Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning , 2017, and ending , 20

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

C Name of organization: SUTTER HEALTH

Doing business as:

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

Room/suite:

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

D Employer identification number: 94-2788907

E Telephone number: (916) 286-6665

G Gross receipts $ 15219965170.

F Name and address of principal officer: SARAH KREVANS
SAME AS C ABOVE

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.SUTTERHEALTH.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1981

M State of legal domicile: CA

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	16.
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15.
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	9,191.
6	Total number of volunteers (estimate if necessary)	6	0.
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	25,981,292.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	897,938.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,417,603.	7,266,789.
9	Program service revenue (Part VIII, line 2g)	1,256,472,123.	1,431,651,729.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	40,674,206.	296,119,797.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,291,296.	25,817,682.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,322,855,228.	1,760,855,997.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,175,900.	1,424,000.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	797,829,043.	853,146,005.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	687,637,115.	705,904,437.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,486,642,058.	1,560,474,442.
19	Revenue less expenses. Subtract line 18 from line 12	-163,786,830.	200,381,555.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	4,975,409,814.	6,183,194,015.
21	Total liabilities (Part X, line 26)	1,652,143,673.	1,760,458,511.
22	Net assets or fund balances. Subtract line 21 from line 20	3,323,266,141.	4,422,735,504.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 11/12/2018

▶ JEFF SPRAGUE SVP & CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: DEBRA HEISKALA	Preparer's signature: Debra Heiskala	Date: 11/09/18	Check ☐ if self-employed	PTIN: P00649485
Firm's name ▶ ERNST & YOUNG U.S. LLP			Firm's EIN ▶ 34-6565596	
Firm's address ▶ 4365 EXECUTIVE DR, STE 1600 SAN DIEGO, CA 92121			Phone no. 858-535-7200	

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2017)

JSA
7E1010 1.000
58791K 4019

Part III **Statement of Program Service Accomplishments**

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

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 $ 1,488,406,377. including grants of $ 1,424,000.) (Revenue $ 1,431,651,729.)

SEE SCHEDULE O

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

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

4d Other program services (Describe in Schedule O.)

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

4e Total program service expenses ▶ 1,488,406,377.

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	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	X	
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		X
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	X	
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		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
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		X
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	X	
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	X	
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		X
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		X
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	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	X	
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		X
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		X
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		X
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		X
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		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
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	X	
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	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c	X	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33	X	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36	X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
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	X	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	**1a**	1,337		
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**		X	
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**	9,191		
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**		X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**		X	
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**		X	
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**			X
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**			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			X
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**			X
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**			X
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**			X
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**			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**			X
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**			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O.	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	**14b**			

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 X

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 . . . . . 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.	1a 16		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 15		
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		X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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		X

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		X
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	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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	X	
b	Other officers or key employees of the organization	15b	X	
	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	X	
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	X	

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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (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			
(1) HERBERT BARLOW	7.00									
BOARD MEMBER	1.00	X						27,500.	0.	0.
(2) JAMES FERRARA, MD	7.00									
BOARD MEMBER	0.	X						0.	0.	0.
(3) MICHAEL GAULKE	10.00									
BOARD MEMBER (CHAIR)	10.00	X		X				27,500.	0.	0.
(4) VINITA GUPTA	7.00									
BOARD MEMBER	10.00	X						27,500.	0.	0.
(5) PETER JACOBI	7.00									
BOARD MEMBER	0.	X						27,500.	0.	0.
(6) JOHN KOSTER, MD	10.00									
BOARD MEMBER (SECRETARY)	0.	X		X				27,500.	0.	0.
(7) SARAH KREVANS	40.00									
PRESIDENT & CEO, SUTTER HEALTH	23.00	X		X				4,314,787.	0.	1,951,858.
(8) SHARON MCCOLLAM	10.00									
BOARD MEMBER (CHAIR FIN PLAN)	0.	X		X				27,500.	0.	0.
(9) KEN MCNEELEY	7.00									
BOARD MEMBER	0.	X						0.	0.	0.
(10) DAVID NASAW	7.00									
BOARD MEMBER	0.	X						27,500.	0.	0.
(11) ROBERT PEABODY JR, MD	7.00									
BOARD MEMBER	0.	X						27,500.	0.	0.
(12) MICHAEL ROOSEVELT	7.00									
BOARD MEMBER	0.	X						27,500.	0.	0.
(13) CHERYL SCOTT	7.00									
BOARD MEMBER	1.00	X						32,083.	0.	0.
(14) TODD SMITH, MD	7.00									
BOARD MEMBER	6.00	X						27,500.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) JOAN SMITH-MACLEAN, MD	7.00									
BOARD MEMBER	0.	X						27,500.	0.	0.
(16) BARRY WILLIAMS	7.00									
BOARD MEMBER	0.	X						27,500.	0.	0.
(17) FLORENCE DI BENEDETTO	40.00									
SVP & GENERAL COUNSEL/ASST SEC	1.00			X				1,400,781.	0.	358,155.
(18) ED ERWIN	40.00									
DIR REAL ESTATE SVCS/ASST SEC	0.			X				220,208.	0.	25,357.
(19) JEFF SPRAGUE	40.00									
SVP & CFO	1.00			X				1,648,581.	0.	585,930.
(20) PETER ANDERSON	40.00									
SVP/CHIEF STRATEGY OFFICER	0.				X			1,368,934.	0.	122,279.
(21) ED BERDICK	40.00									
SVP SHARED SVS/CEO SPS (PT-YR)	0.				X			1,930,931.	0.	154,632.
(22) JEFF BURNICH, MD	40.00									
SVP SH MEDICAL NETWORK	0.				X			2,642,662.	0.	349,180.
(23) JAMES CONFORTI	0.									
PRESIDENT, SH VALLEY AREA	40.00				X			1,927,277.	0.	428,024.
(24) JEREMY EAVES	40.00									
CEO, SUTTER PHYSICIAN SERVICES	0.				X			336,169.	0.	69,596.
(25) JEFF GERARD	0.									
PRESIDENT, SH BAY AREA	40.00				X			1,773,130.	0.	415,629.
1b Sub-total ▶								4,621,870.	0.	1,951,858.
c Total from continuation sheets to Part VII, Section A ▶								28,671,376.	1,893,895.	4,830,020.
d Total (add lines 1b and 1c) ▶								33,293,246.	1,893,895.	6,781,878.

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 ▶ 2283

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

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
ATTACHMENT 1		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 404

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) JONATHAN MANIS	40.00									
SVP & CIO SUTTER HEALTH	0.				X			1,541,669.	0.	272,218.
(27) JILL RAGSDALE	40.00									
SVP/CHIEF PEOPLE & CULTURE OFF	0.				X			990,075.	0.	243,021.
(28) RISHI SIKKA, MD	40.00									
PRESIDENT, SH SYSTEM ENTRPRISE	0.				X			748,641.	0.	142,477.
(29) DON L. WREDEN	40.00									
SVP PATIENT EXPERIENCE	0.				X			1,520,232.	0.	236,439.
(30) WARREN BROWNER	0.									
CEO, CPMC	40.00					X		1,488,961.	0.	221,770.
(31) GRANT DAVIES	0.									
CEO, VALLEY AREA HOSPITALS	40.00					X		1,361,658.	0.	229,553.
(32) JOHN GATES	0.									
CFO, BAY AREA	40.00					X		1,166,412.	0.	182,158.
(33) STEPHEN H. LOCKHART	40.00									
SH SVP/CMO	0.					X		1,214,403.	0.	374,542.
(34) ELIZABETH VILARDO-MORGAN	0.									
CEO, BAY AREA FOUNDATIONS	40.00					X		1,404,389.	0.	210,878.
(35) PATRICK FRY	0.									
FORMER PRESIDENT & CEO SH	0.						X	2,621.	1,612,181.	0.
(36) DAVID BENN	0.									
FORMER REG PRES, CTL VALLEY	0.						X	593,974.	0.	437.
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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 ▶ 2283

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) MIKE COHILL	0.									
CEO, SMCS	40.00						X	1,055,428.	0.	87,098.
(38) MIKE HELM	0.									
FORMER SVP HUMAN RESOURCES	0.						X	0.	156,256.	0.
(39) DAVE MAGGENTI	40.00									
CFO, SPS	0.						X	253,466.	0.	7,625.
(40) RICHARD SLAVIN, MD	0.									
FORMER CEO BAY AREA MED FNDS	0.						X	607,469.	0.	438.
(41) JEFFREY SZCZESNY	0.									
VP, HR, VALLEY AREA	40.00						X	680,191.	0.	112,146.
(42) CHARLES WIRTH	0.									
FORMER CEO, SPS	0.						X	0.	125,458.	0.
(43) DAVID BRADLEY	0.									
FORMER REGIONAL PRES, EAST BAY	0.						X	738,114.	0.	438.
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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 ▶ 2283

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

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

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

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 110.				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d 1,452,252.				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 5,814,427.				
	g	Noncash contributions included in lines 1a-1f: $ 1,385,750.					
	h	**Total.** Add lines 1a-1f ▶		7,266,789.			
Program Service Revenue			**Business Code**				
	2a	MANAGEMENT SERVICES EXEMPT AFFIL.	900099	1,411,173,419.	1,411,173,419.		
	b	HEALTHCARE RELATED JV INCOME	900099	18,800,039.	18,800,039.		
	c	AFFILIATE RENTAL INCOME	900099	1,678,271.	1,678,271.		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f ▶		1,431,651,729.			
	3	Investment income (including dividends, interest, and other similar amounts) ▶		66,231,388.		599,693.	65,631,695.
	4	Income from investment of tax-exempt bond proceeds ▶		0.			
	5	Royalties ▶		0.			
			(i) Real / (ii) Personal				
	6a	Gross rents	2,923,530.				
	b	Less: rental expenses	2,487,447.				
	c	Rental income or (loss)	436,083.				
	d	Net rental income or (loss) ▶		436,083.			436,083.
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	13,686,508,941. / 1,194.				
	b	Less: cost or other basis and sales expenses	13,456,525,205. / 96,521.				
	c	Gain or (loss)	229,983,736. / -95,327.				
	d	Net gain or (loss) ▶		229,888,409.			229,888,409.
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from fundraising events ▶		0.			
	9a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities ▶		0.			
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less: cost of goods sold	b				
	c	Net income or (loss) from sales of inventory ▶		0.			
		Miscellaneous Revenue	**Business Code**				
	11a	SUTTER PHYSICIAN SERVICES	621110	13,852,765.		13,852,765.	
	b	SURGERY CENTER MANAGEMENT	621400	5,746,705.		5,746,705.	
	c	SHARED LAB URINE TOXICOLOGY	541900	1,969,380.		1,969,380.	
	d	All other revenue	900099	3,812,749.		3,812,749.	
	e	**Total.** Add lines 11a-11d ▶		25,381,599.			
	12	**Total revenue.** See instructions. ▶		1,760,855,997.	1,431,651,729.	25,981,292.	295,956,187.

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	1,418,500.	1,418,500.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	5,500.	5,500.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	28,080,956.		28,080,956.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	4,139,444.		4,139,444.	
7 Other salaries and wages	566,470,157.	566,318,385.	151,772.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	53,509,258.	52,060,466.	1,448,792.	
9 Other employee benefits	152,213,576.	143,493,592.	8,719,984.	
10 Payroll taxes	48,732,614.	48,610,259.	122,355.	
11 Fees for services (non-employees):				
a Management	45,448,110.	44,248,394.	1,199,716.	
b Legal	34,610,761.	34,610,761.		
c Accounting	3,649,743.	3,649,743.		
d Lobbying	181,858.		181,858.	
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	15,080,784.		15,080,784.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	342,504.	342,504.		
12 Advertising and promotion	22,132,483.	22,128,483.	4,000.	
13 Office expenses	21,211,277.	20,917,309.	293,968.	
14 Information technology	151,148,440.	150,069,189.	1,079,251.	
15 Royalties	0.			
16 Occupancy	26,641,596.	26,641,596.		
17 Travel	8,098,202.	7,793,394.	304,808.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	5,032,790.	1,674,338.	3,358,452.	
20 Interest	5,418,081.	5,418,081.		
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	131,827,263.	131,827,263.		
23 Insurance	5,042,196.	4,458,034.	584,162.	
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	747,720.	560,977.	186,743.	
b PURCHASED SERVICES	89,051,558.	87,292,561.	1,758,997.	
c REPAIRS & MAINTENANCE	76,531,364.	76,397,383.	133,981.	
d LOSS ON EXTINGUISHMENT	18,728,386.	18,728,386.		
e All other expenses	44,979,321.	39,741,279.	5,238,042.	
25 **Total functional expenses.** Add lines 1 through 24e	1,560,474,442.	1,488,406,377.	72,068,065.	
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)	0.			

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	0.	1	0.
	2	Savings and temporary cash investments	5,706,026.	2	231,572,796.
	3	Pledges and grants receivable, net	0.	3	2,675,809.
	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7	Notes and loans receivable, net	0.	7	0.
	8	Inventories for sale or use	2,886,588.	8	3,168,004.
	9	Prepaid expenses and deferred charges	75,960,293.	9	82,042,545.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 1514211718.			
	b	Less: accumulated depreciation — 10b: 1022568335.	611,238,448.	10c	491,643,383.
	11	Investments - publicly traded securities	3,677,948,511.	11	4,380,450,063.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11	41,379,658.	13	45,406,884.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	560,290,290.	15	946,234,531.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	4,975,409,814.	16	6,183,194,015.
Liabilities	17	Accounts payable and accrued expenses	565,361,211.	17	653,150,565.
	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	1,086,782,462.	25	1,107,307,946.
	26	**Total liabilities.** Add lines 17 through 25	1,652,143,673.	26	1,760,458,511.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	3,322,309,032.	27	4,416,200,452.
	28	Temporarily restricted net assets	957,109.	28	1,535,052.
	29	Permanently restricted net assets	0.	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	3,323,266,141.	33	4,422,735,504.
	34	Total liabilities and net assets/fund balances	4,975,409,814.	34	6,183,194,015.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,760,855,997.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,560,474,442.
3	Revenue less expenses. Subtract line 2 from line 1	3	200,381,555.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,323,266,141.
5	Net unrealized gains (losses) on investments	5	386,418,172.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	-98,294,724.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	610,964,360.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,422,735,504.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	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.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization	**Employer identification number**
SUTTER HEALTH	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 **section 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 15

g Provide the following information about the supported organization(s).

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1-10 above (see instructions))	**(iv)** Is the organization listed in your governing document? Yes	**(iv)** No	**(v)** Amount of monetary support (see instructions)	**(vi)** Amount of other support (see instructions)
ATTACHMENT 1						
(A)						
(B)						
(C)						
(D)						
(E)						
Total					2,543,291,549.	

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 %

15 Public support percentage from 2016 Schedule A, Part II, line 14 . . . . . 15 %

16a **33 1/3 % support test - 2017.** 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 - 2016.** 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 - 2017.** 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 - 2016.** 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2017** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2016** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2017.** 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 - 2016.** 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1	X	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		X
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		X
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		X
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* ***Part VI****, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a	X	
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6	X	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	7		X
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		X
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		X
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		X
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		X
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*	10a		X
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	**11a**		X
b	A family member of a person described in (a) above?	**11b**		X
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI.***	**11c**		X

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (****see instructions****).*

- **a** ☐ The organization satisfied the Activities Test. *Complete* ***line 2*** *below.*
- **b** ☒ The organization is the parent of each of its supported organizations. *Complete* ***line 3*** *below.*
- **c** ☐ The organization supported a governmental entity. *Describe in* ***Part VI*** *how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. ***Answer (a) and (b) below.***			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. ***Answer (a) and (b) below.***			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	**3a**	X	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI*** *the role played by the organization in this regard.*	**3b**	X	

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):			
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 2017 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-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in **Part VI**). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
c	From 2014			
d	From 2015			
e	From 2016			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in **Part VI**. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI**. See instructions.			
7	**Excess distributions carryover to 2018**. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
c	Excess from 2015			
d	Excess from 2016			
e	Excess from 2017			

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.)

SCHEDULE A, PART IV, SECTION A, LINE 5A

THE FOLLOWING SUTTER HEALTH SUPPORTED ORGANIZATIONS MERGED INTO OTHER

SUTTER HEALTH SUPPORTED ORGANIZATIONS DURING 2017:

NAME: SUTTER CENTRAL VALLEY HOSPITALS

EIN: 94-1080917

MERGED INTO SUTTER VALLEY HOSPITALS (EIN: 94-1156621) ON MAY 1, 2017.

NAME: SUTTER WEST BAY MEDICAL FOUNDATION

EIN: 94-2948131

MERGED INTO SUTTER BAY MEDICAL FOUNDATION (EIN: 94-1156581) ON AUGUST 1,

2017.

NAME: SUTTER EAST BAY MEDICAL FOUNDATION

EIN: 94-2690415

MERGED INTO SUTTER BAY MEDICAL FOUNDATION (EIN: 94-1156581) ON AUGUST 1,

2017.

THE FOLLOWING SUTTER HEALTH SUPPORTED ORGANIZATIONS WERE SUPPORTED

ORGANIZATIONS FOR PART OF THE 2017 TAX YEAR:

EDEN MEDICAL CENTER

EIN: 94-2948100

DISSOLVED ON JANUARY 12, 2017.

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.)

ADOLESCENT TREATMENT CENTERS, INC.

EIN: 68-0088443

DONATED AND TRANSFERRED TO BAY AREA COMMUNITY SERVICES ON AUGUST 1, 2017.

THE FOLLOWING ORGANIZATIONS WERE MERGED WITH RELATED ORGANIZATIONS IN 2016 AND WERE REMOVED FROM REPORTING AS SUPPORTED ORGANIZATIONS FOR 2017:

MILLS-PENINSULA HEALTH SERVICES

EIN: 94-1156265

MERGED WITH SUTTER BAY HOSPITALS (EIN: 94-0562680) IN 2016.

SUTTER GOULD MEDICAL FOUNDATION

EIN: 94-1682256

MERGED WITH SUTTER VALLEY MEDICAL FOUNDATION (EIN: 68-0273974) IN 2016.

SUTTER MEDICAL CENTER CASTRO VALLEY

EIN: 77-0146047

MERGED WITH SUTTER BAY HOSPITALS (EIN: 94-0562680) IN 2016.

