

Part III Statement of Program Service AccomplishmentsCheck 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 \$ 1,739,893,773	including grants of \$ 2,298,118)	(Revenue \$ 1,573,553,847)
See Additional Data				

4b	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4c	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4d	Other program services (Describe in Schedule O)	(Expenses \$	including grants of \$	(Revenue \$)
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4e	Total program service expenses ▶	1,739,893,773
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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 Yes	
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 Yes	
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
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 Yes	

Part IV Checklist of Required Schedules (continued)

	Yes	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33 Yes	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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 ComplianceCheck 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 1,391	
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	9,225	2b	Yes	
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?						
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		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N				15	Yes	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16		No

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 15		
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-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

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

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 ☒

☒

● List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

● List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

● List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

[illegible]

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

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	23,262,500	1,396,924	5,717,079

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 ▶ 2,421

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
HERREROBOLDT PARTNERS, 2100 OAKDALE AVE SAN FRANCISCO, CA 94124	CONSTRUCTION SVCS	223,550,365
RIGHTSOURCING INC, 999 STEWART AVE STE 100 LOS ANGELES, CA 900515118	CONTRACTED SERVICES	137,319,101
RUDOLPH AND SLETTEN INC, 1600 SEAPORT BLVD STE 350 REDWOOD CITY, CA 94063	CONSTRUCTION SVCS	76,126,161
HERRERO BUILDERS INC, 2100 OAKDALE AVE SAN FRANCISCO, CA 94124	CONSTRUCTION SVCS	48,492,928
GENERAL ELECTRIC CO, 3000 N GRANDVIEW BLVD WAUKESHA, WI 53188	REPAIRS & MAINT	39,942,558

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 ▶ 460	
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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	50		
	b	Membership dues	1b			
	c	Fundraising events	1c			
	d	Related organizations	1d	278,295		
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	709,506		
	g	Noncash contributions included in lines 1a - 1f \$				
	h	Total. Add lines 1a-1f ▶		987,851		
Program Service Revenue			Business Code			
	2a	MANAGEMENT SERVICES EXEMPT AFFIL	900099	1,552,147,560	1,552,147,560	
	b	HEALTHCARE RELATED JV INCOME	900099	20,309,533	20,309,533	
	c	AFFILIATE RENTAL INCOME	900099	1,096,754	1,096,754	
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f ▶		1,573,553,847		

Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		78,691,648		-4,039,448	82,731,096	
	4	Income from investment of tax-exempt bond proceeds ▶		0				
	5	Royalties ▶		0				
	6a	Gross rents	(i) Real	(ii) Personal				
			1,799,222					
		b	Less rental expenses		1,573,554			
		c	Rental income or (loss)		225,668	0		
	d	Net rental income or (loss) ▶		225,668			225,668	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			14,995,747,895	29,283,245				
		b	Less cost or other basis and sales expenses		14,876,897,415	30,000,840		
		c	Gain or (loss)		118,850,480	-717,595		
	d	Net gain or (loss) ▶		118,132,885			118,132,885	
	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	14,423,789		14,423,789			
b	SURGERY CENTER MANAGEMENT	621400	5,887,730		5,887,730			
c	MED PHYSICS	622110	1,553,329		1,553,329			
d	All other revenue		1,115,030		1,115,030			
e	Total. Add lines 11a-11d ▶		22,979,878					
12	Total revenue. See Instructions ▶		1,794,571,777	1,573,553,847	18,940,430	201,089,649		

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) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	2,288,118	2,288,118		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	10,000	10,000		
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.	21,711,483		21,711,483	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	1,325,998		1,325,998	
7 Other salaries and wages.	619,209,582	619,209,582		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	48,814,207	47,673,900	1,140,307	
9 Other employee benefits.	168,587,692	166,861,625	1,726,067	
10 Payroll taxes.	50,290,934	50,263,752	27,182	
11 Fees for services (non-employees):				
a Management.	47,468,789	44,723,508	2,745,281	
b Legal.	91,957,603	91,957,603		
c Accounting.	3,207,699	3,207,699		
d Lobbying.	705,732		705,732	
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	21,043,525		21,043,525	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	827,808	827,808		
12 Advertising and promotion.	16,178,675	15,906,235	272,440	
13 Office expenses.	21,558,075	21,425,164	132,911	
14 Information technology.	217,989,770	217,832,930	156,840	
15 Royalties.	0			
16 Occupancy.	26,168,632	26,168,632		
17 Travel.	8,703,029	8,224,468	478,561	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	5,534,768	1,817,072	3,717,696	
20 Interest.	1,557,192	1,557,192		
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	128,579,500	128,579,500		
23 Insurance.	6,996,517	6,317,218	679,299	
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 UNRELATED BUSINESS TAX	196,846	172,727	24,119	
b PURCHASED SERVICES	78,679,804	77,469,038	1,210,766	
c REPAIRS & MAINTENANCE	74,296,664	74,229,064	67,600	
d LOSS ON EXTINGUISHMENT	54,183,630	54,183,630		
e All other expenses	84,557,245	78,987,308	5,569,937	
25 Total functional expenses. Add lines 1 through 24e.	1,802,629,517	1,739,893,773	62,735,744	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 SheetCheck 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	231,572,796	2	67,191,642
	3 Pledges and grants receivable, net	2,675,809	3	1,777,991
	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	3,168,004	8	5,465,824
	9 Prepaid expenses and deferred charges	82,042,545	9	82,714,973
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 1,519,534,626		
	b Less: accumulated depreciation	10b 1,146,624,060	491,643,383	10c 372,910,566
	11 Investments—publicly traded securities	4,085,014,360	11	4,270,231,700
	12 Investments—other securities. See Part IV, line 11	295,435,703	12	408,573,041
	13 Investments—program-related. See Part IV, line 11	45,406,884	13	44,368,039
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	946,234,531	15	901,231,298
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,183,194,015	16	6,154,465,074	
Liabilities	17 Accounts payable and accrued expenses	653,150,565	17	727,933,783
	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	1,107,307,946	25	1,269,770,399
	26 Total liabilities. Add lines 17 through 25	1,760,458,511	26	1,997,704,182
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	4,416,200,452	27	4,150,123,355
	28 Temporarily restricted net assets	1,535,052	28	1,637,537
	29 Permanently restricted net assets	5,000,000	29	5,000,000
	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	4,422,735,504	33	4,156,760,892
	34 Total liabilities and net assets/fund balances	6,183,194,015	34	6,154,465,074

Part XI Reconciliation of Net AssetsCheck 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	1,794,571,777
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,802,629,517
3	Revenue less expenses Subtract line 2 from line 1	3	-8,057,740
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,422,735,504
5	Net unrealized gains (losses) on investments	5	-365,012,980
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-1,348,168
9	Other changes in net assets or fund balances (explain in Schedule O)	9	108,444,276
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,156,760,892

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

- 1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

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

Form 990 (2018)

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			
HERBERT BARLOW Director	7 0 1 0	X						20,624	0	0
GARY CAINE Director	7 0 0 0	X						0	0	0
COLLEEN DUNN Director	7 0 0 0	X						0	0	0
JAMES FERRARA MD DIRECTOR	7 0 0 0	X						27,500	0	0
MICHAEL GAULKE Director/Chair	10 0 4 0	X		X				27,500	0	0
VINITA GUPTA DIRECTOR	7 0 0 0	X						27,500	0	0
PETER JACOBI DIRECTOR	7 0 0 0	X						27,500	0	0
JOHN KOSTER MD DIRECTOR/SECRETARY (PT-YR)	10 0 0 0	X		X				18,333	0	0
SARAH KREVANS PRES & CEO, SUTTER HEALTH	40 0 19 0	X		X				2,850,301	0	1,935,821
SHARON MCCOLLAM DIRECTOR/CHAIR FINANCE & PLAN	10 0 0 0	X		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			
KEN MCNEELEY DIRECTOR	7 0 0 0	X						27,500	0	0
DAVID NASAW DIRECTOR	7 0 0 0	X						27,500	0	0
ROBERT PEABODY JR MD DIRECTOR	7 0 1 0	X						27,500	11,175	0
CHERYL SCOTT DIRECTOR/SECRETARY	10 0 0 0	X		X				27,500	0	0
JOAN SMITH-MACLEAN MD DIRECTOR	7 0 0 0	X						27,500	0	0
BARRY WILLIAMS DIRECTOR	7 0 0 0	X						27,500	0	0
FLORENCE DI BENEDETTO SVP & GENERAL COUNSEL/ASST SEC	40 0 2 0			X				1,283,109	0	225,938
ED ERWIN DIR REAL ESTATE SVCS/ASST SEC	40 0 0 0			X				244,146	0	25,566
JEFF SPRAGUE SH SVP & CFO	40 0 1 0			X				1,204,864	0	519,110
JAMES CONFORTI SH SVP / COO	40 0 18 0				X			1,323,800	0	482,604

