

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for instructions and the latest information.**2022****Open to Public  
Inspection****A For the 2022 calendar year, or tax year beginning****and ending****B** Check if applicable:

<input type="checkbox"/>	Address change
<input type="checkbox"/>	Name change
<input type="checkbox"/>	Initial return
<input type="checkbox"/>	Final return/terminated
<input type="checkbox"/>	Amended return
<input type="checkbox"/>	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

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

SACRAMENTO, CA 95833

**F** Name and address of principal officer:

WARNER THOMAS

SAME AS C ABOVE

**D** Employer identification number

94-2788907

**E** Telephone number

(916) 286-6665

**G** Gross receipts \$

9,929,852,797.

**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.

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

WWW.SUTTERHEALTH.ORG

**H(c)** Group exemption number**K** Form of organization:☒ Corporation☐ Trust☐ Association☐ Other**L** Year of formation: 1981**M** State of legal domicile: CA**Part I Summary****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.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	13
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	12
<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	6,852
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	2
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	18,861,596.
<b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	4,516,651.

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	1,838,489.	650,863.
<b>9</b> Program service revenue (Part VIII, line 2g)	1,672,253,794.	1,768,374,066.
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	726,710,034.	134,346,442.
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,756,780.	15,131,278.
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,415,559,097.	1,918,502,649.
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,016,507.	2,291,836.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	NONE	NONE
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,008,590,415.	965,560,439.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	NONE	NONE
<b>16b</b> Total fundraising expenses (Part IX, column (D), line 25)	NONE	NONE
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	810,658,857.	890,587,383.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,822,265,779.	1,858,439,658.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	593,293,318.	60,062,991.

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	7,362,884,645.	7,413,868,753.
<b>21</b> Total liabilities (Part X, line 26)	3,458,320,968.	3,320,856,179.
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.	3,904,563,677.	4,093,012,574.

**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.

<b>Sign Here</b>	<i>Dominic Nakis</i>	11/10/2023
	Signature of officer	Date
	DOMINIC NAKIS	CFO
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	EVA NITTA	<i>Eva Nitta</i>	11/09/2023		P01765498
	Firm's name	ERNST & YOUNG U.S. LLP	Firm's EIN	34-6565596	
	Firm's address	560 MISSION ST. STE 1600 SAN FRANCISCO, CA 94105	Phone no.	415-894-8000	

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** (2022)

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**1** Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 1,770,597,818. including grants of \$ 2,291,836. ) (Revenue \$ 1,768,009,896. )

SEE SCHEDULE O

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4d** Other program services (Describe on Schedule O.)

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

**4e** Total program service expenses 1,770,597,818.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<b>1</b> X	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions . . . . .	<b>2</b> X	
<b>3</b> 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 . . . . .	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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 . . . . .	<b>4</b> X	
<b>5</b> 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III . . . . .	<b>5</b>	X
<b>6</b> 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 . . . . .	<b>6</b>	X
<b>7</b> 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 . . . . .	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	<b>8</b>	X
<b>9</b> 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 . . . . .	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V . . . . .	<b>10</b> X	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	<b>11a</b> X	
<b>b</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 . . . . .	<b>11b</b> X	
<b>c</b> 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 . . . . .	<b>11c</b>	X
<b>d</b> 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 . . . . .	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	<b>11e</b> X	
<b>f</b> 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 . . . . .	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .	<b>12a</b>	X
<b>b</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 . . . . .	<b>12b</b> X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	X
<b>b</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 . . . . .	<b>14b</b> X	
<b>15</b> 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 . . . . .	<b>15</b>	X
<b>16</b> 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 . . . . .	<b>16</b>	X
<b>17</b> 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 . . . . .	<b>17</b>	X
<b>18</b> 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 . . . . .	<b>18</b>	X
<b>19</b> 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 . . . . .	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b>	
<b>21</b> 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 . . . . .	<b>21</b> X	

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

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J. . . . .</i>	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		X
<b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II. . . . .</i>		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II. . . . .</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>	X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1. . . . .</i>	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	X	
<b>35b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2. . . . .</i>	X	
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI. . . . .</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O. . . . .	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
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . . . . .	1,069	
<b>1b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable. . . . .	NONE	
<b>1c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	X	