SUTTER HEALTH HAD THE AUTHORITY TO AUTHORIZE THE MERGERS AND FILED THE APPROPRIATE AGREEMENTS OF MERGER WITH THE STATE OF CALIFORNIA. THESE ORGANIZATIONS WERE REMOVED AS SUPPORTED ORGANIZATIONS.

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.)

SCHEDULE A, PART IV, SECTION A, LINE 6

IN 2017, OUR NOT-FOR-PROFIT SUTTER HEALTH NETWORK INVESTED $612 MILLION TO PROVIDE COMMUNITY BENEFIT PRIMARILY TO PEOPLE ACROSS NORTHERN CALIFORNIA, INCLUDING IN SOME OF OUR POOREST COMMUNITIES. A PORTION OF THESE INVESTMENTS INCLUDE GRANTS THAT SUPPORT HEALTH CENTERS AND OTHER COMMUNITY ORGANIZATIONS WHO SHARE OUR GOAL OF IMPROVING OVERALL COMMUNITY HEALTH. THESE PARTNERSHIPS SUPPORT ACCESS TO MEDICAL CARE, MENTAL HEALTH SERVICES AND KEY SOCIAL SERVICES, SUCH AS TRANSITIONAL HOUSING, TRANSPORTATION, MEALS FOR THE HUNGRY, EDUCATION, YOUTH JOB-TRAINING PROGRAMS, RESEARCH AND HEALTH CARE ADVOCACY.

SCHEDULE A, PART IV, SECTION D, LINE 3

SUTTER HEALTH AND ITS SUPPORTED ORGANIZATIONS ARE ALL PART OF AN INTEGRATED HEALTH SYSTEM WITH AN INTERLOCKING GOVERNANCE MODEL. THIS CLOSE AND CONTINUING RELATIONSHIP PROVIDES THE SUPPORTED ORGANIZATIONS' INPUT INTO THE SUPPORTING ORGANIZATION'S INVESTMENT POLICIES AND USE OF ITS INCOME AND ASSETS.

SCHEDULE A, PART IV, SECTION E, LINES 3A & 3B

PURSUANT TO THE BYLAWS AND INTERLOCKING GOVERNANCE MODEL OF EACH SUPPORTED ORGANIZATION, SUTTER HEALTH IS THE SOLE CORPORATE MEMBER AND HAS THE POWER TO APPOINT OR REMOVE AT LEAST A MAJORITY OF THE DIRECTORS. IN ADDITION, THE SUTTER HEALTH BOARD OF DIRECTORS RETAINS CERTAIN "RESERVED POWERS" WHICH REQUIRE THAT CERTAIN DECISIONS MADE BY SUPPORTED ORGANIZATION BOARDS MUST BE APPROVED BY THE SUTTER HEALTH BOARD OF

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.)

DIRECTORS BEFORE BEING EFFECTIVE. SUCH DECISIONS INCLUDE, AMONG OTHERS,

THE POWER TO APPROVE:

- MERGER, CONSOLIDATION, REORGANIZATION OR DISSOLUTION;

- AMENDMENT OR RESTATEMENT OF THE ARTICLES OF INCORPORATION OR BYLAWS;

- ADOPTION OF OPERATING AND CAPITAL BUDGETS, AS WELL AS STRATEGIC PLANS;

- CREATION OR ACQUISITION OF SUBSIDIARY CORPORATIONS;

- CREATION OF MAJOR NEW PROGRAMS AND CLINICAL SERVICES;

- EXPENDITURES BEYOND APPROVED BUDGETS AND IN EXCESS OF LIMITS ESTABLISHED BY SUTTER HEALTH; AND

- LONG-TERM OR MATERIAL AGREEMENTS, INCLUDING AGREEMENTS FOR THE INCURRENCE OF CERTAIN DEBT IN EXCESS OF LIMITS ESTABLISHED BY SUTTER HEALTH, OR THE PURCHASE, SALE, LEASE, DISPOSITION, EXCHANGE, GIFT, PLEDGE OR ENCUMBRANCE OF ANY ASSET IN EXCESS OF LIMITS ESTABLISHED BY SUTTER HEALTH.

IN ADDITION, THE BYLAWS OF THE SUPPORTED ORGANIZATIONS STATE THAT THE PRESIDENT, THE CHIEF FINANCIAL OFFICER, AND ALL KEY MEMBERS OF MANAGEMENT SHALL BE EMPLOYEES OF SUTTER HEALTH, THAT THE SUPPORTED ORGANIZATION SHALL CONDUCT ITS OPERATIONS AND ACTIVITIES IN ACCORDANCE WITH SUTTER HEALTH SYSTEM POLICIES, AND THAT THE SUPPORTED ORGANIZATION SHALL PARTICIPATE IN ALL INITIATIVES AND PROGRAMS DEVELOPED AND DESIGNATED FOR IMPLEMENTATION BY SUTTER HEALTH. SUCH PARTICIPATION SHALL BE WITHOUT LIMITATION OR MODIFICATION EXCEPT AS APPROVED BY SUTTER HEALTH IN ITS SOLE DISCRETION.

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.)

ATTACHMENT 1

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV) YES NO	(V) AMOUNT OF SUPPORT	(VI) OTHER SUPPORT AMOUNT
ADOLESCENT TREATMENT CENTERS, INC.	68-0088443	3	X	0.	0.
EAST BAY PERINATAL CENTER	51-0172285	3	X	0.	0.
EDEN MEDICAL CENTER	94-2948100	10	X	0.	0.
SAMUEL MERRITT UNIVERSITY	94-2992642	2	X	0.	0.
SUTTER BAY MEDICAL FOUNDATION	94-1156581	3	X	60,246,416.	0.
SUTTER CENTRAL VALLEY HOSPITALS	94-1080917	3	X	94,956,019.	0.
SUTTER COAST HOSPITAL	94-2988520	3	X	8,200,833.	0.
SUTTER EAST BAY HOSPITALS	94-1196176	3	X	636,959,899.	0.
SUTTER HEALTH PACIFIC	99-0298651	3	X	2,500,000.	0.
SUTTER VALLEY HOSPITALS	94-1156621	3	X	689,133,498.	0.
SUTTER VISITING NURSE ASSOCIATION AND HOSPICE	94-6068843	3	X	647,930.	0.
SUTTER BAY HOSPITALS	94-0562680	3	X	905,878,678.	0.
SUTTER WEST BAY MEDICAL FOUNDATION	94-2948131	3	X	73,939,526.	0.
SUTTER EAST BAY MEDICAL FOUNDATION	94-2690415	3	X	55,832,936.	0.
SUTTER VALLEY MEDICAL FOUNDATION	68-0273974	3	X	14,995,814.	0.
TOTAL AMOUNT OF SUPPORT				2,543,291,549.	0.

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2017

Name of the organization
SUTTER HEALTH

Employer identification number
94-2788907

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 5,375.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 74,130.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 900,979.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 469,268.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 7,500.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		$ 10,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8		$ 500,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
9		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
10		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
11		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
12		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		$ 5,000,000.	Person [X] Payroll [ ] Noncash [X] (Complete Part II for noncash contributions.)
14		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
15		$ 5,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
16		$ 25,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
17		$ 20,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
18		$ 50,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization SUTTER HEALTH | **Employer identification number** 94-2788907

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
13	23,000 SHARES OF EXPONENT, INC.	$ 1,385,750.	05/31/2017
		$	
		$	
		$	
		$	
		$	
		$	

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

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ $ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

2017

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 organization	Employer identification number
SUTTER HEALTH	94-2788907

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		8,000.
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		181,858.
j Total. Add lines 1c through 1i			189,858.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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 campaign activity expenditures from the prior year?	**3**		

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

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

Part IV **Supplemental Information**

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

SEE PAGE 4

Part IV **Supplemental Information** *(continued)*

SCHEDULE C, PART II-B, LINE 1F

GRANTS TO OTHER ORGANIZATIONS FOR LOBBYING PURPOSES: GRANTS PAID TO CALIFORNIA AMBULATORY SURGERY ASSOCIATION AND CALIFORNIA BUSINESS ROUNDTABLE FOR ADVOCACY.

SCHEDULE C, PART II-B, LINE 1I

OTHER ACTIVITIES: PAID CONSULTANTS THAT PERFORMED LOBBYING ACTIVITIES.

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 instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization
SUTTER HEALTH

Employer identification number
94-2788907

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

Part II Conservation Easements.

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

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

☐ Preservation of land for public use (e.g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

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

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $

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

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

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

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

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

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions	5,000,000.				
c Net investment earnings, gains, and losses	90,034.				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	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 ▶ _____ %
b Permanent endowment ▶ 98.0000 %
c Temporarily restricted endowment ▶ 2.0000 %

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

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

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

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

Part VI Land, Buildings, and Equipment.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		54,654,565.		54,654,565.
b Buildings		98,563,976.	39,880,914.	58,683,062.
c Leasehold improvements		69,809,507.	34,622,281.	35,187,226.
d Equipment		1269520320.	945,885,815.	323,634,505.
e Other		21,663,350.	2,179,325.	19,484,025.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)* ▶				491,643,383.

Schedule D (Form 990) 2017

JSA
7E1269 1.000

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

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

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

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

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

(a) Description	(b) Book value
(1) INTERCOMPANY RECEIVABLES	629,258,341.
(2) OTHER RECEIVABLES	48,045,417.
(3) OTHER ASSETS	268,930,773.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	946,234,531.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SELF INSURANCE RESERVE	423,452,602.
(3) TAXABLE BOND LIABILITIES	89,778,508.
(4) THIRD PARTY SETTLEMENTS	1,742,173.
(5) OTHER LIABILITIES	592,334,663.
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	1,107,307,946.

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 [X]

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.

SEE PAGE 5

Part XIII Supplemental Information *(continued)*

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 INNOVATION OFFICER IN CONSULTATION WITH THE SUTTER HEALTH PRESIDENT AND CHIEF EXECUTIVE OFFICER.

SCHEDULE D, PART X, LINE 2

ASC 740 FOOTNOTE:

THIS ORGANIZATION WAS PART OF A CONSOLIDATED 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 BOARD AND GENERALLY ARE NOT SUBJECT TO TAXES ON INCOME. CERTAIN ACTIVITIES OF SUTTER ARE SUBJECT TO INCOME TAXES; HOWEVER, SUCH ACTIVITIES ARE NOT SIGNIFICANT TO THE CONSOLIDATED FINANCIAL STATEMENTS. WITH RESPECT TO ITS TAXABLE ACTIVITIES, SUTTER RECORDS INCOME TAXES USING THE LIABILITY METHOD, UNDER WHICH DEFERRED TAX ASSETS AND LIABILITIES ARE DETERMINED BASED ON THE DIFFERENCES BETWEEN THE FINANCIAL ACCOUNTING AND TAX BASES OF ASSETS AND LIABILITIES. DEFERRED TAX ASSETS OR LIABILITIES AT THE END OF EACH PERIOD ARE DETERMINED USING THE CURRENTLY ENACTED TAX RATE EXPECTED TO APPLY TO TAXABLE INCOME IN THE PERIODS THAT THE DEFERRED TAX ASSET OR LIABILITY IS EXPECTED TO BE REALIZED OR SETTLED.

SUTTER RECOGNIZES THE TAX BENEFIT FROM UNCERTAIN TAX POSITIONS, ONLY IF

Part XIII Supplemental Information *(continued)*

IT IS MORE LIKELY THAN NOT THAT THE TAX POSITIONS WILL BE SUSTAINED ON EXAMINATION BY THE TAX AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFIT IS MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE STATUTE OF LIMITATIONS FOR TAX YEARS 2014 THROUGH 2016 REMAIN OPEN IN U.S. TAX JURISDICTIONS IN WHICH SUTTER AND ITS AFFILIATES ARE SUBJECT TO TAXATION. SUTTER RECOGNIZES INTEREST AND PENALTIES RELATED TO INCOME TAX MATTERS IN OPERATING EXPENSES. AT DECEMBER 31, 2017 AND 2016, THERE WERE NO SUCH UNCERTAIN TAX POSITIONS.

THE TAX CUTS AND JOBS ACT (TAX ACT) WAS ENACTED ON DECEMBER 22, 2017. THE TAX ACT REDUCES THE US FEDERAL CORPORATE TAX RATE FROM 35% TO 21%, REQUIRES COMPANIES TO PAY A ONE-TIME TRANSITION TAX ON EARNINGS OF CERTAIN FOREIGN SUBSIDIARIES THAT WERE PREVIOUSLY TAX DEFERRED, CREATES NEW TAXES ON CERTAIN FOREIGN SOURCED EARNINGS, PROVIDES FOR A NEW EXCISE TAX ON CERTAIN COMPENSATION OF EXEMPT ORGANIZATIONS OVER $1 MILLION, AND REQUIRES THE SEPARATE CALCULATION OF UNRELATED BUSINESS TAXABLE INCOME FOR EACH TRADE OR BUSINESS CARRIED ON. AS OF DECEMBER 31, 2017, WE HAVE NOT COMPLETED OUR ACCOUNTING FOR THE TAX EFFECTS OF ENACTING THE TAX ACT, THEREFORE WE CONTINUE TO ACCOUNT FOR THOSE ITEMS BASED ON OUR EXISTING ACCOUNTING UNDER ASC 740, INCOME TAXES, AND THE PROVISIONS OF THE TAX LAWS THAT WERE IN EFFECT IMMEDIATELY PRIOR TO ENACTMENT. WE WILL CONTINUE TO MAKE AND REFINE OUR CALCULATIONS AS ADDITIONAL ANALYSIS IS COMPLETED. IN ADDITION, OUR ESTIMATES MAY ALSO BE AFFECTED AS WE GAIN A MORE THOROUGH UNDERSTANDING OF THE TAX LAW AS WELL AS RECEIVING GUIDANCE FROM THE INTERNAL REVENUE SERVICE ON HOW THESE PROVISIONS APPLY TO TAX-EXEMPT ORGANIZATIONS AND TAXABLE AFFILIATES.

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ **Complete if the organization answered "Yes" on 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

2017

Open to Public Inspection

Name of the organization
SUTTER HEALTH

Employer identification number
94-2788907

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on 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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS		628,979,513.
(2) EUROPE	0.	0.	INVESTMENTS		106,871,343.
(3) NORTH AMERICA	0.	0.	INVESTMENTS		6,592,368.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					742,443,224.
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)					742,443,224.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	[X] 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	[X] 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)*	[X] 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)*	[X] 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)*	[X] 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	[X] 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).

SCHEDULE F, PART I, LINE 3, COLUMN (F)

ACCOUNTING METHOD

THE ACCRUAL METHOD OF ACCOUNTING WAS USED TO DETERMINE THE AMOUNTS IN

COLUMN (F).

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization
SUTTER HEALTH

Employer identification number
94-2788907

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] 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.

1 (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) ALAMEDA COUNTY FOOD BANK PO BOX 2599 OAKLAND, CA 94614	94-2960297	501(C)(3)	12,500.				GENERAL SUPPORT
(2) AMERICAN RED CROSS 2025 E ST NW WASHINGTON, DC 02006-5009	53-0196605	501(C)(3)	531,250.				GENERAL SUPPORT
(3) CANINE COMPANIONS FOR INDEPENDENCE PO BOX 446 SANTA ROSA, CA 95402	94-2494324	501(C)(3)	18,750.				GENERAL SUPPORT
(4) CERES COMMUNITY PROJECT PO BOX 1562 SEBASTOPOL, CA 95473	26-2250997	501(C)(3)	15,000.				GENERAL SUPPORT
(5) COALITION FOR COMPASSIONATE CARE 1331 GARDEN HWY SACRAMENTO, CA 95833	27-0419836	501(C)(3)	45,000.				GENERAL SUPPORT
(6) ELK GROVE FOOD BANK PO BOX 1447 ELK GROVE, CA 95759	38-3664737	501(C)(3)	6,000.				GENERAL SUPPORT
(7) FUTURES WITHOUT VIOLENCE 100 MONTGOMERY ST SAN FRANCISCO, CA 94129	94-3110973	501(C)(3)	7,500.				GENERAL SUPPORT
(8) FISHER HOUSE FOUNDATION, INC. 111 ROCKVILLE PIKE #420 ROCKVILLE, MD 20850	11-3158401	501(C)(3)	25,000.				GENERAL SUPPORT
(9) FOOD BANK OF SOLANO AND CONTRA COSTA COUNTY 4010 NELSON AVE CONCORD, CA 91520	94-2418054	501(C)(3)	31,000.				GENERAL SUPPORT
(10) FOOD BANK OF YOLO COUNTY 1244 FORTNA AVE WOODLAND, CA 95776	23-7111782	501(C)(3)	6,000.				GENERAL SUPPORT
(11) FOOD PANTRY OF DAVIS STREET 3081 TEAGARDEN STREET SAN LEANDRO, CA 94577	94-3121699	501(C)(3)	12,500.				GENERAL SUPPORT
(12) MARCH OF DIMES PO BOX 1657 WILKES-BARRE, PA 18703-1657	13-1846366	501(C)(3)	135,000.				GENERAL SUPPORT

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

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

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization
SUTTER HEALTH

Employer identification number
94-2788907

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] 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.

1 (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) MEDSHARE INTERNATIONAL 3240 CLIFTON SPRINGS RD. DECATUR, GA 30034	58-2433968	501(C)(3)	157,500.				GENERAL SUPPORT
(2) NATUREBRIDGE 28 GEARY ST STE 650 SAN FRANCISCO, CA 94108	94-2145930	501(C)(3)	7,500.				GENERAL SUPPORT
(3) OKIZU FOUNDATION 16 DIGITAL DR STE 100 NOVATO, CA 94949	68-0291178	501(C)(3)	25,000.				GENERAL SUPPORT
(4) AMBULATORY SURGERY ACCESS 1119 MARKET ST #400 SAN FRANCISCO, CA 94103	94-3180356	501(C)(3)	103,750.				GENERAL SUPPORT
(5) PLACER FOOD BANK 8284 INDUSTRIAL AVE ROSEVILLE, CA 95678	94-1740316	501(C)(3)	9,000.				GENERAL SUPPORT
(6) REDWOOD EMPIRE FOOD BANK 3320 INDUSTRIAL DRIVE SANTA ROSA, CA 95403	68-0121855	501(C)(3)	15,000.				GENERAL SUPPORT
(7) RIVER CITY COMMUNITY SERVICES-FOOD BANK 3311 E CURTIS DR SACRAMENTO, CA 95818	91-1851398	501(C)(3)	15,000.				GENERAL SUPPORT
(8) SALVATION ARMY PO BOX 340699 SACRAMENTO, CA 95834	94-1170408	501(C)(3)	22,500.				GENERAL SUPPORT
(9) SAN FRANCISCO FOOD BANK 900 PENNSYLVANIA AVE SAN FRANCISCO CA 94107	94-3041517	501(C)(3)	32,500.				GENERAL SUPPORT
(10) SECOND HARVEST FOOD BANK - SANTA CLARA 750 CURTNER AVENUE SAN JOSE, CA 95125	94-2614101	501(C)(3)	33,500.				GENERAL SUPPORT
(11) SECOND HARVEST FOOD BANK-SANTA CRUZ COUNTY 800 OHLONE PARKWAY WATSONVILLE, CA 95076	77-0326685	501(C)(3)	16,500.				GENERAL SUPPORT
(12) SECOND HARVEST FOOD BANK - SAN JOAQUIN 704 E INDUSTRIAL PARK DR MANTECA, CA 95337	68-0376587	501(C)(3)	15,000.				GENERAL SUPPORT

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

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

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization
SUTTER HEALTH

Employer identification number
94-2788907

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] 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.