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			
JEREMY EAVES CEO, SUTTER SHARED SERVICES&SPS	40 0 0 0				X			662,361	0	129,252
JEFF GERARD SVP STRGY SRVS	40 0 10 0				X			1,316,875	0	340,849
JILL RAGSDALE SVP/CHIEF PEOPLE & CULTURE OFF	40 0 0 0				X			880,898	0	231,922
RISHI SIKKA MD PRESIDENT, SH SYSTEM ENTRPRISE	40 0 2 0				X			1,119,273	0	285,468
DON L WREDEN SH SVP / PATIENT EXPERIENCE	40 0 0 0				X			1,850,516	0	238,208
PETER ANDERSON SH SVP / CHIEF STRATEGY OFF	40 0 0 0				X			1,721,146	18,087	106,909
JEFF BURNICH MD SVP, SH MEDICAL NETWORK	40 0 0 0				X			1,036,963	9,488	115,336
JONATHAN MANIS SH SVP / CIO	40 0 0 0				X			1,095,218	49,696	125,488
WARREN BROWNER CEO, CPMC	40 0 4 0					X		1,091,791	0	184,897
GRANT DAVIES CEO, VALLEY AREA HOSPITALS	40 0 3 0					X		1,196,023	0	200,742

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			
JOHN GATES CFO, SH BAY AREA	40 0 5 0					X		912,557	0	101,036
JULIE PETRINI CEO, BAY AREA HOSPITALS	40 0 3 0					X		969,062	0	177,706
ELIZABETH VILARDO-MORGAN CEO, SBMF	40 0 2 0					X		916,383	0	207,510
PATRICK FRY FORMER SH PRES & CEO	0 0 0 0						X	45,281	56,200	0
ED BERDICK FORMER SH SVP/SHARED SERVICES	0 0 0 0						X	646,817	471,809	3,641
MICHAEL COHILL FORMER CEO SMCS	0 0 0 0						X	2,475	603,346	0
CHARLES WIRTH FORMER CEO, SPS	0 0 0 0						X	0	177,123	0
JEFFREY SZCZESNY SH VP, HR OPERATIONS	40 0 0 0						X	551,184	0	79,076

SCHEDULE A (Form 990 or 990-EZ)	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. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No 1545-0047
		2018
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	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

9
- 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
See Additional Data Table						
Total	8				1,586,927,434	

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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)2014	(b)2015	(c)2016	(d)2017	(e)2018	(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 2018 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2017 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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 in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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? <i>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.</i>	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	No
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	No
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	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)? <i>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.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	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? <i>If "Yes," provide detail in Part VI.</i>	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	No
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	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))? <i>If "Yes," provide detail in Part VI.</i>	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? <i>If "Yes," provide detail in Part VI.</i>	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? <i>If "Yes," provide detail in Part VI.</i>	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)? <i>If "Yes," answer line 10b below.</i>	10a	No
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
11a		No
11b		No
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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
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).		
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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
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? <i>Provide details in Part VI.</i>	Yes	
3a	Yes	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
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 (explain in Part VI). 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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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	NAME SUTTER EAST BAY HOSPITALS EIN 94-1196176 MERGED INTO SUTTER BAY HOSPITALS (EIN 94-0562680) ON MARCH 1, 2018. THE FOLLOWING ORGANIZATIONS WERE REMOVED FROM REPORTING AS SUTTER HEALTH SUPPORTED ORGANIZATIONS DURING 2018: NAME ADOLESCENT TREATMENT CENTER, INC. EIN 68-0088443 DONATED AND TRANSFERRED TO BAY AREA COMMUNITY SERVICES IN 2017. NAME EDEN MEDICAL CENTER EIN 94-2948100 DISSOLVED IN 2017. NAME SUTTER CENTRAL VALLEY HOSPITALS EIN 94-1080917 MERGED INTO SUTTER VALLEY HOSPITALS (EIN 94-1156621) IN 2017. NAME SUTTER WEST BAY MEDICAL FOUNDATION EIN 94-2948131 MERGED INTO SUTTER BAY MEDICAL FOUNDATION (EIN 94-1156581) IN 2017. NAME SUTTER EAST BAY MEDICAL FOUNDATION EIN 94-2690415 MERGED INTO SUTTER BAY MEDICAL FOUNDATION (EIN 94-1156581) IN 2017. SUTTER HEALTH HAD THE AUTHORITY TO AUTHORIZE THE MERGERS AND FILED THE APPROPRIATE AGREEMENTS OF THE MERGER WITH THE STATE OF CALIFORNIA. THESE ORGANIZATIONS WERE REMOVED AS SUPPORTED ORGANIZATIONS.

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART IV, SECTION A, LINE 6	IN 2018, OUR NOT-FOR-PROFIT SUTTER HEALTH NETWORK INVESTED \$734 MILLION TO PROVIDE COMMUNITY BENEFIT PRIMARILY TO PEOPLE ACROSS NORTHERN CALIFORNIA, INCLUDING IN SOME OF OUR POOREST COMMUNITIES. A PORTION OF THESE INVESTMENTS INCLUDE GRANTS THAT SUPPORT HEALTH CENTERS AND OTHER COMMUNITY ORGANIZATIONS WHO SHARE OUR GOAL OF IMPROVING OVERALL COMMUNITY HEALTH. THESE PARTNERSHIPS SUPPORT ACCESS TO MEDICAL CARE, MENTAL HEALTH SERVICES AND KEY SOCIAL SERVICES, SUCH AS TRANSITIONAL HOUSING, TRANSPORTATION, MEALS FOR THE HUNGRY, EDUCATION, YOUTH JOB-TRAINING PROGRAMS, RESEARCH AND HEALTH CARE ADVOCACY. SEE SCHEDULE I FOR THE SPECIFIC GRANTS MADE BY THE FILING ORGANIZATION IN CONNECTION WITH THESE EFFORTS.

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 CERTAIN "RESERVED POWERS" WHICH REQUIRE THAT CERTAIN DECISIONS MADE BY SUPPORTED ORGANIZATION BOARDS MUST BE APPROVED BY THE SUTTER HEALTH BOARD OF DIRECTORS BEFORE BEING EFFECTIVE SUCH DECISIONS INCLUDE, AMONG OTHERS, THE POWER TO APPROVE - MERGER, CONSOLIDATION, REORGANIZATION OR DISSOLUTION, - AMENDMENT OR RESTATEMENT OF THE ARTICLES OF INCORPORATION OR 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 SERVICES, - EXPENDITURES BEYOND APPROVED BUDGETS AND IN EXCESS OF LIMITS ESTABLISHED BY SUTTER HEALTH, AND - LONG-TERM OR MATERIAL AGREEMENTS, INCLUDING AGREEMENTS FOR THE INCURRENCE OF CERTAIN DEBT IN EXCESS OF LIMITS ESTABLISHED BY SUTTER HEALTH, OR THE PURCHASE, SALE, LEASE, DISPOSITION, EXCHANGE, GIFT, PLEDGE OR ENCUMBRANCE OF ANY ASSET IN EXCESS OF LIMITS ESTABLISHED BY SUTTER HEALTH IN ADDITION, THE BYLAWS OF THE SUPPORTED ORGANIZATIONS STATE THAT THE PRESIDENT, THE CHIEF FINANCIAL OFFICER, AND ALL KEY MEMBERS OF MANAGEMENT SHALL BE EMPLOYEES OF SUTTER HEALTH, THAT THE SUPPORTED ORGANIZATION SHALL CONDUCT ITS OPERATIONS AND ACTIVITIES IN ACCORDANCE WITH SUTTER HEALTH SYSTEM POLICIES, AND THAT THE SUPPORTED ORGANIZATION SHALL PARTICIPATE IN ALL INITIATIVES AND PROGRAMS DEVELOPED AND DESIGNATED FOR IMPLEMENTATION BY SUTTER HEALTH SUCH PARTICIPATION SHALL BE WITHOUT LIMITATION OR MODIFICATION EXCEPT AS APPROVED BY SUTTER HEALTH IN ITS SOLE DISCRETION

