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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except 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/form990*

OMB No 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☑ Amended return
☐ Application pending

C Name of organization
Sutter Health
% CHRIS BOUDREAUX
Doing business as

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

City or town, state or province, country, and ZIP or foreign postal code
SACRAMENTO, CA 95833

D Employer identification number
94-2788907

E Telephone number
(916) 286-6665

G Gross receipts $ 18,772,446,848

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW SUTTERHEALTH ORG

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

L Year of formation 1981

M State of legal domicile CA

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	13
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	8,347
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	22,806,364
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	5,366,496

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	4,795,481	2,417,603
9	Program service revenue (Part VIII, line 2g)	1,195,942,343	1,256,472,123
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	68,684,185	40,674,206
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,078,305	23,291,296
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,274,500,314	1,322,855,228
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,796,580	1,175,900
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)	712,640,466	797,829,043
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)	651,611,398	687,637,115
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,366,048,444	1,486,642,058
19	Revenue less expenses Subtract line 18 from line 12	-91,548,130	-163,786,830

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	4,433,603,374	4,975,409,814
21	Total liabilities (Part X, line 26)	1,449,852,079	1,652,143,673
22	Net assets or fund balances Subtract line 21 from line 20	2,983,751,295	3,323,266,141

Part II Signature Block

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

Sign Here

****** 2018-11-12
Signature of officer Date

JEFF SPRAGUE SVP & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
DEBRA HEISKALA	DEBRA HEISKALA			P00649485

Firm's name ▶ ERNST & YOUNG US LLP — Firm's EIN ▶

Firm's address ▶ 4365 EXECUTIVE DR STE 1600
SAN DIEGO, CA 92121

Phone no (858) 535-7200

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the 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 $ 1,430,244,411 including grants of $ 1,175,900) (Revenue $ 1,256,472,123)

See Additional Data

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 ▶** 1,430,244,411

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	Yes	
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

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	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**		
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*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	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)?	**35a**	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*	**36**	Yes	
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**	1,341		
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**	8,347		
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		Yes	
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 BOUDREAUX 9100 FOOTHILL BLVD ROSEVILLE, CA 95747 (916) 286-6665

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation 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

(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										

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) ▶								40,710,034	262,325	6,552,444

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 ▶ 1,798

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		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	391,211,153
RIGHTSOURCING INC, PO BOX 515743 LOS ANGELES, CA 900515118	STAFFING SERVICES	193,124,513
SMITH GROUP INC, 301 BATTERY ST 7TH FLOOR SAN FRANCISCO, CA 94111	CONSTRUCTION SVCS	20,326,935
LEVEL 10 CONSTRUCTION LP, 1050 ENTERPRISE WAY STE 250 SUNNYVALE, CA 94089	CONSTRUCTION SVCS	16,489,575
GE MEDICAL SYSTEMS, PO BOX 96483 CHICAGO, IL 60693	REPAIRS & MAINT	15,983,565

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 ▶ 383

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	1,914,878		
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	502,725		
	g Noncash contributions included in lines 1a-1f $ _____				
	h **Total.** Add lines 1a-1f . . . . . ▶		2,417,603		

Program Service Revenue	Business Code				
2a MANAGEMENT SERVICES EXEMPT AFFIL	900099	1,237,600,847	1,237,600,847		
b HEALTHCARE RELATED JV INCOME	900099	7,254,633	7,254,633		
c GUARANTEED PAYMENTS JV INCOME	900099	10,456,334	10,456,334		
d AFFILIATE RENTAL INCOME	900099	1,160,309	1,160,309		
e					
f All other program service revenue					
g **Total.** Add lines 2a–2f . . . . ▶		1,256,472,123			

Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		78,127,914		1,923,449	76,204,465
4 Income from investment of tax-exempt bond proceeds ▶		0			
5 Royalties . . . . . ▶		85,737		128	85,609
	(i) Real	(ii) Personal			
6a Gross rents	1,597,027				
b Less rental expenses	2,058,113				
c Rental income or (loss)	-461,086	0			
d Net rental income or (loss) . . . . . ▶		-461,086		-273,764	-187,322
	(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory	17,410,085,800	43,403			
b Less cost or other basis and sales expenses	17,447,533,507				
c Gain or (loss)	-37,447,707	43,403			
d Net gain or (loss) . . . . . ▶		-37,453,708			-37,453,708
8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . a	0				
b Less direct expenses . . . b	0				
c Net income or (loss) from fundraising events . . ▶		0			
9a Gross income from gaming activities See Part IV, line 19 . . . a	0				
b Less direct expenses . . . b	0				
c Net income or (loss) from gaming activities . . ▶		0			
10a Gross sales of inventory, less returns and allowances . . a	0				
b Less cost of goods sold . . b	0				
c Net income or (loss) from sales of inventory . . ▶		0			
Miscellaneous Revenue	Business Code				
11a SUTTER PHYSICIAN SERVICES	621110	9,261,468		9,261,468	
b SURGERY CENTER MANAGEMENT	621400	4,425,429		4,425,429	
c SHARED LAB URINE TOXICOLOGY	541900	3,448,658		3,448,658	
d All other revenue		6,531,090		4,020,996	2,510,094
e **Total.** Add lines 11a–11d . . . . . ▶		23,666,645			
12 **Total revenue.** See Instructions . . . . . ▶		1,322,855,228	1,256,472,123	22,806,364	41,159,138

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 . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1,175,900	1,175,900		
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, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	33,587,668	18,354,207	15,233,461	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	5,936,642	5,936,642		
7 Other salaries and wages	535,521,468	535,521,468		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	50,131,708	48,800,892	1,330,816	
9 Other employee benefits	126,989,686	118,280,065	8,709,621	
10 Payroll taxes	45,661,871	45,463,060	198,811	
11 Fees for services (non-employees)				
a Management	45,746,560	42,892,491	2,854,069	
b Legal	20,240,315	20,240,315		
c Accounting	2,931,181	2,931,181		
d Lobbying	295,000		295,000	
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	12,964,375		12,964,375	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,694,815	2,472,036	222,779	
12 Advertising and promotion	8,440,679	8,435,141	5,538	
13 Office expenses	20,754,673	20,274,065	480,608	
14 Information technology	136,702,983	136,488,083	214,900	
15 Royalties	0			
16 Occupancy	27,320,952	27,320,952		
17 Travel	7,223,993	6,927,782	296,211	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	4,646,718	921,946	3,724,772	
20 Interest	4,744,830	4,744,830		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	135,801,855	135,801,855		
23 Insurance	5,146,644	4,571,284	575,360	
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	948,633	313,415	635,218	0
b PURCHASED SERVICES	110,322,887	107,194,256	3,128,631	0
c REPAIRS & MAINTENANCE	70,851,432	70,798,202	53,230	0
d OTHER BAD DEBT	15,738,683	15,738,683	0	0
e All other expenses	54,119,907	48,645,660	5,474,247	
25 **Total functional expenses.** Add lines 1 through 24e	1,486,642,058	1,430,244,411	56,397,647	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 IX . . . . . ☑

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	0	1	0
	2	Savings and temporary cash investments	108,396,780	2	5,706,026
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	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	2,571,298	8	2,886,588
	9	Prepaid expenses and deferred charges	77,948,959	9	75,960,293
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 1,520,210,846			
	b	Less accumulated depreciation — 10b: 908,972,398	711,974,194	10c	611,238,448
	11	Investments—publicly traded securities	3,037,104,004	11	3,677,948,511
	12	Investments—other securities See Part IV, line 11	0	12	0
	13	Investments—program-related See Part IV, line 11	47,729,913	13	41,379,658
	14	Intangible assets	0	14	0
	15	Other assets See Part IV, line 11	447,878,226	15	560,290,290
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	4,433,603,374	16	4,975,409,814
Liabilities	17	Accounts payable and accrued expenses	434,242,298	17	565,361,211
	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	1,015,609,781	25	1,086,782,462
	26	**Total liabilities.** Add lines 17 through 25	1,449,852,079	26	1,652,143,673
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	2,983,365,022	27	3,322,309,032
	28	Temporarily restricted net assets	386,273	28	957,109
	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	2,983,751,295	33	3,323,266,141
	34	Total liabilities and net assets/fund balances	4,433,603,374	34	4,975,409,814

Part XI Reconcilliation 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	1,322,855,228
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,486,642,058
3	Revenue less expenses Subtract line 2 from line 1	3	-163,786,830
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,983,751,295
5	Net unrealized gains (losses) on investments	5	211,360,280
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	291,941,396
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,323,266,141

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?	2a		No
	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			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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			
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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	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	3b	Yes	

Additional Data

Software ID:
Software Version:
EIN: 94-2788907
Name: Sutter Health

Form 990 (2016)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

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			
LISA GEVELBER BOARD MEMBER	7 0 0 0	X						27,500	0	0
PETER JACOBI BOARD MEMBER	7 0 0 0	X						27,500	0	0
RICHARD LEVY PHD BOARD MEMBER	7 0 0 0	X						27,500	0	0
SHARON MCCOLLAM BOARD MEMBER	7 0 0 0	X						27,500	0	0
DAVID NASAW BOARD MEMBER	7 0 0 0	X						27,500	0	0
ROBERT PEABODY JR MD BOARD MEMBER	7 0 0 0	X						27,500	0	0
MICHAEL ROOSEVELT BOARD MEMBER	7 0 0 0	X						27,500	0	0
CHERYL SCOTT BOARD MEMBER	7 0 0 0	X						0	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

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			
PATRICK FRY PRESIDENT & CEO, SH (PT-YR)	40 0 1 0	X		X				13,161,450	9,375	279,177
MICHAEL GAULKE BOARD MEMBER (CHAIR FIN PLAN)	10 0 10 0	X		X				27,500	0	0
JOHN KOSTER MD BOARD MEMBER (SECRETARY)	10 0 0 0	X		X				27,500	0	0
SARAH KREVANS PRESIDENT & CEO, SUTTER HEALTH	40 0 20 0	X		X				2,365,948	0	1,511,150
TODD SMITH MD BOARD MEMBER (CHAIR)	12 0 6 0	X		X				27,500	0	0
FLORENCE DI BENEDETTO SVP & GENERAL COUNSEL/ASST SEC	40 0 1 0			X				1,085,269	0	370,038
ED ERWIN DIR REAL ESTATE SVCS/ASST SEC	40 0 0 0			X				216,109	0	23,255
JEFF SPRAGUE SVP & CFO	40 0 4 0			X				1,149,499	0	538,199
PETER ANDERSON CHIEF STRATEGY OFFICER	40 0 0 0				X			1,036,895	0	292,871
ED BERDICK SVP SHARED SVS/CEO SPS (PT-YR)	40 0 0 0				X			1,462,735	0	317,651