1 (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) SEROTONIN SURGE CHARITIES 824 FALCON AVE DAVIS, CA 95616-0162	68-0411254	501(C)(3)	37,500.				GENERAL SUPPORT
(2) TRACY INTERFAITH MINISTRIES 311 W GRANT LINE ROAD TRACY, CA 95376	94-3150638	501(C)(3)	10,000.				GENERAL SUPPORT
(3) VETERANS RESOURCE CENTERS OF AMERICA 2455 BENNETT VALLEY RD SANTA ROSA, CA 95402	94-2699571	501(C)(3)	25,000.				GENERAL SUPPORT
(4) SAN FRANCISCO PUBLIC HEALTH FOUNDATION 375 LAGUNA HONDA BLV SAN FRANCISCO CA 94116	94-3117083	501(C)(3)	10,000.				GENERAL SUPPORT
(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 . . . . . ▶ 28.

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1	NURSING EXCELLENCE AWARDS	11.	5,500.			
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.

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

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

- CONTINUED DIALOGUE WITH INVOLVED HOSPITAL STAFF AND COMMUNITY PARTNERS

THROUGHOUT DURATION OF PROGRAM

- SITE VISITS WITH COMMUNITY PARTNERS

- BI-ANNUAL "OUTCOMES" SURVEY (6-MONTH AND YEAR-END OUTCOMES)

- REVIEW OF HOSPITAL USAGE AND PATIENT LEVEL DATA

- COLLECTION OF PATIENT STORIES AND NARRATIVES

- COLLABORATIVE DISCUSSIONS AROUND AD-HOC SUCCESSES AND CHALLENGES THAT

ARISE

- REPORTING TO INCLUDE YEAR-END FINANCIAL SUMMARY THAT COMPARES

ACTUAL EXPENDITURES TO THE FUNDED PROJECT'S BUDGET, INDICATING ANY UNUSED

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

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.

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

SCHEDULE I, PART III, LINE 1

SUTTER HEALTH SUPPORTS SEVERAL LOCAL AREA NURSING EDUCATION PROGRAMS. IN

2017, CERTAIN NURSING STUDENT GRADUATES RECEIVED A $500 MONETARY AWARD

FOR COMPLETING THE PROGRAM.

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

2017

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.		
	[X] First-class or charter travel		
	[ ] Travel for companions		
	[X] Tax indemnification and gross-up payments		
	[ ] Discretionary spending account		
	[X] Housing allowance or residence for personal use		
	[ ] Payments for business use of personal residence		
	[ ] Health or social club dues or initiation fees		
	[ ] Personal services (such as, maid, chauffeur, chef)		
b	If any of the boxes on 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**	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? **2**	X	
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.		
	[X] Compensation committee		
	[X] Independent compensation consultant		
	[ ] Form 990 of other organizations		
	[ ] Written employment contract		
	[X] Compensation survey or study		
	[X] Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment? **4a**	X	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement? **4c**		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization? **5a**		X
b	Any related organization? **5b**		X
	If "Yes" on line 5a or 5b, describe in Part III.		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization? **6a**		X
b	Any related organization? **6b**		X
	If "Yes" on line 6a or 6b, describe in Part III.		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7**	X	
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**	X	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**		X

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

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

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

	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	SARAH KREVANS PRESIDENT & CEO, SUTTER HEALTH	(i)	1,681,729.	2,410,475.	222,583.	1,926,153.	25,705.	6,266,645.	1,297,143.
		(ii)	0.	0.	0.	0.	0.	0.	0.
2	FLORENCE DI BENEDETTO SVP & GENERAL COUNSEL/ASST SEC	(i)	668,597.	642,173.	90,011.	341,803.	16,352.	1,758,936.	338,148.
		(ii)	0.	0.	0.	0.	0.	0.	0.
3	ED ERWIN DIR REAL ESTATE SVCS/ASST SEC	(i)	201,869.	16,543.	1,796.	12,072.	13,285.	245,565.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
4	JEFF SPRAGUE SVP & CFO	(i)	724,980.	778,891.	144,710.	564,953.	20,977.	2,234,511.	471,045.
		(ii)	0.	0.	0.	0.	0.	0.	0.
5	PETER ANDERSON SVP/CHIEF STRATEGY OFFICER	(i)	637,489.	622,090.	109,355.	103,753.	18,526.	1,491,213.	263,400.
		(ii)	0.	0.	0.	0.	0.	0.	0.
6	ED BERDICK SVP SHARED SVS/CEO SPS (PT-YR)	(i)	809,081.	968,516.	153,334.	134,353.	20,279.	2,085,563.	383,520.
		(ii)	0.	0.	0.	0.	0.	0.	0.
7	JEFF BURNICH, MD SVP SH MEDICAL NETWORK	(i)	654,752.	637,245.	1,350,665.	329,912.	19,268.	2,991,842.	263,400.
		(ii)	0.	0.	0.	0.	0.	0.	0.
8	JAMES CONFORTI PRESIDENT, SH VALLEY AREA	(i)	772,743.	795,319.	359,215.	404,353.	23,671.	2,355,301.	693,304.
		(ii)	0.	0.	0.	0.	0.	0.	0.
9	JEREMY EAVES CEO, SUTTER PHYSICIAN SERVICES	(i)	290,186.	39,770.	6,213.	60,403.	9,193.	405,765.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
10	JEFF GERARD PRESIDENT, SH BAY AREA	(i)	805,713.	829,693.	137,724.	396,353.	19,276.	2,188,759.	383,520.
		(ii)	0.	0.	0.	0.	0.	0.	0.
11	JONATHAN MANIS SVP & CIO SUTTER HEALTH	(i)	657,523.	622,183.	261,963.	249,603.	22,615.	1,813,887.	515,167.
		(ii)	0.	0.	0.	0.	0.	0.	0.
12	JILL RAGSDALE SVP/CHIEF PEOPLE & CULTURE OFF	(i)	580,783.	391,109.	18,183.	215,903.	27,118.	1,233,096.	131,760.
		(ii)	0.	0.	0.	0.	0.	0.	0.
13	RISHI SIKKA, MD PRESIDENT, SH SYSTEM ENTRPRISE	(i)	578,107.	134,980.	35,554.	125,009.	17,468.	891,118.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
14	DON L. WREDEN SVP PATIENT EXPERIENCE	(i)	659,596.	759,355.	101,281.	206,203.	30,236.	1,756,671.	343,440.
		(ii)	0.	0.	0.	0.	0.	0.	0.
15	WARREN BROWNER CEO, CPMC	(i)	611,509.	784,519.	92,933.	201,153.	20,617.	1,710,731.	332,977.
		(ii)	0.	0.	0.	0.	0.	0.	0.
16	GRANT DAVIES CEO, VALLEY AREA HOSPITALS	(i)	664,382.	618,289.	78,987.	206,353.	23,200.	1,591,211.	319,997.
		(ii)	0.	0.	0.	0.	0.	0.	0.

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

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

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

	(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
			(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	JOHN GATES CFO, BAY AREA	(i)	649,068.	445,307.	72,037.	163,503.	18,655.	1,348,570.	275,667.
		(ii)	0.	0.	0.	0.	0.	0.	0.
2	STEPHEN H. LOCKHART SH SVP/CMO	(i)	552,390.	543,551.	118,462.	345,903.	28,639.	1,588,945.	333,715.
		(ii)	0.	0.	0.	0.	0.	0.	0.
3	ELIZABETH VILARDO-MORGA CEO, BAY AREA FOUNDATIONS	(i)	671,989.	551,875.	180,525.	186,953.	23,925.	1,615,267.	427,933.
		(ii)	0.	0.	0.	0.	0.	0.	0.
4	PATRICK FRY FORMER PRESIDENT & CEO SH	(i)	0.	0.	2,621.	0.	0.	2,621.	0.
		(ii)	0.	0.	1,612,181.	0.	0.	1,612,181.	0.
5	DAVID BENN FORMER REG PRES, CTL VALLEY	(i)	0.	263,340.	330,634.	0.	437.	594,411.	175,560.
		(ii)	0.	0.	0.	0.	0.	0.	0.
6	MIKE COHILL CEO, SMCS	(i)	959.	759,945.	294,524.	85,084.	2,014.	1,142,526.	348,360.
		(ii)	0.	0.	0.	0.	0.	0.	0.
7	MIKE HELM FORMER SVP HUMAN RESOURCES	(i)	0.	0.	0.	0.	0.	0.	0.
		(ii)	0.	0.	156,256.	0.	0.	156,256.	0.
8	DAVE MAGGENTI CFO, SPS	(i)	12,691.	163,743.	77,032.	6,560.	1,065.	261,091.	56,400.
		(ii)	0.	0.	0.	0.	0.	0.	0.
9	RICHARD SLAVIN, MD FORMER CEO BAY AREA MED FNDS	(i)	0.	256,860.	350,609.	0.	438.	607,907.	171,240.
		(ii)	0.	0.	0.	0.	0.	0.	0.
10	JEFFREY SZCZESNY VP, HR, VALLEY AREA	(i)	371,606.	274,942.	33,643.	93,503.	18,643.	792,337.	145,693.
		(ii)	0.	0.	0.	0.	0.	0.	0.
11	CHARLES WIRTH FORMER CEO, SPS	(i)	0.	0.	0.	0.	0.	0.	0.
		(ii)	0.	0.	125,458.	0.	0.	125,458.	0.
12	DAVID BRADLEY FORMER REGIONAL PRES, EAST BAY	(i)	0.	383,580.	354,534.	0.	438.	738,552.	255,720.
		(ii)	0.	0.	0.	0.	0.	0.	0.
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

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.

SCHEDULE J, PART I, LINE 1A

RELEVANT INFORMATION REGARDING COMPENSATION ITEMS:

FIRST-CLASS TRAVEL: CERTAIN OFFICERS AND KEY EMPLOYEES OF SUTTER HEALTH MAY UPGRADE TO FIRST-CLASS TRAVEL AS BUSINESS NEED DICTATES. UPGRADES ARE CONSIDERED A NECESSARY BUSINESS EXPENSE.

TAX INDEMNIFICATION: STANDARD POLICY FOR ALL SUTTER HEALTH EMPLOYEES IS THAT NON-CASH GIFTS AND AWARDS ARE GROSSED-UP FOR TAX PURPOSES. THE AMOUNT OF THE GROSS-UP IS ADDED TO THE EMPLOYEE'S WAGES AND TAXED ACCORDINGLY.

HOUSING ALLOWANCE: TWO (2) INDIVIDUALS, RISHI SIKKA AND MIKE COHILL, RECEIVED A HOUSING ALLOWANCE. THE BENEFIT WAS REPORTED AS TAXABLE COMPENSATION ON THEIR W-2S.

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

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.

COMPENSATION TO ASSURE THAT ORGANIZATIONAL PURPOSES ARE APPROPRIATELY

BEING SERVED. THE COMPENSATION COMMITTEE USES CREDIBLE DATA SOURCES AND

MAINTAINS AN OBJECTIVE "ARMS-LENGTH" DECISION-MAKING PROCESS, ENSURING

THE INTEGRITY OF SUTTER'S EXECUTIVE PROGRAMS AND CONSISTENCY WITH THE

ORGANIZATION'S OVERALL MISSION.

SEE SCHEDULE O NARRATIVE FOR PART VI, LINE 15 FOR A FULL DESCRIPTION OF

THE COMPENSATION APPROVAL PROCESS COMPLETED BY SUTTER HEALTH.

SCHEDULE J, PART I, LINE 4A

SEVERANCE PAYMENTS:

DAVID BENN RECEIVED SEVERANCE PAYMENTS OF $330,634

DAVID BRADLEY RECEIVED SEVERANCE PAYMENTS OF $354,534

RICHARD SLAVIN, MD RECEIVED SEVERANCE PAYMENTS OF $350,609

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

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.

SUTTER HEALTH'S OVERALL COMPENSATION PHILOSOPHY FOR ALL EMPLOYEES. CONTRIBUTIONS ARE DESIGNED TAKING INTO CONSIDERATION LOST RETIREMENT BENEFITS THAT WOULD OTHERWISE BE OBTAINED THROUGH THE QUALIFIED PENSION PLAN AND SOCIAL SECURITY BENEFITS. SUTTER'S PLANS ARE DESIGNED CONSISTENT WITH COMPETITIVE INDUSTRY PRACTICES.

THE RETIREMENT PLAN FOR SUTTER HEALTH EMPLOYEES IS A COMBINATION OF SOCIAL SECURITY, 403(B) EMPLOYER MATCH CONTRIBUTIONS AND QUALIFIED PENSION PLAN BENEFITS. SUTTER HEALTH EXECUTIVES ARE GENERALLY INELIGIBLE FOR EMPLOYER MATCH CONTRIBUTIONS.

TO ENSURE A COMPETITIVE RETIREMENT BENEFIT AND TO ADDRESS THE SHORTFALLS DESCRIBED ABOVE, SUTTER HEALTH MAKES AN ANNUAL CONTRIBUTION TO A NON-QUALIFIED 457(F) PLAN FOR ITS EXECUTIVES. THE FORMULA HAS TWO PARTS: (1) 4% TO 7% OF BASE SALARY (COMMENSURATE WITH MANAGEMENT LEVEL), PLUS (2) A CONTRIBUTION STARTING AT 5% (BASED UPON TENURE) FOR ELIGIBLE EARNINGS BEYOND THE IRS DEFINITION OF INCLUDIBLE COMPENSATION ("PENSION PAY CAP"). THE LATTER OF WHICH IS DESIGNED TO HELP RESTORE LOST PENSION

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.

BENEFITS FORFEITED UNDER THE QUALIFIED PENSION PLAN FOR EARNINGS OVER THE PENSION PAY CAP LIMIT.

CONTRIBUTIONS ARE ALSO MADE FOR A SMALL GROUP OF SENIOR LEVEL EXECUTIVES WHOSE ESTIMATED RETIREMENT BENEFIT (SOCIAL SECURITY PLUS QUALIFIED PLAN BENEFITS PLUS 457(F)) FALLS BELOW 50% - 65% OF FINAL 4-YEAR AVERAGE BASE SALARY WHEN RETIRING AT AGE 65 WITH 22.5 YEARS OF SERVICE. TARGET BENEFIT LEVELS ARE DISCOUNTED FOR YEARS OF SERVICE LESS THAN 22.5 AT AGE 65.

UNLIKE SUTTER HEALTH'S QUALIFIED PENSION PLAN WHERE EMPLOYEE BENEFITS ARE GUARANTEED (I.E., A DEFINED BENEFIT), SUTTER'S NON-QUALIFIED PLAN BENEFITS ARE NOT GUARANTEED BY SUTTER HEALTH. INVESTMENT RISK IS BORNE BY PARTICIPANTS AND BENEFITS ARE NOT PROTECTED SHOULD SUTTER HEALTH BECOME INSOLVENT.

THE FOLLOWING INDIVIDUALS RECEIVED 457(F) NON-QUALIFIED PAYMENTS DURING THE YEAR:

PETER ANDERSON - $87,824

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.

ED BERDICK - $127,769

JEFF BURNICH, MD - $1,342,135

JEFF GERARD - $127,706

DON L. WREDEN - $80,050

PATRICK FRY - $1,612,181

MIKE COHILL - $250,804

DAVE MAGGENTI - $29,220

SCHEDULE J, PART I, LINE 7

NON-FIXED PAYMENTS:

SPOT AWARDS ARE INFREQUENTLY USED TO REWARD EMPLOYEES. THERE ARE NO SPECIFIC GUIDELINES FOR THE AMOUNT OF THE SPOT AWARD BUT THE AMOUNT TENDS TO NOT EXCEED 5% TO 10% OF GROSS ANNUAL SALARY.

ANNUAL INCENTIVE PLAN (AIP)

THE PURPOSE OF THE PLAN IS TO FOCUS EXECUTIVES ON SPECIFIC, SHORTER-TERM GOALS THAT ARE CRITICAL TO THE ACHIEVEMENT OF AFFILIATE, OPERATING UNIT AND SYSTEM-WIDE OBJECTIVES THAT DRIVE OVERALL ORGANIZATION PERFORMANCE. A PORTION OF THE PLAN AWARD IS DISCRETIONARY IN THAT THE SUPERVISOR MAY ADD

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.

UP TO 5% TO THE AWARD PROVIDED THE TOTAL AWARD (FORMULA PORTION PLUS DISCRETIONARY) DOES NOT EXCEED THE MAXIMUM ESTABLISHED FOR ANY GIVEN EXECUTIVE.

LONG TERM PERFORMANCE PLANS

SUTTER HEALTH ALSO EMPLOYS A LONG TERM PERFORMANCE PLAN WHICH IS DESIGNED TO FOCUS ON LONGER TERM STRATEGIC OBJECTIVES OF THE ORGANIZATION. SUTTER'S LONG TERM PERFORMANCE PLAN APPROACH IS A COMBINATION OF BOTH LONGER TERM MEASURES OF ORGANIZATION SUCCESS AND KEY ORGANIZATION STRATEGIES WHICH REQUIRE THE COMBINED EFFORT OF ALL LEADERSHIP TO ACHIEVE SUCCESS.

SUTTER USES A COMMON FATE APPROACH IN THAT ALL 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

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.

SUTTER HEALTH'S OVERALL MISSION, VISION, AND VALUES, SUTTER'S 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.