Additional Data

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

Form 990, Sch A, Part I, Line 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) SUTTER BAY MEDICAL FOUNDATION	941156581	3	Yes		48,442,964	0
(A) SUTTER COAST HOSPITAL	942988520	3	Yes		6,911,198	0
(B) SUTTER EAST BAY HOSPITALS	941196176	3	Yes		342,594	0
(C) SUTTER HEALTH PACIFIC	990298651	3	Yes		3,206,411	0
(D) SUTTER VALLEY HOSPITALS	941156621	3	Yes		380,971,774	0
(E) SUTTER VISITING NURSE ASSOCIATION AND HOSPICE	946068843	3	Yes		6,660,846	0
(F) SUTTER BAY HOSPITALS	940562680	3	Yes		1,080,483,374	0
(G) SUTTER VALLEY MEDICAL FOUNDATION	680273974	3	Yes		59,908,273	0

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

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

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

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

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

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

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

Name of the organization SUTTER HEALTH	Employer identification number 94-2788907
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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 (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

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-
1				
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

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

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		525,000
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		180,732
j	Total. Add lines 1c through 1i			705,732
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).	2a	
a	Current year	2b	
b	Carryover from last year	2c	
c	Total	3	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		
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 GRANTS PAID TO CALIFORNIA AMBULATORY SURGERY ASSOCIATION, CALIFORNIA BUSINESS ROUNDTABLE, CALIFORNIA LEGISLATIVE LGBT FOUNDATION, OAKLAND METROPOLITAN ACTION COMMITTEE, COMMITTEE FOR SAFE VALLEJO, AFFORDABLE HOUSING NOW, YES ON MEASURE U CAMPAIGN, YES ON MEASURE B CAMPAIGN, PROTECT OUR LOCAL HOSPITALS COALITION, AND ASIAN PACIFIC ISLANDER FOR ADVOCACY
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.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

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.

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

(a) Donor advised funds

(b) Funds and other accounts

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

2a

2b

2c

2d

Held at the End of the Year

3

Number of conservation easements on a certified historic structure included in (a)

4

Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

5

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

6

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

7

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

8

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

9

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

10

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

11

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

1b

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2018

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

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

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" 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	5,090,034	0			
b Contributions		5,000,000			
c Net investment earnings, gains, and losses	-55,844	90,034			
d Grants or scholarships		0			
e Other expenditures for facilities and programs		0			
f Administrative expenses		0			
g End of year balance	5,034,190	5,090,034			

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment ▶

0 %

b

Permanent endowment ▶

99 000 %

c

Temporarily restricted endowment ▶

1 000 %

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

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

	Yes	No
3a(i)		No
3a(ii)		No
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	0	17,646,365		17,646,365
b Buildings	0	100,720,330	43,041,204	57,679,126
c Leasehold improvements	0	65,858,533	37,444,805	28,413,728
d Equipment	0	1,310,373,121	1,064,325,814	246,047,307
e Other	0	24,936,277	1,812,237	23,124,040
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				372,910,566

Schedule D (Form 990) 2018

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) ALTERNATIVE INVESTMENTS	408,573,041	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	408,573,041	

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	611,540,725
(2) OTHER RECEIVABLES	54,150,117
(3) OTHER ASSETS	235,540,456
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	901,231,298

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.

(a) Description of liability	(b) Book value
1. Federal income taxes	0
SELF INSURANCE RESERVE	427,805,408
TAXABLE BOND LIABILITIES	44,706,773
OTHER LIABILITIES	797,258,218
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,269,770,399

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 V, LINE 4	INTENDED USES OF ENDOWMENT FUNDS MICHAEL AND JUDITH GAULKE INNOVATION HATCHERY ENDOWMENT FUND TO SUPPORT THE SUTTER HEALTH INNOVATION HATCHERY, AS DIRECTED BY THE SUTTER CHIEF INN OVATION OFFICER IN CONSULTATION WITH THE SUTTER HEALTH PRESIDENT AND CHIEF EXECUTIVE OFFIC ER SCHEDULE D, PART X, LINE 2 ASC 740 FOOTNOTE THIS ORGANIZATION WAS PART OF A CONSOLIDA TED FINANCIAL 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 ORGANIZATIONS BY THE INTERNAL REVENUE SERVICE AND THE CALIFORNIA FRANCHISE TAX B OARD AND GENERALLY ARE NOT SUBJECT TO TAXES ON INCOME CERTAIN ACTIVITIES OF SUTTER ARE SU BJECT TO INCOME TAXES, HOWEVER, SUCH ACTIVITIES ARE NOT SIGNIFICANT TO THE CONSOLIDATED FI NANCIAL STATEMENTS WITH RESPECT TO ITS TAXABLE ACTIVITIES, SUTTER RECORDS INCOME TAXES US ING THE LIABILITY METHOD, UNDER WHICH DEFERRED TAX ASSETS AND LIABILITIES ARE DETERMINED B ASED ON THE DIFFERENCES BETWEEN THE FINANCIAL ACCOUNTING AND TAX BASES OF ASSETS AND LIABI LITIES DEFERRED TAX ASSETS OR LIABILITIES AT THE END OF EACH PERIOD ARE DETERMINED USING THE CURRENTLY ENACTED TAX RATE EXPECTED TO APPLY TO TAXABLE INCOME IN THE PERIODS THAT THE DEFERRED TAX ASSET OR LIABILITY IS EXPECTED TO BE REALIZED OR SETTLED SUTTER RECOGNIZES THE TAX BENEFIT FROM UNCERTAIN TAX POSITIONS, ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITIONS WILL BE SUSTAINED ON EXAMINATION BY THE TAX AUTHORITIES, BASED ON THE TECHN ICAL MERITS OF THE POSITION THE TAX BENEFIT IS MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT THE STATUTE OF LIMITATIONS FOR TAX YEARS 2015 THROUGH 2017 REMAIN OPEN IN U S TAX JURISDICTIONS IN WH ICH SUTTER AND ITS AFFILIATES ARE SUBJECT TO TAXATION SUTTER RECOGNIZES INTEREST AND PENA LTIES RELATED TO INCOME TAX MATTERS IN OPERATING EXPENSES AT DECEMBER 31, 2018 AND 2017, THERE WERE NO SUCH UNCERTAIN TAX POSITIONS

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
SUTTER HEALTH

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.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

**Open to Public
Inspection**

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 Activities 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
See Add'l Data					
3a Sub-total					1,249,186,289
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					1,249,186,289

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)

- 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.
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Part III can be duplicated if additional space is needed.

[illegible]

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, don't file with Form 990)* ☐ 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, don't file with Form 990)* ☐ 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).

990 Schedule F, Supplemental Information

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		1,097,566,220
Europe (Including Iceland and Greenland)			Investments		131,733,988

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
North America			Investments		19,886,081

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Department of the
Treasury
Internal Revenue Service

Name of the organization
SUTTER HEALTH

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.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) NURSING EXCELLENCE AWARDS	20	10,000			
(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	IN ORDER TO CLOSELY MONITOR EFFICIENCY AND EFFECTIVENESS, THE COMMUNITY BENEFIT FUNCTION OUTLINES MEASURABLE REPORTING (QUARTERLY, SIX-MONTH AND/OR YEAR-END), PROGRAM AND FUNDING REQUIREMENTS IN A MEMORANDUM OF UNDERSTANDING (MOU), BUSINESS SERVICES AGREEMENT (BSA), OR JOINT VENTURE AGREEMENT FOR EACH INVESTMENT MADE WITH A COMMUNITY PARTNER WHERE IT IS DETERMINED NECESSARY, ADDITIONAL EFFORTS ARE MADE TO MONITOR EFFECTIVENESS AND EFFICIENCY OF INVESTMENTS, WHICH COULD INCLUDE - QUARTERLY MEETINGS WITH COMMUNITY PARTNERS - E-MAIL AND TELEPHONIC COMMUNICATIONS WITH COMMUNITY PARTNERS - CONTINUED DIALOGUE WITH INVOLVED HOSPITAL STAFF AND COMMUNITY PARTNERS THROUGHOUT DURATION OF PROGRAM - SITE VISITS WITH COMMUNITY PARTNERS - BI-ANNUAL "OUTCOMES" SURVEY (6-MONTH AND YEAR-END OUTCOMES) - REVIEW OF HOSPITAL USAGE AND PATIENT LEVEL DATA - COLLECTION OF PATIENT STORIES AND NARRATIVES - COLLABORATIVE DISCUSSIONS AROUND AD-HOC SUCCESSSES AND CHALLENGES THAT ARISE - REPORTING TO INCLUDE YEAR-END FINANCIAL SUMMARY THAT COMPARES ACTUAL EXPENDITURES TO THE FUNDED PROJECT'S BUDGET, INDICATING ANY UNUSED AMOUNT OF GRANT FUNDS AT THE END OF EACH YEAR/REPORTING PERIOD, COMMUNITY BENEFIT ANALYZES FULL-YEAR DATA TO ENSURE COMMUNITY PARTNERS MET THE OBJECTIVES OUTLINED IN THE MOU OR BSA IF THE COMMUNITY PARTNERS DID NOT REACH THE ANTICIPATED OUTCOMES, COMMUNITY BENEFIT WORKS TO UNDERSTAND WHAT CIRCUMSTANCES PREVENTED THE ORGANIZATION FROM MEETING THE GOALS TO HELP IDENTIFY WAYS TO IMPROVE OR PERHAPS RE-EVALUATE WHAT SUCCESS OF THIS PROGRAM LOOKS LIKE, AND MAKES THE DETERMINATION TO CONTINUE OR TERMINATE FUNDING
SCHEDULE I, PART III, LINE 1	SUTTER HEALTH SUPPORTS SEVERAL LOCAL AREA NURSING EDUCATION PROGRAMS IN 2018, CERTAIN NURSING STUDENT GRADUATES RECEIVED A \$500 MONETARY AWARD FOR COMPLETING THE PROGRAM