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> (continued)		Yes	No
<b>2a</b> 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. . . . .	<b>2a</b> 6,852		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		<b>2b</b> X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .		<b>3a</b> X	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i> . . . . .		<b>3b</b> X	
<b>4a</b> 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)? . . . . .		<b>4a</b> X	
<b>b</b> If "Yes," enter the name of the foreign country <u>FRANCE</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		<b>5a</b>	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>5b</b>	X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .		<b>5c</b>	
<b>6a</b> 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? . . . . .		<b>6a</b>	X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> 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? . . . . .		<b>7a</b>	X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		<b>7b</b>	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		<b>7c</b>	X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>7e</b>	X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		<b>7f</b>	X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		<b>7g</b>	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .		<b>7h</b>	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .		<b>8</b>	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .		<b>9a</b>	
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		<b>9b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		<b>12a</b>	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		<b>13a</b>	
<b>b</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 . . . . .	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .		<b>14a</b>	X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> . . . . .		<b>14b</b>	
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see the instructions and file Form 4720, Schedule N.		<b>15</b> X	
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		<b>16</b>	X
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . . . If "Yes," complete Form 6069.		<b>17</b>	

**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 on 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**

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . .	13													
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 on Schedule O.														
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent. . . . .		12												
<b>2</b> 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? . . . . .														X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . .														X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .														X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . .														X
<b>6</b> Did the organization have members or stockholders? . . . . .														X
<b>7a</b> 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? . . . . .														X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .														X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
<b>a</b> The governing body? . . . . .										X				
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .										X				
<b>9</b> 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 on Schedule O. . . . .														X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	10a	10b	11a	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .														X
<b>b</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? . . .														
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .			X											
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.														
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .				X										
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .					X									
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done . . . . .						X								
<b>13</b> Did the organization have a written whistleblower policy? . . . . .							X							
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . .								X						
<b>15</b> 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?														
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .									X					
<b>b</b> Other officers or key employees of the organization . . . . .										X				
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.														
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .											X			
<b>b</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? . . . . .												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 (1024 or 1024-A, 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.  
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

**19** Describe on 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  
KENNETH YOUNG 2300 RIVER PLAZA DR SACRAMENTO, CA 95833

916-286-6665

Form **990** (2022)

**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 ☒ **X****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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

☐ 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/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(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			
<b>(1)</b> SARAH KREVANS CEO EMERITUS, SUTTER HEALTH	40.00 9.00	X		X				5,124,807.	NONE	275,603.
<b>(2)</b> WARNER THOMAS PRESIDENT & CEO SH (PT-YR)	40.00 9.00	X		X				194,285.	NONE	3,265,142.
<b>(3)</b> JAMES CONFORTI SH SVP, INTERIM CEO	40.00 19.00	X		X				2,919,261.	NONE	226,992.
<b>(4)</b> BRIAN DEAN SH SVP, CFO	40.00 6.00			X				2,576,364.	NONE	192,152.
<b>(5)</b> CONRAD VIAL, MD SH SVP, CHIEF CLINICAL OFFICER	40.00 2.00				X			2,436,386.	NONE	196,780.
<b>(6)</b> FLORENCE DI BENEDETTO SVP & GENERAL COUNSEL/ASST SEC	40.00 2.00			X				2,238,623.	NONE	136,396.
<b>(7)</b> PHIL JACKSON CEO, HEALTH PLAN PRODUCTS	40.00 2.00					X		1,678,227.	NONE	133,518.
<b>(8)</b> RISHI SIKKA, MD PRESIDENT, SH SYSTEM ENT.	40.00 3.00				X			1,787,456.	NONE	5,303.
<b>(9)</b> JILL RAGSDALE SH SVP, CHIEF PPL & CLTR OFCR	40.00 NONE				X			1,544,961.	NONE	172,503.
<b>(10)</b> JES CORNELIUS CHIEF INFORMATION OFCR (PT-YR)	40.00 NONE				X			1,540,599.	31,840.	72,222.
<b>(11)</b> JEREMY EAVES CEO, SUTTER SHARED SERVICES	40.00 NONE				X			1,535,410.	NONE	106,164.
<b>(12)</b> THERESA FREI SH INTRM COO & PRES/CEO, SVMF	40.00 16.00				X			1,497,664.	NONE	115,619.
<b>(13)</b> ELIZABETH VILARDO-MORGAN CEO, SBMF	40.00 2.00					X		1,338,026.	NONE	161,450.
<b>(14)</b> DAVID CHENEY CEO, BAY & VALLEY HOSPITALS	40.00 5.00				X			1,308,813.	NONE	152,165.