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			
JEFF BURNICH MD SVP SH MEDICAL NETWORK	40 0 0 0				X			1,026,402	0	358,116
JAMES CONFORTI PRESIDENT, SH VALLEY AREA	0 0 40 0				X			1,164,596	0	400,858
JEFF GERARD PRESIDENT, SH BAY AREA	0 0 40 0				X			1,336,457	0	383,031
DAVE MAGGENTI CEO/CFO SPS (PT-YR)	40 0 0 0				X			425,925	0	37,557
JONATHAN MANIS SVP & CIO SUTTER HEALTH	40 0 0 0				X			1,036,365	0	287,076
JILL RAGSDALE SVP/CHIEF PEOPLE & CULTURE OFF	40 0 0 0				X			761,371	0	236,634
CHARLES WIRTH CEO, SPS (PT-YR)	40 0 0 0				X			388,341	0	39,542
DON L WREDEN SVP PATIENT EXPERIENCE	40 0 0 0				X			1,041,338	0	523,818
DAVID BRADLEY REGIONAL PRESIDENT, EAST BAY	0 0 40 0					X		1,652,412	0	52,945
WARREN BROWNER CEO, CPMC	0 0 40 0					X		1,991,764	0	212,619

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			
MIKE COHILL CEO, SMCS	0 0 40 0					X		1,462,782	0	172,145
GRANT DAVIES CEO, VALLEY AREA HOSPITALS	0 0 40 0					X		953,490	0	218,780
FRANCIS MARZONI DIVISION PRESIDENT, PAMF	0 0 40 0					X		1,175,511	0	57,502
ROBERT REED FORMER SVP & CFO SH	0 0 0 0						X	0	211,788	0
DAVID BENN REG PRES, CTL VALLEY	0 0 40 0						X	2,073,834	0	81,034
MIKE HELM FORMER SVP HUMAN RESOURCES	0 0 0 0						X	706,269	41,162	485
GORDON HUNT MD FORMER SVP & CMO SH	0 0 0 0						X	855,026	0	0
RICHARD SLAVIN MD CEO BAY AREA MED FNDS	0 0 40 0						X	1,333,083	0	47,268
JEFFREY SZCZESNY VP, HR, VALLEY AREA	0 0 40 0						X	517,163	0	110,693

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Sutter Health

Employer identification number
94-2788907

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

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

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

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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☐ 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)

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

12 ☑ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

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- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
See Additional Data Table						
Total 17					1,604,302,239	

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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (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 2016 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2015 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2016.** 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—2015.** 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—2016.** 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—2015.** 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2016.** 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—2015.** 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 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

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 12a or 12b 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	Yes	
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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6	Yes	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		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 I of Schedule L (Form 990 or 990-EZ)*	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 9a) 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 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		No
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b 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		

Part IV Supporting Organizations (continued)

			Yes	No
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

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

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)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	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? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2	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? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3	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)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
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? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***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*	2b		
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? *Provide details in* ***Part VI.***	3a	Yes	
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b	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 2016 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-2016**	**(iii) Distributable Amount for 2016**
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART IV, SECTION A, LINE 5A	THE FOLLOWING SUTTER HEALTH SUPPORTED ORGANIZATIONS MERGED WITH OTHER SUTTER HEALTH SUPPOR TED ORGANIZATIONS DURING 2016 NAME MILLS-PENINSULA HEALTH SERVICES EIN 94-1156265 NAME SUTTER GOULD MEDICAL FOUNDATION EIN 94-1682256 NAME SUTTER MEDICAL CENTER CASTRO VALLEY EIN 77-0146047 SUTTER HEALTH HAD THE AUTHORITY TO AUTHORIZE THE MERGERS AND FILED THE AP PROPRIATE AGREEMENTS OF MERGER WITH THE STATE OF CALIFORNIA THESE ORGANIZATIONS WERE REMO VED AS SUPPORTED ORGANIZATIONS

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART IV, SECTION A, LINE 6	IN 2016, OUR NOT-FOR-PROFIT SUTTER HEALTH NETWORK INVESTED $669 MILLION TO PROVIDE COMMUNITY BENEFIT PRIMARILY TO PEOPLE ACROSS NORTHERN CALIFORNIA, INCLUDING IN SOME OF OUR POORES T COMMUNITIES A PORTION OF THESE INVESTMENTS INCLUDE GRANTS THAT SUPPORT HEALTH CENTERS A ND 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

990 Schedule A, Supplemental Information

Return Reference	Explanation
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 ORGANIZATIONS' INPUT INTO THE SUPPORTING ORGANIZATION'S INVESTMENT POLICIES AND USE OF ITS INCOME AND ASSETS

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART IV, SECTION E, LINES 3A & 3B	PURSUANT TO THE BYLAWS AND INTERLOCKING GOVERNANCE MODEL OF EACH SUPPORTED ORGANIZATION, S UTTER 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 CER TAIN "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 S UCH DECISIONS INCLUDE, AMONG OTHERS, THE POWER TO APPROVE - MERGER, CONSOLIDATION, REORGA NIZATION OR DISSOLUTION, - AMENDMENT OR RESTATEMENT OF THE ARTICLES OF INCORPORATION OR BY LAWS, - ADOPTION OF OPERATING AND CAPITAL BUDGETS, AS WELL AS STRATEGIC PLANS, - CREATION OR ACQUISITION OF SUBSIDIARY CORPORATIONS, - CREATION OF MAJOR NEW PROGRAMS AND CLINICAL S ERVICES, - EXPENDITURES BEYOND APPROVED BUDGETS AND IN EXCESS OF LIMITS ESTABLISHED BY SUT TER HEALTH, AND - LONG-TERM OR MATERIAL AGREEMENTS, INCLUDING AGREEMENTS FOR THE INCURRENC E 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 LIMIT S ESTABLISHED BY SUTTER HEALTH IN ADDITION, THE BYLAWS OF THE SUPPORTED ORGANIZATIONS STA TE THAT THE PRESIDENT, THE CHIEF FINANCIAL OFFICER, AND ALL KEY MEMBERS OF MANAGEMENT SHAL L BE EMPLOYEES OF SUTTER HEALTH, THAT THE SUPPORTED ORGANIZATION SHALL CONDUCT ITS OPERATI ONS AND ACTIVITIES IN ACCORDANCE WITH SUTTER HEALTH SYSTEM POLICIES, AND THAT THE SUPPORTE D ORGANIZATION SHALL PARTICIPATE IN ALL INITIATIVES AND PROGRAMS DEVELOPED AND DESIGNATED FOR IMPLEMENTATION BY SUTTER HEALTH SUCH PARTICIPATION SHALL BE WITHOUT LIMITATION OR MOD IFICATION 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 12g - 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		
(A) EAST BAY PERINATAL CENTER	510172285	3	Yes		18,385	0
(A) EAST BAY PERINATAL CENTER	510172285	3	Yes		18,385	0
(A) EDEN MEDICAL CENTER	942948100	10	Yes		7,022,967	0
(A) EDEN MEDICAL CENTER	942948100	10	Yes		7,022,967	0
(B) MILLS-PENINSULA HEALTH SERVICES	941156265	3	Yes		32,447,518	0
(B) MILLS-PENINSULA HEALTH SERVICES	941156265	3	Yes		32,447,518	0
(C) SAMUEL MERRITT UNIVERSITY	942992642	2	Yes		58,493	0
(C) SAMUEL MERRITT UNIVERSITY	942992642	2	Yes		58,493	0
(D) SUTTER BAY MEDICAL FOUNDATION	941156581	3	Yes		46,636,817	0
(D) SUTTER BAY MEDICAL FOUNDATION	941156581	3	Yes		46,636,817	0
(E) SUTTER CENTRAL VALLEY HOSPITALS	941080917	3	Yes		44,599,976	0
(E) SUTTER CENTRAL VALLEY HOSPITALS	941080917	3	Yes		44,599,976	0
(F) SUTTER COAST HOSPITAL	942988520	3	Yes		9,075,248	0
(F) SUTTER COAST HOSPITAL	942988520	3	Yes		9,075,248	0
(G) SUTTER EAST BAY HOSPITALS	941196176	3	Yes		88,301,782	0
(G) SUTTER EAST BAY HOSPITALS	941196176	3	Yes		88,301,782	0
(H) SUTTER GOULD MEDICAL FOUNDATION	941682256	3	Yes		18,991,096	0
(H) SUTTER GOULD MEDICAL FOUNDATION	941682256	3	Yes		18,991,096	0
(I) SUTTER VALLEY HOSPITALS	941156621	3	Yes		623,778,531	0
(I) SUTTER VALLEY HOSPITALS	941156621	3	Yes		623,778,531	0
(J) SUTTER MEDICAL CENTER CASTRO VALLEY	770146047	3	Yes		34,947,844	0
(J) SUTTER MEDICAL CENTER CASTRO VALLEY	770146047	3	Yes		34,947,844	0
(K) SUTTER VISITING NURSE ASSOCIATION AND HOSPICE	946068843	3	Yes		9,576,314	0
(K) SUTTER VISITING NURSE ASSOCIATION AND HOSPICE	946068843	3	Yes		9,576,314	0
(L) SUTTER BAY HOSPITALS	940562680	3	Yes		611,776,835	0
(L) SUTTER BAY HOSPITALS	940562680	3	Yes		611,776,835	0
(M) SUTTER WEST BAY MEDICAL FOUNDATION	942948131	3	Yes		21,640,658	0
(M) SUTTER WEST BAY MEDICAL FOUNDATION	942948131	3	Yes		21,640,658	0
(N) SUTTER EAST BAY MEDICAL FOUNDATION	942690415	3	Yes		8,289,486	0
(N) SUTTER EAST BAY MEDICAL FOUNDATION	942690415	3	Yes		8,289,486	0

