER HEALTH COMPENSATION COMMITTEE DISCRETION IN SOME CASES, THE SUTTER HEALTH COMPENSATION COMMITTEE HAS DELEGATED AUTHORITY TO THE PRESIDENT & CEO TO MODIFY INDIVIDUAL AWARDS WITHIN LIMITS THAT HAVE BEEN PRE-APPROVED BY THE SUTTER HEALTH COMPENSATION COMMITTEE THIS INCLUDES BOTH THE REDUCTION AND INCREASE OF AWARD AMOUNTS SUCH MODIFICATIONS GENERALLY DO NOT EXCEED +/- 20% AND ARE EMPLOYED JUDICIOUSLY IN ALL CASES, THE COMPENSATION COMMITTEE OF THE BOARD DETERMINES ACHIEVEMENT OF ORGANIZATION GOALS AND MAKES FINAL AWARD DETERMINATION WHICH MAY RESULT IN A REDUCTION OF AWARD IF APPROPRIATE ALL SENIOR EXECUTIVE AWARDS ARE REVIEWED FOR COMPENSATION REASONABLENESS AND APPROVED PRIOR TO PAYMENT BY THE COMPENSATION COMMITTEE
SCHEDULE J, PART I, LINE 8	JILL RAGSDALE WAS HIRED IN JUNE 2015 AND RECEIVED SUTTER COMPENSATION COMMITTEE APPROVAL FOR SALARY IN DECEMBER 2015

Additional Data

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 and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1PATRICK FRY PRESIDENT & CEO, SUTTER HEALTH	(i)	1,562,833	1,913,420	365,492	3,592,743	35,166	7,469,654	1,281,022
	(ii)	0	0	0	0	0	0	0
1FLO DI BENEDETTO SVP & GENERAL COUNSEL/ASST SEC	(i)	613,929	583,503	84,720	349,442	18,681	1,650,275	374,281
	(ii)	0	0	0	0	0	0	0
2DIR REAL ESTATE ERWINSRVCS/ASST SEC	(i)	177,206	24,633	0	10,496	16,759	229,094	0
	(ii)	0	0	0	0	0	0	0
3ROBERT REED SVP & CFO SH (PT YR)	(i)	19,833	908,476	796,945	149,984	1,638	1,876,876	935,017
	(ii)	0	0	0	0	0	0	0
4JEFFERY SPRAGUE SVP & CFO SH (PT YR)	(i)	676,648	503,008	85,177	486,742	29,326	1,780,901	257,560
	(ii)	0	0	0	0	0	0	0
5PETER ANDERSON SVP STRATEGY & BUS DVLPMT	(i)	592,307	578,780	81,836	269,142	18,493	1,540,558	373,736
	(ii)	0	0	0	0	0	0	0
6DAVID BENN REGIONAL PRES , CENTRAL VALLEY	(i)	602,585	581,331	103,559	315,242	11,699	1,614,416	394,115
	(ii)	0	0	0	0	0	0	0
7ED BERDICK SVP SHARED SERVICES	(i)	793,580	771,333	1,413,502	307,192	22,708	3,308,315	375,044
	(ii)	0	0	0	0	0	0	0
8DAVID BRADLEY REGIONAL PRESIDENT, EAST BAY	(i)	651,755	1,347,536	96,009	217,742	8,121	2,321,163	431,393
	(ii)	0	0	0	0	0	0	0
9MARTIN BROTMAN MD SVP RSRCH ED PHLNTHRPY (PT YR)	(i)	14,892	440,765	1,543,273	57,487	1,299	2,057,716	750,895
	(ii)	0	0	0	0	0	0	0
10JEFF BURNICH MD SVP SH MEDICAL MARKET NETWORKS	(i)	622,498	581,392	82,523	353,642	19,960	1,660,015	361,573
	(ii)	0	0	0	0	0	0	0
11MIKE COHILL REGIONAL PRESIDENT, WEST BAY	(i)	730,128	1,294,826	191,091	323,092	24,450	2,563,587	555,196
	(ii)	0	0	0	0	0	0	0
12JAMES CONFORTI PRESIDENT, SH VALLEY AREA	(i)	707,108	579,602	71,820	376,742	24,453	1,759,725	363,827
	(ii)	0	0	0	0	0	0	0
13JEFF GERARD PRESIDENT, SH BAY AREA	(i)	763,104	627,231	113,133	394,192	20,626	1,918,286	406,467
	(ii)	0	0	0	0	0	0	0
14MIKE HELM SVP HUMAN RESOURCES (PT YR)	(i)	173,066	492,578	946,822	135,609	5,406	1,753,481	257,560
	(ii)	0	0	0	0	0	0	0
15GORDON HUNT MD SVP & CMO SH (PT YR)	(i)	188,077	714,201	1,311,695	150,903	5,748	2,370,624	375,044
	(ii)	0	0	0	0	0	0	0
16SARAH KREVANS PRES & COO SUTTER HEALTH	(i)	1,045,572	888,993	143,129	470,092	26,048	2,573,834	559,293
	(ii)	0	0	0	0	0	0	0
17JONATHAN MANIS SVP & CIO SUTTER HEALTH	(i)	607,062	574,450	105,510	277,042	23,636	1,587,700	410,846
	(ii)	0	0	0	0	0	0	0
18JILL RAGSDALE SVP & CHIEF HR OFFICER (PT YR)	(i)	244,165	141,029	13,831	106,300	9,049	514,374	0
	(ii)	0	0	0	0	0	0	0
19JEFFREY SZCZESNY INTERIM CHIEF HR OFFCR (PT YR)	(i)	387,740	211,092	28,374	91,742	16,798	735,746	107,843
	(ii)	0	0	0	0	0	0	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21RICHARD SLAVIN MD PRESIDENT/CEO, PAMF	(i)	806,669	450,776	89,303	174,142	12,921	1,533,811	276,073
	(ii)	0	0	0	0	0	0	0
1CHARLES WIRTH CEO, SUTTER PHYSICIAN SERVICES	(i)	428,908	294,956	63,021	155,142	16,183	958,210	194,653
	(ii)	0	0	0	0	0	0	0
2DON L WREDEN SVP PATIENT EXPERIENCE	(i)	620,110	368,343	13,862	485,442	33,131	1,520,888	114,427
	(ii)	0	0	0	0	0	0	0