**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 ) CHRIS WAUGH CHIEF INNOVATION OFFICER	40.00 NONE					X		1,361,540.	NONE	98,914.
( 16 ) GRACE DAVIS CHIEF PUBLIC AFFAIRS OFFICER	40.00 NONE				X			1,262,187.	NONE	113,173.
( 17 ) WILLIAM ISENBERG, MD SH VP, CHIEF MEDICAL OFFICER	40.00 NONE					X		1,278,337.	NONE	95,372.
( 18 ) WARREN S. BROWNER HOSPITAL AREA CEO, NORTH BAY	40.00 4.00					X		1,222,027.	NONE	109,665.
( 19 ) JACKI MONSON INTERM CHIEF INFO OFCR (PT-YR)	40.00 NONE				X			881,876.	NONE	72,054.
( 20 ) GINGER CHAPPELL SH VP, CHIEF COMPLIANCE OFCR	40.00 NONE				X			815,786.	NONE	57,020.
( 21 ) JEFF SPRAGUE FORMER SH SVP & CFO	NONE NONE						X	NONE	674,332.	NONE
( 22 ) ED ERWIN DIR REAL ESTATE SVCS/ASST SEC	40.00 NONE			X				303,098.	NONE	27,664.
( 23 ) ED BERDICK FORMER SH SVP/SHARED SERVICES	NONE NONE						X	NONE	120,219.	NONE
( 24 ) PATRICK BLAKE DIRECTOR/CHAIR FIN & PLANNING	10.00 NONE	X		X				27,500.	NONE	NONE
( 25 ) GARY CAINE DIRECTOR	7.00 NONE	X						27,500.	NONE	NONE
<b>1b Sub-total</b> . . . . .								34,900,733.	826,391.	5,785,871.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								247,500.	NONE	NONE
<b>d Total (add lines 1b and 1c)</b> . . . . .								35,148,233.	826,391.	5,785,871.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 2,929

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

**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			
( 26 ) BARRY DENNIS DIRECTOR	7.00 NONE	X						27,500.	NONE	NONE
( 27 ) JAMES FERRARA, MD DIRECTOR	7.00 NONE	X						27,500.	NONE	NONE
( 28 ) I-MEI HSIU, MD DIRECTOR	7.00 4.00	X						27,500.	NONE	NONE
( 29 ) KEN MCNEELEY DIRECTOR	7.00 NONE	X						27,500.	NONE	NONE
( 30 ) CHERYL SCOTT DIRECTOR/SECRETARY	10.00 NONE	X		X				27,500.	NONE	NONE
( 31 ) HELEN THOMSON DIRECTOR	7.00 NONE	X						27,500.	NONE	NONE
( 32 ) ANTHONY WAGNER DIRECTOR	7.00 NONE	X						27,500.	NONE	NONE
( 33 ) WILLA SELDON DIRECTOR	7.00 NONE	X						27,500.	NONE	NONE
( 34 ) REBECCA SAEGER DIRECTOR	7.00 NONE	X						27,500.	NONE	NONE
( 35 ) HERBERT BARLOW DIRECTOR/CHAIR	10.00 NONE	X		X				NONE	NONE	NONE
( 36 ) ANDREW DICKINSON DIRECTOR	7.00 NONE	X						NONE	NONE	NONE
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**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 ►

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		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) SEE SCHEDULE O 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 ► 392