SCHEDULE J, PART I, LINE 8

CONTRACT ARRANGEMENTS:

RISHI SIKKA AND JEREMY EAVES WERE HIRED IN FEBRUARY 2017 AND APRIL 2017, RESPECTIVELY. THEY BOTH RECEIVED SUTTER COMPENSATION COMMITTEE APPROVAL FOR SALARY IN DECEMBER 2017.

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2017

Open To Public Inspection

Name of the organization
SUTTER HEALTH

Employer identification number
94-2788907

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total	. . . . . ▶ $												

Part III Grants or Assistance Benefiting Interested Persons.

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

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part IV Business Transactions Involving Interested Persons.

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

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
					Yes	No
(1)	SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	8,507,874.	MEDICAL SERVICES ARRANGEMENT		X
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						

Part V Supplemental Information

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

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization: SUTTER HEALTH

Employer identification number: 94-2788907

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	1.	1,385,750.	FMV OF STOCK
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶( )				
26	Other ▶( )				
27	Other ▶( )				
28	Other ▶( )				

				Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29			
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a			X
b	If "Yes," describe the arrangement in Part II.				
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a			X
b	If "Yes," describe in Part II.				
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.				

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B)

COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED.

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.

FORM 990, PART III, LINE 4

PROGRAM SERVICE ACCOMPLISHMENTS:

SUTTER HEALTH PROVIDES ADMINISTRATIVE AND CONSULTING SERVICES TO ITS AFFILIATES. SUTTER HEALTH DOCTORS, HOSPITALS AND OTHER CAREGIVERS ACROSS MORE THAN 100 NORTHERN CALIFORNIA COMMUNITIES PARTNER WITH EACH OTHER TO ADVANCE OUR MEDICAL SERVICES AND INCREASE PATIENTS' ACCESS TO THEM. SUTTER-AFFILIATED HOSPITALS ARE REGIONAL LEADERS IN CARDIAC CARE, WOMEN AND CHILDREN'S SERVICES, CANCER CARE, ORTHOPEDICS AND ADVANCED PATIENT SAFETY TECHNOLOGY.

SUTTER HEALTH'S COMPREHENSIVE NETWORK OF CARE SPANS MORE THAN 20 COUNTIES ACROSS NORTHERN CALIFORNIA, FROM THE OREGON BORDER TO THE SAN JOAQUIN VALLEY AND FROM THE PACIFIC COAST TO THE SIERRA NEVADA FOOTHILLS. OUR NETWORK INCLUDES NINE PHYSICIAN ORGANIZATIONS, TWO DOZEN ACUTE CARE HOSPITALS AND A WIDE ARRAY OF MEDICAL RESEARCH FACILITIES, TRAINING PROGRAMS, CARE CENTERS AND SPECIALTY SERVICES.

THE SUTTER HEALTH SYSTEM CONSISTS OF:

Name of the organization: SUTTER HEALTH

Employer identification number: 94-2788907

* 53,000 EMPLOYEES AND 5,500 PHYSICIANS

* 5,000 VOLUNTEERS

* 24 ACUTE CARE HOSPITALS

* 4,259 LICENSED ACUTE CARE BEDS

* 36 OUTPATIENT SURGERY CENTERS

* 6 CARDIAC CENTERS

* 9 CANCER CENTERS

* 5 ACUTE REHABILITATION CENTERS

* 7 BEHAVIORAL HEALTH CENTERS

* 5 TRAUMA CENTERS

* 9 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)

2017 BY THE NUMBERS:

* 31,780 BIRTHS

* 191,682 DISCHARGES

* 868,837 EMERGENCY ROOM VISITS

* 586,718 SUTTER CARE AT HOME HEALTH VISITS

* 209,923 SUTTER CARE AT HOME HOSPICE VISITS

* 184,712 AMBULATORY SURGERY CENTER PROCEDURES

Name of the organization: SUTTER HEALTH

Employer identification number: 94-2788907

AS ONE OF THE NATION'S LEADING NOT-FOR-PROFIT INTEGRATED HEALTH CARE DELIVERY SYSTEM, WE APPROACH CARE FROM A COMMON MISSION OF ENHANCING THE HEALTH AND WELL-BEING OF PEOPLE IN THE COMMUNITIES WE SERVE THROUGH A NOT-FOR-PROFIT COMMITMENT TO COMPASSION AND EXCELLENCE. TO HELP CARRY OUT OUR MISSION, WE ARE GUIDED BY SEVEN CORE VALUES:

1. HONESTY AND INTEGRITY
2. EXCELLENCE AND QUALITY
3. COMMUNITY
4. INNOVATION
5. TEAMWORK
6. COMPASSION AND CARING
7. AFFORDABILITY

HEADQUARTERED IN SACRAMENTO, A COMMUNITY-BASED BOARD OF DIRECTORS GOVERNS SUTTER HEALTH. TO VIEW A LIST OF SUTTER HEALTH AFFILIATES, PLEASE VIEW FORM 990, SCHEDULE R.

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

Name of the organization: SUTTER HEALTH

Employer identification number: 94-2788907

OFFICER AND AT LEAST ONE DIRECTOR-AT-LARGE OF THE CORPORATION.

FORM 990, PART VI, LINE 4

SIGNIFICANT BYLAW CHANGES:

IN 2017, THE MAXIMUM NUMBER OF VOTING MEMBERS OF THE GOVERNING BODY HAS BEEN RAISED FROM SIXTEEN TO NINETEEN.

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.

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 THAT INCLUDES AN ACKNOWLEDGEMENT THAT THEY HAVE READ THE CONFLICT OF INTEREST POLICY. ON THIS STATEMENT THE INDIVIDUAL WILL

Name of the organization: SUTTER HEALTH

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LIST A WIDE RANGE OF INFORMATION WHICH INCLUDES BUSINESS RELATIONSHIPS, EMPLOYMENT RELATIONSHIPS, PROPERTY INTERESTS, AND THOSE OF RELATED PARTIES. THE BOARD MAY CONSULT WITH THE OFFICE OF THE GENERAL COUNSEL AS NECESSARY. IF THERE IS A POTENTIAL CONFLICT OF INTEREST RELATED TO A PARTICULAR TRANSACTION, THE INTERESTED INDIVIDUAL MUST DISCLOSE THE EXISTENCE AND NATURE OF THE RELATIONSHIP. THE BOARD CHAIR MAY APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE THE CONFLICT. UNTIL THE POTENTIAL CONFLICT IS RESOLVED, THE BOARD CHAIR (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 BOARD'S FINAL DISCUSSION AND VOTE.

FORM 990, PART VI, LINE 15
PROCESS FOR DETERMINING COMPENSATION:
THE COMPENSATION COMMITTEE OF THE SUTTER HEALTH BOARD OF DIRECTORS RETAINS ULTIMATE DISCRETIONARY AUTHORITY OVER ALL ELEMENTS OF COMPENSATION TO ASSURE THAT ORGANIZATIONAL PURPOSES ARE APPROPRIATELY BEING SERVED. THE COMPENSATION COMMITTEE USES CREDIBLE DATA SOURCES AND MAINTAINS AN OBJECTIVE "ARMS LENGTH" DECISION-MAKING PROCESS, ENSURING THE INTEGRITY OF SUTTER'S EXECUTIVE PROGRAMS AND CONSISTENCY WITH THE ORGANIZATION'S OVERALL MISSION.

IN ORDER TO ENSURE EXTERNAL COMPETITIVENESS, NATIONAL, CALIFORNIA AND LOCAL MARKET AREA COMPENSATION DATA COMPARISONS ARE REVIEWED. COMPETITIVE ANALYSIS INCLUDES: (A) BASE SALARY, (B) TOTAL CASH (BASE

Name of the organization: SUTTER HEALTH

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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 COMPARABLE ORGANIZATIONS AND GEOGRAPHIC CONSIDERATIONS. FOR THE MOST SENIOR EXECUTIVE POSITIONS, NATIONAL COMPARISONS FOR ORGANIZATIONS SIMILAR IN SIZE, SCOPE AND COMPLEXITY AS SUTTER HEALTH ARE MOST APPROPRIATE SINCE IT IS A NATIONAL MARKETPLACE IN WHICH SUTTER COMPETES FOR EXECUTIVE TALENT. ON THE OTHER HAND, BECAUSE CALIFORNIA'S UNDERLYING COMPENSATION STRUCTURE IS HIGHER THAN NATIONAL DATA (ESPECIALLY IN THE BAY AREA), REGIONAL PAY ADJUSTMENTS MAY BE MADE.

OFFICERS AND KEY EMPLOYEES OF THIS ORGANIZATION UNDERGO A REVIEW AND COMPENSATION COMMITTEE APPROVAL ANNUALLY, AND SUCH APPROVAL IS RECORDED IN THE MINUTES. EXECUTIVE COMPENSATION REVIEW WAS LAST COMPLETED IN DECEMBER 2017.

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 ARE NOT AVAILABLE TO THE PUBLIC AT THIS TIME.

FORM 990, PART X, LINE 20
SUTTER HEALTH IS A CONDUIT BORROWER OF TAX-EXEMPT BOND ISSUES AND

Name of the organization: SUTTER HEALTH

Employer identification number: 94-2788907

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.

FORM 990, PART XI, LINE 9

OTHER CHANGES IN FUND BALANCE:

EQUITY TRANSFER (NET)	$531,831,836
K-1 ACTIVITY	(18,800,039)
PARTNERSHIP INCOME ON BOOKS	7,190,378
PENSION RELATED CHANGES	91,023,431
OTHER CHANGES IN FUND BALANCE	(281,246)
TOTAL	$610,964,360

ATTACHMENT 1

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
HERREROBOLDT PARTNERS 1200 VAN NESS AVENUE SAN FRANCISCO, CA 94124	CONSTRUCTION SVCS	411,688,960.
RIGHTSOURCING INC PO BOX 515743 LOS ANGELES, CA 90051-5118	STAFFING SERVICES	167,402,686.
HERRERO BUILDERS INC 2100 OAKDALE AVE SAN FRANCISCO, CA 94121	CONSTRUCTION SVCS	23,474,072.
SMITHGROUP JJR 301 BATTERY STREET, 7TH FLOOR SAN FRANCISCO, CA 94111	CONSTRUCTION SVCS	19,135,750.
ENTISYS360	IT SERVICES	16,729,901.

Name of the organization
SUTTER HEALTH

Employer identification number
94-2788907

ATTACHMENT 1 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
1855 GATEWAY BLVD, STE 730 CONCORD, CA 94520		

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

2017

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 68-0209157 10470 OLD PLACERVILLE ROAD SACRAMENTO, CA 95827	SUPPORT SVCS	CA	181289685.	56,593,322.	SUTTER HLTH
(2) SUTTER OUTPATIENT SERVICES, LLC 45-4714483 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833	SUPPORT SVCS	CA	69,594,738.	24,941,446.	SUTTER HLTH
(3) SUTTER SHARED LAB, LLC 47-5583986 2950 COLLIER CANYON ROAD LIVERMORE, CA 94551	LAB SERVICES	CA	38,175,323.	22,897,264.	SUTTER HLTH
(4) SUTTER HEALTH PLAN PRODUCTS ORG LLC 82-1766939 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833	SUPPORT SVCS	CA	0.	16,316,654.	SUTTER HLTH
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1) ADOLESCENT TREATMENT CENTERS, INC. 68-0088443 C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833	HEALTHCARE	CA	501(C)(3)	3	SUTTER EBH	X	
(2) BETTER HEALTH EAST BAY FOUNDATION 51-0160184 C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833	FUNDRAISING	CA	501(C)(3)	7	SUTTER EBH	X	
(3) CALIFORNIA PACIFIC MEDICAL CTR FOUND. 94-2728423 C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833	FUNDRAISING	CA	501(C)(3)	7	SUTTER BH	X	
(4) EAST BAY PERINATAL CENTER 51-0172285 C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833	HEALTHCARE	CA	501(C)(3)	3	SUTTER EBH	X	
(5) EDEN MEDICAL CENTER 94-2948100 C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833	HEALTHCARE	CA	501(C)(3)	10	SUTTER HLTH	X	
(6) MEMORIAL HOSPITAL FOUNDATION 94-2290244 C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833	FUNDRAISING	CA	501(C)(3)	12A - I	SUTTER VH	X	
(7) MILLS-PENINSULA HOSPITAL FOUNDATION 23-7288765 C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833	FUNDRAISING	CA	501(C)(3)	7	SUTTER BH	X	

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.**

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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)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1) SAMUEL MERRITT UNIVERSITY 94-2992642 450 30TH STREET, STE. 2840 OAKLAND, CA 94609	UNIVERSITY	CA	501(C)(3)	2	SUTTER EBH	X	
(2) SUTTER AUBURN FAITH HOSPITAL FOUNDATION 94-2594966 C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833	FUNDRAISING	CA	501(C)(3)	7	SUTTER VH	X	
(3) SUTTER BAY HOSPITALS 94-0562680 C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	X	
(4) SUTTER BAY MEDICAL FOUNDATION 94-1156581 C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833	HEALTHCARE	CA	501(C)(3)	3	SUTTER HLTH	X	
(5) SUTTER CENTRAL VALLEY HOSPITALS 94-1080917 C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	X	
(6) SUTTER COAST HOSPITAL 94-2988520 C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	X	
(7) SUTTER DAVIS HOSPITAL FOUNDATION 68-0217870 C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833	FUNDRAISING	CA	501(C)(3)	7	SUTTER VH	X	

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.**

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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)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1) SUTTER EAST BAY HOSPITALS 94-1196176 C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	X	
(2) SUTTER EAST BAY MEDICAL FOUNDATION 94-2690415 C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833	HEALTHCARE	CA	501(C)(3)	12B - II	SUTTER HLTH	X	
(3) SUTTER HEALTH PACIFIC 99-0298651 91-2301 FT. WEAVER RD. EWA BEACH, HI 96706	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	X	
(4) SUTTER HEALTH PLAN 46-1183948 C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833	HEALTH PLAN	CA	501(C)(4)	N/A	SUTTER HLTH	X	
(5) SUTTER INSURANCE SERVICES CORPORATION 99-0289310 745 FORT STREET, SUITE 1100 HONOLULU, HI 96813	INSURANCE SER	HI	501(C)(3)	12C III-FI	SUTTER HLTH	X	
(6) SUTTER MEDICAL CENTER FOUNDATION 94-2788906 C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833	FUNDRAISING	CA	501(C)(3)	7	SUTTER VH	X	
(7) SUTTER ROSEVILLE MEDICAL CTR FOUNDATION 68-0040113 C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833	FUNDRAISING	CA	501(C)(3)	7	SUTTER VH	X	

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

2017

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)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1) SUTTER SOLANO CHARITABLE FOUNDATION 94-2668262 C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833	FUNDRAISING	CA	501(C)(3)	7	SUTTER VH	X	
(2) SUTTER VALLEY HOSPITALS 94-1156621 C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	X	
(3) SUTTER VALLEY MEDICAL FOUNDATION 68-0273974 C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833	HEALTHCARE	CA	501(C)(3)	3	SUTTER HLTH	X	
(4) SUTTER VISITING NURSE ASSOC AND HOSPICE 94-6068843 C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833	HEALTHCARE	CA	501(C)(3)	10	SUTTER HLTH	X	
(5) SUTTER WEST BAY MEDICAL FOUNDATION 94-2948131 C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833	HEALTHCARE	CA	501(C)(3)	3	SUTTER HLTH	X	
(6) TRACY HOSPITAL FOUNDATION 68-0318845 C/O SH TAX 2200 RIVER PLAZA DR SACRAMENTO, CA 95833	FUNDRAISING	CA	501(C)(3)	12A - I	SUTTER VH	X	
(7)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) MAGNETIC IMAGING AF 94-2953833 2125 OAK GROVE WLN CK CA 94598	PATIENT CARE	CA	SUTTER EBH									
(2) SURG CTR OF ABSMC 47-0946086 3875 TELEGRAPH OAKLAND, CA	PATIENT CARE	CA	SUTTER EBH									
(3) ALTA CT SERVICES LP 94-3083464 2125 OAK GROVE WLN CK CA 94598	PATIENT CARE	CA	SUTTER EBH									
(4) CA PACIFIC ADV IMAG 56-2311840 PO BOX 6102 NOVATO, CA 94948	PATIENT CARE	DE	SUTTER BH									
(5) SF ENDOSCOPY CENTER 91-2160588 2200 RIVER PLAZA SACRAMENTO CA	PATIENT CARE	CA	SUTTER BH	RELATED	601,553.	79,692.		X	0.	X		1.8000
(6) PRESIDIO SURG CNTR 32-0144060 1635 DIVISADERO SF, CA 94115	PATIENT CARE	CA	SUTTER BH									
(7) SUT FAIRFIELD SURG 30-0233892 2200 RIVER PLAZA SACRAMENTO CA	PATIENT CARE	CA	SUTTER VMF									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) SUTTER HEALTH DEFERRED COMP PLANS' TRUST 27-6851989 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833	RABBI TRUST	CA	SUTTER HTLH	TRUST	1,238,150.	105,778,253.	100.0000	X	
(2) NORTHWOOD EUROPE TE FEEDER, LP 98-1272216 1819 WAZEE ST, 2ND FLOOR DENVER, CO 90202	HOLDING COMPANY	CJ	SUTTER HTLH	C CORP	90,196.	2,348,898.	100.0000	X	
(3) HEALTH VENTURES INC 94-2918780 350 HAWTHORNE AVE OAKLAND, CA 94609	HEALTH SERVICES	CA	SUTTER EBH	C CORP				X	
(4)									
(5)									
(6)									
(7)									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) SUT AMADOR SURG CTR 46-1398093 2200 RIVER PLAZA SACRAMENTO CA	PATIENT CARE	CA	N/A	RELATED	61,799.	199,644.		X	0.	X		6.0000
(2) ROSEVILLE ENDOSCOPY 87-0710513 2200 RIVER PLAZA SACRAMENTO CA	PATIENT CARE	CA	N/A									
(3) STANISLAUS SRG HOSP 91-1754157 1421 OAKDALE RD MODESTO, CA	PATIENT CARE	CA	N/A									
(4) MEMORIAL MED BLDG 1 77-0234236 1800 COFFEE RD #76 MODESTO, CA	OFFICE RENTAL	CA	SUTTER CVH									
(5) MEMORIAL MED BLDG 2 77-0287288 1800 COFFEE RD #76 MODESTO, CA	OFFICE RENTAL	CA	SUTTER CVH									
(6) MAGNETIC IMAGING AF 47-3696091 2125 OAK GROVE WLN CK CA 94598	PATIENT CARE	CA	SUTTER EBH									
(7) ASC OPTRS-SNTA ROSA 26-3386169 2200 RIVER PLAZA SACRAMENTO CA	CARE MANAGEMENT	CA	SUTTER WBMF	RELATED	1,220,025.	2,069,108.		X	0.	X		6.0000