SCHEDULE O
(Form 990 or
990-EZ)Department of the
Treasury
Internal Revenue
Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2015**Open to Public
Inspection**Name of the organization
SUTTER HEALTH**Employer identification number**

94-2788907

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

Return Reference	Explanation
FORM 990, PART III, LINE 4	EXEMPT PURPOSE ACHIEVEMENTS SUTTER HEALTH PROVIDES ADMINISTRATIVE AND CONSULTING SERVICES TO ITS AFFILIATES SUTTER HEALTH DOCTORS, HOSPITALS AND OTHER CAREGIVERS ACROSS MORE THAN 100 NORTHERN CALIFORNIA COMMUNITIES PARTNER WITH EACH OTHER TO ADVANCE OUR MEDICAL SERVICES AND INCREASE PATIENTS ACCESS TO THEM SUTTER-AFFILIATED HOSPITALS ARE REGIONAL LEADERS IN CARDIAC CARE, WOMEN AND CHILDRENS SERVICES, CANCER CARE, ORTHOPEDICS AND ADVANCED PATIENT SAFETY TECHNOLOGY SUTTER HEALTHS COMPREHENSIVE NETWORK OF CARE SPANS MORE THAN 20 COUNTIES ACROSS NORTHERN CALIFORNIA, FROM THE OREGON BORDER TO THE SAN JOAQUIN VALLEY AND FROM THE PACIFIC COAST TO THE SIERRA NEVADA FOOTHILLS OUR NETWORK INCLUDES NINE PHYSICIAN ORGANIZATIONS, TWO DOZEN ACUTE CARE HOSPITALS AND A WIDE ARRAY OF MEDICAL RESEARCH FACILITIES, TRAINING PROGRAMS, CARE CENTERS AND SPECIALTY SERVICES THE SUTTER HEALTH SYSTEM CONSISTS OF * 51,837 EMPLOYEES AND 5,100 PHYSICIANS * 5,000 VOLUNTEERS * 29 HOSPITALS * 4,284 LICENSED ACUTE CARE BEDS * 35 OUTPATIENT SURGERY CENTERS * 6 CARDIAC CENTERS * 9 CANCER CENTERS * 5 ACUTE REHABILITATION CENTERS * 6 BEHAVIORAL HEALTH CENTERS * 5 TRAUMA CENTERS * 9 NEONATAL INTENSIVE CARE UNITS * MEDICAL RESEARCH CENTERS * HOME HEALTH AND HOSPICE SERVICES * WALK-IN CLINICS * EDUCATION CENTERS AND PHYSICIAN TRAINING PROGRAMS * PHILANTHROPIC PROGRAMS * HEALTH PLAN (SUTTER HEALTH PLUS) 2015 BY THE NUMBERS * 33,578 BIRTHS * 190,657 DISCHARGES * 867,113 EMERGENCY ROOM VISITS * 509,972 SUTTER CARE AT HOME HEALTH VISITS * 304,259 SUTTER CARE AT HOME HOSPICE VISITS * 166,136 OUTPATIENT SURGERY CENTER PROCEDURES * 933,552 PATIENT DAYS AS ONE OF THE NATIONS LEADING NOT-FOR-PROFIT INTEGRATED HEALTH CARE DELIVERY SYSTEM, 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 R