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 PO BOX 2599 OAKLAND, CA 94614	94-2960297	501(c)(3)	20,000				GENERAL SUPPORT Federal Work Study Reimbursement SICKLE CELL RESEARCH WATER QUAL RESEARCH METS ENERGY & OBESITY LOW VITAMIN D METS ENERGY & OBESITY SCHOLARSHIP HIV RESEARCH Awards Ceremony Sponsorship Immigrant Justice Nuclear Material Research B
AMERICAN RED CROSS 2025 E ST NW WASHINGTON, DC 200065009	53-0196605	501(c)(3)	178,750				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 SACRAMENTO, CA 95833	27-0419836	501(c)(3)	45,000				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 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 CONTRA COSTA COUNTY AND SOLANO 4010 NELSON AVE CONCORD, CA 91520	94-2418054	501(c)(3)	26,000				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 FAMILY RESOURCE CENTER 3081 TEAGARDEN STREET SAN LEANDRO, CA 94577	94-3121699	501(c)(3)	10,000				GENERAL SUPPORT
LAKE COUNTY COMMUNITY ACTION PO BOX 1463 KELSEYVILLE, CA 95451	32-0400955	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
LIFE LONG MEDICAL CARE PO BOX 11247 BERKELEY, CA 94712	94-2502308	501(c)(3)	200,000				GENERAL SUPPORT
MARCH OF DIMES PO BOX 1657 WILKESBARRE, PA 187031657	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
NATUREBRIDGE 28 GEARY ST STE 650 SAN FRANCISCO, CA 94108	94-2145930	501(c)(3)	17,500				GENERAL SUPPORT
OKIZU FOUNDATION 16 DIGITAL DRIVE 100 NOVATO, CA 94949	68-0291178	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
MEDSHARE INTERNATIONAL 3240 CLIFTON SPRINGS RD DECATUR, GA 30034	58-2433968	501(c)(3)	207,500	306,870	FMV	Supply Donation	General Support
AMBULATORY SURGERY ACCESS 1119 MARKET ST 400 SAN FRANCISCO, CA 94103	94-3180356	501(C)(3)	103,750				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
PLACER FOOD BANK 8284 INDUSTRIAL AVE ROSEVILLE, CA 95678	94-1740316	501(C)(3)	9,000				GENERAL SUPPORT
REDWOOD EMPIRE FOOD BANK 3320 INDUSTRIAL DR SANTA ROSA, CA 95403	68-0121855	501(C)(3)	6,250				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGENTS OF THE UNIV OF CA 2195 HEARST AVE 130 BERKELEY, CA 94720	94-6002123	501(C)(3)	300,000				GENERAL SUPPORT
RIVER CITY COMMUNITY SERVICES 3311 E CURTIS DR SACRAMENTO, CA 95818	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 180 E OCEAN BLVD LONG BEACH, CA 90802	94-1156347	501(C)(3)	25,000				GENERAL SUPPORT
SAN FRANCISCO FOOD BANK 900 PENNSYLVANIA SAN FRANCISCO, CA 94107	94-3041517	501(C)(3)	32,500				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 PUBLIC HEALTH 375 LAGUNA HONDA SAN FRANCISCO, CA 94116	94-3117093	501(C)(3)	10,000				GENERAL SUPPORT
SECOND HARVEST OF SANTA CLARA 750 CURTNER AVE SAN JOSE, CA 95125	94-2614101	501(C)(3)	48,500				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SECOND HARVEST OF SANTA CRUZ 800 OHLONE PKWY WATSONVILLE, CA 95076	77-0326685	501(C)(3)	16,500				GENERAL SUPPORT
TRACY INTERFAITH MINISTRIES 311 W GRANT LINE RD 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
SUTTER BAY HOSPITALS 475 BRANNAN ST 130 SAN FRANCISCO, CA 94107	94-0562680	501(C)(3)	439,748				GENERAL SUPPORT

Schedule J (Form 990) Department of the Treasury Internal Revenue Service	Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.		OMB No 1545-0047 2018 Open to Public Inspection
	Name of the organization SUTTER HEALTH		Employer identification number 94-2788907

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☒ First-class or charter travel ☐ Housing allowance or residence for personal use ☒ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification 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? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		4a	Yes
		4b	Yes
		4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.		5a	No
		5b	No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.		6a	No
		6b	No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	Yes
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	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	

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.

See Additional Data Table

Schedule J (Form 990) 2018

Part III Supplemental Information

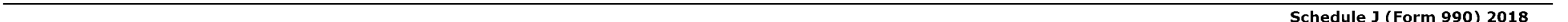
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A	RELEVANT INFORMATION REGARDING COMPENSATION ITEMS FIRST-CLASS TRAVEL CERTAIN OFFICERS AND KEY EMPLOYEES OF SUTTER HEALTH MAY UPGRADE TO FIRST-CLASS TRAVEL AS BUSINESS NEED DICTATES UPGRADES ARE CONSIDERED A NECESSARY BUSINESS EXPENSE SPOUSAL TRAVEL FOR BOARD MEMBERS, ON CERTAIN OCCASIONS DETERMINED BY THE BOARD CHAIR, A SPOUSE MAY ACCOMPANY THE BOARD MEMBER TO A BOARD FUNCTION TAXABLE SPOUSAL TRAVEL EXPENSES WILL BE REPORTED AS INCOME ON A FORM W-2 OR 1099 AS APPROPRIATE 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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4A	SEVERANCE PAYMENTS PETER ANDERSON RECEIVED SEVERANCE PAYMENTS OF \$532,229 JEFF BURNICH, MD RECEIVED SEVERANCE PAYMENTS OF \$575,489 JONATHAN MANIS RECEIVED SEVERANCE PAYMENTS OF \$240,304

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 403(B) EMPLOYER MATCH CONTRIBUTIONS AND QUALIFIED PENSION PLAN BENEFITS SUTTER HEALTH EXECUTIVES ARE GENERALLY INELIGIBLE FOR EMPLOYER MATCH CONTRIBUTIONS TO ENSURE A COMPETITIVE RETIREMENT BENEFIT, SUTTER HEALTH MAKES AN ANNUAL CONTRIBUTION TO A NON-QUALIFIED 457(F) PLAN FOR ITS EXECUTIVES THE FORMULA PROVIDES 6% TO 12% OF BASE SALARY PLUS ANNUAL INCENTIVE PLAN AWARD (COMMENSURATE WITH MANAGEMENT LEVEL) 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 DON L WREDEN - \$790,368 PETER ANDERSON - \$835,268 JEFF BURNICH, MD - \$88,875 ED BERDICK - \$142,596

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 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 LONG TERM PERFORMANCE 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



Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
SARAH KREVANS PRES & CEO, SUTTER HEALTH	(i)	1,678,673	842,240	329,388	1,909,372	26,449	4,786,122	300,989
	(ii)	0	0	0	0	0	0	0
FLORENCE DI BENEDETTO SVP & GENERAL COUNSEL/ASST SEC	(i)	685,412	286,253	311,444	213,547	12,391	1,509,047	286,570
	(ii)	0	0	0	0	0	0	0
ED ERWIN DIR REAL ESTATE SVCS/ASST SEC	(i)	218,972	23,166	2,008	11,233	14,333	269,712	0
	(ii)	0	0	0	0	0	0	0
JEFF SPRAGUE SH SVP & CFO	(i)	749,362	269,485	186,017	503,648	15,462	1,723,974	158,762
	(ii)	0	0	0	0	0	0	0
JAMES CONFORTI SH SVP / COO	(i)	882,157	310,854	130,789	460,359	22,245	1,806,404	113,665
	(ii)	0	0	0	0	0	0	0
JEREMY EAVES CEO,SUTTER SHARED SERVICES&SPS	(i)	553,191	101,106	8,064	110,905	18,347	791,613	0
	(ii)	0	0	0	0	0	0	0
JEFF GERARD SVP STRGY SRVS	(i)	810,129	336,708	170,038	324,677	16,172	1,657,724	152,115
	(ii)	0	0	0	0	0	0	0
JILL RAGSDALE SVP/CHIEF PEOPLE & CULTURE OFF	(i)	608,883	254,231	17,784	205,138	26,784	1,112,820	0
	(ii)	0	0	0	0	0	0	0
RISHI SIKKA MD PRESIDENT, SH SYSTEM ENTRPRISE	(i)	681,332	423,034	14,907	259,805	25,663	1,404,741	0
	(ii)	0	0	0	0	0	0	0
DON L WREDEN SH SVP / PATIENT EXPERIENCE	(i)	683,568	267,112	899,836	213,709	24,499	2,088,724	80,701
	(ii)	0	0	0	0	0	0	0
PETER ANDERSON SH SVP / CHIEF STRATEGY OFF	(i)	29,251	210,996	1,480,899	103,508	3,401	1,828,055	0
	(ii)	18,087	0	0	0	0	18,087	0
JEFF BURNICH MD SVP, SH MEDICAL NETWORK	(i)	85,708	228,459	722,796	111,641	3,695	1,152,299	0
	(ii)	0	0	9,488	0	0	9,488	0
WARREN BROWNER CEO, CPMC	(i)	622,784	356,785	112,222	168,017	16,880	1,276,688	92,119
	(ii)	0	0	0	0	0	0	0
GRANT DAVIES CEO, VALLEY AREA HOSPITALS	(i)	663,863	239,440	292,720	180,204	20,538	1,396,765	274,829
	(ii)	0	0	0	0	0	0	0
JONATHAN MANIS SH SVP / CIO	(i)	376,204	241,159	477,855	113,605	11,883	1,220,706	97,960
	(ii)	0	0	49,696	0	0	49,696	0
ED BERDICK FORMER SH SVP/SHARED SERVICES	(i)	39,592	424,261	182,964	2,048	1,593	650,458	0
	(ii)	0	0	471,809	0	0	471,809	0
MICHAEL COHILL FORMER CEO SMCS	(i)	0	0	2,475	0	0	2,475	0
	(ii)	0	0	603,346	0	0	603,346	0
PATRICK FRY FORMER SH PRES & CEO	(i)	0	0	45,281	0	0	45,281	0
	(ii)	0	0	56,200	0	0	56,200	0
CHARLES WIRTH FORMER CEO, SPS	(i)	0	0	0	0	0	0	0
	(ii)	0	0	177,123	0	0	177,123	0
JEFFREY SZCZESNY SH VP, HR OPERATIONS	(i)	382,993	121,505	46,686	59,561	19,515	630,260	39,482
	(ii)	0	0	0	0	0	0	0

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

[illegible]

SCHEDULE O
(Form 990 or 990-EZ)**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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018**Open to Public
Inspection**

Department of the Treasury

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 IS MORE THAN 60,000 PEOPLE STRONG THANKS TO ITS INTEGRATED NETWORK OF CLINICIANS, EMPLOYEES AND VOLUNTEERS HEADQUARTERED IN SACRAMENTO, CALIFORNIA, SUTTER HEALTH PROVIDES ACCESS TO HIGH QUALITY, AFFORDABLE CARE FOR MORE THAN 3 MILLION NORTHERN CALIFORNIANS THROUGH ITS NETWORK OF HOSPITALS, MEDICAL FOUNDATIONS, URGENT AND WALK-IN CARE CENTERS, HOME HEALTH AND HOSPICE SERVICES NEARLY 14,000 PHYSICIANS AND ADVANCED PRACTICE CLINICIANS CARE FOR SUTTER PATIENTS RECOGNIZED AS A NATIONAL LEADER IN QUALITY, SUTTERS INTEGRATED HEALTHCARE SYSTEM PROVIDES ACCESS TO PATIENT-CENTERED, COORDINATED CARE THAT OUTPERFORMS STATE AND NATIONAL AVERAGES IN NEARLY EVERY QUALITY MEASURE DUE TO ITS SMART MANAGEMENT OF RESOURCES, EFFICIENCY AND FOCUS ON INNOVATION, SUTTERS NETWORK HELPS DRIVE COSTS DOWN AND EXPANDS ACCESS TO COMPREHENSIVE PATIENT SERVICES AND HEALTH PROGRAMS TAILORED TO THE DIVERSE COMMUNITIES IT SERVES GROUNDED IN ITS NOT-FOR-PROFIT MISSION, SUTTER HEALTH HEAVILY REINVESTS IN ITS COMMUNITIES, COMMITTING HUNDREDS OF MILLIONS OF DOLLARS ANNUALLY TO SUPPORT CLINICS AND COMMUNITY-BASED HOSPITALS - PROVIDING CARE FOR THE MOST VULNERABLE POPULATIONS FROM DEPLOYING TECHNOLOGY THAT IMPROVES THE PATIENT EXPERIENCE TO SUPPORTING STRONG COMMUNITY PARTNERSHIPS, THE STRENGTH OF SUTTERS INTEGRATED SYSTEM PROVIDES A MODEL THAT CAN SHAPE THE FUTURE OF HEALTHCARE THE SUTTER HEALTH SYSTEM CONSISTS OF - 53,000 EMPLOYEES AND 12,000 PHYSICIANS - 5,000 VOLUNTEERS - 2,000 ADVANCED PRACTICE CLINICIANS - 24 HOSPITALS - 4,188 LICENSED ACUTE CARE BEDS - 36 AMBULATORY SURGERY CENTERS - 7 CARDIAC CENTERS - 9 CANCER CENTERS - 4 ACUTE REHABILITATION CENTERS - 8 BEHAVIORAL HEALTH CENTERS - 5 TRAUMA CENTERS - 8 NEONATAL INTENSIVE CARE UNITS - MEDICAL RESEARCH CENTERS - HOME HEALTH AND HOSPICE SERVICES - EXPRESS MEDICAL CLINICS - EDUCATION CENTERS AND PHYSICIAN TRAINING PROGRAMS - PHILANTHROPIC PROGRAMS - HEALTH PLAN (SUTTER HEALTH PLUS) 2018 BY THE NUMBERS - 30,274 BIRTHS - 188,367 DISCHARGES - 844,249 EMERGENCY ROOM VISITS - 1,810,926 HOSPITAL OUTPATIENT VISITS - 9,159,694 MEDICAL FOUNDATION VISITS - 914,247 PATIENT DAYS - 649,456 SUTTER CARE AT HOME HEALTH VISITS - 211,364 SUTTER CARE AT HOME HOSPICE VISITS AS ONE OF THE NATIONS LEADING NOT-FOR-PROFIT INTEGRATED HEALTH CARE DELIVERY SYSTEMS, WE APPROACH CARE FROM A COMMON MISSION OF ENHANCING THE HEALTH AND WELL-BEING OF PEOPLE IN THE COMMUNITIES WE SERVE THROUGH A NOT-FOR-PROFIT COMMITMENT TO COMPASSION AND EXCELLENCE TO HELP CARRY OUT OUR MISSION, WE ARE GUIDED BY SEVEN CORE VALUES 1 HONESTY AND INTEGRITY 2 EXCELLENCE AND QUALITY 3 COMMUNITY 4 INNOVATION 5 TEAMWORK 6 COMPASSION AND CARING 7 AFFORDABILITY HEADQUARTERED IN SACRAMENTO, A COMMUNITY-BASED BOARD OF DIRECTORS GOVERNS SUTTER HEALTH TO VIEW A LIST OF SUTTER HEALTH AFFILIATES, PLEASE VIEW FORM 990, SCHEDULE 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 REGULAR BUSINESS DURING THE PERIOD BETWEEN MEETINGS OF THE BOARD. THE EXECUTIVE COMMITTEE CONSISTS 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 4	THE GOVERNING DOCUMENTS WERE AMENDED TO UPDATE THE LISTING OF SUTTER HEALTH'S SUPPORTED ORGANIZATIONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 11B	PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW FORM 990 SUTTER HEALTH HAS A CENTRALIZED TAX DEPARTMENT RESPONSIBLE FOR THE PREPARATION OF THE FORM 990 ANNUALLY THE TAX DEPARTMENT RECEIVES AND PROVIDES TRAINING AND EDUCATION TO APPROPRIATE PERSONNEL WHO ASSIST THE TAX DEPARTMENT IN COLLECTING AND REVIEWING DATA TO BE REPORTED ON THE FORM 990 THE PREPARATION MATERIAL IS REVIEWED BY VARIOUS DEPARTMENTS INCLUDING TAX, FINANCE, LEGAL, AND HUMAN RESOURCES A NATIONAL ACCOUNTING FIRM PREPARES AND REVIEWS THE RETURN A COMPLETED RETURN IS THEN REVIEWED BY THE TAX DEPARTMENT, LEGAL DEPARTMENT, FINANCE, AND THE CFO BEFORE THE RETURN IS FILED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 12	PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST EMPLOYEES ARE EDUCATED ON THE CONFLICT OF INTEREST POLICY AND THE NEED TO MAKE DISCLOSURE AS PART OF ANNUAL COMPLIANCE EDUCATION IN ADDITION, ANNUALLY A DISCLOSURE STATEMENT IS COMPLETED BY ALL DIRECTORS, OFFICERS AND KEY EMPLOYEES ON THIS STATEMENT THE INDIVIDUAL WILL LIST A WIDE RANGE OF INFORMATION WHICH INCLUDES BUSINESS RELATIONSHIPS, EMPLOYMENT RELATIONSHIPS, PROPERTY INTERESTS, AND THOSE OF RELATED PARTIES IF THERE IS A POTENTIAL CONFLICT OF INTEREST RELATED TO A PARTICULAR TRANSACTION, THE INTERESTED INDIVIDUAL MUST DISCLOSE THE EXISTENCE AND NATURE OF THE RELATIONSHIP THE BOARD CHAIR MAY APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE THE CONFLICT THE BOARD MAY CONSULT WITH THE OFFICE OF THE GENERAL COUNSEL AS NECESSARY UNTIL THE POTENTIAL CONFLICT IS RESOLVED, THE BOARD CHAIR (OR COMMITTEE CHAIR AS APPLICABLE) MAY REQUEST THE INDIVIDUAL TO NOT PARTICIPATE DURING RELATED PRESENTATIONS AND DISCUSSIONS IN ALL CIRCUMSTANCES INVOLVING AN ACTUAL CONFLICT, THE INTERESTED INDIVIDUAL SHALL LEAVE THE ROOM PRIOR TO THE BOARDS FINAL DISCUSSION AND VOTE