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) ASC OPTRS-SLO, LLC 27-2673776 2200 RIVER PLAZA SACRAMENTO CA	CARE MANAGEMENT	CA	SUTTER HLTH	RELATED	2,054,913.	3,707,884.		X	0.	X		51.0000
(2) WALNUT CK ENDOSCOPY 26-2169304 2200 RIVER PLAZA SACRAMENTO CA	PATIENT CARE	CA	N/A									
(3) E BAY ENDOSCOPY CTR 94-3336277 2200 RIVER PLAZA SACRAMENTO CA	PATIENT CARE	DE	N/A									
(4) ASC OPTRS-SOUTH BAY 46-1537479 2200 RIVER PLAZA SACRAMENTO CA	CARE MANAGEMENT	CA	N/A	RELATED	736,897.	1,481,440.		X	0.	X		6.0000
(5) PENINSULA EYE SURG 13-4285230 2200 RIVER PLAZA SACRAMENTO CA	PATIENT CARE	CA	N/A									
(6) PENINSULA ENDOSCOPY 27-1905059 2200 RIVER PLAZA SACRAMENTO CA	PATIENT CARE	CA	N/A	RELATED	664,591.	1,267,212.		X	0.	X		6.0000
(7) N BAY REG SURG CTR 20-8633751 2200 RIVER PLAZA SACRAMENTO CA	PATIENT CARE	CA	N/A	RELATED	548,168.	377,206.		X	0.	X		6.3630

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) DRZ EMERGING MRKETS 61-1729868												
250 PARK AVE S WINTER PARK, FL	INVESTMENTS	FL	SUTTER HLTH	RELATED	-967,113.	45,511,627.		X	0.		X	85.2831
(2) ASC OPTRS-SF, LLC 27-5447186												
2200 RIVER PLAZA SACRAMENTO CA	CARE MANAGEMENT	CA	N/A	RELATED	1,309,693.	275,761.		X	0.	X		6.0000
(3) GG ENDOSCOPY CTR 20-1467388												
2200 RIVER PLAZA SACRAMENTO CA	PATIENT CARE	CA	N/A									
(4) ASC OPERATORS, LLC 20-8970704												
2200 RIVER PLAZA SACRAMENTO CA	CARE MANAGEMENT	CA	N/A	RELATED	4,700,909.	5,598,917.		X	0.	X		6.0000
(5) SB ENDOSCOPY CTR 91-2165231												
2200 RIVER PLAZA SACRAMENTO CA	PATIENT CARE	CA	N/A									
(6) SAN LUIS OB SUR CTR 77-0109991												
2200 RIVER PLAZA SACRAMENTO CA	PATIENT CARE	CA	N/A									
(7) REDDING SURG CTR 38-3897570												
2200 RIVER PLAZA SACRAMENTO CA	PATIENT CARE	CA	N/A									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) LA JOLLA ORTH SURG 36-4397467 4120 LA JOLLA VILLAGE DRIVE CA	PATIENT CARE	CA	SOS	RELATED	2,067,319.	3,017,265.		X	0.	X		54.5371
(2) LA JOLLA ORTH SURG 36-4409551 4120 LA JOLLA VILLAGE DRIVE CA	PATIENT CARE	CA	N/A									
(3) CARLSBAD SURG CTR 20-1413484 6121 PASEO DEL NORTE CARLSBAD	PATIENT CARE	CA	SOS	RELATED	2,361,549.	2,297,840.		X	0.	X		51.1717
(4) COAST CTR FOR ORTH 33-0839637 3444 KEARNY VILLA RD SAN DIEGO	PATIENT CARE	CA	SOS	RELATED	1,335,888.	3,516,586.		X	0.	X		51.2300
(5) OTAY LAKES SURG CTR 20-0794766 955 LANE AVE CHULA VISTA CA	PATIENT CARE	CA	SOS	RELATED	1,064,811.	3,134,346.		X	0.	X		52.7404
(6) S PLACER SURG CTR 42-1540694 2200 RIVER PLAZA SACRAMENTO CA	PATIENT CARE	CA	N/A									
(7) SAC SURG CTR ASSOC 68-0516588 2200 RIVER PLAZA SACRAMENTO CA	PATIENT CARE	CA	N/A									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) FORT SUT SURG CTR 68-0116391 2200 RIVER PLAZA SACRAMENTO CA	PATIENT CARE	CA	N/A									
(2) SUT ALHAMBRA SURG 63-1221949 2200 RIVER PLAZA SACRAMENTO CA	PATIENT CARE	CA	N/A									
(3) AUBURN SURG CTR, LP 68-0325118 3123 PROFESSIONAL DR AUBURN CA	PATIENT CARE	CA	N/A	RELATED	5,619.	41,053.		X	0.		X	2.3430
(4) STRAT. COMMODITIES 56-2493292 250 PARK AVE S NEW YORK, NY	INVESTMENTS	NY	SUTTER HLTH	EXCLUDED	5,511,463.	166,806,520.		X	0.		X	88.0800
(5) ICG CREDIT OPP FUND 81-4220441 11111 SANTA MONICA LOS ANGELES	INVESTMENTS	CA	SUTTER HLTH	EXCLUDED	0.	-295,315.		X	0.		X	78.8436
(6) MADISON INTL GLOBAL 98-1310251 410 PARK AVE NEW YORK NY 10022	INVESTMENTS	NY	SUTTER HLTH	EXCLUDED	0.	-181,818.		X	0.		X	99.0085
(7) ASC OPRTS-EAST BAY 27-1724489 2200 RIVER PLAZA SACRAMENTO CA	CARE MANAGEMENT	CA	N/A	RELATED	985,754.	319,403.		X	0.	X		6.0000

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) EHC SURGERY CENTER 94-3214614 2200 RIVER PLAZA SACRAMENTO CA	PATIENT CARE	CA	N/A	RELATED	-76,371.	454,913.		X	0.	X		6.0000
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the 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		X
b Gift, grant, or capital contribution to related organization(s)	1b		X
c Gift, grant, or capital contribution from related organization(s)	1c	X	
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i	X	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o Sharing of paid employees with related organization(s)	1o	X	
p Reimbursement paid to related organization(s) for expenses	1p	X	
q Reimbursement paid by related organization(s) for expenses	1q	X	
r Other transfer of cash or property to related organization(s)	1r	X	
s Other transfer of cash or property from related organization(s)	1s	X	

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	ASC OPERATORS - EAST BAY LLC	L	797,262.	FMV
(2)	ASC OPERATORS - EAST BAY LLC	Q	496,927.	FMV
(3)	ASC OPERATORS, LLC	L	4,046,681.	FMV
(4)	ASC OPERATORS, LLC	Q	184,057.	FMV
(5)	ASC OPERATORS-SAN FRANCISCO, LLC	L	1,122,635.	FMV
(6)	ASC OPERATORS-SAN FRANCISCO, LLC	Q	420,503.	FMV

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

			Yes	No
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		
b	Gift, grant, or capital contribution to related organization(s)	1b		
c	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
e	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o	Sharing of paid employees with related organization(s)	1o		
p	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	ASC OPERATORS-SANTA ROSA, LLC	L	926,994.	FMV
(2)	ASC OPERATORS-SOUTH BAY, LLC	L	564,051.	FMV
(3)	AUBURN SURGICAL CENTER, LP	L	240,941.	FMV
(4)	AUBURN SURGICAL CENTER, LP	O	1,856,827.	FMV
(5)	AUBURN SURGICAL CENTER, LP	P	70,997.	FMV
(6)	AUBURN SURGICAL CENTER, LP	Q	2,693,742.	FMV

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

			Yes	No
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		
b	Gift, grant, or capital contribution to related organization(s)	1b		
c	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
e	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o	Sharing of paid employees with related organization(s)	1o		
p	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	BETTER HEALTH EAST BAY FOUNDATION	C	469,268.	FMV
(2)	BETTER HEALTH EAST BAY FOUNDATION	L	369,136.	FMV
(3)	BETTER HEALTH EAST BAY FOUNDATION	O	531,387.	FMV
(4)	BETTER HEALTH EAST BAY FOUNDATION	R	51,280.	FMV
(5)	CARLSBAD SURGERY CENTER, LLC	L	687,502.	FMV
(6)	CARLSBAD SURGERY CENTER, LLC	O	2,501,352.	FMV

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

			Yes	No
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		
b	Gift, grant, or capital contribution to related organization(s)	1b		
c	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
e	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o	Sharing of paid employees with related organization(s)	1o		
p	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	CARLSBAD SURGERY CENTER, LLC	P	69,237.	FMV
(2)	CARLSBAD SURGERY CENTER, LLC	Q	5,190,434.	FMV
(3)	CARLSBAD SURGERY CENTER, LLC	S	1,375,016.	FMV
(4)	COAST CENTER FOR ORTHOPEDIC AND ARTHROSCOPIC	L	545,790.	FMV
(5)	COAST CENTER FOR ORTHOPEDIC AND ARTHROSCOPIC	O	1,956,974.	FMV
(6)	COAST CENTER FOR ORTHOPEDIC AND ARTHROSCOPIC	P	70,404.	FMV

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

			Yes	No
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		
b	Gift, grant, or capital contribution to related organization(s)	1b		
c	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
e	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o	Sharing of paid employees with related organization(s)	1o		
p	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	COAST CENTER FOR ORTHOPEDIC AND ARTHROSCOPIC	Q	3,300,584.	FMV
(2)	COAST CENTER FOR ORTHOPEDIC AND ARTHROSCOPIC	R	113,141.	FMV
(3)	COAST CENTER FOR ORTHOPEDIC AND ARTHROSCOPIC	S	845,295.	FMV
(4)	EAST BAY ENDOSCOPY CENTER, LP	O	1,664,800.	FMV
(5)	EAST BAY ENDOSCOPY CENTER, LP	P	60,133.	FMV
(6)	EAST BAY ENDOSCOPY CENTER, LP	Q	2,581,978.	FMV

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

			Yes	No
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		
b	Gift, grant, or capital contribution to related organization(s)	1b		
c	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
e	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o	Sharing of paid employees with related organization(s)	1o		
p	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	EAST BAY PERINATAL CENTER	L	189,601.	FMV
(2)	EAST BAY PERINATAL CENTER	Q	238,457.	FMV
(3)	FORT SUTTER SURGERY CENTER, LP	L	277,478.	FMV
(4)	FORT SUTTER SURGERY CENTER, LP	O	8,825,939.	FMV
(5)	FORT SUTTER SURGERY CENTER, LP	P	254,297.	FMV
(6)	FORT SUTTER SURGERY CENTER, LP	Q	13,408,688.	FMV

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

			Yes	No
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		
b	Gift, grant, or capital contribution to related organization(s)	1b		
c	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
e	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o	Sharing of paid employees with related organization(s)	1o		
p	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	GOLDEN GATE ENDOSCOPY CENTER, LLC	O	2,292,820.	FMV
(2)	GOLDEN GATE ENDOSCOPY CENTER, LLC	P	63,603.	FMV
(3)	GOLDEN GATE ENDOSCOPY CENTER, LLC	Q	3,755,156.	FMV
(4)	HEALTH VENTURES INC.	L	183,788.	FMV
(5)	HEALTH VENTURES INC.	Q	2,097,609.	FMV
(6)	HEALTH VENTURES INC.	S	2,001,698.	FMV

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

			Yes	No
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		
b	Gift, grant, or capital contribution to related organization(s)	1b		
c	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
e	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o	Sharing of paid employees with related organization(s)	1o		
p	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	LA JOLLA ORTHOPEDIC SURGERY CENTER, LLC	L	866,495.	FMV
(2)	LA JOLLA ORTHOPEDIC SURGERY CENTER, LLC	O	2,966,324.	FMV
(3)	LA JOLLA ORTHOPEDIC SURGERY CENTER, LLC	P	120,675.	FMV
(4)	LA JOLLA ORTHOPEDIC SURGERY CENTER, LLC	Q	7,671,559.	FMV
(5)	LA JOLLA ORTHOPEDIC SURGERY CENTER, LLC	S	1,470,579.	FMV
(6)	MEDICAL CENTER MAGNETIC IMAGE LLC	Q	100,992.	FMV

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

		Yes	No
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		
b Gift, grant, or capital contribution to related organization(s)	1b		
c Gift, grant, or capital contribution from related organization(s)	1c		
d Loans or loan guarantees to or for related organization(s)	1d		
e Loans or loan guarantees by related organization(s)	1e		
f Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)	1h		
i Exchange of assets with related organization(s)	1i		
j Lease of facilities, equipment, or other assets to related organization(s)	1j		
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o Sharing of paid employees with related organization(s)	1o		
p Reimbursement paid to related organization(s) for expenses	1p		
q Reimbursement paid by related organization(s) for expenses	1q		
r Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)	1s		

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	MILLS PENINSULA HOSPITAL FOUNDATION	C	74,130.	FMV
(2)	MILLS PENINSULA HOSPITAL FOUNDATION	O	368,365.	FMV
(3)	NORTH BAY REGIONAL SURGERY CENTER, LLC	J	661,713.	FMV
(4)	NORTH BAY REGIONAL SURGERY CENTER, LLC	L	714,359.	FMV
(5)	NORTH BAY REGIONAL SURGERY CENTER, LLC	O	2,182,374.	FMV
(6)	NORTH BAY REGIONAL SURGERY CENTER, LLC	Q	3,933,735.	FMV

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

			Yes	No
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		
b	Gift, grant, or capital contribution to related organization(s)	1b		
c	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
e	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o	Sharing of paid employees with related organization(s)	1o		
p	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	OTAY LAKES SURGERY CENTER, LLC	L	428,858.	FMV
(2)	OTAY LAKES SURGERY CENTER, LLC	O	1,938,191.	FMV
(3)	OTAY LAKES SURGERY CENTER, LLC	Q	3,142,926.	FMV
(4)	OTAY LAKES SURGERY CENTER, LLC	S	369,183.	FMV
(5)	PENINSULA ENDOSCOPY CENTER, LLC	L	746,460.	FMV
(6)	PENINSULA ENDOSCOPY CENTER, LLC	O	2,676,553.	FMV

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

			Yes	No
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		
b	Gift, grant, or capital contribution to related organization(s)	1b		
c	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
e	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o	Sharing of paid employees with related organization(s)	1o		
p	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	PENINSULA ENDOSCOPY CENTER, LLC	Q	2,775,145.	FMV
(2)	PENINSULA EYE SURGERY CENTER, LLC	O	2,537,022.	FMV
(3)	PENINSULA EYE SURGERY CENTER, LLC	P	99,876.	FMV
(4)	PENINSULA EYE SURGERY CENTER, LLC	Q	6,410,468.	FMV
(5)	PRESIDIO SURGERY CENTER, LLC	L	87,870.	FMV
(6)	ROSEVILLE ENDOSCOPY CENTER, LLC	L	212,158.	FMV

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

			Yes	No
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		
b	Gift, grant, or capital contribution to related organization(s)	1b		
c	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
e	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o	Sharing of paid employees with related organization(s)	1o		
p	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	ROSEVILLE ENDOSCOPY CENTER, LLC	O	2,720,113.	FMV
(2)	ROSEVILLE ENDOSCOPY CENTER, LLC	Q	3,546,486.	FMV
(3)	SACRAMENTO SURGERY CENTER ASSOCIATES, LP	O	1,316,026.	FMV
(4)	SACRAMENTO SURGERY CENTER ASSOCIATES, LP	P	77,113.	FMV
(5)	SACRAMENTO SURGERY CENTER ASSOCIATES, LP	Q	5,136,701.	FMV
(6)	SAMUEL MERRITT UNIVERSITY	L	2,040,736.	FMV

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

			Yes	No
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		
b	Gift, grant, or capital contribution to related organization(s)	1b		
c	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
e	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o	Sharing of paid employees with related organization(s)	1o		
p	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	SAMUEL MERRITT UNIVERSITY	O	63,505.	FMV
(2)	SAMUEL MERRITT UNIVERSITY	Q	6,050,304.	FMV
(3)	SAN FRANCISCO ENDOSCOPY CENTER, LLC	L	452,162.	FMV
(4)	SAN FRANCISCO ENDOSCOPY CENTER, LLC	O	2,579,287.	FMV
(5)	SAN FRANCISCO ENDOSCOPY CENTER, LLC	P	60,644.	FMV
(6)	SAN FRANCISCO ENDOSCOPY CENTER, LLC	Q	6,063,117.	FMV

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

			Yes	No
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		
b	Gift, grant, or capital contribution to related organization(s)	1b		
c	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
e	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o	Sharing of paid employees with related organization(s)	1o		
p	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	SAN LEANDRO SURGERY CENTER, LP	L	618,665.	FMV
(2)	SAN LEANDRO SURGERY CENTER, LP	O	3,112,561.	FMV
(3)	SAN LEANDRO SURGERY CENTER, LP	P	62,182.	FMV
(4)	SAN LEANDRO SURGERY CENTER, LP	Q	4,194,132.	FMV
(5)	SANTA ROSA SURGERY CENTER, LP	L	253,015.	FMV
(6)	SANTA ROSA SURGERY CENTER, LP	O	8,267,298.	FMV

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

			Yes	No
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		
b	Gift, grant, or capital contribution to related organization(s)	1b		
c	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
e	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o	Sharing of paid employees with related organization(s)	1o		
p	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	SANTA ROSA SURGERY CENTER, LP	P	319,878.	FMV
(2)	SANTA ROSA SURGERY CENTER, LP	Q	16,564,703.	FMV
(3)	SOUTH PLACER SURGERY CENTER, LP	L	380,028.	FMV
(4)	SOUTH PLACER SURGERY CENTER, LP	O	2,391,391.	FMV
(5)	SOUTH PLACER SURGERY CENTER, LP	P	102,851.	FMV
(6)	SOUTH PLACER SURGERY CENTER, LP	Q	6,068,435.	FMV