Return Reference	Explanation
FORM 990, PART VI, LINE 1A	THE AFFAIRS AND MANAGEMENT OF SUTTER HEALTH ARE SUPERVISED BY THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE HAS THE POWER TO ACT ON BEHALF OF THE BOARD AND TO TRANSACT ALL REGULAR BUSINESS DURING THE PERIOD BETWEEN MEETINGS OF THE BOARD. THE EXECUTIVE COMMITTEE IS COMPRISED OF THE BOARD CHAIR, WHO SERVES AS CHAIR OF THE COMMITTEE, THE PRESIDENT, THE SECRETARY, THE CHAIR OF THE FINANCE AND PLANNING COMMITTEE, AND AT LEAST ONE DIRECTOR-AT-LARGE. WHEN A CHAIR-ELECT HAS BEEN APPOINTED BY THE BOARD, THE CHAIR-ELECT SERVES AS A VOTING MEMBER OF THE COMMITTEE THE YEAR PRIOR TO SERVING AS BOARD CHAIR. FORM 990, PART VI, LINE 11B PROCESS USED BY MANAGEMENT &/OR THE GOVERNING BODY TO REVIEW FORM 990: SUTTER HEALTH HAS A CENTRALIZED TAX DEPARTMENT RESPONSIBLE FOR THE PREPARATION OF THE FORM 990. ANNUALLY THE TAX DEPARTMENT RECEIVES AND PROVIDES TRAINING AND EDUCATION TO APPROPRIATE PERSONNEL WHO ASSIST THE TAX DEPARTMENT IN COLLECTING AND REVIEWING DATA TO BE REPORTED ON THE FORM 990. THE PREPARATION MATERIAL IS REVIEWED BY VARIOUS DEPARTMENTS INCLUDING TAX, FINANCE, LEGAL, AND HUMAN RESOURCES. A NATIONAL ACCOUNTING FIRM PREPARES AND REVIEWS THE RETURN. A COMPLETED RETURN IS THEN REVIEWED BY THE TAX DEPARTMENT, LEGAL DEPARTMENT, FINANCE DEPARTMENT, AND THE CFO BEFORE THE RETURN IS FILED.

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

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

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

Return Reference	Explanation
FORM 990, PART X, LINE 20	SUTTER HEALTH IS A CONDUIT BORROWER OF TAX-EXEMPT BOND ISSUES AND ALLOCATES PORTIONS OF EACH ISSUE TO CERTAIN SUBSIDIARY ORGANIZATIONS OF WHICH IT IS THE SOLE CORPORATE MEMBER. THE OUTSTANDING BOND LIABILITY ALLOCATED TO THESE SUBSIDIARY ORGANIZATIONS IS REPORTED ON EACH SUBSIDIARY ORGANIZATION'S FORM 990, PART X, BALANCE SHEET AND SCHEDULE K.