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 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 SUTTERS EXECUTIVE PROGRAMS AND CONSISTENCY WITH THE ORGANIZATIONS OVERALL MISSION IN ORDER TO ENSURE EXTERNAL COMPETITIVENESS, NATIONAL COMPENSATION DATA COMPARISONS ARE REVIEWED COMPETITIVE ANALYSIS INCLUDES (A) BASE SALARY, (B) TOTAL CASH (BASE SALARY + ANNUAL INCENTIVE), (C) TOTAL DIRECT CASH (BASE SALARY + ANNUAL INCENTIVE + LONG TERM INCENTIVE) AND (D) TOTAL REMUNERATION (BASE SALARY + ANNUAL INCENTIVE + BENEFITS AND LONG TERM INCENTIVE) THIS ANALYSIS INCLUDES NATIONAL COMPARISONS FOR ORGANIZATIONS SIMILAR IN SIZE, SCOPE AND COMPLEXITY AS SUTTER HEALTH THIS METHOD IS MOST APPROPRIATE 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 COMPENSATION COMMITTEE OR A DELEGATED SUB-COMMITTEE APPROVAL IS RECORDED IN THE MINUTES THE 2018 EXECUTIVE COMPENSATION APPROVAL WAS COMPLETED IN DECEMBER 2017

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 19	AVAILABILITY OF GOVERNING DOCUMENTS, COI POLICY & FINANCIAL STATEMENTS THE SUTTER HEALTH SYSTEM POSTS ITS CURRENT AND PAST AUDITED FINANCIAL STATEMENTS AT SUTTERHEALTH.ORG OTHER DOCUMENTS ARE ALSO LOCATED AT THIS WEBSITE INCLUDING THE ANNUAL REPORT, MISSION STATEMENT, HISTORY, AND LINKS TO AFFILIATE WEBSITES THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY 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 EACH ISSUE TO CERTAIN SUBSIDIARY ORGANIZATIONS OF WHICH IT IS THE SOLE CORPORATE MEMBER. THE OUTSTANDING BOND LIABILITY ALLOCATED TO THESE SUBSIDIARY ORGANIZATIONS IS REPORTED ON EACH SUBSIDIARY ORGANIZATION'S FORM 990, PART X, BALANCE SHEET AND SCHEDULE K.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN FUND BALANCE EQUITY TRANSFER (NET) \$418,950,310 K-1 ACTIVITY (16,270,085) PARTNERSHIP INCOME ON BOOKS 5,071,450 PENSION RELATED CHANGES (301,485,352) OTHER CHANGES IN FUND BALANCE 2,177,953 ----- TOTAL \$108,444,276 =====

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

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	SUPPORT SVCS	CA	174,815,833	51,310,579	SUTTER HLTH
(2) SUTTER OUTPATIENT SERVICES LLC 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 45-4714483	SUPPORT SVCS	CA	75,365,024	25,355,612	SUTTER HLTH
(3) SUTTER SHARED LAB LLC 2950 COLLIER CANYON ROAD LIVERMORE, CA 94551 47-5583986	LAB SERVICES	CA	44,417,927	19,781,461	SUTTER HLTH
(4) SUTTER HEALTH PLAN PRODUCTS ORG LLC 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 82-1766939	SUPPORT SVCS	CA	0	13,634,512	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	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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) SUTTER HEALTH DEFERRED COMP PLANS' TRUST 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 27-6851989	RABBI TRUST	CA	SUTTER HTLH	TRUST	1,548,410	84,211,228	100.000 %	Yes	
(2) NORTHWOOD EUROPE TE FEEDER LP 1819 WAZEE ST 2ND FLOOR DENVER, CO 90202 98-1272216	HOLDING COMPANY	CJ	SUTTER HTLH	C CORP				Yes	
(3) HEALTH VENTURES INC 350 HAWTHORNE AVE OAKLAND, CA 94609 94-2918780	HEALTH SERVICES	CA	SUTTER BH	C CORP				Yes	

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

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

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

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

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

Yes

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

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation

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
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 51-0160184	FUNDRAISING	CA	501(C)(3)	7	SUTTER BH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-2728423	FUNDRAISING	CA	501(C)(3)	7	SUTTER BH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 51-0172285	HEALTHCARE	CA	501(C)(3)	3	SUTTER BH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-2290244	FUNDRAISING	CA	501(C)(3)	12A - I	SUTTER VH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 23-7288765	FUNDRAISING	CA	501(C)(3)	7	SUTTER BH	Yes	
450 30TH STREET STE 2840 OAKLAND, CA 94609 94-2992642	UNIVERSITY	CA	501(C)(3)	2	SUTTER BH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-2594966	FUNDRAISING	CA	501(C)(3)	7	SUTTER VH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-0562680	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-1156581	HEALTHCARE	CA	501(C)(3)	3	SUTTER HLTH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-2988520	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 68-0217870	FUNDRAISING	CA	501(C)(3)	7	SUTTER VH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-1196176	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
91-2301 FT WEAVER RD EWA BEACH, HI 96706 99-0298651	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 46-1183948	HEALTH PLAN	CA	501(C)(4)	N/A	SUTTER HLTH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-2788906	FUNDRAISING	CA	501(C)(3)	7	SUTTER VH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 68-0040113	FUNDRAISING	CA	501(C)(3)	7	SUTTER VH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-2668262	FUNDRAISING	CA	501(C)(3)	7	SUTTER VH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-1156621	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 68-0273974	HEALTHCARE	CA	501(C)(3)	3	SUTTER HLTH	Yes	
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 94-6068843	HEALTHCARE	CA	501(C)(3)	10	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
C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833 68-0318845	FUNDRAISING	CA	501(C)(3)	12A - I	SUTTER VH	Yes	
745 FORT STREET Suite 1100 HONOLULU, HI 96813 99-0289310	INSURANCE SER	HI	501(C)(3)	12C III-FI	SUTTER HLTH	Yes	