Form 990, Sch A, Part I, Line 12g - 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		
(P) SUTTER VALLEY MEDICAL FOUNDATION	680273974	3	Yes		47,140,289	0
(P) SUTTER VALLEY MEDICAL FOUNDATION	680273974	3	Yes		47,140,289	0
(A) ADOLESCENT TREATMENT CENTERS INC	680088443	3	Yes		0	0
(A) ADOLESCENT TREATMENT CENTERS INC	680088443	3	Yes		0	0

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Information about Schedule C (Form 990 or 990-EZ) and its instructions is at** ***www.irs.gov/form990*.**

OMB No 1545-0047

2016

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	**Employer identification number**
Sutter Health	94-2788907

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures ▶ $
3 Volunteer hours

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
4a Was a correction made? ☐ Yes ☐ No
b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 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		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2013	**(b)** 2014	**(c)** 2015	**(d)** 2016	**(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) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		5,000
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		52
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		295,000
j	Total Add lines 1c through 1i			300,052
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 1F	GRANTS TO OTHER ORGANIZATIONS FOR LOBBYING PURPOSES GRANT PAID TO CALIFORNIA AMBULATORY SURGERY ASSOCIATION FOR ADVOCACY
SCHEDULE C, PART II-B, LINE 1G	DIRECT CONTACT WITH LEGISLATORS, THEIR STAFFS, GOVERNMENT OFFICIALS, OR A LEGISLATIVE BODY ONE SUTTER HEALTH EMPLOYEE SPENT 8 HOURS LOBBYING A CALIFORNIA SENATE HEALTH COMMITTEE STAFF CONSULTANT CONCERNING PROPOSED HEALTH CARE LEGISLATION (SB 932) THE MEETING WAS LOCAL FOR THE EMPLOYEE THE EXPENSE FOR THIS LOBBYING WAS PARKING CHARGES OF $52
SCHEDULE C, PART II-B, LINE 1I	OTHER ACTIVITIES PAID CONSULTANTS THAT PERFORMED LOBBYING ACTIVITIES

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," 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

2016

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)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, 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" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c 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

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

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' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c)Accumulated depreciation	(d)Book value
1a Land		102,619,673		102,619,673
b Buildings		96,574,042	36,405,944	60,168,098
c Leasehold improvements		49,770,389	26,970,598	22,799,791
d Equipment		1,232,800,019	843,672,757	389,127,262
e Other		38,446,723	1,923,099	36,523,624
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				611,238,448

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) INTERCOMPANY RECEIVABLES	299,344,979
(2) OTHER RECEIVABLES	60,638,841
(3) OTHER ASSETS	200,306,470
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	560,290,290

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
SELF INSURANCE RESERVE	393,279,018
TAXABLE BOND LIABILITIES	89,643,159
3RD PARTY SETTLEMENTS	21,954
OTHER LIABILITIES	603,838,331
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	1,086,782,462

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

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 94-2788907
Name: Sutter Health

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	ASC 740 (FIN 48) FOOTNOTE FROM AUDIT THIS ORGANIZATION WAS PART OF A CONSOLIDATED FINANCI AL SYSTEM AUDIT THE ASC 740 AUDIT FOOTNOTE DISCLOSURE FOR THE SUTTER SYSTEM IS AS FOLLOWS SUTTER HEALTH, THE LEGAL ENTITY, AND MANY AFFILIATES HAVE BEEN DETERMINED TO BE EXEMPT O RGANIZATIONS BY THE INTERNAL REVENUE SERVICE AND THE CALIFORNIA FRANCHISE TAX BOARD, AND G ENERALLY, 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 S TATEMENTS WITH RESPECT TO ITS TAXABLE ACTIVITIES, SUTTER RECORDS INCOME TAXES USING THE L IABILITY METHOD, UNDER WHICH DEFERRED TAX ASSETS AND LIABILITIES ARE DETERMINED BASED ON T HE DIFFERENCES BETWEEN THE FINANCIAL ACCOUNTING AND TAX BASES OF ASSETS AND LIABILITIES D EFERRED TAX ASSETS OR LIABILITIES AT THE END OF EACH PERIOD ARE DETERMINED USING THE CURRE NTLY 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 B ENEFIT FROM UNCERTAIN TAX POSITIONS ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITI ONS 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 GREA TER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT THE STATUTE OF LIMITAT IONS FOR TAX YEARS 2013 THROUGH 2015 REMAIN OPEN IN U S TAX JURISDICTIONS IN WHICH SUTTER AND ITS AFFILIATES ARE SUBJECT TO TAXATION SUTTER RECOGNIZES INTEREST AND PENALTIES RELA TED TO INCOME TAX MATTERS IN OPERATING EXPENSES AT DECEMBER 31, 2016 AND 2015, THERE WERE NO SUCH UNCERTAIN TAX POSITIONS

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

► Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Sutter Health

Employer identification number
94-2788907

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in region	**(d)** Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in region	**(f)** Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total					369,025,808
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)					369,025,808

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☑ Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☑ Yes	☐ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713)*	☐ Yes	☑ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
SCHEDULE F, PART I, LINE 3, COLUMN (F)	ACCOUNTING METHOD THE ACCRUAL METHOD OF ACCOUNTING WAS USED TO DETERMINE THE AMOUNTS IN COLUMN (F)

Additional Data

Software ID:

Software Version:

EIN: 94-2788907

Name: Sutter Health

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Investments		313,607,789
Europe (Including Iceland and Greenland)			Investments		49,787,919
North America			Investments		5,630,100

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Sutter Health

Employer identification number
94-2788907

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to 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

(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
See Additional Data Table							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 27

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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

(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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental 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	SUTTER HEALTH DID NOT PROVIDE GRANTS BUT DID PROVIDE OTHER FINANCIAL ASSISTANCE EARMARKED TOWARDS SPECIFIC PROGRAMS, FUNDS, AND EFFORTS TO SUPPORT THE COMMUNITY AND SUTTER HEALTHS MISSION WHEN NECESSARY SUTTER HEALTH MONITORS EFFECTIVENESS AND EFFICIENCY OF DONATIONS, WHICH MAY INCLUDE - ANNUAL MEETINGS WITH COMMUNITY PARTNERS - E-MAIL AND TELEPHONIC COMMUNICATIONS WITH COMMUNITY PARTNERS - SITE VISITS WITH COMMUNITY PARTNERS - COLLECTION OF PATIENT STORIES AND NARRATIVES - REPORTING TO INCLUDE YEAR-END FINANCIAL SUMMARY THAT COMPARES ACTUAL EXPENDITURES TO THE FUNDED PROJECTS BUDGET, INDICATING ANY UNUSED AMOUNT OF FUNDS IF THE COMMUNITY PARTNER DID NOT REACH THE ANTICIPATED OUTCOMES, THE COMMUNITY BENEFIT DEPARTMENT WORKS TO UNDERSTAND WHAT CIRCUMSTANCES PREVENTED THE ORGANIZATION FROM NOT MEETING THE GOALS AND HELP IDENTIFY WAYS TO IMPROVE AN EVALUATION IS THEN COMPLETED AND A DETERMINATION WILL BE MADE 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
ALAMEDA COUNTY FOOD BANK 7900 EDGEWATER DRIVE OAKLAND, CA 946212004	94-2960297	501(c)(3)	12,500				GENERAL SUPPORT
AMERICAN RED CROSS PO BOX 100805 PASADENA, CA 911890805	53-0196605	501(c)(3)	105,000				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
CERES COMMUNITY PROJECT PO BOX 1562 SEBASTOPOL, CA 95473	26-2250997	501(c)(3)	6,250				GENERAL SUPPORT
COALITION FOR COMPASSIONATE CARE 1331 GARDEN HWY SUITE 100 SACRAMENTO, CA 95833	27-0419836	501(c)(3)	60,000				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
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)	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
FOOD BANK OF SOLANO AND CONTRA COSTA COUNTY 4010 NELSON AVE CONCORD, CA 91520	94-2418054	501(c)(3)	31,000				GENERAL SUPPORT
FOOD BANK OF YOLO COUNTY 1244 FORTNA AVE WOODLAND, CA 95776	23-7111782	501(c)(3)	6,000				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
FOOD PANTRY OF DAVIS STREET 3081 TEAGARDEN STREET SAN LEANDRO, CA 94577	94-3121699	501(c)(3)	12,500				GENERAL SUPPORT
MARCH OF DIMES 1050 SANSOME STREET 4TH FLOOR SAN FRANCISCO, CA 94111	13-1846366	501(c)(3)	135,000				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
MEDSHARE INTERNATIONAL 3240 CLIFTON SPRINGS RD DECATUR, GA 30034	58-2433968	501(c)(3)	190,000				GENERAL SUPPORT
OAKLAND ATHLETICS COMMUNITY FUND 700 COLISEUM WAY OAKLAND, CA 94621	94-2826655	501(c)(3)	75,000				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 DRIVE SUITE 100 NOVATO, CA 94949	68-0291178	501(c)(3)	25,000				GENERAL SUPPORT
AMBULATORY SURGERY ACCESS 1119 MARKET ST STE 400 SAN FRANCISCO, CA 94103	94-3180356	501(c)(3)	105,000				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
OPERATION HOMEFRONT INC 8930 FOURWINDS DR STE 340 SAN ANTONIO, TX 78239	32-0033325	501(c)(3)	10,000				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 PO BOX 1803 SACRAMENTO, CA 95812	91-1851398	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
SALVATION ARMY 286 SUTTER STREET AUBURN, CA 95603	94-1170408	501(c)(3)	22,500				GENERAL SUPPORT
SAMARITAN HOUSE 4031 PACIFIC BLVD SAN MATEO, CA 94403	23-7416272	501(c)(3)	13,500				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
SAN FRANCISCO FOOD BANK 900 PENNSYLVANIA AVENUE SAN FRANCISCO, CA 94107	94-3041517	501(c)(3)	32,500				GENERAL SUPPORT
SECOND HARVEST FOOD BANK - SANTA CLARA 750 CURTNER AVENUE SAN JOSE, CA 95125	94-2614101	501(c)(3)	17,000				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
SECOND HARVEST FOOD BANK-SANTA CRUZ COUNTY 800 OHLONE PARKWAY WATSONVILLE, CA 95076	77-0326685	501(c)(3)	16,500				GENERAL SUPPORT
SECOND HARVEST FOOD BANK - SAN JOAQUIN 704 E INDUSTRIAL PARK DR MANTECA, CA 95337	68-0376587	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
SEROTONIN SURGE CHARITIES 1955 COWELL BLVD DAVIS, CA 95616	68-0411254	501(c)(3)	50,000				GENERAL SUPPORT
TRACY INTERFAITH MINISTRIES 311 W GRANT LINE ROAD TRACY, CA 95376	94-3150638	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
UNIVERSITY OF CALIFORNIA BERKELEY 2080 ADDISTON ST 4200 BERKELEY, CA 947204200	94-6002123	GOVT	89,900				GENERAL SUPPORT