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN FUND BALANCE EQUITY TRANSFER (NET) 136,663,568 K-1 INTEREST (977,182) K-1 DIVIDENDS (4,728,768) K-1 ROYALTIES (159,450) K-1 ORDINARY INCOME (6,349,815) K-1 GUARANTEED PAYMENTS (9,118,053) K-1 SHORT-TERM CAPITAL LOSS 8,009,195 K-1 RENTAL INCOME 388,141 K-1 LONG-TERM CAPITAL GAIN (239,697) K-1 SECTION 1231 GAIN (272,733) K-1 OTHER LOSSES 9,461,176 PARTNERSHIP INCOME ON BOOKS 5,027,290 PENSION RELATED CHANGES (31,598,031) OTHER CHANGES IN FUND BALANCE (50,423) ----- TOTAL \$106,055,218 =====

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization SUTTER HEALTH	Employer identification number 94-2788907
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Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) SUTTER CONNECT LLC 10470 OLD PLACERVILLE ROAD SACRAMENTO, CA 95827 68-0209157	MGMT SERVICES	CA	187,468,062	120,510,191	SUTTER HLTH
(2) SUTTER OUTPATIENT SERVICES LLC 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 45-4714483	MED STAFF SVC	CA	2,438,210	19,423,769	SUTTER HLTH
(3) SUTTER SHARED LAB LLC 2950 COLLIER CANYON ROAD LIVERMORE, CA 94551 47-5583986	LAB SERVICES	CA	0	0	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 entity?	
						Yes	No
See Additional Data Table							

Part III

Identification of Related Organizations Taxable as a Partnership

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

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1)HEALTH VENTURES INC 350 HAWTHORNE ST OAKLAND, CA 94609 94-2918780	HEALTH SERVICES	CA	SEBH	C CORP				Yes	

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

	Yes	No
1a		No
1b	Yes	
1c		No
1d		No
1e		No
1f		
1g		No
1h		No
1i	Yes	
1j	Yes	
1k	Yes	
1l	Yes	
1m	Yes	
1n		No
1o	Yes	
1p	Yes	
1q	Yes	
1r	Yes	
1s	Yes	

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

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

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 94-2788907

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 entity?	
						Yes	No
ADOLESCENT TREATMENT CENTERS INC C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 68-0088443	HEALTHCARE	CA	501(C)(3)	3	SUTTER EBH	Yes	
BETTER HEALTH EAST BAY FOUNDATION C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 51-0160184	FUNDRAISING	CA	501(C)(3)	7	SUTTER EBH	Yes	
CALIFORNIA PACIFIC MEDICAL CTR FOUND C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-2728423	FUNDRAISING	CA	501(C)(3)	7	SUTTER WBH	Yes	
EAST BAY PERINATAL CENTER 3012 SUMMIT STREET 3RD FLOOR OAKLAND, CA 94609 51-0172285	HEALTHCARE	CA	501(C)(3)	3	SUTTER EBH	Yes	
EDEN MEDICAL CENTER C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-2948100	HEALTHCARE	CA	501(C)(3)	9	SUTTER HLTH	Yes	
MEMORIAL HOSPITAL FOUNDATION C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-2290244	FUNDRAISING	CA	501(C)(3)	11a - I	SUTTER CVH	Yes	
MILLS-PENINSULA HEALTH SERVICES C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-1156265	HOSPITAL	CA	501(C)(3)	3	PAMF	Yes	
MILLS-PENINSULA HOSPITAL FOUNDATION C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 23-7288765	FUNDRAISING	CA	501(C)(3)	7	MPHS	Yes	
PALO ALTO MEDICAL FOUNDATION C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-1156581	HEALTHCARE	CA	501(C)(3)	3	SUTTER HLTH	Yes	
SAMUEL MERRITT UNIVERSITY 450 30TH STREET SUITE 2820 OAKLAND, CA 94609 94-2992642	UNIVERSITY	CA	501(C)(3)	2	SUTTER EBH	Yes	
SUTTER AUBURN FAITH HOSPITAL FOUNDATION C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-2594966	FUNDRAISING	CA	501(C)(3)	7	SUTTER SSR	Yes	
SUTTER CENTRAL VALLEY HOSPITALS C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-1080917	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
SUTTER COAST HOSPITAL C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-2988520	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
SUTTER DAVIS HOSPITAL FOUNDATION C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 68-0217870	FUNDRAISING	CA	501(C)(3)	7	SUTTER SSR	Yes	
SUTTER EAST BAY HOSPITALS C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-1196176	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
SUTTER EAST BAY MEDICAL FOUNDATION C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-2690415	HEALTHCARE	CA	501(C)(3)	11B - II	SUTTER HLTH	Yes	
SUTTER GOULD MEDICAL FOUNDATION C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-1682256	HEALTHCARE	CA	501(C)(3)	3	SUTTER HLTH	Yes	
SUTTER HEALTH PACIFIC 91-2301 FT WEAVER RD EWA BEACH, HI 96706 99-0298651	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
SUTTER HEALTH PLAN C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 46-1183948	HEALTH PLAN	CA	PENDING	PENDING	SUTTER HLTH	Yes	
SUTTER HEALTH SACRAMENTO SIERRA REGION C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-1156621	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	