**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	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>	1,026.				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>					
	<b>d</b>	Related organizations . . . . .	<b>1d</b>	291,860.				
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	357,977.				
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		650,863.				
	<b>Program Service Revenue</b>				Business Code			
<b>2a</b>		MANAGEMENT SERVICES EXEMPT AFFIL.		561000	1,707,454,073.	1,707,454,073.		
<b>b</b>		HEALTHCARE RELATED JV INCOME		621999	27,116,917.	26,752,747.	364,170.	
<b>c</b>		AFFILIATE RENTAL INCOME		532000	1,511,849.	1,511,849.		
<b>d</b>		CAPITATION REVENUE		524298	32,291,227.	32,291,227.		
<b>e</b>								
<b>f</b>		All other program service revenue . . . . .						
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .			1,768,374,066.			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .			107,813,001.		3,441,516.	104,371,485.
	<b>4</b>	Income from investment of tax-exempt bond proceeds .			NONE			
	<b>5</b>	Royalties . . . . .			NONE			
			(i) Real	(ii) Personal				
	<b>6a</b>	Gross rents . . . . .	<b>6a</b>	1,182,194.				
	<b>b</b>	Less: rental expenses	<b>6b</b>	1,106,826.				
	<b>c</b>	Rental income or (loss)	<b>6c</b>	75,368.	NONE			
	<b>d</b>	Net rental income or (loss) . . . . .			75,368.		75,368.	
	<b>7a</b>	Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other			
			<b>7a</b>	7,990,848,000.	45,928,763.			
	<b>b</b>	Less: cost or other basis and sales expenses . .	<b>7b</b>	7,973,235,121.	37,008,201.			
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>	17,612,879.	8,920,562.			
	<b>d</b>	Net gain or (loss) . . . . .			26,533,441.		26,533,441.	
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>	NONE				
	<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>	NONE				
	<b>c</b>	Net income or (loss) from fundraising events . . . . .			NONE			
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>	NONE				
	<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>	NONE				
	<b>c</b>	Net income or (loss) from gaming activities . . . . .			NONE			
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>	NONE					
<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>	NONE					
<b>c</b>	Net income or (loss) from sales of inventory . . . . .			NONE				
<b>Miscellaneous Revenue</b>				Business Code				
	<b>11a</b>	MANAGEMENT		541611	13,794,681.	13,794,681.		
	<b>b</b>	REPAIRS & MAINTENANCE		811310	1,165,409.	1,165,409.		
	<b>c</b>	PHARMACY		446110	17,163.	17,163.		
	<b>d</b>	All other revenue . . . . .		522298	78,657.	78,657.		
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .			15,055,910.			
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .				1,918,502,649.	1,768,009,896.	18,861,596.	130,980,294.

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	2,173,770.	2,173,770.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	118,066.	118,066.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	NONE			
<b>4</b> Benefits paid to or for members . . . . .	NONE			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	30,783,647.		30,783,647.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	NONE			
<b>7</b> Other salaries and wages . . . . .	627,208,709.	627,208,709.		
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	27,799,692.	27,100,540.	699,152.	
<b>9</b> Other employee benefits . . . . .	225,199,898.	206,176,152.	19,023,746.	
<b>10</b> Payroll taxes . . . . .	54,568,493.	54,112,910.	455,583.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .	76,322,175.	70,876,274.	5,445,901.	
<b>b</b> Legal . . . . .	43,879,232.	43,879,232.		
<b>c</b> Accounting . . . . .	3,677,878.	3,677,878.		
<b>d</b> Lobbying . . . . .	250,000.		250,000.	
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .	NONE			
<b>f</b> Investment management fees . . . . .	19,769,343.		19,769,343.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	4,575,294.	4,570,231.	5,063.	
<b>12</b> Advertising and promotion . . . . .	15,820,953.	15,816,876.	4,077.	
<b>13</b> Office expenses . . . . .	35,264,499.	35,262,804.	1,695.	
<b>14</b> Information technology. . . . .	261,946,008.	259,993,947.	1,952,061.	
<b>15</b> Royalties. . . . .	NONE			
<b>16</b> Occupancy . . . . .	37,211,671.	37,211,671.		
<b>17</b> Travel . . . . .	3,089,328.	2,774,626.	314,702.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	NONE			
<b>19</b> Conferences, conventions, and meetings . . . . .	1,779,875.	1,071,709.	708,166.	
<b>20</b> Interest . . . . .	401,645.	401,645.		
<b>21</b> Payments to affiliates. . . . .	NONE			
<b>22</b> Depreciation, depletion, and amortization . . . . .	94,829,085.	94,829,085.		
<b>23</b> Insurance . . . . .	7,969,022.	7,969,022.		
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> PURCHASED SERVICES . . . . .	115,165,476.	112,478,117.	2,687,359.	
<b>b</b> REPAIRS AND MAINTENANCE . . . . .	72,987,346.	72,974,714.	12,632.	
<b>c</b> CHEMICALS AND REAGENTS . . . . .	31,779,265.	31,779,265.	NONE	
<b>d</b> FEDERAL INCOME TAXES - UBI . . . . .	388,531.	163,084.	225,447.	
<b>e</b> All other expenses . . . . .	63,480,757.	57,977,491.	5,503,266.	
<b>25</b> Total functional expenses. Add lines 1 through 24e . . . . .	1,858,439,658.	1,770,597,818.	87,841,840.	NONE
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☒