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Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" 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 appropiate 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	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement 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	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed 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?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 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?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any 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 accured 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**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

For each individual whose compensation must be reported 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
See Additional Data	

Additional Data

Software ID:
Software Version:
EIN: 94-2788907
Name: Sutter Health

Part III, Supplemental 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 EMPLOYEES WAGES AND TAXED ACCORDINGLY HOUSING ALLOWANCE ONE (1) INDIVIDUAL, MIKE COHILL, RECEIVED A HOUSING ALLOWANCE THE BENEFIT WAS REPORTED AS TAXABLE COMPENSATION ON HIS W-2

Part III, Supplemental Information

Return Reference	Explanation
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

Part III, Supplemental Information

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4A	SEVERANCE PAYMENTS MICHAEL HELM RECEIVED SEVERANCE PAYMENTS OF $453,710 DAVID BRADLEY RECEIVED SEVERANCE PAYMENTS OF $621,682 FRANCIS MARZONI RECEIVED SEVERANCE PAYMENTS OF $657,199 DAVID BENN RECEIVED SEVERANCE PAYMENTS OF $579,774 GORDON HUNT, MD RECEIVED SEVERANCE PAYMENTS OF $534,824 RICHARD SLAVIN, MD RECEIVED SEVERANCE PAYMENTS OF $721,501

Part III, Supplemental Information

Return Reference	Explanation
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 HEALTHS 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 AND SOCIAL SECURITY BENEFITS SUTTERS 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 PENSION PLAN BENEFITS SUTTER HEALTH EXECUTIVES ARE GENERALLY INELIGIBLE FOR EMPLOYER MATCH CONTRIBUTIONS ADDITIONALLY, QUALIFIED PENSION PLAN AND SOCIAL SECURITY BENEFIT CAPS HAVE THE EFFECT OF SUBSTANTIALLY REDUCING RETIREMENT BENEFITS THAT ARE OTHERWISE PROVIDED TO ALL EMPLOYEES THE EFFECT IS THAT EXECUTIVES OFTEN DO NOT RECEIVE THE SAME LEVEL OF RETIREMENT BENEFIT ON AN INCOME REPLACEMENT BASIS AS OTHER EMPLOYEES TO ENSURE A COMPETITIVE RETIREMENT BENEFIT AND TO ADDRESS THE SHORTFALLS 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 PENSION PLAN FOR EARNINGS OVER THE PENSION PAY CAP LIMIT CONTRIBUTIONS ARE ALSO MADE FOR A SMALL GROUP OF SENIOR LEVEL EXECUTIVES WHOSE ESTIMATED RETIREMENT BENEFIT (SOCIAL SECURITY PLUS QUALIFIED PLAN 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 HEALTHS QUALIFIED PENSION PLAN WHERE EMPLOYEE BENEFITS ARE GUARANTEED (I E , A DEFINED BENEFIT), SUTTERS 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 PATRICK FRY - $10,648,923 (*SEE NOTE BELOW) ED BERDICK - $134,240 JONATHAN MANIS - $94,977 CHARLES WIRTH - $96,256 DAVID BRADLEY - $146,813 WARREN BROWNER - $1,054,631 FRANCIS MARZONI - $137,603 DAVID BENN - $1,027,449 RICHARD SLAVIN, MD - $126,544 *PATRICK FRY 2016 COMPENSATION IN 2016 PATRICK FRY RETIRED AS CEO OF SUTTER HEALTH AFTER A CAREER SPANNING OVER 30 YEARS WITH OUR SYSTEM AND RECEIVED A LUMP-SUM PAYOUT OF A RETIREMENT BENEFIT

Part III, Supplemental Information

Return Reference	Explanation
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, OPERATING UNIT 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 A LONG TERM PERFORMANCE PLAN WHICH IS DESIGNED TO FOCUS ON LONGER TERM STRATEGIC OBJECTIVES OF THE ORGANIZATION SUTTERS 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 HEALTHS OVERALL MISSION, VISION, AND VALUES, SUTTERS LONG TERM PERFORMANCE 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 BY THE COMPENSATION COMMITTEE PRIOR TO PAYMENT

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 (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
1PATRICK FRY PRESIDENT & CEO, SH (PT-YR)	(I)	116,532	2,164,509	10,880,409	273,326	5,851	13,440,627	11,519,311
	(II)	0	0	9,375	0	0	9,375	0
1SARAH KREVANS PRESIDENT & CEO, SUTTER HEALTH	(I)	1,528,303	647,289	190,356	1,484,076	27,074	3,877,098	345,896
	(II)	0	0	0	0	0	0	0
2FLORENCE DI BENEDETTO SVP & GENERAL COUNSEL/ASST SEC	(I)	651,722	360,394	73,153	351,226	18,812	1,455,307	129,200
	(II)	0	0	0	0	0	0	0
3ED ERWIN DIR REAL ESTATE SVCS/ASST SEC	(I)	189,624	26,485	0	11,150	12,105	239,364	0
	(II)	0	0	0	0	0	0	0
4JEFF SPRAGUESVP & CFO	(I)	698,248	337,500	113,751	509,176	29,023	1,687,698	104,373
	(II)	0	0	0	0	0	0	0
5PETER ANDERSON CHIEF STRATEGY OFFICER	(I)	649,434	288,531	98,930	274,426	18,445	1,329,766	80,286
	(II)	0	0	0	0	0	0	0
6ED BERDICK SVP SHARED SVS/CEO SPS (PT-YR)	(I)	805,384	503,790	153,561	294,876	22,775	1,780,386	0
	(II)	0	0	0	0	0	0	0
7JEFF BURNICH MD SVP SH MEDICAL NETWORK	(I)	643,543	312,900	69,959	338,026	20,090	1,384,518	134,021
	(II)	0	0	0	0	0	0	0
8JAMES CONFORTI PRESIDENT, SH VALLEY AREA	(I)	750,788	340,000	73,808	376,176	24,682	1,565,454	70,006
	(II)	0	0	0	0	0	0	0
9JEFF GERARD PRESIDENT, SH BAY AREA	(I)	838,481	380,000	117,976	362,276	20,755	1,719,488	227,721
	(II)	0	0	0	0	0	0	0
10DAVE MAGGENTI CEO/CFO SPS (PT-YR)	(I)	288,481	119,688	17,756	29,576	7,981	463,482	33,892
	(II)	0	0	0	0	0	0	0
11JONATHAN MANIS SVP & CIO SUTTER HEALTH	(I)	647,267	289,204	99,894	263,426	23,650	1,323,441	0
	(II)	0	0	0	0	0	0	0
12JILL RAGSDALE SVP/CHIEF PEOPLE & CULTURE OFF	(I)	514,701	232,640	14,030	212,326	24,308	998,005	0
	(II)	0	0	0	0	0	0	0
13CHARLES WIRTH CEO, SPS (PT-YR)	(I)	13,708	161,827	212,806	35,770	3,772	427,883	0
	(II)	0	0	0	0	0	0	0
14DON L WREDEN SVP PATIENT EXPERIENCE	(I)	661,229	312,500	67,609	490,326	33,492	1,565,156	108,083
	(II)	0	0	0	0	0	0	0
15DAVID BRADLEY REGIONAL PRESIDENT, EAST BAY	(I)	18,194	424,773	1,209,445	48,315	4,630	1,705,357	0
	(II)	0	0	0	0	0	0	0
16WARREN BROWNER CEO, CPMC	(I)	599,861	250,586	1,141,317	189,676	22,943	2,204,383	1,202,431
	(II)	0	0	0	0	0	0	0
17MIKE COHILLCEO, SMCS	(I)	607,697	640,948	214,137	148,376	23,769	1,634,927	319,021
	(II)	0	0	0	0	0	0	0
18GRANT DAVIES CEO, VALLEY AREA HOSPITALS	(I)	630,125	244,923	78,442	195,576	23,204	1,172,270	65,921
	(II)	0	0	0	0	0	0	0
19FRANCIS MARZONI DIVISION PRESIDENT, PAMF	(I)	28,828	274,012	872,671	50,407	7,095	1,233,013	0
	(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 (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
21 DAVID BENN REG PRES, CTL VALLEY	(I)	25,419	302,693	1,745,722	75,806	5,228	2,154,868	0
	(II)	0	0	0	0	0	0	0
1 MIKE HELM FORMER SVP HUMAN RESOURCES	(I)	0	252,559	453,710	0	485	706,754	175,680
	(II)	0	0	41,162	0	0	41,162	0
2 GORDON HUNT MD FORMER SVP & CMO SH	(I)	0	320,202	534,824	0	0	855,026	239,760
	(II)	0	0	0	0	0	0	0
3 ROBERT REED FORMER SVP & CFO SH	(I)	0	0	0	0	0	0	0
	(II)	0	0	211,788	0	0	211,788	0
4 RICHARD SLAVIN MD CEO BAY AREA MED FNDS	(I)	31,647	306,344	995,092	41,474	5,794	1,380,351	0
	(II)	0	0	0	0	0	0	0
5 JEFFREY SZCZESNY VP, HR, VALLEY AREA	(I)	362,553	122,535	32,075	93,526	17,167	627,856	47,596
	(II)	0	0	0	0	0	0	0

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 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