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

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

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MAGNETIC IMAGING AF 2125 OAK GROVE WLN CK, CA 94598 94-2953833	PATIENT CARE	CA	SEBH									
SURG CTR OF ABSMC 3875 TELEGRAPH OAKLAND, CA 94598 47-0946086	OUTPATIENT SURG	CA	SEBH									
ALTA CT SERVICES LP 2125 OAK GROVE WLN CK, CA 94598 94-3083464	PATIENT CARE	CA	SEBH									
CALIFORNIA PACIFIC ADVANCED IMAGING PO BOX 6102 NOVATO, CA 94948 56-2311840	MRI JOINT VENTURE	DE	SWBH									
SF ENDOSCOPY CENTER 3000 RIVERCHASE BIRMINGHAM, AL 35244 91-2160588	ENDOSCOPY JV	CA	SWBH	RELATED	601,049	89,428		No	0	Yes		1 800 %
PRESIDIO SURGERY CENTER LLC 1635 DIVISADERO SF, CA 94115 32-0144060	AMBULATORY SURG	CA	SWBH									
SUTTER FAIRFIELD SURGERY CENTER LLC 2700 LOW CT FAIRFIELD, CA 94533 30-0233892	OUTPATIENT SURG	DE	SMF									
TWIN CITIES SURGERY HOSPITAL LLP 250 S WACKER CHICAGO, IL 60606 35-2182617	SURGERY	CA	SMF									
SUTTER AMADOR SURGERY CENTER LLC 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 46-1398093	OUTPATIENT SURG	CA	NA	RELATED	73,699	200,188		No	0	Yes		6 000 %
ROSEVILLE ENDOSCOPY CENTER LLC 4 MEDICAL PLAZA SUITE 210 ROSEVILLE, CA 95661 87-0710513	ENDOSCOPY JV	DE	NA									
MEMORIAL MEDICAL OFFICE BUILDING 1 1800 COFFEE RD SUITE 76 MODESTO, CA 95355 77-0234236	OFFICE RENTAL	CA	NA									
MEMORIAL MEDICAL OFFICE BUILDING 2 1800 COFFEE RD SUITE 76 MODESTO, CA 95355 77-0287288	OFFICE RENTAL	CA	NA									
ASC OPERATORS LLC 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 20-8970704	PATIENT CARE	CA	NA	RELATED	3,566,611	5,106,742		No	0	Yes		6 000 %
ASC OPERATORS - EAST BAY LLC 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 27-1724489	PATIENT CARE	CA	NA	RELATED	890,547	363,308		No	0	Yes		6 000 %
ASC OPERATORS - SAN FRANCISCO LLC 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 27-5447186	PATIENT CARE	CA	NA	RELATED	1,244,435	303,596		No	0	Yes		6 000 %