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

			Yes	No
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		
b	Gift, grant, or capital contribution to related organization(s)	1b		
c	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
e	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o	Sharing of paid employees with related organization(s)	1o		
p	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	SUTTER ALHAMBRA SURGERY CENTER, LP	L	189,911.	FMV
(2)	SUTTER ALHAMBRA SURGERY CENTER, LP	O	3,616,281.	FMV
(3)	SUTTER ALHAMBRA SURGERY CENTER, LP	P	171,979.	FMV
(4)	SUTTER ALHAMBRA SURGERY CENTER, LP	Q	7,544,351.	FMV
(5)	SUTTER AMADOR SURGERY CENTER, LLC	L	183,057.	FMV
(6)	SUTTER AMADOR SURGERY CENTER, LLC	O	906,919.	FMV

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

			Yes	No
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		
b	Gift, grant, or capital contribution to related organization(s)	1b		
c	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
e	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o	Sharing of paid employees with related organization(s)	1o		
p	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	SUTTER AMADOR SURGERY CENTER, LLC	Q	564,459.	FMV
(2)	SUTTER BAY HOSPITALS	I	13,752,672.	FMV
(3)	SUTTER BAY HOSPITALS	J	306,336.	FMV
(4)	SUTTER BAY HOSPITALS	K	64,678.	FMV
(5)	SUTTER BAY HOSPITALS	L	347,346,224.	FMV
(6)	SUTTER BAY HOSPITALS	O	25,312,538.	FMV

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

			Yes	No
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		
b	Gift, grant, or capital contribution to related organization(s)	1b		
c	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
e	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o	Sharing of paid employees with related organization(s)	1o		
p	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	SUTTER BAY HOSPITALS	P	21,028,057.	FMV
(2)	SUTTER BAY HOSPITALS	Q	530,980,868.	FMV
(3)	SUTTER BAY HOSPITALS	R	905,878,678.	FMV
(4)	SUTTER BAY HOSPITALS	S	889,564,360.	FMV
(5)	SUTTER BAY MEDICAL FOUNDATION	C	900,979.	FMV
(6)	SUTTER BAY MEDICAL FOUNDATION	I	19,163,282.	FMV

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

			Yes	No
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		
b	Gift, grant, or capital contribution to related organization(s)	1b		
c	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
e	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o	Sharing of paid employees with related organization(s)	1o		
p	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	SUTTER BAY MEDICAL FOUNDATION	L	220,213,795.	FMV
(2)	SUTTER BAY MEDICAL FOUNDATION	M	815,596.	FMV
(3)	SUTTER BAY MEDICAL FOUNDATION	O	6,822,331.	FMV
(4)	SUTTER BAY MEDICAL FOUNDATION	P	9,618,010.	FMV
(5)	SUTTER BAY MEDICAL FOUNDATION	Q	183,439,106.	FMV
(6)	SUTTER BAY MEDICAL FOUNDATION	R	60,246,416.	FMV

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

			Yes	No
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		
b	Gift, grant, or capital contribution to related organization(s)	1b		
c	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
e	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o	Sharing of paid employees with related organization(s)	1o		
p	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	SUTTER BAY MEDICAL FOUNDATION	S	393,162,466.	FMV
(2)	SUTTER CENTRAL VALLEY HOSPITALS	I	156,405.	FMV
(3)	SUTTER CENTRAL VALLEY HOSPITALS	L	30,540,785.	FMV
(4)	SUTTER CENTRAL VALLEY HOSPITALS	O	2,475,125.	FMV
(5)	SUTTER CENTRAL VALLEY HOSPITALS	P	819,436.	FMV
(6)	SUTTER CENTRAL VALLEY HOSPITALS	Q	23,833,298.	FMV

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

			Yes	No
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		
b	Gift, grant, or capital contribution to related organization(s)	1b		
c	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
e	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o	Sharing of paid employees with related organization(s)	1o		
p	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	SUTTER CENTRAL VALLEY HOSPITALS	R	94,956,019.	FMV
(2)	SUTTER CENTRAL VALLEY HOSPITALS	S	160,991,842.	FMV
(3)	SUTTER COAST HOSPITAL	I	532,685.	FMV
(4)	SUTTER COAST HOSPITAL	L	12,692,433.	FMV
(5)	SUTTER COAST HOSPITAL	O	1,251,063.	FMV
(6)	SUTTER COAST HOSPITAL	P	329,118.	FMV

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

			Yes	No
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		
b	Gift, grant, or capital contribution to related organization(s)	1b		
c	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
e	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o	Sharing of paid employees with related organization(s)	1o		
p	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	SUTTER COAST HOSPITAL	Q	16,513,323.	FMV
(2)	SUTTER COAST HOSPITAL	R	8,200,833.	FMV
(3)	SUTTER COAST HOSPITAL	S	8,813,934.	FMV
(4)	SUTTER EAST BAY HOSPITALS	I	3,211,142.	FMV
(5)	SUTTER EAST BAY HOSPITALS	L	167,940,327.	FMV
(6)	SUTTER EAST BAY HOSPITALS	O	5,416,861.	FMV

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

			Yes	No
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		
b	Gift, grant, or capital contribution to related organization(s)	1b		
c	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
e	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o	Sharing of paid employees with related organization(s)	1o		
p	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	SUTTER EAST BAY HOSPITALS	P	16,549,636.	FMV
(2)	SUTTER EAST BAY HOSPITALS	Q	189,694,547.	FMV
(3)	SUTTER EAST BAY HOSPITALS	R	636,959,899.	FMV
(4)	SUTTER EAST BAY HOSPITALS	S	716,280,776.	FMV
(5)	SUTTER EAST BAY MEDICAL FOUNDATION	L	14,841,755.	FMV
(6)	SUTTER EAST BAY MEDICAL FOUNDATION	O	123,128.	FMV

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

			Yes	No
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		
b	Gift, grant, or capital contribution to related organization(s)	1b		
c	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
e	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o	Sharing of paid employees with related organization(s)	1o		
p	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	SUTTER EAST BAY MEDICAL FOUNDATION	P	462,083.	FMV
(2)	SUTTER EAST BAY MEDICAL FOUNDATION	Q	6,423,944.	FMV
(3)	SUTTER EAST BAY MEDICAL FOUNDATION	R	55,832,936.	FMV
(4)	SUTTER EAST BAY MEDICAL FOUNDATION	S	23,733,575.	FMV
(5)	SUTTER FAIRFIELD SURGERY CENTER, LLC	L	544,894.	FMV
(6)	SUTTER FAIRFIELD SURGERY CENTER, LLC	O	196,585.	FMV

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

			Yes	No
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		
b	Gift, grant, or capital contribution to related organization(s)	1b		
c	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
e	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o	Sharing of paid employees with related organization(s)	1o		
p	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	SUTTER FAIRFIELD SURGERY CENTER, LLC	P	142,502.	FMV
(2)	SUTTER FAIRFIELD SURGERY CENTER, LLC	Q	7,044,570.	FMV
(3)	SUTTER FAIRFIELD SURGERY CENTER, LLC	R	86,649.	FMV
(4)	SUTTER HEALTH PACIFIC	O	434,687.	FMV
(5)	SUTTER HEALTH PACIFIC	P	3,932,530.	FMV
(6)	SUTTER HEALTH PACIFIC	Q	4,206,474.	FMV

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

			Yes	No
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		
b	Gift, grant, or capital contribution to related organization(s)	1b		
c	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
e	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o	Sharing of paid employees with related organization(s)	1o		
p	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	SUTTER HEALTH PACIFIC	R	2,500,000.	FMV
(2)	SUTTER HEALTH PACIFIC	S	2,200,000.	FMV
(3)	SUTTER HEALTH PLAN	L	2,900,543.	FMV
(4)	SUTTER HEALTH PLAN	O	5,567,581.	FMV
(5)	SUTTER HEALTH PLAN	P	428,764.	FMV
(6)	SUTTER HEALTH PLAN	Q	4,161,069.	FMV

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

			Yes	No
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		
b	Gift, grant, or capital contribution to related organization(s)	1b		
c	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
e	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o	Sharing of paid employees with related organization(s)	1o		
p	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	SUTTER HEALTH PLAN	R	36,030,574.	FMV
(2)	SUTTER HEALTH PLAN	S	150,541.	FMV
(3)	SUTTER INSURANCE SERVICES CORPORATION	L	8,573,565.	FMV
(4)	SUTTER INSURANCE SERVICES CORPORATION	P	3,736,160.	FMV
(5)	SUTTER INSURANCE SERVICES CORPORATION	Q	3,654,921.	FMV
(6)	SUTTER INSURANCE SERVICES CORPORATION	S	278,654.	FMV

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

			Yes	No
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		
b	Gift, grant, or capital contribution to related organization(s)	1b		
c	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
e	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o	Sharing of paid employees with related organization(s)	1o		
p	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	SUTTER VALLEY HOSPITALS	I	6,794,819.	FMV
(2)	SUTTER VALLEY HOSPITALS	K	841,808.	FMV
(3)	SUTTER VALLEY HOSPITALS	L	333,645,657.	FMV
(4)	SUTTER VALLEY HOSPITALS	O	20,780,774.	FMV
(5)	SUTTER VALLEY HOSPITALS	P	20,188,475.	FMV
(6)	SUTTER VALLEY HOSPITALS	Q	437,610,081.	FMV

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

			Yes	No
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		
b	Gift, grant, or capital contribution to related organization(s)	1b		
c	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
e	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o	Sharing of paid employees with related organization(s)	1o		
p	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	SUTTER VALLEY HOSPITALS	R	689,133,498.	FMV
(2)	SUTTER VALLEY HOSPITALS	S	1,097,856,067.	FMV
(3)	SUTTER VALLEY MEDICAL FOUNDATION	I	2,218,991.	FMV
(4)	SUTTER VALLEY MEDICAL FOUNDATION	L	166,920,323.	FMV
(5)	SUTTER VALLEY MEDICAL FOUNDATION	M	74,071.	FMV
(6)	SUTTER VALLEY MEDICAL FOUNDATION	O	15,445,515.	FMV

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

			Yes	No
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		
b	Gift, grant, or capital contribution to related organization(s)	1b		
c	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
e	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o	Sharing of paid employees with related organization(s)	1o		
p	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	SUTTER VALLEY MEDICAL FOUNDATION	P	6,315,609.	FMV
(2)	SUTTER VALLEY MEDICAL FOUNDATION	Q	140,169,398.	FMV
(3)	SUTTER VALLEY MEDICAL FOUNDATION	R	14,995,814.	FMV
(4)	SUTTER VALLEY MEDICAL FOUNDATION	S	148,609,950.	FMV
(5)	SUTTER VISITING NURSE ASSOCIATION AND HOSPICE	I	102,725.	FMV
(6)	SUTTER VISITING NURSE ASSOCIATION AND HOSPICE	J	166,137.	FMV

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

			Yes	No
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		
b	Gift, grant, or capital contribution to related organization(s)	1b		
c	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
e	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o	Sharing of paid employees with related organization(s)	1o		
p	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	SUTTER VISITING NURSE ASSOCIATION AND HOSPICE	L	27,214,743.	FMV
(2)	SUTTER VISITING NURSE ASSOCIATION AND HOSPICE	M	10,739,841.	FMV
(3)	SUTTER VISITING NURSE ASSOCIATION AND HOSPICE	O	3,137,515.	FMV
(4)	SUTTER VISITING NURSE ASSOCIATION AND HOSPICE	P	1,264,876.	FMV
(5)	SUTTER VISITING NURSE ASSOCIATION AND HOSPICE	Q	57,279,421.	FMV
(6)	SUTTER VISITING NURSE ASSOCIATION AND HOSPICE	R	647,930.	FMV

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

			Yes	No
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		
b	Gift, grant, or capital contribution to related organization(s)	1b		
c	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
e	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o	Sharing of paid employees with related organization(s)	1o		
p	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	SUTTER VISITING NURSE ASSOCIATION AND HOSPICE	S	9,228,087.	FMV
(2)	SUTTER WEST BAY MEDICAL FOUNDATION	I	1,054,634.	FMV
(3)	SUTTER WEST BAY MEDICAL FOUNDATION	J	528,774.	FMV
(4)	SUTTER WEST BAY MEDICAL FOUNDATION	L	19,843,646.	FMV
(5)	SUTTER WEST BAY MEDICAL FOUNDATION	M	222,561.	FMV
(6)	SUTTER WEST BAY MEDICAL FOUNDATION	O	854,748.	FMV

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

			Yes	No
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		
b	Gift, grant, or capital contribution to related organization(s)	1b		
c	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
e	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o	Sharing of paid employees with related organization(s)	1o		
p	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	SUTTER WEST BAY MEDICAL FOUNDATION	P	677,908.	FMV
(2)	SUTTER WEST BAY MEDICAL FOUNDATION	Q	13,275,442.	FMV
(3)	SUTTER WEST BAY MEDICAL FOUNDATION	R	73,939,526.	FMV
(4)	SUTTER WEST BAY MEDICAL FOUNDATION	S	27,776,145.	FMV
(5)	WALNUT CREEK ENDOSCOPY CENTER, LLC	O	1,324,130.	FMV
(6)	WALNUT CREEK ENDOSCOPY CENTER, LLC	P	78,624.	FMV

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

			Yes	No
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		
b	Gift, grant, or capital contribution to related organization(s)	1b		
c	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
e	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o	Sharing of paid employees with related organization(s)	1o		
p	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	WALNUT CREEK ENDOSCOPY CENTER, LLC	Q	2,003,279.	FMV
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

AMENDED AND RESTATED

BYLAWS

OF

SUTTER HEALTH

A nonprofit, public benefit corporation
organized under the laws of the State of California

Effective May 4, 2017

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AMENDED AND RESTATED BYLAWS
of
SUTTER HEALTH

ARTICLE I. NAME AND LOCATION

The name of the Corporation as listed in the Articles of Incorporation shall be Sutter Health (the "Corporation"). The Corporation is organized under the laws of the State of California as a nonprofit public benefit corporation.

The principal office of the Corporation shall be located in or near Sacramento, Sacramento County, California.

ARTICLE II. PURPOSES

The Corporation was formed for the general and specific purposes set forth in its Articles of Incorporation.

ARTICLE III. MEMBERSHIP

Section 3-1. - No Members.

The Corporation shall have no members and shall be governed solely by its Board of Directors ("Board").

Section 3-2. - Affiliated Entity.

As used in these Bylaws, "Affiliated Entity" means (a) any organization of which the Corporation is a member, as that term is defined in California Corporations Code Section 5056 or any successor provision thereto; and (b) any entity of which an organization described in clause (a) is a member.

Section 3-3. - Operating Corporation.

As used in these Bylaws, "Operating Corporation" means each Affiliated Entity responsible for operating health care facilities and programs, including, but not limited to, acute care hospitals, medical foundations, skilled nursing facilities, outpatient facilities and continuing care operations.

Section 3-4. - Operating Unit.

As used in these Bylaws, "Operating Unit" means either the Bay or Valley Operating Unit as defined by the Corporation's President and Chief Executive Officer.

ARTICLE IV. BOARD OF DIRECTORS

Section 4-1. - General Composition.

The Board of Directors of the Corporation (hereafter sometimes referred to collectively as the "Board" and individually as "Director") shall consist of between nine (9) and nineteen (19) Directors, with the exact number to be set by the Board from time to time. The Board of Directors shall consist of an Ex Officio Director and Directors-at-Large as provided in the following Sections 4-2 and 4-3.

Section 4-2. - Ex Officio Director.

The President and Chief Executive Officer of the Corporation shall be an ex officio voting member of the Board with full voting rights. For purposes of these Bylaws "ex officio" means "by virtue of the office held" and, unless otherwise expressly stated in these Bylaws, a person who is a member of the Board or a committee ex officio will have the same rights and privileges of (including voting rights), and will serve under the same limitations as, all other members of the Board or committee. The resignation or removal of any such person from office shall automatically terminate such person's membership on the Board. No person may hold more than one (1) seat on the Board of the Corporation by virtue of the office or position he/she holds or any other reason.

Section 4-3. - Directors-At-Large.

A. Selection.

Between eight (8) and eighteen (18) individuals shall be elected by the existing Directors as Directors-at-Large. The maximum number of eighteen (18) is intended to be a temporary maximum, designed specifically to accommodate the expiration of the terms of several existing Board members and to facilitate seamless governance by allowing time for overlap of Directors' terms and transition of knowledge. These individuals should together reflect a breadth of diversity, breadth of experience and be chosen for their willingness and ability to effectively contribute to and support the objectives of the Corporation.

B. Term.

The standard term of all Directors-at-Large shall be three (3) years, or until his/her successor has been elected or appointed. The terms shall be specified at the time of appointment and staggered. No Director-at-Large may serve for more than ten (10) consecutive years.

C. Resignation.

Directors-at-Large may resign at any time by giving written notice to the Secretary. Resignation shall take effect on the date of receipt of the notice, unless a later time is specified in the notice. Unless otherwise specified in the notice, acceptance of the resignation is not necessary to make it effective.

D. Vacancies.

Vacancies on the Board created by expiration of a term, resignation, removal, or death of a Director-at-Large shall be filled in the same manner as provided in the case of the original appointment.

E. Removal by the Corporation's Board.

Any Director-at-Large may be removed from the Board with or without cause by a vote of the Directors of the Corporation. Such vote may be taken at any meeting of the Board.

Section 4-4. - Declaration of Vacancy by the Corporation's Board.

The Board may also declare vacant the office of a Director who has been declared of unsound mind by a final order of a court, or been convicted of a felony, or been found by the final order or judgment of any court to have breached his or her duty as specified in Article 3 (commencing with Section 5230) of the California Corporations Code. The Board may also declare vacant the office of a Director who fails to complete the Conflict of Interest declaration form and a Confidentiality Agreement in accordance with the provisions of Sections 4-9 and 4-10 or fails to attend at least sixty percent (60%) of the meetings of the Board in any calendar year.

Section 4-5. - Limitation on Board Composition.

A. Notwithstanding the provisions of Sections 4-2, 4-3, and 4-4 above, the following limitation shall be imposed on the composition of the Board. However, any violation of the provisions of this Section 4-5 shall not affect the validity or enforceability of any transaction entered into by the Corporation.

B. The number of Interested Directors shall not exceed forty-nine percent (49%) of the persons serving as members of the Board of Directors at any time. An Interested Director is:

1. Any Director who currently has a direct or indirect financial relationship (compensation or otherwise) with the Corporation or any Affiliated Entity, excluding any reasonable compensation paid to a Director as Director; or

2. Any Director who has a brother, sister, ancestor, descendant, spouse, domestic partner, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, or father-in-law who currently has a direct or indirect financial relationship (compensation or otherwise) with the Corporation, excluding any reasonable compensation paid to a Director as Director.