2016

Open to Public Inspection

Name of the organization
Sutter Health

Employer identification number
94-2788907

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS SUTTER HEALTH PROVIDES ADMINISTRATIVE AND CON SULTING SERVICES TO ITS AFFILIATES SUTTER HEALTH DOCTORS, HOSPITALS AND OTHER CAREGIVERS ACROSS MORE THAN 100 NORTHERN CALIFORNIA COMMUNITIES PARTNER WITH EACH OTHER TO ADVANCE OU R MEDICAL SERVICES AND INCREASE PATIENTS ACCESS TO THEM SUTTER-AFFILIATED HOSPITALS ARE R EGIONAL LEADERS IN CARDIAC CARE, WOMEN AND CHILDRENS SERVICES, CANCER CARE, ORTHOPEDICS AN D ADVANCED PATIENT SAFETY TECHNOLOGY SUTTER HEALTHS COMPREHENSIVE NETWORK OF CARE SPANS M ORE 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 NI NE PHYSICIAN ORGANIZATIONS, TWO DOZEN ACUTE CARE HOSPITALS AND A WIDE ARRAY OF MEDICAL RES EARCH FACILITIES, TRAINING PROGRAMS, CARE CENTERS AND SPECIALTY SERVICES THE SUTTER HEALT H SYSTEM CONSISTS OF * 53,000 EMPLOYEES AND 5,500 PHYSICIANS * 5,000 VOLUNTEERS * 24 ACUT E CARE HOSPITALS * 4,284 LICENSED ACUTE CARE BEDS * 35 OUTPATIENT SURGERY CENTERS * 6 CARD IAC CENTERS * 9 CANCER CENTERS * 5 ACUTE REHABILITATION CENTERS * 7 BEHAVIORAL HEALTH CENT ERS * 5 TRAUMA CENTERS * 9 NEONATAL INTENSIVE CARE UNITS * MEDICAL RESEARCH CENTERS * HOME HEALTH AND HOSPICE SERVICES * EXPRESS MEDICAL CLINICS * EDUCATION CENTERS AND PHYSICIAN T RAINING PROGRAMS * PHILANTHROPIC PROGRAMS * HEALTH PLAN (SUTTER HEALTH PLUS) 2016 BY THE N UMBERS * 33,749 BIRTHS * 193,161 DISCHARGES * 873,992 EMERGENCY ROOM VISITS * 519,703 SUT TER CARE AT HOME HEALTH VISITS * 217,084 SUTTER CARE AT HOME HOSPICE VISITS * 178,548 OUTP ATIENT SURGERY CENTER PROCEDURES AS ONE OF THE NATIONS LEADING NOT-FOR-PROFIT INTEGRATED H EALTH CARE DELIVERY SYSTEMS, WE APPROACH CARE FROM A COMMON MISSION OF ENHANCING THE HEALT H 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 T EAMWORK 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 AFFILIATE S, PLEASE VIEW FORM 990, SCHEDULE R

990 Schedule O, Supplemental Information

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 REGULA R BUSINESS DURING THE PERIOD BETWEEN MEETINGS OF THE BOARD THE EXECUTIVE COMMITTEE CONSIS TS OF THE BOARD CHAIR, WHO SERVES AS CHAIR OF THE COMMITTEE, THE CHAIR OF THE FINANCE AND PLANNING COMMITTEE, THE SECRETARY, THE PRESIDENT AND CHIEF EXECUTIVE OFFICER AND AT LEAST ONE DIRECTOR-AT-LARGE OF THE CORPORATION FORM 990, PART VI, LINE 4 SIGNIFICANT BYLAW CHAN GES IN 2016, THE SUTTER HEALTH BOARD OF DIRECTORS ADOPTED A NEW INVESTMENT COMMITTEE STRU CTURE UNDER THE SUTTER HEALTH BYLAWS PRIOR TO THIS CHANGE, INVESTMENTS FOR BOTH SUTTER HE ALTH AND ITS PENSION PLAN WERE OVERSEEN BY THE SUTTER HEALTH PENSION AND INVESTMENT COMMIT TEE EFFECTIVE AS OF FEBRUARY 4, 2016, INVESTMENTS RELATED TO SUTTER HEALTHS CORPORATE INV ESTMENT PORTFOLIO ARE OVERSEEN BY THE SUTTER HEALTH CORPORATE PROGRAMS INVESTMENT COMMITTE E, AND INVESTMENTS PERTAINING TO SUTTER HEALTHS PENSION PLAN ARE OVERSEEN BY THE SUTTER HE ALTH RETIREMENT BENEFITS INVESTMENT COMMITTEE FORM 990, PART VI, LINE 11B DESCRIBE THE PR OCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW FORM 990 SUTTER HEALTH HAS A CENTR ALIZED TAX DEPARTMENT RESPONSIBLE FOR THE PREPARATION OF THE FORM 990 ANNUALLY THE TAX DE PARTMENT PROVIDES TRAINING AND EDUCATION TO AFFILIATE PERSONNEL WHO ASSIST THE TAX DEPARTM ENT IN COLLECTING AND REVIEWING DATA TO BE REPORTED ON THE FORM 990 THE PREPARATION MATER IAL IS REVIEWED BY VARIOUS DEPARTMENTS INCLUDING TAX, FINANCE, LEGAL, AND HUMAN RESOURCES A NATIONAL ACCOUNTING FIRM PREPARES AND/OR REVIEWS THE RETURN A COMPLETED RETURN IS THEN REVIEWED BY THE TAX DEPARTMENT, THE AFFILIATE, AND THE CFO BEFORE THE RETURN IS FILED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 12	DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST EMPLOYEES ARE ED UCATED ON THE CONFLICT OF INTEREST POLICY AND THE NEED TO MAKE DISCLOSURE AS PART OF ANNUA L COMPLIANCE EDUCATION IN ADDITION, ANNUALLY A DISCLOSURE STATEMENT IS COMPLETED BY ALL D IRECTORS AND OFFICERS THAT INCLUDES AN ACKNOWLEDGEMENT THAT THEY HAVE READ THE CONFLICT OF INTEREST POLICY ON THIS STATEMENT THE INDIVIDUAL WILL LIST A WIDE RANGE OF INFORMATION W HICH INCLUDES BUSINESS RELATIONSHIPS, EMPLOYMENT RELATIONSHIPS, PROPERTY INTERESTS, AND TH OSE OF RELATED PARTIES THE CEO AND BOARD CHAIR WILL REVIEW THE STATEMENTS AND MONITOR SIT UATIONS THAT MAY POSE A POTENTIAL CONFLICT OF INTEREST THE CEO AND BOARD CHAIR MAY CONSUL T 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 PER SON OR COMMITTEE TO INVESTIGATE THE CONFLICT UNTIL THE POTENTIAL CONFLICT IS RESOLVED, TH E BOARD CHAIR MAY REQUEST THE INDIVIDUAL TO NOT PARTICIPATE DURING RELATED PRESENTATIONS A ND DISCUSSIONS IN ALL CIRCUMSTANCES INVOLVING AN ACTUAL CONFLICT, THE INTERESTED INDIVIDU AL SHALL REFRAIN FROM VOTING ON ANY MATTER RELATED TO THE TRANSACTION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 15	PROCESS FOR DETERMINING COMPENSATION THE COMPENSATION COMMITTEE OF THE SUTTER HEALTH BOAR D OF DIRECTORS RETAINS ULTIMATE DISCRETIONARY AUTHORITY OVER ALL ELEMENTS OF COMPENSATION TO ASSURE THAT ORGANIZATIONAL PURPOSES ARE APPROPRIATELY BEING SERVED THE COMPENSATION CO MMITTEE USES CREDIBLE DATA SOURCES AND MAINTAINS AN OBJECTIVE "ARMS LENGTH" DECISION-MAKIN G PROCESS, ENSURING THE INTEGRITY OF SUTTERS EXECUTIVE PROGRAMS AND CONSISTENCY WITH THE O RGANIZATIONS OVERALL MISSION IN ORDER TO ENSURE EXTERNAL COMPETITIVENESS, NATIONAL COMPEN SATION DATA COMPARISONS ARE REVIEWED COMPETITIVE ANALYSIS INCLUDES (A) BASE SALARY, (B) TOTAL CASH (BASE SALARY + ANNUAL INCENTIVE), (C) TOTAL DIRECT CASH (BASE SALARY + ANNUAL I NCENTIVE + LONG TERM INCENTIVE) AND (D) TOTAL REMUNERATION (BASE SALARY + ANNUAL INCENTIVE + BENEFITS AND LONG TERM INCENTIVE) THIS ANALYSIS INCLUDES NATIONAL COMPARISONS FOR ORGA NIZATIONS SIMILAR IN SIZE, SCOPE AND COMPLEXITY AS SUTTER HEALTH THIS METHOD IS MOST APPR OPRIATE SINCE IT IS A NATIONAL MARKETPLACE IN WHICH SUTTER COMPETES FOR EXECUTIVE TALENT OFFICERS AND KEY EMPLOYEES OF THIS ORGANIZATION UNDERGO AN ANNUAL REVIEW BY THE COMPENSATI ON COMMITTEE OR A DELEGATED SUB-COMMITTEE APPROVAL IS RECORDED IN THE MINUTES EXECUTIVE COMPENSATION REVIEW WAS LAST COMPLETED IN DECEMBER 2016

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART X, LINE 20	SUTTER HEALTH IS A CONDUIT BORROWER OF TAX-EXEMPT BOND ISSUES AND ALLOCATES PORTIONS OF EA CH 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 EAC H SUBSIDIARY ORGANIZATION'S FORM 990, PART X, BALANCE SHEET AND SCHEDULE K

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN FUND BALANCE EQUITY TRANSFER (NET) 540,150,925 K-1 ACTIVITY (35,906,159) PARTNERSHIP INCOME ON BOOKS (1,823,420) PENSION RELATED CHANGES (214,436,916) OTHER CHANGES IN FUND BALANCE 3,956,966 ---------- TOTAL $291,941,396 ==========

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, BOX B	REASON FOR AMENDED RETURN THIS RETURN IS BEING AMENDED TO UPDATE SCHEDULE R, PART V, LINE 2 TRANSACTION AMOUNTS FOR TRANSACTION TYPE L, PERFORMANCE OF SERVICES OR MEMBERSHIP OR FUN DRAISING SOLICITATIONS FOR RELATED ORGANIZATIONS

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" 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.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Sutter Health

Employer identification number
94-2788907

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

(a) Name, address, and EIN (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	172,918,316	100,953,138	SUTTER HLTH
(2) SUTTER OUTPATIENT SERVICES LLC 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 45-4714483	MED STAFF SVC	CA	60,527,573	22,824,172	SUTTER HLTH
(3) SUTTER SHARED LAB LLC 2950 COLLIER CANYON ROAD LIVERMORE, CA 94551 47-5583986	LAB SERVICES	CA	26,385,519	37,987,699	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.