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	ASC Operators - East Bay LLC	L	743,752	FMV
(1)	ASC Operators - East Bay LLC	Q	781,966	FMV
(2)	ASC Operators - East Bay LLC	S	290,667	FMV
(3)	ASC Operators LLC	L	2,879,359	FMV
(4)	ASC Operators LLC	Q	3,013,808	FMV
(5)	ASC Operators LLC	S	634,322	FMV
(6)	ASC Operators-San Francisco LLC	L	1,199,882	FMV
(7)	ASC Operators-San Francisco LLC	Q	1,162,562	FMV
(8)	ASC Operators-San Francisco LLC	S	260,763	FMV
(9)	ASC Operators-San Luis Obispo LLC	L	280,828	FMV
(10)	ASC Operators-San Luis Obispo LLC	S	1,493,775	FMV
(11)	ASC Operators-Santa Rosa LLC	L	739,351	FMV
(12)	ASC Operators-Santa Rosa LLC	Q	613,249	FMV
(13)	ASC Operators-Santa Rosa LLC	S	236,961	FMV
(14)	ASC Operators-South Bay LLC	L	501,618	FMV
(15)	ASC Operators-South Bay LLC	Q	434,275	FMV
(16)	ASC Operators-South Bay LLC	S	148,572	FMV
(17)	Auburn Surgical Center LP	L	153,863	FMV
(18)	Auburn Surgical Center LP	Q	4,147,576	FMV
(19)	Better Health East Bay Foundation	O	535,737	FMV
(20)	California Pacific Medical Center Foundation	Q	780,138	FMV
(21)	California Pacific Medical Center Foundation	R	2,968,339	FMV
(22)	California Pacific Medical Center Foundation	S	2,808,824	FMV
(23)	Carlsbad Surgery Center LLC	L	290,915	FMV
(24)	Carlsbad Surgery Center LLC	S	102,060	FMV

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(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26)	Coast Center For Orthopedic and Arthroscopic	L	461,277	FMV
(1)	Coast Center For Orthopedic and Arthroscopic	Q	1,495,830	FMV
(2)	Coast Center For Orthopedic and Arthroscopic	S	128,075	FMV
(3)	East Bay Perinatal Center	Q	670,564	FMV
(4)	Eden Medical Center	Q	35,527,945	FMV
(5)	Eden Medical Center	R	15,500,000	FMV
(6)	Eden Medical Center	S	17,100,000	FMV
(7)	La Jolla Orthopedic Surgery Center LLC	L	668,495	FMV
(8)	La Jolla Orthopedic Surgery Center LLC	Q	2,207,069	FMV
(9)	La Jolla Orthopedic Surgery Center LLC	S	357,004	FMV
(10)	Medical Center Magnetic Imaging LLC	P	85,338	FMV
(11)	Memorial Medical Office Building Partnership	P	202,868	FMV
(12)	Memorial Medical Office Building Partnership	P	276,963	FMV
(13)	Mills Peninsula Health Services	B	50,830	FMV
(14)	Mills Peninsula Health Services	I	1,987,893	FMV
(15)	Mills Peninsula Health Services	L	30,176,234	FMV
(16)	Mills Peninsula Health Services	O	4,989,962	FMV
(17)	Mills Peninsula Health Services	P	5,730,994	FMV
(18)	Mills Peninsula Health Services	Q	90,340,484	FMV
(19)	Mills Peninsula Health Services	R	10,057,249	FMV
(20)	Mills Peninsula Health Services	S	130,426,084	FMV
(21)	Mills Peninsula Hospital Foundation	O	203,882	FMV
(22)	North Bay Regional Surgery Center LLC	J	182,074	FMV
(23)	North Bay Regional Surgery Center LLC	L	611,535	FMV
(24)	North Bay Regional Surgery Center LLC	Q	3,563,723	FMV

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(51)	North Bay Regional Surgery Center LLC	S	212,153	FMV
(1)	Otay Lakes Surgery Center LLC	L	287,082	FMV
(2)	Palo Alto Medical Foundation for Healthcare	I	21,729,945	FMV
(3)	Palo Alto Medical Foundation for Healthcare	L	151,882,970	FMV
(4)	Palo Alto Medical Foundation for Healthcare	O	13,864,996	FMV
(5)	Palo Alto Medical Foundation for Healthcare	P	11,112,547	FMV
(6)	Palo Alto Medical Foundation for Healthcare	Q	95,837,918	FMV
(7)	Palo Alto Medical Foundation for Healthcare	R	6,228,314	FMV
(8)	Palo Alto Medical Foundation for Healthcare	S	321,758,693	FMV
(9)	Peninsula Endoscopy Center LLC	L	214,780	FMV
(10)	Peninsula Endoscopy Center LLC	Q	1,694,940	FMV
(11)	Peninsula Endoscopy Center LLC	S	57,600	FMV
(12)	Peninsula Eye Surgery Center LLC	Q	5,829,374	FMV
(13)	Presidio Sugery Center LLC	Q	58,360	FMV
(14)	Roseville Endoscopy Center LLC	L	180,810	FMV
(15)	Roseville Endoscopy Center LLC	Q	5,562,986	FMV
(16)	Samuel Merritt University	O	1,306,246	FMV
(17)	Samuel Merritt University	Q	19,994,492	FMV
(18)	Samuel Merritt University	R	169,508	FMV
(19)	Samuel Merritt University	S	183,574	FMV
(20)	San Francisco Endoscopy Center LLC	L	375,000	FMV
(21)	San Francisco Endoscopy Center LLC	Q	6,475,920	FMV
(22)	San Francisco Endoscopy Center LLC	S	163,634	FMV
(23)	Sutter Alhambra Surgery Center LP	Q	10,781,206	FMV
(24)	Sutter Amador Surgery Center LLC	L	140,403	FMV