Section 4-6. - Powers and Responsibilities of the Board.

A. The powers of the Corporation shall be exercised, its property controlled and its affairs conducted by or under the direction of the Board of Directors.

B. The powers and responsibilities of the Board include, but are not limited to, acting as a fiduciary to fulfill the purpose of the Corporation as set forth in its Articles of Incorporation and being loyal to the Corporation, always furthering the interests of the Corporation in its pursuit of its mission and complying with all laws, regulations and policies.

C. Without limiting the foregoing, the Board shall have the sole power and authority to exercise the Corporation's rights as member or shareholder of each and every legal entity of which the Corporation is a member, shareholder or owns an equity interest affording it governance or voting rights. In doing so, the Board may, by resolution, authorize one (1) or more of the Corporation's officers to exercise its vote on any matter to come before the membership or shareholders of any of such corporations.

Section 4-7. - Responsibilities of Each Director.

The responsibilities of each Director include, but are not limited to, the following:

A. To be diligent in the fulfillment of Board responsibilities. This includes being prepared for questions addressed by the Board, attendance at and active participation in Board meetings, and participation in continuing education opportunities;

B. To be prudent in all decisions made on behalf of the Corporation, including always acting in good faith and in a manner believed to be in the best interests of the Corporation and employing judgment consistent with generally accepted community standards and/or practices for the issue at hand, including making reasonable inquiry as an ordinarily prudent person would under the circumstances;

C. To treat confidential discussions in board meetings appropriately and adhere to System policies and procedures regarding confidentiality; and

D. To support the decisions and policies of the Board, until such time as those decisions or policies are changed by an official action of the Board.

Section 4-8. - Compensation and Expense Reimbursement.

The Board may provide for reasonable compensation of Directors. In addition, Directors may be reimbursed for all out-of-pocket expenses incurred in attending meetings and carrying out duties and functions directly related to the Corporation’s business in accordance with policies adopted by the Corporation. No Director shall participate in the solicitation of business or facilitate the solicitation of business from the Corporation or its Affiliated Entities.

Section 4-9. - Conflict of Interest.

The Board shall promulgate written policies regarding conflict of interest related to its own members, salaried persons employed by or serving as officers of the Corporation, its Affiliated Entities, members of the Affiliated Entities' Medical Staffs and others as applicable. Such policies shall be consistent with the standards of conduct set forth in Article 3 (commencing with Section 5230) of the California Corporations Code. Such policies shall ensure full disclosure of financial interests and transactions where conflict of interest is a possibility, and shall ensure the ability to comply with Section 4-5 when choosing new Board members. Such policies shall impose upon each Board member the responsibility to be alert to possible conflicts of interest of himself/herself or of other Board members, and shall require that each Director at least annually, or additionally as circumstances arise that may create a potential conflict, declare his/her conflict of interest or absence thereof on a declaration form provided for that purpose and disqualify himself/herself from making a decision where he/she has a conflict of interest. All Directors shall be eligible to vote and participate in all discussions of the Board except when the Board is considering a matter involving a Director who is considered to have a conflict for the particular matter under consideration.

Section 4-10. - Confidentiality.

The Board shall comply with written policies regarding confidentiality. Each Board member shall have the obligation to maintain confidential any System information that specifically meets the definition of confidential information in a written policy, otherwise identified as confidential information or should reasonably be believed to be confidential information. Each Director shall annually complete a Confidentiality Agreement.

ARTICLE V. MEETINGS OF THE BOARD

Section 5-1. - Regular Meetings.

Regular meetings of the Board of Directors shall be held at such frequency, time, and place as the Board shall from time to time determine but be consistent with the provisions of California Corporations Code Section 5211 or successor provision(s).

Section 5-2. - Special Meetings.

Special meetings of the Board of Directors may be called at any time on the order of the Chair, the President and Chief Executive Officer, the Secretary, or any three (3) or more Directors.

Section 5-3. - Place of Meetings.

The Board shall hold its meetings at such place as it may designate.

Section 5-4. - Notice.

Notice of meetings shall be provided consistent with the provisions of California Corporations Code Section 5211 or successor provision(s). Special meetings of the Board of

Directors shall be held upon four (4) days' notice to each Director by first-class mail or forty-eight (48) hours' notice to each Director delivered personally or by electronic or telephonic transmission.

Section 5-5. - Waiver of Notice.

Notice of a meeting, although otherwise required, need not be given to any Director who (a) either before or after the meeting signs a waiver of notice or a consent to holding the meeting without being given notice, (b) signs an approval of the minutes of the meeting, or (c) attends the meeting without protesting the lack of notice before or at the beginning of the meeting. A Director's attendance at a meeting only for the express purpose of objecting to the transaction of any business because the meeting is not lawfully called or convened shall not constitute a waiver of notice of the meeting. Waivers of notice or consents need not specify the purpose of the meeting. All waivers, consents and approvals of the minutes shall be filed with the corporate records or made a part of the minutes of the meeting.

Section 5-6. - Quorum.

A majority of the authorized number of voting Directors then in office shall constitute a quorum for the transaction of business. However, a majority of those present at the time and place of any meeting, although less than a quorum, may adjourn the same from time to time or from day to day, without further notice, until a quorum is in attendance, and when a quorum is present, any business may be transacted which might have been transacted at the meeting had the same been held on the day on which the meeting was originally called.

A meeting at which a quorum is initially present may continue to transact business notwithstanding the withdrawal of Directors if any action is approved by at least a majority of the required quorum for such meeting, or such greater number as is required by the California Corporations Code, the Articles of Incorporation, or these Bylaws.

Section 5-7. - Manner of Acting.

The act of the majority of the voting Directors present at a duly held meeting at which a quorum is present shall be considered the act of the Board, except that the act of two-thirds (2/3) of the authorized number of Directors then in office shall be required before any of the following acts shall be considered the act of the Board:

A. Appointment or removal without cause of a Director of the Corporation;

B. Removal of a director or trustee of an Affiliated Entity;

C. Approval of a merger, reorganization or liquidation of the Corporation or the sale or other disposition of all or substantially all of the assets of the Corporation;

D. Entering into any partnership or joint venture with any for-profit entity or merger with any for-profit entity, if any such transaction results in a change of control of the Corporation or substantially all of its assets; and

E. The hiring or firing of the President and Chief Executive Officer of the Corporation.

Section 5-8. - Presiding Officer.

The Chair, or in his/her absence, the Chair of the Finance and Planning Committee, or in the absence of both, a Chair pro *tempore* selected by the Directors present, shall call the meeting to order and preside.

Section 5-9. - Telephonic and Electronic Conferencing Meetings.

Directors may participate in a regular or special meeting of the Board through the use of conference telephone, video screen communication or electronic transmission, in accordance with requirements set forth in California Corporations Code Section 5211(a)(6), so long as all Directors participating in such meeting can hear one another or if by the electronic transmission communicate concurrently with all other members. Participation in a meeting pursuant to this Section 5-9 constitutes presence in person at such meeting.

Section 5-10. - Action In Lieu of Meeting.

Any action required or permitted to be taken by the Board of Directors may be taken without a meeting, if all members of the Board, excluding any Director who may have a conflict (hereafter "Eligible Directors") shall consent in writing to such action. Such written consents may be executed in one or more counterparts, all of which together shall constitute one and the same instrument, and when signed by all Eligible Directors of the Corporation may be certified as having been unanimously adopted by the Board as of the date the last signature is obtained. Such written consent should contain a description of the action, reference this Section 5-10 as well as California Corporations Code Section 5211(b), contain the Directors' signatures and be filed with the minutes of proceedings of the Board. Such action by written consent shall have the same force and effect as the unanimous vote of the Directors. In accordance with California Corporations Code Section 5211(c), there shall be no voting by proxy.

Section 5-11. - Minutes.

The minutes of each meeting of the Board shall be approved by the Board, signed by the Chair and Secretary and be kept in either written or typed form or in any other form capable of being converted into written, typed or printed form. The minutes shall serve as prima facie evidence of the due holding of such meeting and of the matters stated therein, as cited in California Corporations Code Section 5215.

Section 5-12. - Non-Director Attendees.

Persons who are not members of the Board (each a "Non-Director" and collectively, "Non-Directors") may be invited to attend meetings of the Board or Committees of the Board at the discretion of the Chair or committee chair. Prior to a Non-Director's attendance at a meeting of the Board, an Assistant Secretary shall ensure the Non-Director has completed and signed a Confidentiality Agreement within the past twelve (12) months. If a Non-Director does not comply with this Section 5-12, he/she will not be permitted to attend meetings of the Board.

ARTICLE VI. OFFICERS

Section 6-1. - General.

The officers of the Corporation shall be a Chair, a Chair of the Finance and Planning Committee, a President and Chief Executive Officer, a Chief Financial Officer, a Secretary and any Assistant Secretary(ies). Offices may be held by the same person except that neither the Chair of the Finance and Planning Committee, the Chief Financial Officer nor the Secretary may serve concurrently as the Chair or as the President and Chief Executive Officer. In accordance with Section 5213(a) of California Corporations Code, the Board may select or authorize such additional officers of the Corporation as it shall deem advisable, each of whom shall hold office for such period and shall have such power and duties as the Board may from time to time authorize.

Section 6-2. - Chair.

A. Appointment and Removal.

The Chair shall be appointed by the Board from its own membership at a regular meeting where officers are appointed, taking into account the nominations of the Governance Committee. The Chair shall serve a one (1) year term and no more than two (2) consecutive one (1) year terms, unless the Board determines that it would be in the best interest of the Corporation for the Chair to serve an additional one (1) year term. The Chair serves at the pleasure of the Board and may be removed as an officer without cause by a majority vote of the Directors. Such removal shall not affect his/her status as a Director.

B. Responsibilities and Authority.

The Chair shall preside at all meetings of the Board of Directors. The Chair shall exercise and perform such other powers and duties as may be prescribed by the Board of Directors from time to time, but shall not act on any matters on behalf of the Corporation unless expressly authorized to do so by these Bylaws, resolution of the Board or California Law. All the powers and duties imposed upon the Chair by law may be exercised by him/her either within or outside the State of California.

Section 6-3. - Chair of the Finance and Planning Committee.

A. Appointment and Removal.

The Chair of the Finance and Planning Committee shall be appointed by the Board from its own membership at a regular meeting where officers are appointed, taking into account the nominations of the Governance Committee and shall serve for a one (1) year term or until a successor has been elected. The Chair of the Finance and Planning Committee serves at the pleasure of the Board and may be removed as an officer without cause by a majority vote of the Directors. Such removal shall not affect his/her status as a Director.

B. Responsibilities and Authority.

The Chair of the Finance and Planning Committee shall preside at all meetings of the Finance and Planning Committee of the Board. Additionally, he/she shall act as the Chair in the absence or inability of the Chair to act. In such acts and in the execution of writings by the Chair of the Finance and Planning Committee, it shall not be necessary to recite the absence or inability of the Chair to act.

Section 6-4. - President and Chief Executive Officer.

A. Appointment and Removal.

The Board shall select and appoint a President and Chief Executive Officer who shall be the chief executive officer and the Board's direct executive representative in the management of the Corporation. He/she shall serve at the pleasure of the Board, subject to any rights under any contract of employment.

B. Responsibilities and Authority.

The President and Chief Executive Officer of the Corporation shall be the general manager and the chief executive officer of the Corporation in accordance with California Corporations Code Section 5213. Subject to the rights and powers of the Board of the Corporation, the President and Chief Executive Officer shall be given the necessary authority and responsibility to operate the Corporation in all of its activities, subject to such policies as may be adopted and such orders as may be issued by the Board or by any of its committees to which the Board has delegated power for such action. He/she shall act as the duly authorized representative of the Board in all matters in which the Board has not formally designated some other person to so act. All the powers and duties delegated to the President and Chief Executive Officer may be exercised by him/her either within or outside the State of California.

C. Evaluation.

The Board shall establish a mechanism for annually evaluating the performance of the President and Chief Executive Officer and shall communicate such evaluation to the President and Chief Executive Officer.

Section 6-5. - Chief Financial Officer.

A. Appointment and Removal.

The Chief Financial Officer shall be selected by the President and Chief Executive Officer who shall also have the power to remove the Chief Financial Officer. The Chief Financial Officer need not be a member of the Board.

B. Responsibilities and Authority.

The Chief Financial Officer shall ensure that a true and accurate accounting of the financial transactions of the Corporation is made in accordance with guidelines and other directives that may be issued by the Board. The Chief Financial Officer shall present reports of such transactions to the Board and shall ensure the books of account are at all times open to inspection by any member of the Board.

Section 6-6. - Secretary.

A. Appointment and Removal.

The Secretary shall be appointed by the Board from its own membership at a regular meeting where officers are appointed, taking into account the nominations of the Governance Committee and shall serve for a one (1) year term or until a successor has been elected. The Secretary serves at the pleasure of the Board and may be removed as an officer without cause by a majority vote of the Directors. Such removal shall not affect his/her status as a Director.

B. Responsibilities and Authority.

The Secretary shall cause appropriate notices and agendas to be prepared and sent for all meetings of the Board of Directors and shall ensure the corporate record accurately reflects the actions taken at the meetings of the Board of Directors. The Secretary may certify to the correctness of any corporate Bylaws or resolutions and execute documents in accordance with Article X of these bylaws.

Section 6-7. - Assistant Secretary(ies).

A. Appointment and Removal.

The Board may appoint Assistant Secretaries as deemed appropriate and has the power to remove any Assistant Secretaries of the Corporation from office. Any Assistant Secretary need not be a member of the Board.

B. Responsibilities and Authority.

An Assistant Secretary shall have authority to certify to the correctness of any corporate Bylaws or resolutions and execute documents in accordance with Article X of these bylaws.

Section 6-8. - Resignation of Officers.

Officers may resign at any time by giving written notice to the Corporate Secretary. Resignation shall take effect on the date of receipt of the notice, unless a later time is specified in the notice. Unless otherwise specified in the notice, acceptance of the resignation is not necessary to make it effective.

Section 6-9. - Vacancies.

Any vacancy in office, whether by reason of death, resignation or removal, shall be filled in the same manner as provided in the case of the original appointment.

ARTICLE VII. OTHER POSITIONS OF AUTHORITY

The President and Chief Executive Officer may appoint additional individuals including executive vice presidents, senior vice presidents, vice-presidents and subordinate managers to positions of authority, including designation of an individual to act in the absence of the President and Chief Executive Officer and apprising the Board of the person designated to assume his/her responsibilities. Unless otherwise specifically authorized by the Board, such subordinates shall not have authority to obligate the Corporation in matters generally requiring authorization by an officer of the Corporation. The President and Chief Executive Officer shall ensure that the authority exercised by such subordinates is consistent with that authorized or contemplated by the Board and documented appropriately.

ARTICLE VIII. COMMITTEES

Section 8-1. - General.

A. The Board shall have committees as outlined in this Article VIII.

B. Except as specified in these Bylaws or in any resolution creating an additional committee, the members and chair of each committee shall be appointed annually by the Board of Directors at a regular meeting of the Board, taking into account the nominations of the Governance Committee. A vice chair for each committee may be appointed as appropriate and may act on behalf of the committee chair when he/she is not available. The chair, vice chair (if applicable) and all other members of each committee shall hold office for such term as may be determined by the Board. At his/her option, any Director may attend any committee meeting as a guest (without a vote) for which he/she is not an appointed voting member.

C. Except as specified for the Executive Committee, vacancies in any committee shall be filled for the unexpired portion of the term in the same manner as provided in the case of original appointment.

D. The Executive Committee, the Finance and Planning Committee, the Governance Committee, the Audit and Compliance Committee and the Compensation Committee are delegated authority to act on behalf of the Board in accordance with California Corporations Code Section 5212 and thus the membership shall consist only of Directors. Notwithstanding any delegation to a committee in these Bylaws, the Board of Directors is empowered to take any action directly without committee action.

E. Except as provided in Section 8-1D above, Non-Directors or employees of the Corporation may be appointed to committees, except such persons may not serve as chairs of those committees. Non-Directors may also attend committee

meetings as a guest, as permitted by the chair of the committee. Such appointment to or attendance at committee meetings shall be subject to Section 5-12.

F. All committees of the Board shall exercise their responsibilities and authority in a manner consistent with all guidelines, policies, and other directives promulgated by the Board.

G. The provisions of Sections 5-4, 5-5, 5-6, 5-7, 5-9 and 5-10 of these Bylaws, regarding notice, quorum, manner of acting, telephonic and electronic conferencing meetings and action in lieu of meeting, shall apply to committees of the Board with the word "Directors" in the sections cited above being replaced by "committee members".

H. All committees of the Board shall keep minutes of their meetings, which shall be approved by the committee and signed by the chair of the committee or another voting member of the committee who was present at the meeting, as designated by the chair of the committee. The minutes of each committee meeting shall be kept with the Board meeting minutes.

I. All committees shall annually perform a self-assessment of their performance to determine whether they are functioning effectively and to identify areas for improvement. Copies of their self-assessments shall be provided to the Governance Committee.

Section 8-2. - Executive Committee.

A. Composition.

The Executive Committee shall consist of the Board Chair, who shall serve 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 (1) Director-at-Large of the Corporation.

B. Responsibilities and Authority.

The Executive Committee shall have the power to act on behalf of the Board and to transact all regular business of the Corporation during the period between meetings of the Board, subject to any prior limitations imposed by the Board and subject to the limitations of California Corporations Code Section 5212. No member of the Executive Committee shall be asked to refrain from participation in any Executive Committee meeting. Therefore, if a matter would require a member of the Executive Committee to leave a meeting, refrain from discussion and/or abstain from voting, that matter shall be referred to the full Board of Directors.

C. Accountability.

The Executive Committee shall meet as needed and report to the Board at the next regularly scheduled meeting the results of actions that it has taken within the authority delegated to it, so that the Board maintains accountability from the Executive Committee for its actions. Minutes of all meetings of the Executive Committee shall be made available to all Directors for information and any necessary action.

Section 8-3. - Finance and Planning Committee.

A. Composition

The Finance and Planning Committee shall be chaired by a Director and consist of at least six (6) Directors-at-Large of the Corporation and the President and Chief Executive Officer.

The Chief Financial Officer, the Chief Strategy Officer and a representative from each Operating Unit, as agreed upon by the Corporation and the Operating Unit boards, may attend the meeting as participating guests.