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

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) EAST BAY ENDOSCOPY CENTER LP 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 94-3336277	patient care	DE	NA									
(1) ASC OPERATORS - SOUTH BAY LLC 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 46-1537479	care management	CA	NA	related	837,427	1,480,802		No	0	Yes		6 000 %
(2) PENINSULA EYE SURGERY CENTER LLC 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 13-4285230	patient care	CA	NA									
(3) PENINSULA ENDOSCOPY CENTER LLC 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 27-1905059	patient care	CA	NA	related	700,269	1,221,935		No	0	Yes		6 000 %
(4) NORTH BAY REGIONAL SURGERY CENTER LLC 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 20-8633751	patient care	CA	NA	related	588,822	381,618		No	0	Yes		6 465 %
(5) ASC OPERATORS - SAN FRANCISCO LLC 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 27-5447186	care management	CA	NA	related	1,362,981	281,130		No	0	Yes		6 000 %
(6) GOLDEN GATE ENDOSCOPY CENTER LLC 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 20-1467388	patient care	CA	NA									
(7) ASC OPERATORS LLC 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 20-8970704	care management	CA	NA	related	4,696,490	5,432,009		No	0	Yes		6 000 %
(8) SANTA BARBARA ENDOSCOPY CENTER LLC 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 91-2165231	patient care	CA	NA									
(9) SAN LUIS OBISPO SURGERY CENTER LP 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 77-0109991	patient care	CA	NA									
(10) REDDING SURGERY CENTER LLC 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 38-3897570	patient care	CA	NA									
(11) LA JOLLA ORTHOPEDIC SURGERY CENTER LLC 4120 LA JOLLA VILLAGE DRIVE LA JOLLA, CA 92037 36-4397467	patient care	CA	SOS	related	2,509,274	3,109,060		No	0	Yes		55 056 %
(12) LA JOLLA ORTHOPAEDIC SURGERY CENTER LP 4120 LA JOLLA VILLAGE DRIVE LA JOLLA, CA 92037 36-4409551	patient care	CA	NA									
(13) CARLSBAD SURGERY CENTER LLC 6121 PASEO DEL NORTE STE 100 CARLSBAD, CA 92011 20-1413484	patient care	CA	SOS	related	2,646,405	2,215,766		No	0	Yes		51 172 %
(14) COAST CTR FOR ORTHOPEDIC & ARTHROSCOPIC 3444 KEARNY VILLA ROAD SAN DIEGO, CA 92123 33-0839637	patient care	CA	SOS	related	974,092	3,575,192		No	0	Yes		53 154 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(31) OTAY LAKES SURGERY CENTER LLC 955 LANE AVE SUITE 100 CHULA VISTA, CA 91914 20-0794766	patient care	CA	SOS	related	981,641	2,902,706		No	0	Yes		52 174 %
(1) SOUTH PLACER SURGERY CENTER LP 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 42-1540694	patient care	CA	NA									
(2) SACRAMENTO SURGERY CENTER ASSOCIATES LP 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 68-0516588	patient care	CA	NA									
(3) FORT SUTTER SURGERY CENTER LP 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 68-0116391	patient care	CA	NA									
(4) SUTTER ALHAMBRA SURGERY CENTER LP 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 63-1221949	patient care	CA	NA									
(5) AUBURN SURGICAL CENTER LP 2200 River Plaza Drive Sacramento, CA 95833 36-4123623	patient care	CA	NA	related	9,463	45,482		No	0		No	2 343 %
(6) ICG CREDIT OPPORTUNITIES FUND LP 11111 SANTA MONICA BLVD SUITE 2100 LOS ANGELES, CA 90025 81-4220441	INVESTMENTS	CA	SUTTER HLTH	excluded								
(7) MADISON INTERNATIONAL GLOBAL VALUE REAL 410 PARK AVENUE 10TH FLOOR NEW YORK, NY 10022 98-1310251	INVESTMENTS	NY	SUTTER HLTH	excluded								
(8) ASC OPRTS-EAST BAY 2200 RIVER PLAZA SACRAMENTO, CA 95833 27-1724489	CARE MANAGEMENT	CA	NA	related	620,008	303,217		No	0	Yes		6 000 %
(9) EHC SURGERY CENTER 2201 RIVER PLAZA SACRAMENTO, CA 95833 94-3214614	PATIENT CARE	CA	NA	related	1,662	18,439		No	0	Yes		0 250 %

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	ASC Operators - East Bay LLC	L	712,500	FMV
(1)	ASC Operators - East Bay LLC	Q	501,289	FMV
(2)	ASC Operators - East Bay LLC	R	272,309	FMV
(3)	ASC Operators LLC	L	3,950,392	FMV
(4)	ASC Operators LLC	P	50,401	FMV
(5)	ASC Operators-San Francisco LLC	L	1,203,376	FMV
(6)	ASC Operators-San Francisco LLC	Q	403,435	FMV
(7)	ASC Operators-San Luis Obispo LLC	S	1,172,158	FMV
(8)	ASC Operators-Santa Rosa LLC	L	975,575	FMV
(9)	ASC Operators-South Bay LLC	L	635,068	FMV
(10)	Auburn Surgical Center LP	Q	2,573,941	FMV
(11)	Auburn Surgical Center LP	O	1,902,662	FMV
(12)	Auburn Surgical Center LP	L	225,513	FMV
(13)	Better Health East Bay Foundation	L	366,672	FMV
(14)	Better Health East Bay Foundation	C	103,902	FMV
(15)	Better Health East Bay Foundation	Q	60,335	FMV
(16)	Carlsbad Surgery Center LLC	Q	5,797,967	FMV
(17)	Carlsbad Surgery Center LLC	O	2,518,789	FMV
(18)	Carlsbad Surgery Center LLC	S	1,810,456	FMV
(19)	Carlsbad Surgery Center LLC	L	732,928	FMV
(20)	Coast Center For Orthopedic and Arthroscopic	Q	3,466,744	FMV
(21)	Coast Center For Orthopedic and Arthroscopic	O	1,927,208	FMV
(22)	Coast Center For Orthopedic and Arthroscopic	S	750,084	FMV
(23)	Coast Center For Orthopedic and Arthroscopic	L	422,655	FMV
(24)	Coast Center For Orthopedic and Arthroscopic	P	57,391	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)	East Bay Endoscopy Center LP	Q	2,373,610	FMV
(1)	East Bay Endoscopy Center LP	O	1,863,381	FMV
(2)	East Bay Perinatal Center	Q	322,626	FMV
(3)	East Bay Perinatal Center	L	175,044	FMV
(4)	EHC Surgery Center LLC	Q	79,036	FMV
(5)	Fort Sutter Surgery Center LP	Q	15,990,358	FMV
(6)	Fort Sutter Surgery Center LP	O	9,384,417	FMV
(7)	Fort Sutter Surgery Center LP	P	620,258	FMV
(8)	Fort Sutter Surgery Center LP	L	266,136	FMV
(9)	Golden Gate Endoscopy Center LLC	Q	4,663,638	FMV
(10)	Golden Gate Endoscopy Center LLC	O	2,407,603	FMV
(11)	Health Ventures Inc	Q	7,128,910	FMV
(12)	Health Ventures Inc	P	215,519	FMV
(13)	Health Ventures Inc	L	174,906	FMV
(14)	La Jolla Orthopedic Surgery Center LLC	Q	7,958,511	FMV
(15)	La Jolla Orthopedic Surgery Center LLC	O	3,211,993	FMV
(16)	La Jolla Orthopedic Surgery Center LLC	S	1,259,429	FMV
(17)	La Jolla Orthopedic Surgery Center LLC	L	903,804	FMV
(18)	La Jolla Orthopedic Surgery Center LLC	P	99,578	FMV
(19)	North Bay Regional Surgery Center LLC	Q	4,501,020	FMV
(20)	North Bay Regional Surgery Center LLC	O	2,526,219	FMV
(21)	North Bay Regional Surgery Center LLC	L	908,491	FMV
(22)	North Bay Regional Surgery Center LLC	J	599,194	FMV
(23)	North Bay Regional Surgery Center LLC	R	206,376	FMV
(24)	North Bay Regional Surgery Center LLC	P	60,361	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)	Otay Lakes Surgery Center LLC	Q	3,656,668	FMV
(1)	Otay Lakes Surgery Center LLC	O	1,960,391	FMV
(2)	Otay Lakes Surgery Center LLC	S	571,394	FMV
(3)	Otay Lakes Surgery Center LLC	L	413,004	FMV
(4)	Otay Lakes Surgery Center LLC	P	61,340	FMV
(5)	Peninsula Endoscopy Center LLC	O	3,049,076	FMV
(6)	Peninsula Endoscopy Center LLC	Q	2,553,091	FMV
(7)	Peninsula Endoscopy Center LLC	L	786,768	FMV
(8)	Peninsula Eye Surgery Center LLC	Q	7,207,339	FMV
(9)	Peninsula Eye Surgery Center LLC	O	2,590,259	FMV
(10)	Peninsula Eye Surgery Center LLC	P	167,202	FMV
(11)	Presidio Surgery Center LLC	L	68,192	FMV
(12)	Roseville Endoscopy Center LLC	Q	4,234,611	FMV
(13)	Roseville Endoscopy Center LLC	O	2,990,996	FMV
(14)	Roseville Endoscopy Center LLC	L	219,910	FMV
(15)	Sacramento Surgery Center Associates LP	Q	5,309,335	FMV
(16)	Sacramento Surgery Center Associates LP	O	1,387,447	FMV
(17)	Sacramento Surgery Center Associates LP	P	94,589	FMV
(18)	Samuel Merritt University	Q	6,598,825	FMV
(19)	Samuel Merritt University	L	2,686,634	FMV
(20)	Samuel Merritt University	R	251,528	FMV
(21)	San Francisco Endoscopy Center LLC	Q	5,744,205	FMV
(22)	San Francisco Endoscopy Center LLC	O	2,534,897	FMV
(23)	San Francisco Endoscopy Center LLC	L	462,715	FMV
(24)	San Leandro Surgery Center LP	Q	4,917,123	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)	San Leandro Surgery Center LP	O	4,014,829	FMV
(1)	San Leandro Surgery Center LP	L	992,997	FMV
(2)	San Leandro Surgery Center LP	P	292,768	FMV
(3)	Santa Rosa Surgery Center LP	Q	16,984,346	FMV
(4)	Santa Rosa Surgery Center LP	O	9,348,171	FMV
(5)	Santa Rosa Surgery Center LP	L	224,441	FMV
(6)	Santa Rosa Surgery Center LP	P	76,898	FMV
(7)	South Placer Surgery Center LP	Q	7,189,700	FMV
(8)	South Placer Surgery Center LP	O	2,666,396	FMV
(9)	South Placer Surgery Center LP	P	772,588	FMV
(10)	South Placer Surgery Center LP	L	409,998	FMV
(11)	Stanislaus Surgical Hospital LLC	R	1,704,421	FMV
(12)	Stanislaus Surgical Hospital LLC	L	1,027,511	FMV
(13)	Stanislaus Surgical Hospital LLC	O	160,792	FMV
(14)	Sutter Alhambra Surgery Center LP	Q	7,478,708	FMV
(15)	Sutter Alhambra Surgery Center LP	O	3,687,985	FMV
(16)	Sutter Alhambra Surgery Center LP	L	132,472	FMV
(17)	Sutter Alhambra Surgery Center LP	R	125,003	FMV
(18)	Sutter Alhambra Surgery Center LP	P	65,821	FMV
(19)	Sutter Amador Surgery Center LLC	Q	1,085,120	FMV
(20)	Sutter Amador Surgery Center LLC	O	1,038,056	FMV
(21)	Sutter Amador Surgery Center LLC	L	221,559	FMV
(22)	Sutter Bay Hospitals	S	1,171,204,348	FMV
(23)	Sutter Bay Hospitals	R	1,080,043,626	FMV
(24)	Sutter Bay Hospitals	Q	798,188,179	FMV