See Additional Data Table

(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	(g) No

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.

See Additional Data Table

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

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	(i) Section 512(b)(13) controlled entity? No
(1)HEALTH VENTURES INC 350 HAWTHORNE AVE OAKLAND, CA 94609 94-2918780	HEALTH SERVICES	CA	SUTTER EBH	C CORP				Yes	
(2)SUTTER HEALTH DEFERRED COMP PLANS TRUST 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 27-6851989	RABBI TRUST	CA	SUTTER HLTH	TRUST	3,928,924	86,961,723	100 000 %	Yes	
(3)NORTHWOOD EUROPE TE FEEDER LP 1819 WAZEE ST 2ND FLOOR DENVER, CO 90202 98-1272216	HOLDING COMPANY	CJ	SUTTER HLTH	C CORP	-371,947	1,520,398	100 000 %	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

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

See Additional Data Table

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Part VII **Supplemental Information**

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

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
(1) C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 68-0088443	HEALTHCARE	CA	501(C)(3)	3	SUTTER EBH	Yes	
(1) C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 51-0160184	FUNDRAISING	CA	501(C)(3)	7	SUTTER EBH	Yes	
(2) C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-2728423	FUNDRAISING	CA	501(C)(3)	7	SUTTER BH	Yes	
(3) C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 51-0172285	HEALTHCARE	CA	501(C)(3)	3	SUTTER EBH	Yes	
(4) C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-2948100	HEALTHCARE	CA	501(C)(3)	10	SUTTER HLTH	Yes	
(5) C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-2290244	FUNDRAISING	CA	501(C)(3)	12A - I	SUTTER CVH	Yes	
(6) C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-1156265	HOSPITAL	CA	501(C)(3)	3	SUTTER BMF	Yes	
(7) C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 23-7288765	FUNDRAISING	CA	501(C)(3)	7	SUTTER BH	Yes	
(8) 450 30TH STREET STE 2840 OAKLAND, CA 94609 94-2992642	UNIVERSITY	CA	501(C)(3)	2	SUTTER EBH	Yes	
(9) C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-2594966	FUNDRAISING	CA	501(C)(3)	7	SUTTER VH	Yes	
(10) C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-0562680	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
(11) C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-1156581	HEALTHCARE	CA	501(C)(3)	3	SUTTER HLTH	Yes	
(12) C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-1080917	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
(13) C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-2988520	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
(14) C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 68-0217870	FUNDRAISING	CA	501(C)(3)	7	SUTTER VH	Yes	
(15) C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-1196176	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
(16) C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-2690415	HEALTHCARE	CA	501(C)(3)	12B - II	SUTTER HLTH	Yes	
(17) C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-1682256	HEALTHCARE	CA	501(C)(3)	3	SUTTER HLTH	Yes	
(18) 91-2301 FT WEAVER RD EWA BEACH, HI 96706 99-0298651	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
(19) C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 46-1183948	HEALTH PLAN	CA	501(C)(4)	N/A	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
(21) 745 FORT STREET SUITE 1100 HONOLULU, HI 96813 99-0289310	INSURANCE SER	HI	501(C)(3)	12C III-FI	SUTTER HLTH	Yes	
(1) C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-2788906	FUNDRAISING	CA	501(C)(3)	7	SUTTER VH	Yes	
(2) C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 77-0146047	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
(3) C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 68-0040113	FUNDRAISING	CA	501(C)(3)	7	SUTTER VH	Yes	
(4) C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-2668262	FUNDRAISING	CA	501(C)(3)	7	SUTTER VH	Yes	
(5) C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-1156621	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
(6) C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 68-0273974	HEALTHCARE	CA	501(C)(3)	12B - II	SUTTER HLTH	Yes	
(7) C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-6068843	HEALTHCARE	CA	501(C)(3)	10	SUTTER HLTH	Yes	
(8) C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-2948131	HEALTHCARE	CA	501(C)(3)	3	SUTTER HLTH	Yes	
(9) C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 68-0318845	FUNDRAISING	CA	501(C)(3)	12A - 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) Disproprtionate 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	
(1) MAGNETIC IMAGING AFFILIATES LLC 175 LENNON WALNUT CREEK, CA 94598 94-2953833	PATIENT CARE	CA	SUTTER EBH									
(1) SURGERY CENTER OF ALTA BATES SMC 3875 TELEGRAPH OAKLAND, CA 94609 47-0946086	OUTPATIENT SURG	CA	SUTTER EBH									
(2) ALTA CT SERVICES LP 175 LENNON WALNUT CREEK, CA 94598 94-3083464	PATIENT CARE	CA	SUTTER EBH									
(3) CALIFORNIA PACIFIC ADV IMAGING LLC PO BOX 6102 NOVATO, CA 94598 56-2311840	MRI JOINT VENTURE	DE	SUTTER BH									
(4) SAN FRANCISCO ENDOSCOPY CENTER 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 91-2160588	ENDOSCOPY JV	CA	SUTTER BH	RELATED	605,412	80,347		No	0	Yes		1 800 %
(5) PRESIDIO SURGERY CENTER LLC 1635 DIVISADERO SAN FRANCISCO, CA 94115 32-0144060	AMBULATORY SURG	CA	SUTTER BH									
(6) SUTTER FAIRFIELD SURGERY CENTER LLC 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 30-0233892	SURGERY	CA	SUTTER VMF									
(7) TWIN CITIES SURGICAL HOSPITAL LLC 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 35-2182617	SURGERY	CA	SUTTER VMF									
(8) SUTTER AMADOR SURGERY CENTER LLC 2200 RIVER PLZ SACRAMENTO, CA 95833 46-1398093	SURGERY	CA	NA	RELATED	81,810	207,953		No	0	Yes		6 000 %
(9) ROSEVILLE ENDOSCOPY CENTER 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 87-0710513	ENDOSCOPY JV	CA	NA									
(10) STANISLAUS SURGICAL HOSPITAL LLC 1421 OAKDALE ROAD MODESTO, CA 95355 91-1754157	SURGERY	CA	NA									
(11) MEMORIAL MEDICAL BUILDING 1 1800 COFFEE RD 76 MODESTO, CA 95355 77-0287288	OFFICE RENTAL	CA	SUTTER CVH									
(12) MEMORIAL MEDICAL BUILDING 2 1800 COFFEE RD 76 MODESTO, CA 95355 77-0287288	OFFICE RENTAL	CA	SUTTER CVH									
(13) MAGNETIC IMAGING AFFILIATES LLC 2125 OAK GROVE ROAD WALNUT CREEK, CA 94598 47-3696091	PATIENT CARE	CA	SUTTER EBH									
(14) ASC OPERATORS - SANTA ROSA LLC 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 26-3386169	PATIENT CARE	CA	SUTTER WBMF	RELATED	1,171,085	1,134,276		No	0	Yes		6 000 %

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) Disproprtionate 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	
(16) ASC OPERATORS - EAST BAY LLC 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 27-1724489	PATIENT CARE	CA	NA	RELATED	1,050,341	352,116		No	0	Yes		6 000 %
(1) WALNUT CREEK ENDOSCOPY CENTER LLC 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 26-2169304	ENDOSCOPY JV	CA	NA									
(2) EAST BAY ENDOSCOPY CENTER LP 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 94-3336277	ENDOSCOPY JV	DE	NA									
(3) ASC OPERATORS - SOUTH BAY LLC 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 46-1537479	PATIENT CARE	CA	NA	RELATED	721,837	1,514,047		No	0	Yes		6 000 %
(4) PENINSULA EYE SURGERY CENTER LLC 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 13-4285230	OUTPATIENT SURG	CA	NA									
(5) PENINSULA ENDOSCOPY CENTER LLC 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 27-1905059	ENDOSCOPY JV	CA	NA	RELATED	532,649	1,336,361		No	0	Yes		6 000 %
(6) NORTH BAY REGIONAL SURGERY CENTER LLC 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 20-8633751	OUTPATIENT SURG	CA	NA	RELATED	573,957	427,910		No	0	Yes		6 238 %
(7) DRZ EMERGING MARKETS LP 250 PARK AVE SOUTH SUITE 250 WINTER PARK, FL 32789 61-1729868	INVESTMENTS	FL	SUTTER HLTH	EXCLUDED	-967,113	45,511,627		No	0		No	99 376 %
(8) ASC OPERATORS - SAN FRANCISCO LLC 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 27-5447186	PATIENT CARE	CA	NA	RELATED	1,408,358	301,133		No	0	Yes		6 000 %
(9) GOLDEN GATE ENDOSCOPY CENTER LLC 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 20-1467388	ENDOSCOPY JV	CA	NA									
(10) ASC OPERATORS LLC 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 20-8970704	PATIENT CARE	CA	NA	RELATED	3,976,761	5,578,649		No	0	Yes		6 000 %
(11) ASC OPERATORS - SAN LUIS OBISPO LLC 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 27-2673776	PATIENT CARE	CA	SUTTER HLTH	RELATED	1,969,558	3,664,984		No	0	Yes		51 000 %
(12) SANTA BARBARA ENDOSCOPY CENTER LLC 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 91-2165231	ENDOSCOPY JV	CA	NA									
(13) SAN LUIS OBISPO SURGERY CENTER LP 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 77-0109991	OUTPATIENT SURG	CA	NA									
(14) REDDING SURGERY CENTER LLC 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 38-3897570	OUTPATIENT SURG	CA	NA									