B. Responsibilities and Authority

The Finance and Planning Committee shall:

1. Oversee the management of the Corporation's assets;

2. See that annual operating and capital budgets of the Corporation are prepared and submitted to the Board, including the annual review of the system allocation fees;

3. Review and make recommendations on the operating and capital budgets of the Affiliated Entities to the Board;

4. Examine the periodic financial reports of the Corporation and of the Affiliated Entities; receive explanations regarding variations from the respective capital and operating budgets and make recommendations thereon to the Board;

5. Review the financial strategic plans of the Corporation and of the Affiliated Entities and make recommendations thereon to the Board;

6. Evaluate required rates of return for projects of the Corporation and of the Affiliated Entities, review major projects of the Corporation and of the Affiliated Entities prior to their submission to the Board and make recommendations thereon to the Board;

7. Report at regular meetings of the Board its findings on reports of the fiscal operations of the Corporation and of the Affiliated Entities;

8. Ensure that the tax-exempt Affiliated Entities have a significant voice in the resource allocation decisions of the Corporation;

9. Review long range programmatic and strategic plans of each Affiliated Entity and make recommendations thereon to the Board;

10. Make resource allocation recommendations to the Board; and

11. Set operating and financial targets for Affiliated Entities, and to make recommendations thereon to the Board.

C. Accountability

The Finance and Planning Committee shall meet at least quarterly and report as often as necessary at meetings of the Board of Directors regarding its findings and activities. Minutes of all meetings of the Finance and Planning Committee shall be made available to all Directors for information and any necessary action.

Section 8-4. - Governance Committee.

A. Composition.

The Governance Committee shall be comprised of the Board Chair, the President and Chief Executive Officer and at least three (3) other Directors-at-Large of the Corporation.

B. Responsibilities and Authority.

The Governance Committee shall:

1. Nominate persons for membership on the Board as Directors-at-Large and to fill vacancies on the Board pursuant to Section 4-3;

2. Nominate the Chair, Chair of the Finance and Planning Committee and Secretary;

3. Nominate Directors to serve as committee chairs and the members of all committees of the Board;

4 Review and approve or recommend to the Board the rejection of proposed regular nominations and nominations to fill vacancies for the governing boards of the Operating Corporations;

5. Review and approve or recommend to the Board the rejection of proposed appointees to other legal entity and joint venture boards as provided in the governing documents;

6. Review and approve or recommend to the Board the rejection of proposed amendments to Affiliated Entities' Articles of Incorporation, Bylaws, Operating Agreements and other governance documents;

7. Make recommendations as appropriate for individuals to serve on Operating Corporation's governing boards;

8. Review the Corporation's Bylaws and recommend revisions as necessary (and at least every two years) to ensure compliance with applicable statues, regulations, and accreditation requirements;

9. Plan and implement appropriate education programs for the Board;

10. Conduct an annual review of the Board's performance for the year and a review of the performance of the individual Board members;

11. Approve, on behalf of the Board, any transaction that involves an Affiliated Entity and one (1) of the Affiliated Entity's directors (either directly or through entity ownership), if the President and Chief Executive Officer has declined to approve under his/her delegated authority; and

12. Approve, on behalf of the Board, any transaction that involves an Affiliated Entity and one (1) of the Affiliated Entity's directors (either directly or through entity ownership), if that director is also a Director of the Corporation.

C. Accountability.

The Governance Committee shall meet at least quarterly and report to each regular Board meeting the results of actions that it has taken within the authority delegated to it, so that the Board maintains accountability from the Governance Committee for its actions. Minutes of all meetings of the Governance Committee shall be made available to all Board members for information and any necessary actions.

Section 8-5. - Audit and Compliance Committee.

A. Composition.

The Audit and Compliance Committee shall be chaired by a Director-at-Large and consist of at least five (5) Directors-at-Large of the Corporation. No more than fifty-percent (50%) of the voting members of the Audit and Compliance Committee may also be members of the Corporation's Finance and Planning Committee. The chair of the Audit and Compliance Committee shall not be a member of the Finance and Planning Committee. Only Directors who are not Interested Directors as defined in Section 4-5B may be voting members of the Audit and Compliance Committee. The Board may also select up to two (2) non-

voting participating guests who shall act in an advisory capacity to the Audit and Compliance Committee.

All Audit and Compliance Committee members shall be financially literate, and at least one (1) voting member shall be a financial expert. "Financially Literate" is defined as the ability to read and understand fundamental financial statements, including the Corporation's balance sheet, income statement and cash flow statement. A "Financial Expert" is defined as having past employment experience in finance or accounting, requisite professional certification in accounting, and/or any other comparable experience or background that results in the individual's financial sophistication, or any other qualifications contained in definitions promulgated by the Securities and Exchange Commission.

B. Responsibilities and Authority.

The purpose of the Audit and Compliance Committee is to provide assistance to the Board in fulfilling its oversight responsibility to the Corporation, its Affiliated Entities, its controlled for-profit subsidiaries, creditors, donors, and the communities served. Oversight responsibility shall include the following issues related to Sutter Health, its Affiliated Entities and/or its controlled subsidiaries: the integrity of financial statements; the financial reporting process; the systems of internal accounting and financial controls; the performance of a coordinated internal audit function; the performance of independent auditors; compliance with ethics policies; and compliance with legal and regulatory requirements.

The Audit and Compliance Committee shall:

1. Ensure that the Combined Financial Statements of Sutter Health and Affiliates are maintained in accordance with Generally Accepted Accounting Principles;

2. Provide oversight to the Corporation, its Affiliated Entities and its controlled subsidiaries regarding the financial reporting process and the systems of internal accounting and financial controls;

3. Periodically review and evaluate the System accounting policies;

4. Make recommendations to the Board regarding coordinated internal and external audit functions including, but not limited to, policies regarding the independent auditor's qualifications and independence;

5. Make recommendations to the Board regarding selection and/or retention of the Corporation's independent auditors;

6. Approve the Corporation's use of all non-audit services provided by the independent auditors;

7. Review the results of all internal and external audits and to make follow up recommendations to the Board;

8. Periodically review the System policies and make recommendations to the Board regarding the Ethics and Compliance Program Plan for the System;

9. Serve as the oversight body to monitor execution of the Corporation's Ethics and Compliance Program Plan (including compliance with applicable federal, state and local laws and regulations), monitor any type of compliance activity, and receive specific compliance related audits and reports from local operating compliance teams; and

10. Maintain free and open communication between the Audit and Compliance Committee, the Corporation's independent auditors, internal auditors, General Counsel, Chief Compliance Officer and other members of senior management.

C. Accountability.

The Audit and Compliance Committee shall meet at least quarterly and report to each regular Board meeting the results of actions that it has taken within the authority delegated to it, so that the Board maintains accountability from the Audit and Compliance Committee for its actions. Minutes of all meetings of the Audit and Compliance Committee shall be made available to all Board members for information and any necessary actions.

Section 8-6. - Safety and Quality Committee.

A. Composition.

The Safety and Quality Committee shall be chaired by a Director and consist of at least four (4) Directors-at-Large of the Corporation; the President and Chief Executive Officer, or his or her designee; the Corporation's Chief Medical Officer and the Chief Nursing Officer.

B. Responsibilities and Authority.

The Safety and Quality Committee shall:

1. Ensure the identification and uniform measurement of specific, recognized quality indicators by the Operating Corporations;

2. Report to the full Board regarding the level and status of the quality of care throughout the system;

3. Receive periodic reports about and from those committees, councils and forums at Affiliated Entities who are responsible for:

i. Patient Safety Reports

ii. Patient Satisfaction Survey Results

iii. Systemwide Clinical Initiatives

iv. Quality Assessment

v. Performance Improvement

vi. Sentinel Event Review

vii. Risk Management Reports; and

4. Establish and maintain communication mechanisms to receive concerns regarding patient care issues.

C. Accountability.

The Safety and Quality Committee shall meet at least quarterly and report as often as necessary at meetings of the Board of Directors regarding its findings and activities. Minutes of all meetings of the Safety and Quality Committee shall be made available to all Directors for information and any necessary action.

Section 8-7. - Compensation Committee.

A. Composition.

The Compensation Committee shall be chaired by a Director-at Large and consist of at least four (4) Directors-at-Large of the Corporation. Only Directors who are not Interested Directors as defined in Section 4-5B may be voting members of the Compensation Committee.

B. Responsibilities and Authority.

The Compensation Committee shall:

1. Establish a compensation philosophy statement that is in line with the Corporation's charitable purposes;

2. Ensure that executive compensation is administered consistently in accordance with the compensation philosophy statement;

3. Review and approve total compensation for employees of the Corporation or employees of Affiliated Entities as appropriate for purposes of regulatory compliance including, but not limited to the California Nonprofit Integrity Act and obtaining presumption of reasonableness under the Internal Revenue Code intermediate sanctions regulations as delegated by Affiliated Entities;

4. Interface directly with compensation experts/consultants who opine on the structure or fair market value of compensation and/or benefit programs; and

5. Review and approve proposed changes to all retirement plans sponsored by the Corporation and Affiliated Entities, including, but not limited to, reviewing and approving the actuarial assumptions regarding pension costs on a periodic basis.

C. Record Keeping Requirements.

The minutes of any meeting in which compensation arrangements have been approved must contain the following information with respect to each individual's compensation:

1. The terms of the approved compensation and benefits;

2. A list of the members of the Compensation Committee who were present during discussion and a list of the members of the Compensation Committee who voted in favor of an individual's compensation;

3. Details on the comparability data that was relied on by the Compensation Committee and details on how the data was obtained;

4. Details of any action taken by a member of the Compensation Committee having a conflict of interest; and

5. Any other requirements established by the Internal Revenue Service from time to time.

D. Accountability.

The Compensation Committee shall meet at least quarterly and report to each regular Board meeting the results of actions that it has taken within the authority delegated to it, so that the Board maintains accountability from the Compensation Committee for its actions. Minutes of all meetings of the Compensation Committee shall be made available to all Directors for information and any necessary actions.

Section 8-8. - Corporate Programs Investment Committee.

A. Composition.

The Corporate Programs Investment Committee shall be chaired by a Director and consist of at least one (1) additional Director-at-Large of the Corporation, up to five (5) board members of Affiliated Entities and up to five (5) additional persons who are either a board member of an Affiliated Entity or a Financially Literate community member. "Financially Literate" shall have the meaning as

defined in Section 8-5A of these Bylaws. The Chief Financial Officer may attend the meeting as a participating guest.

B. Responsibilities and Authority.

The Corporate Programs Investment Committee shall:

1. Establish, review, evaluate and revise the policies that govern the investment and reinvestment of:

   i. Funds (including any donor funds) of the Corporation and Affiliated Entities for which the Corporation has been delegated investment authority;

   ii. Sutter Insurance Services Corporation's investment funds; and

   iii. Sutter Health Plan investment funds, including establishing acceptable risk tolerance, appropriate asset classes and asset allocation guidelines.

2. Establish and monitor a Corporate Programs Oversight Committee (comprised of management staff) that is responsible for implementing the policies established by the Corporate Programs Investment Committee, including selecting and monitoring investments, investment managers and investment consultants.

C. Accountability.

The Corporate Programs Investment Committee shall meet at least quarterly and report as often as necessary at meetings of the Board of Directors regarding its findings and activities. Minutes of all meetings of the Corporate Programs Investment Committee shall be made available to all Directors for information and any necessary action.

Section 8-9. - Retirement Benefits Investment Committee.

A. Composition.

The Retirement Benefits Investment Committee shall be chaired by a Director and consist of at least one (1) additional Director-at-Large of the Corporation, up to five (5) board members of Affiliated Entities and up to five (5) additional persons who are either a board member of an Affiliated Entity or a Financially Literate community member. "Financially Literate" shall have the meaning as defined in Section 8-5A of these Bylaws. The Chief Financial Officer may attend the meeting as a participating guest.

B. Responsibilities and Authority.

The Retirement Benefits Investment Committee shall:

1. Establish, review, evaluate and revise the policies that govern the investment and reinvestment of the assets of retirement plans sponsored by the Corporation and the Affiliated Entities for which the Corporation has been delegated investment authority from the Affiliated Entities ("Retirement Plans"), including establishing acceptable risk tolerance, appropriate asset classes and asset allocation guidelines;

2. Establish and monitor a Defined Benefit Oversight Committee (comprised of management staff) that will implement the policies established by the Retirement Benefits Investment Committee for all defined benefit Retirement Plans, including selecting and monitoring investments, investment managers and investment consultants; and

3. Establish and monitor a Defined Contribution Oversight Committee (comprised of management staff) that will implement the policies established by the Retirement Benefits Investment Committee for all defined contribution Retirement Plans, including selecting and monitoring investments, investment managers and investment consultants.

C. Accountability.

The Retirement Benefits Investment Committee shall meet at least quarterly and report as often as necessary at meetings of the Board of Directors regarding its findings and activities. Minutes of all meetings of the Retirement Benefits Investment Committee shall be made available to all Directors for information and any necessary action.

Section 8-10. - Ad Hoc Committees.

A. Composition.

Ad Hoc Committees may be appointed by the Board for such special purposes as circumstances warrant. Individuals not on the Board but having special knowledge or background may be appointed to serve on such committees. As with all committees, management and staff shall provide the resources for ad hoc committees.

B. Responsibilities and Authority.

Each Ad Hoc Committee shall have a written charter detailing its purpose, responsibilities, objectives, deliverables, scope and duration. Activities of such a committee shall be limited to the accomplishment of those tasks for which it was appointed. The committee shall have no powers except those specifically conferred by the Board of Directors.

C. Accountability.

All ad hoc committees shall report directly to the Board of Directors. Upon completion of the stated purpose for which it was formed, the committee shall stand discharged.

ARTICLE IX. GOVERNANCE FORUM

Section 9-1. - Composition.

The Governance Forum shall be chaired by the Board Chair and consist of the Chairs of all Operating Corporations and other Chairs of Affiliated Entities as determined by the Board Chair. In addition, membership shall include up to two (2) additional directors from each Operating Unit selected by the Operating Unit boards.

Section 9-2. - Responsibilities and Authority.

The Governance Forum shall meet at least three (3) times per year and have the following responsibilities:

1. To serve as a forum for the discussion of systemwide financial and resources allocation issues.

2. To serve as a forum for the discussion and resolution of issues related to the performance of centralized, systemwide support services and similar matters.

3. To afford periodic and predictable direct communications among the elected board leadership of Operating Corporations and the Chair of the Corporation.

4. To serve as a forum for the exchange of ideas and proposals originating at the Operating Corporations board level.

5. To foster an exchange of ideas about improved governance and operational effectiveness.

6. To provide input into the Board's performance, leadership and effectiveness.

Section 9-3. - Accountability.

The Chair shall report to the Board at any regularly scheduled Board meeting any activities or recommendations of the Governance Forum.

ARTICLE X. EXECUTION OF DOCUMENTS

The following persons shall be authorized to execute any deeds, mortgages, bonds, contracts, or other instruments which the Board has authorized to be executed and for which the Corporation has authority to act:

A. Any officer or other person duly authorized to execute documents by these Bylaws, resolution of the Board or in accordance with System or the Corporation's policy; or

B. In the absence of express authorization by Board resolution, the Chair, Chair of Finance and Planning, President and Chief Executive Officer, Chief Financial Officer, Secretary or any Assistant Secretary (all subject to such limitations as may be imposed by resolution of the Board).

ARTICLE XI. RECORDS, REPORTS AND INSPECTION RIGHTS

Section 11-1. - Maintenance of Articles and Bylaws.

The Corporation shall keep at its principal office the original or copies of the Articles and Bylaws as amended to date.

Section 11-2. - Maintenance of Other Corporate Records.

The accounting books, records, and minutes of proceedings of the Board and any committee(s) of the Board shall be kept at such place or places designated by the Board, or, in the absence of such designation, at the Sacramento area executive office of the Corporation. The minutes shall be kept in written or typed form, and the accounting books and records shall be kept in either written or typed form or in any other form capable of being converted into written, typed or printed form.

Section 11-3. - Inspection by Directors.

Except as otherwise limited by law, every Director shall have the absolute right at any reasonable time to inspect all books, records, and documents of every kind and the physical properties of the Corporation. This inspection by a Director may be made in person or by an agent or attorney, and the right of inspection includes the right to copy and make extracts of documents.

Section 11-4. - Annual Report.

The fiscal year of the Corporation shall end on the 31st day of December of each calendar year. The Corporation shall provide to the Directors, within one hundred twenty (120) days after the close of the fiscal year, a report containing the following information in reasonable detail:

A. The assets and liabilities, including the trust funds, of the Corporation as of the end of the fiscal year.

B. The principal changes in assets and liabilities, including trust funds, during the fiscal year.

C. The revenue or receipts of the Corporation both unrestricted and restricted to particular purposes, for the fiscal year.

D. The expenses or disbursements of the Corporation, for both general and restricted purposes, during the fiscal year.

E. Any information required by section 6322 of the California Corporations Code, regarding transactions with interested persons and indemnifications.

F. The report shall be accompanied by any report by independent accountants, or, if there is no such independent report, a certificate to the effect that the report was prepared without audit.

ARTICLE XII. BONDING AND INDEMNIFICATION

Section 12-1. - Bonding.

All officers and employees handling funds shall be properly bonded.

Section 12-2. - Indemnification.

The Corporation shall indemnify any person who was or is a party or is threatened to be made a party to any civil, criminal, administrative or investigative proceeding by reason of the fact that such person is or was a Director, officer, employee or otherwise an "Agent" of the Corporation, against expenses, judgments, fines, settlements and other amounts actually and reasonably incurred in connection with such proceeding, provided that all of the requirements of California Corporations Code Section 5238, or any successor provisions, for such indemnification are met.

Expenses, including attorneys' fees, incurred in defending any proceeding shall be advanced by the Corporation prior to the final disposition of such proceeding upon receipt of an undertaking by or on behalf of the Agent to repay such amount unless it shall be determined ultimately that the Agent is entitled to be indemnified as authorized in California Corporations Code Section 5238, or any successor provisions.

ARTICLE XIII. AMENDMENTS

These Bylaws may be amended by action of the Board at any regular meeting or at any special meeting called for that purpose.

SECRETARY'S CERTIFICATE

The Amendments in these Amended and Restated Bylaws of Sutter Health were approved by the Board of Directors on May 4, 2017.

Florence L. Di Benedetto, Assistant Secretary