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(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(76)	Sutter Amador Surgery Center LLC	Q	1,981,815	FMV
(1)	Sutter Auburn Faith Hospital Foundation	Q	223,915	FMV
(2)	Sutter Central Valley Hospitals	I	325,459	FMV
(3)	Sutter Central Valley Hospitals	L	69,315,061	FMV
(4)	Sutter Central Valley Hospitals	O	8,712,404	FMV
(5)	Sutter Central Valley Hospitals	P	58,575,589	FMV
(6)	Sutter Central Valley Hospitals	Q	102,220,935	FMV
(7)	Sutter Central Valley Hospitals	R	9,373,080	FMV
(8)	Sutter Central Valley Hospitals	S	157,129,723	FMV
(9)	Sutter Coast Hospital	I	787,114	FMV
(10)	Sutter Coast Hospital	L	4,890,116	FMV
(11)	Sutter Coast Hospital	O	629,729	FMV
(12)	Sutter Coast Hospital	P	60,000	FMV
(13)	Sutter Coast Hospital	Q	5,427,103	FMV
(14)	Sutter Coast Hospital	R	1,560,839	FMV
(15)	Sutter Coast Hospital	S	18,718,597	FMV
(16)	Sutter Davis Hospital Foundation	Q	91,840	FMV
(17)	Sutter East Bay Hospitals	I	5,704,736	FMV
(18)	Sutter East Bay Hospitals	L	125,841,921	FMV
(19)	Sutter East Bay Hospitals	O	8,393,686	FMV
(20)	Sutter East Bay Hospitals	P	37,725,733	FMV
(21)	Sutter East Bay Hospitals	Q	152,530,967	FMV
(22)	Sutter East Bay Hospitals	R	34,855,511	FMV
(23)	Sutter East Bay Hospitals	S	189,588,124	FMV
(24)	Sutter East Bay Medical Foundation	I	3,607,101	FMV

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(101)	Sutter East Bay Medical Foundation	L	18,795,412	FMV
(1)	Sutter East Bay Medical Foundation	M	4,181,264	FMV
(2)	Sutter East Bay Medical Foundation	O	767,480	FMV
(3)	Sutter East Bay Medical Foundation	P	70,505	FMV
(4)	Sutter East Bay Medical Foundation	Q	40,517,438	FMV
(5)	Sutter East Bay Medical Foundation	R	22,705,792	FMV
(6)	Sutter East Bay Medical Foundation	S	6,184,071	FMV
(7)	Sutter Fairfield Surgery Center LLC	L	392,274	FMV
(8)	Sutter Fairfield Surgery Center LLC	Q	6,414,284	FMV
(9)	Sutter Gould Medical Foundation	I	1,949,707	FMV
(10)	Sutter Gould Medical Foundation	L	26,651,793	FMV
(11)	Sutter Gould Medical Foundation	O	2,337,701	FMV
(12)	Sutter Gould Medical Foundation	P	3,154,381	FMV
(13)	Sutter Gould Medical Foundation	Q	107,579,092	FMV
(14)	Sutter Gould Medical Foundation	R	789,595	FMV
(15)	Sutter Gould Medical Foundation	S	24,358,569	FMV
(16)	Sutter Health Pacific	O	664,137	FMV
(17)	Sutter Health Pacific	Q	1,167,513	FMV
(18)	Sutter Health Pacific	R	8,000,000	FMV
(19)	Sutter Health Pacific	S	8,011,224	FMV
(20)	Sutter Health Plan	O	3,766,920	FMV
(21)	Sutter Health Plan	Q	1,525,069	FMV
(22)	Sutter Health Plan	R	14,000,000	FMV
(23)	Sutter Health Sacramento Sierra Region	I	34,369,009	FMV
(24)	Sutter Health Sacramento Sierra Region	K	176,086	FMV