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) Disproprtionate 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	
(31) LA JOLLA ORTHOPEDIC SURGERY CENTER LLC 4120 LA JOLLA VILLAGE DRIVE LA JOLLA, CA 92037 36-4397467	OUTPATIENT SURG	CA	SOS	RELATED	2,010,865	2,688,751		No	0	Yes		53 197 %
(1) LA JOLLA ORTHOPAEDIC SURGERY CENTER LP 4120 LA JOLLA VILLAGE DRIVE LA JOLLA, CA 92037 36-4409551	OUTPATIENT SURG	CA	NA									
(2) CARLSBAD SURGERY CENTER LLC 6121 PASEO DEL NORTE STE 100 CARLSBAD, CA 92011 20-1413484	OUTPATIENT SURG	CA	SOS	RELATED	1,948,368	2,156,499		No	0	Yes		51 030 %
(3) COAST CTR FOR ORTHOPEDIC & ARTHROSCOPIC 3444 KEARNY VILLA ROAD SAN DIEGO, CA 92123 33-0839637	OUTPATIENT SURG	CA	SOS	RELATED	712,541	3,408,404		No	0	Yes		51 230 %
(4) OTAY LAKES SURGERY CENTER LLC 955 LANE AVE SUITE 100 CHULA VISTA, CA 91914 20-0794766	OUTPATIENT SURG	CA	SOS	RELATED	925,711	2,971,318		No	0	Yes		51 698 %
(5) SOUTH PLACER SURGERY CENTER LP 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 42-1540694	OUTPATIENT SURG	CA	NA									
(6) SACRAMENTO SURGERY CENTER ASSOCIATES LP 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 68-0516588	OUTPATIENT SURG	CA	NA									
(7) FORT SUTTER SURGERY CENTER LP 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 68-0116391	OUTPATIENT SURG	CA	NA									
(8) SUTTER ALHAMBRA SURGERY CENTER LP 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 63-1221949	OUTPATIENT SURG	CA	NA									
(9) AUBURN SURGICAL CENTER LP 3123 PROFESSIONAL DRIVE STE 100 AUBURN, CA 95603 68-0325118	OUTPATIENT SURG	CA	NA	RELATED	11,297	46,634		No	0		No	2 343 %
(10) STRATEGIC COMMODITIES FUND LLC 257 PARK AVE SOUTH SUITE 700 NEW YORK, NY 10010 56-2493292	INVESTMENTS	NY	SUTTER HLTH	EXCLUDED	1,355,685	49,645,306		No	0		No	66 070 %
(11) ICG CREDIT OPPORTUNITIES FUND LP 11111 SANTA MONICA BLVD SUITE 2100 LOS ANGELES, CA 90025 81-4220441	INVESTMENTS	CA	SUTTER HLTH	EXCLUDED	0	-295,315		No	0		No	98 744 %

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)	ABSMC SURGERY PROPERTY COMPANY LLC	q	217,576	FMV
(1)	ASC OPERATORS - EAST BAY LLC	l	841,474	FMV
(2)	ASC OPERATORS - EAST BAY LLC	q	498,981	FMV
(3)	ASC OPERATORS LLC	l	3,576,955	FMV
(4)	ASC OPERATORS LLC	q	224,778	FMV
(5)	ASC OPERATORS-SAN FRANCISCO LLC	l	1,218,696	FMV
(6)	ASC OPERATORS-SAN FRANCISCO LLC	q	570,791	FMV
(7)	ASC OPERATORS-SANTA ROSA LLC	l	879,390	FMV
(8)	ASC OPERATORS-SOUTH BAY LLC	l	639,393	FMV
(9)	AUBURN SURGICAL CENTER LP	q	2,905,328	FMV
(10)	AUBURN SURGICAL CENTER LP	o	1,850,964	FMV
(11)	AUBURN SURGICAL CENTER LP	l	169,183	FMV
(12)	BETTER HEALTH EAST BAY FOUNDATION	c	1,070,523	FMV
(13)	BETTER HEALTH EAST BAY FOUNDATION	o	536,624	FMV
(14)	BETTER HEALTH EAST BAY FOUNDATION	q	496,772	FMV
(15)	BETTER HEALTH EAST BAY FOUNDATION	l	304,611	FMV
(16)	BETTER HEALTH EAST BAY FOUNDATION	r	82,168	FMV
(17)	CARLSBAD SURGERY CENTER LLC	q	4,666,948	FMV
(18)	CARLSBAD SURGERY CENTER LLC	o	2,226,543	FMV
(19)	COAST CENTER FOR ORTHOPEDIC AND ARTHROSCOPIC	q	3,221,068	FMV
(20)	COAST CENTER FOR ORTHOPEDIC AND ARTHROSCOPIC	o	1,777,678	FMV
(21)	EAST BAY ENDOSCOPY CENTER LP	q	2,950,633	FMV
(22)	EAST BAY ENDOSCOPY CENTER LP	o	1,464,990	FMV
(23)	EAST BAY PERINATAL CENTER	q	411,767	FMV
(24)	EAST BAY PERINATAL CENTER	l	72,959	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
(26)	EDEN MEDICAL CENTER	s	15,444,651	FMV
(1)	EDEN MEDICAL CENTER	r	7,022,717	FMV
(2)	EDEN MEDICAL CENTER	q	259,527	FMV
(3)	FORT SUTTER SURGERY CENTER LP	q	13,395,586	FMV
(4)	FORT SUTTER SURGERY CENTER LP	o	8,144,372	FMV
(5)	GOLDEN GATE ENDOSCOPY CENTER LLC	q	4,746,314	FMV
(6)	GOLDEN GATE ENDOSCOPY CENTER LLC	o	2,268,507	FMV
(7)	HEALTH VENTURES INC	s	1,954,396	FMV
(8)	HEALTH VENTURES INC	q	1,569,430	FMV
(9)	HEALTH VENTURES INC	l	169,160	FMV
(10)	LA JOLLA ORTHOPEDIC SURGERY CENTER LLC	q	8,094,609	FMV
(11)	LA JOLLA ORTHOPEDIC SURGERY CENTER LLC	o	2,932,236	FMV
(12)	MEDICAL CENTER MAGNETIC IMAGE LLC	q	152,052	FMV
(13)	MEMORIAL HOSPITAL FOUNDATION	q	421,585	FMV
(14)	MILLS PENINSULA HOSPITAL FOUNDATION	c	434,998	FMV
(15)	MILLS PENINSULA HOSPITAL FOUNDATION	o	354,344	FMV
(16)	MILLS PENINSULA HEALTH SERVICES	s	79,826,660	FMV
(17)	MILLS PENINSULA HEALTH SERVICES	q	39,645,935	FMV
(18)	MILLS PENINSULA HEALTH SERVICES	r	22,768,649	FMV
(19)	MILLS PENINSULA HEALTH SERVICES	l	21,826,331	FMV
(20)	MILLS PENINSULA HEALTH SERVICES	p	6,449,848	FMV
(21)	MILLS PENINSULA HEALTH SERVICES	i	3,220,846	FMV
(22)	MILLS PENINSULA HEALTH SERVICES	o	2,980,528	FMV
(23)	NORTH BAY REGIONAL SURGERY CENTER LLC	q	4,662,100	FMV
(24)	NORTH BAY REGIONAL SURGERY CENTER LLC	o	2,310,720	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	l	697,079	FMV
(1)	NORTH BAY REGIONAL SURGERY CENTER LLC	j	176,101	FMV
(2)	OTAY LAKES SURGERY CENTER LLC	q	3,299,304	FMV
(3)	OTAY LAKES SURGERY CENTER LLC	o	1,780,102	FMV
(4)	PENINSULA ENDOSCOPY CENTER LLC	q	5,435,815	FMV
(5)	PENINSULA ENDOSCOPY CENTER LLC	o	2,069,271	FMV
(6)	PENINSULA ENDOSCOPY CENTER LLC	l	613,301	FMV
(7)	PENINSULA EYE SURGERY CENTER LLC	q	6,146,482	FMV
(8)	PENINSULA EYE SURGERY CENTER LLC	o	2,437,347	FMV
(9)	PRESIDIO SURGERY CENTER LLC	q	687,887	FMV
(10)	PRESIDIO SURGERY CENTER LLC	r	108,115	FMV
(11)	PRESIDIO SURGERY CENTER LLC	s	58,360	FMV
(12)	ROSEVILLE ENDOSCOPY CENTER LLC	q	2,826,857	FMV
(13)	ROSEVILLE ENDOSCOPY CENTER LLC	o	2,486,045	FMV
(14)	ROSEVILLE ENDOSCOPY CENTER LLC	l	193,208	FMV
(15)	SACRAMENTO SURGERY CENTER ASSOCIATES LP	q	4,468,048	FMV
(16)	SACRAMENTO SURGERY CENTER ASSOCIATES LP	o	1,245,227	FMV
(17)	SAMUEL MERRITT UNIVERSITY	q	9,583,431	FMV
(18)	SAMUEL MERRITT UNIVERSITY	o	1,341,452	FMV
(19)	SAMUEL MERRITT UNIVERSITY	l	124,197	FMV
(20)	SAN FRANCISCO ENDOSCOPY CENTER LLC	q	6,370,821	FMV
(21)	SAN FRANCISCO ENDOSCOPY CENTER LLC	o	2,473,184	FMV
(22)	SAN FRANCISCO ENDOSCOPY CENTER LLC	l	450,486	FMV
(23)	SANTA ROSA SURGERY CENTER LP	q	15,555,020	FMV
(24)	SANTA ROSA SURGERY CENTER LP	o	6,858,132	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
(76)	SANTA ROSA SURGERY CENTER LP	l	109,920	FMV
(1)	SOUTH PLACER SURGERY CENTER LP	q	8,603,513	FMV
(2)	SOUTH PLACER SURGERY CENTER LP	o	2,124,799	FMV
(3)	SOUTH PLACER SURGERY CENTER LP	l	148,503	FMV
(4)	STANISLAUS SURGICAL HOSPITAL LLC	q	707,922	FMV
(5)	STANISLAUS SURGICAL HOSPITAL LLC	l	314,196	FMV
(6)	SUTTER ALHAMBRA SURGERY CENTER LP	q	7,776,477	FMV
(7)	SUTTER ALHAMBRA SURGERY CENTER LP	o	3,408,863	FMV
(8)	SUTTER AMADOR SURGERY CENTER LLC	o	926,637	FMV
(9)	SUTTER AMADOR SURGERY CENTER LLC	q	767,468	FMV
(10)	SUTTER AMADOR SURGERY CENTER LLC	l	148,890	FMV
(11)	SUTTER AUBURN FAITH HOSPITAL FOUNDATION	q	124,035	FMV
(12)	SUTTER BAY HOSPITALS	s	1,058,630,224	FMV
(13)	SUTTER BAY HOSPITALS	r	541,209,619	FMV
(14)	SUTTER BAY HOSPITALS	q	334,021,272	FMV
(15)	SUTTER BAY HOSPITALS	l	212,029,432	FMV
(16)	SUTTER BAY HOSPITALS	ı	49,504,758	FMV
(17)	SUTTER BAY HOSPITALS	p	20,794,054	FMV
(18)	SUTTER BAY HOSPITALS	o	14,506,819	FMV
(19)	SUTTER BAY HOSPITALS	k	511,207	FMV
(20)	SUTTER BAY HOSPITALS	j	357,137	FMV
(21)	SUTTER BAY HOSPITALS	m	268,405	FMV
(22)	SUTTER BAY HOSPITALS	q	36,439,822	FMV
(23)	SUTTER BAY MEDICAL FOUNDATION	l	194,626,729	FMV
(24)	SUTTER BAY MEDICAL FOUNDATION	q	151,726,684	FMV