Form 990, Schedule R, Part V - Transactions With Related Organizations				
(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(101)	Sutter Bay Hospitals	L	519,313,508	FMV
(1)	Sutter Bay Hospitals	P	64,808,010	FMV
(2)	Sutter Bay Hospitals	I	53,436,191	FMV
(3)	Sutter Bay Hospitals	O	27,348,870	FMV
(4)	Sutter Bay Hospitals	B	439,748	FMV
(5)	Sutter Bay Hospitals	J	256,125	FMV
(6)	Sutter Bay Hospitals	K	52,019	FMV
(7)	Sutter Bay Medical Foundation	Q	258,659,985	FMV
(8)	Sutter Bay Medical Foundation	L	254,530,482	FMV
(9)	Sutter Bay Medical Foundation	S	67,600,000	FMV
(10)	Sutter Bay Medical Foundation	R	48,442,964	FMV
(11)	Sutter Bay Medical Foundation	P	32,546,971	FMV
(12)	Sutter Bay Medical Foundation	I	17,951,640	FMV
(13)	Sutter Bay Medical Foundation	O	6,073,192	FMV
(14)	Sutter Bay Medical Foundation	M	1,208,233	FMV
(15)	Sutter Bay Medical Foundation	J	432,191	FMV
(16)	Sutter Bay Medical Foundation	C	170,893	FMV
(17)	Sutter Coast Hospital	Q	20,638,096	FMV
(18)	Sutter Coast Hospital	S	15,517,918	FMV
(19)	Sutter Coast Hospital	L	13,488,477	FMV
(20)	Sutter Coast Hospital	R	6,911,198	FMV
(21)	Sutter Coast Hospital	O	1,170,312	FMV
(22)	Sutter Coast Hospital	I	1,125,864	FMV
(23)	Sutter Coast Hospital	P	391,341	FMV
(24)	Sutter East Bay Hospitals	S	119,300,000	FMV

Form 990, Schedule R, Part V - Transactions With Related Organizations				
(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(126)	Sutter East Bay Hospitals	Q	67,088,763	FMV
(1)	Sutter East Bay Hospitals	L	29,566,926	FMV
(2)	Sutter East Bay Hospitals	I	4,918,316	FMV
(3)	Sutter East Bay Hospitals	P	1,222,635	FMV
(4)	Sutter East Bay Hospitals	O	784,243	FMV
(5)	Sutter East Bay Hospitals	R	342,594	FMV
(6)	Sutter Fairfield Surgery Center LLC	Q	6,983,453	FMV
(7)	Sutter Fairfield Surgery Center LLC	L	541,934	FMV
(8)	Sutter Fairfield Surgery Center LLC	O	374,823	FMV
(9)	Sutter Fairfield Surgery Center LLC	P	97,404	FMV
(10)	Sutter Fairfield Surgery Center LLC	R	72,131	FMV
(11)	Sutter Health Pacific	S	7,400,000	FMV
(12)	Sutter Health Pacific	R	3,206,411	FMV
(13)	Sutter Health Pacific	Q	1,218,806	FMV
(14)	Sutter Health Pacific	L	748,991	FMV
(15)	Sutter Health Pacific	O	442,000	FMV
(16)	Sutter Health Plan	O	8,311,444	FMV
(17)	Sutter Health Plan	R	7,042,325	FMV
(18)	Sutter Health Plan	Q	5,501,271	FMV
(19)	Sutter Health Plan	L	4,838,505	FMV
(20)	Sutter Health Plan	P	492,128	FMV
(21)	Sutter Insurance Services Corporation	L	8,609,224	FMV
(22)	Sutter Insurance Services Corporation	Q	6,636,881	FMV
(23)	Sutter Insurance Services Corporation	P	5,335,537	FMV
(24)	Sutter Insurance Services Corporation	S	268,547	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 Valley Hospitals	S	656,187,573	FMV
(1)	Sutter Valley Hospitals	Q	622,702,730	FMV
(2)	Sutter Valley Hospitals	L	390,982,265	FMV
(3)	Sutter Valley Hospitals	R	380,971,774	FMV
(4)	Sutter Valley Hospitals	P	30,909,684	FMV
(5)	Sutter Valley Hospitals	O	21,666,244	FMV
(6)	Sutter Valley Hospitals	I	14,224,703	FMV
(7)	Sutter Valley Hospitals	K	1,041,187	FMV
(8)	Sutter Valley Medical Foundation	L	161,926,574	FMV
(9)	Sutter Valley Medical Foundation	Q	152,748,849	FMV
(10)	Sutter Valley Medical Foundation	S	70,889,531	FMV
(11)	Sutter Valley Medical Foundation	R	59,908,273	FMV
(12)	Sutter Valley Medical Foundation	O	16,036,218	FMV
(13)	Sutter Valley Medical Foundation	P	7,596,781	FMV
(14)	Sutter Valley Medical Foundation	I	3,242,871	FMV
(15)	Sutter Valley Medical Foundation	M	638,372	FMV
(16)	Sutter Visiting Nurse Association and Hospice	Q	84,738,005	FMV
(17)	Sutter Visiting Nurse Association and Hospice	L	31,594,249	FMV
(18)	Sutter Visiting Nurse Association and Hospice	M	11,751,197	FMV
(19)	Sutter Visiting Nurse Association and Hospice	S	6,800,000	FMV
(20)	Sutter Visiting Nurse Association and Hospice	R	6,660,846	FMV
(21)	Sutter Visiting Nurse Association and Hospice	P	2,305,676	FMV
(22)	Sutter Visiting Nurse Association and Hospice	O	2,174,863	FMV
(23)	Sutter Visiting Nurse Association and Hospice	J	139,851	FMV
(24)	Sutter Visiting Nurse Association and Hospice	I	135,169	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) The Surgery Center of ABSMC LLC	L	211,629	FMV
(1) Walnut Creek Endoscopy Center LLC	Q	2,097,806	FMV
(2) Walnut Creek Endoscopy Center LLC	O	1,443,548	FMV