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(126)	Sutter Health Sacramento Sierra Region	L	161,915,161	FMV
(1)	Sutter Health Sacramento Sierra Region	O	15,663,706	FMV
(2)	Sutter Health Sacramento Sierra Region	P	12,944,489	FMV
(3)	Sutter Health Sacramento Sierra Region	Q	328,177,715	FMV
(4)	Sutter Health Sacramento Sierra Region	R	704,680,760	FMV
(5)	Sutter Health Sacramento Sierra Region	S	914,453,415	FMV
(6)	Sutter Insurance Services Corporation	P	3,122,778	FMV
(7)	Sutter Insurance Services Corporation	Q	22,316,979	FMV
(8)	Sutter Insurance Services Corporation	S	217,150	FMV
(9)	Sutter Medical Center Castro Valley	I	2,023,477	FMV
(10)	Sutter Medical Center Castro Valley	L	19,046,162	FMV
(11)	Sutter Medical Center Castro Valley	O	3,144,993	FMV
(12)	Sutter Medical Center Castro Valley	P	7,562,379	FMV
(13)	Sutter Medical Center Castro Valley	Q	110,664,485	FMV
(14)	Sutter Medical Center Castro Valley	R	37,145,171	FMV
(15)	Sutter Medical Center Castro Valley	S	91,953,175	FMV
(16)	Sutter Medical Center Foundation	Q	1,634,476	FMV
(17)	Sutter Roseville Medical Center Foundation	Q	443,598	FMV
(18)	Sutter Valley Medical Foundation	I	1,786,840	FMV
(19)	Sutter Valley Medical Foundation	L	90,678,565	FMV
(20)	Sutter Valley Medical Foundation	O	3,378,465	FMV
(21)	Sutter Valley Medical Foundation	P	3,318,760	FMV
(22)	Sutter Valley Medical Foundation	Q	83,011,811	FMV
(23)	Sutter Valley Medical Foundation	R	16,667,338	FMV
(24)	Sutter Valley Medical Foundation	S	91,419,437	FMV

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(151)	Sutter Visiting Nurse Association and Hospice	L	19,592,422	FMV
(1)	Sutter Visiting Nurse Association and Hospice	O	3,260,575	FMV
(2)	Sutter Visiting Nurse Association and Hospice	P	13,532,263	FMV
(3)	Sutter Visiting Nurse Association and Hospice	Q	27,028,059	FMV
(4)	Sutter Visiting Nurse Association and Hospice	R	9,194,537	FMV
(5)	Sutter Visiting Nurse Association and Hospice	S	24,951,656	FMV
(6)	Sutter West Bay Hospitals	I	46,617,791	FMV
(7)	Sutter West Bay Hospitals	J	273,382	FMV
(8)	Sutter West Bay Hospitals	K	691,547	FMV
(9)	Sutter West Bay Hospitals	L	151,255,922	FMV
(10)	Sutter West Bay Hospitals	O	11,366,311	FMV
(11)	Sutter West Bay Hospitals	P	27,248,294	FMV
(12)	Sutter West Bay Hospitals	Q	213,756,006	FMV
(13)	Sutter West Bay Hospitals	R	227,111,471	FMV
(14)	Sutter West Bay Hospitals	S	287,789,014	FMV
(15)	Sutter West Bay Medical Foundation	I	5,996,838	FMV
(16)	Sutter West Bay Medical Foundation	J	595,555	FMV
(17)	Sutter West Bay Medical Foundation	L	28,059,478	FMV
(18)	Sutter West Bay Medical Foundation	O	2,532,949	FMV
(19)	Sutter West Bay Medical Foundation	Q	88,417,681	FMV
(20)	Sutter West Bay Medical Foundation	R	43,378,340	FMV
(21)	Sutter West Bay Medical Foundation	S	33,305,238	FMV
(22)	Tracy Hospital Foundation	P	392,610	FMV
(23)	Twin Cities Surgical Hospital LLC	Q	8,238,011	FMV