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(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(101) SUTTER BAY MEDICAL FOUNDATION	s	134,382,745	FMV
(1) SUTTER BAY MEDICAL FOUNDATION	i	20,368,869	FMV
(2) SUTTER BAY MEDICAL FOUNDATION	r	14,175,421	FMV
(3) SUTTER BAY MEDICAL FOUNDATION	o	10,153,516	FMV
(4) SUTTER BAY MEDICAL FOUNDATION	p	9,290,418	FMV
(5) SUTTER BAY MEDICAL FOUNDATION	m	2,802,109	FMV
(6) SUTTER BAY MEDICAL FOUNDATION	c	409,357	FMV
(7) SUTTER CENTRAL VALLEY HOSPITALS	s	186,920,618	FMV
(8) SUTTER CENTRAL VALLEY HOSPITALS	l	83,596,959	FMV
(9) SUTTER CENTRAL VALLEY HOSPITALS	q	75,716,382	FMV
(10) SUTTER CENTRAL VALLEY HOSPITALS	r	39,527,814	FMV
(11) SUTTER CENTRAL VALLEY HOSPITALS	o	7,328,949	FMV
(12) SUTTER CENTRAL VALLEY HOSPITALS	p	4,552,878	FMV
(13) SUTTER CENTRAL VALLEY HOSPITALS	i	519,285	FMV
(14) SUTTER COAST HOSPITAL	q	11,042,139	FMV
(15) SUTTER COAST HOSPITAL	l	10,659,201	FMV
(16) SUTTER COAST HOSPITAL	s	5,490,663	FMV
(17) SUTTER COAST HOSPITAL	r	4,692,948	FMV
(18) SUTTER COAST HOSPITAL	i	4,297,388	FMV
(19) SUTTER COAST HOSPITAL	o	1,077,479	FMV
(20) SUTTER COAST HOSPITAL	p	84,912	FMV
(21) SUTTER EAST BAY HOSPITALS	s	379,949,823	FMV
(22) SUTTER EAST BAY HOSPITALS	q	182,861,040	FMV
(23) SUTTER EAST BAY HOSPITALS	l	157,954,722	FMV
(24) SUTTER EAST BAY HOSPITALS	r	65,760,782	FMV

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(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(126) SUTTER EAST BAY HOSPITALS	ı	13,562,729	FMV
(1) SUTTER EAST BAY HOSPITALS	p	8,978,271	FMV
(2) SUTTER EAST BAY HOSPITALS	o	7,447,069	FMV
(3) SUTTER EAST BAY MEDICAL FOUNDATION	l	19,843,098	FMV
(4) SUTTER EAST BAY MEDICAL FOUNDATION	q	15,802,847	FMV
(5) SUTTER EAST BAY MEDICAL FOUNDATION	r	5,967,322	FMV
(6) SUTTER EAST BAY MEDICAL FOUNDATION	s	1,787,835	FMV
(7) SUTTER EAST BAY MEDICAL FOUNDATION	ı	1,775,011	FMV
(8) SUTTER EAST BAY MEDICAL FOUNDATION	o	471,331	FMV
(9) SUTTER EAST BAY MEDICAL FOUNDATION	p	427,086	FMV
(10) SUTTER EAST BAY MEDICAL FOUNDATION	m	120,068	FMV
(11) SUTTER FAIRFIELD SURGERY CENTER LLC	q	7,447,034	FMV
(12) SUTTER FAIRFIELD SURGERY CENTER LLC	l	402,473	FMV
(13) SUTTER FAIRFIELD SURGERY CENTER LLC	o	213,880	FMV
(14) SUTTER GOULD MEDICAL FOUNDATION	r	18,337,367	FMV
(15) SUTTER GOULD MEDICAL FOUNDATION	l	5,513,182	FMV
(16) SUTTER GOULD MEDICAL FOUNDATION	q	3,368,161	FMV
(17) SUTTER GOULD MEDICAL FOUNDATION	s	852,490	FMV
(18) SUTTER GOULD MEDICAL FOUNDATION	p	628,922	FMV
(19) SUTTER GOULD MEDICAL FOUNDATION	o	462,759	FMV
(20) SUTTER HEALTH PACIFIC	s	10,666,471	FMV
(21) SUTTER HEALTH PACIFIC	q	6,211,193	FMV
(22) SUTTER HEALTH PLAN	s	44,853,332	FMV
(23) SUTTER HEALTH PLAN	q	5,321,609	FMV
(24) SUTTER HEALTH PLAN	o	4,394,726	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 HEALTH PLAN	l	2,788,013	FMV
(1) SUTTER HEALTH PLAN	ı	680,058	FMV
(2) SUTTER HEALTH PLAN	r	270,828	FMV
(3) SUTTER INSURANCE SERVICES CORPORATION	l	8,587,222	FMV
(4) SUTTER INSURANCE SERVICES CORPORATION	q	4,574,241	FMV
(5) SUTTER INSURANCE SERVICES CORPORATION	p	2,734,576	FMV
(6) SUTTER INSURANCE SERVICES CORPORATION	s	231,963	FMV
(7) SUTTER INSURANCE SERVICES CORPORATION	r	80,039	FMV
(8) SUTTER MEDICAL CENTER CASTRO VALLEY	s	71,092,578	FMV
(9) SUTTER MEDICAL CENTER CASTRO VALLEY	r	31,542,234	FMV
(10) SUTTER MEDICAL CENTER CASTRO VALLEY	q	15,893,696	FMV
(11) SUTTER MEDICAL CENTER CASTRO VALLEY	l	9,331,125	FMV
(12) SUTTER MEDICAL CENTER CASTRO VALLEY	p	3,403,827	FMV
(13) SUTTER MEDICAL CENTER CASTRO VALLEY	o	1,373,494	FMV
(14) SUTTER VALLEY HOSPITALS	s	929,530,383	FMV
(15) SUTTER VALLEY HOSPITALS	r	593,025,854	FMV
(16) SUTTER VALLEY HOSPITALS	q	226,462,046	FMV
(17) SUTTER VALLEY HOSPITALS	l	228,369,836	FMV
(18) SUTTER VALLEY HOSPITALS	p	24,033,591	FMV
(19) SUTTER VALLEY HOSPITALS	o	16,249,871	FMV
(20) SUTTER VALLEY HOSPITALS	ı	6,719,086	FMV
(21) SUTTER VALLEY HOSPITALS	k	704,435	FMV
(22) SUTTER VALLEY HOSPITALS	q	21,022,362	FMV
(23) SUTTER VALLEY MEDICAL FOUNDATION	l	131,147,831	FMV
(24) SUTTER VALLEY MEDICAL FOUNDATION	q	127,984,045	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
(176) SUTTER VALLEY MEDICAL FOUNDATION	s	55,027,156	FMV
(1) SUTTER VALLEY MEDICAL FOUNDATION	r	31,192,421	FMV
(2) SUTTER VALLEY MEDICAL FOUNDATION	p	9,288,405	FMV
(3) SUTTER VALLEY MEDICAL FOUNDATION	o	7,163,568	FMV
(4) SUTTER VALLEY MEDICAL FOUNDATION	ı	6,585,340	FMV
(5) SUTTER VALLEY MEDICAL FOUNDATION	m	74,122	FMV
(6) SUTTER VISITING NURSE ASSOCIATION AND HOSPICE	q	44,735,681	FMV
(7) SUTTER VISITING NURSE ASSOCIATION AND HOSPICE	s	24,469,094	FMV
(8) SUTTER VISITING NURSE ASSOCIATION AND HOSPICE	l	22,798,280	FMV
(9) SUTTER VISITING NURSE ASSOCIATION AND HOSPICE	p	6,305,929	FMV
(10) SUTTER VISITING NURSE ASSOCIATION AND HOSPICE	o	3,371,767	FMV
(11) SUTTER VISITING NURSE ASSOCIATION AND HOSPICE	r	3,181,967	FMV
(12) SUTTER VISITING NURSE ASSOCIATION AND HOSPICE	j	138,661	FMV
(13) SUTTER VISITING NURSE ASSOCIATION AND HOSPICE	m	86,490	FMV
(14) SUTTER WEST BAY MEDICAL FOUNDATION	q	32,902,163	FMV
(15) SUTTER WEST BAY MEDICAL FOUNDATION	l	32,752,985	FMV
(16) SUTTER WEST BAY MEDICAL FOUNDATION	r	19,775,352	FMV
(17) SUTTER WEST BAY MEDICAL FOUNDATION	s	8,175,288	FMV
(18) SUTTER WEST BAY MEDICAL FOUNDATION	o	2,307,045	FMV
(19) SUTTER WEST BAY MEDICAL FOUNDATION	p	751,199	FMV
(20) SUTTER WEST BAY MEDICAL FOUNDATION	ı	698,709	FMV
(21) SUTTER WEST BAY MEDICAL FOUNDATION	j	541,723	FMV
(22) SUTTER WEST BAY MEDICAL FOUNDATION	m	415,398	FMV
(23) TWIN CITIES SURGICAL HOSPITAL LLC	q	16,583,257	FMV
(24) TWIN CITIES SURGICAL HOSPITAL LLC	o	8,457,727	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
(201) WALNUT CREEK ENDOSCOPY CENTER LLC	q	2,409,031	FMV
(1) WALNUT CREEK ENDOSCOPY CENTER LLC	o	1,223,490	FMV