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	NONE	<b>1</b>	NONE
	<b>2</b> Savings and temporary cash investments . . . . .	133,889,514.	<b>2</b>	-28,742,153.
	<b>3</b> Pledges and grants receivable, net . . . . .	57,837.	<b>3</b>	53,209.
	<b>4</b> Accounts receivable, net . . . . .	NONE	<b>4</b>	NONE
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	NONE	<b>5</b>	NONE
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	NONE	<b>6</b>	NONE
	<b>7</b> Notes and loans receivable, net . . . . .	NONE	<b>7</b>	3,257,588.
	<b>8</b> Inventories for sale or use . . . . .	14,956,503.	<b>8</b>	11,853,850.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	117,995,290.	<b>9</b>	558,453,146.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 1818557302.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 1510682389.		
		322,289,987.	<b>10c</b>	307,874,913.
	<b>11</b> Investments - publicly traded securities . . . . .	5,537,140,976.	<b>11</b>	5,312,048,578.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	790,620,957.	<b>12</b>	875,353,229.
	<b>13</b> Investments - program-related. See Part IV, line 11. . . . .	40,915,673.	<b>13</b>	32,169,604.
	<b>14</b> Intangible assets . . . . .	NONE	<b>14</b>	NONE
<b>15</b> Other assets. See Part IV, line 11 . . . . .	405,017,908.	<b>15</b>	341,546,789.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	7,362,884,645.	<b>16</b>	7,413,868,753.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	712,484,507.	<b>17</b>	786,079,509.
	<b>18</b> Grants payable . . . . .	NONE	<b>18</b>	NONE
	<b>19</b> Deferred revenue . . . . .	NONE	<b>19</b>	NONE
	<b>20</b> Tax-exempt bond liabilities . . . . .	NONE	<b>20</b>	NONE
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	NONE	<b>21</b>	NONE
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	NONE	<b>22</b>	NONE
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	NONE	<b>23</b>	NONE
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	NONE	<b>24</b>	NONE
	<b>25</b> 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 . . . . .	2,745,836,461.	<b>25</b>	2,534,776,670.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25. . . . .	3,458,320,968.	<b>26</b>	3,320,856,179.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.</b> <input checked="" type="checkbox"/>			
	<b>27</b> Net assets without donor restrictions . . . . .	3,896,254,988.	<b>27</b>	4,084,786,761.
	<b>28</b> Net assets with donor restrictions . . . . .	8,308,689.	<b>28</b>	8,225,813.
	<b>Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.</b> <input type="checkbox"/>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	3,904,563,677.	<b>32</b>	4,093,012,574.
	<b>33</b> Total liabilities and net assets/fund balances . . . . .	7,362,884,645.	<b>33</b>	7,413,868,753.

Form **990** (2022)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	1,918,502,649.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	1,858,439,658.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	60,062,991.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . . .	<b>4</b>	3,904,563,677.
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	-445,531,294.
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O). . . . .	<b>9</b>	573,917,200.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) . . . . .	<b>10</b>	4,093,012,574.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII. ☐

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . .  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? . . . . .
- 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 on Schedule O and describe any steps taken to undergo such audits . . .

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form **990** (2022)

**SCHEDULE A**  
**(Form 990)**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

SUTTER HEALTH

Employer identification number

94-2788907

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 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 on 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 . . . . . 8
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
SEE SUPPLEMENTAL PAGE						
(A)						
(B)						
(C)						
(D)						
(E)						
Total					7,330,355.	NONE

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

Schedule A (Form 990) 2022

**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4</b> <b>Total.</b> Add lines 1 through 3. . . . .						
<b>5</b> 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). . . . .						
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>11</b> <b>Total support.</b> Add lines 7 through 10 . . . . .						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13</b> <b>First 5 years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a</b> <b>33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization. . . . .		<input type="checkbox"/>
<b>b</b> <b>33 1/3% support test - 2021.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a</b> <b>10%-facts-and-circumstances test - 2022.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. . . . .		<input type="checkbox"/>
<b>b</b> <b>10%-facts-and-circumstances test - 2021.</b> 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 <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. . . . .		<input type="checkbox"/>
<b>18</b> <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First 5 years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2022</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2021</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** 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 - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . ☐

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



**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?	X	
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	X	
<b>3</b> By reason of the relationship described on line 2, above, 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	X	

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b> <input checked="" type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> 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 <b>Part VI</b> 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.			
<b>b</b> Did the activities described on line 2a, above, 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> 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? If "Yes" or "No," provide details in <b>Part VI</b> .	X		
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.	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)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by 0.035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
Section C - Distributable Amount			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>		
<b>2</b> Enter 0.85 of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990) 2022

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

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
<b>1</b>	Distributable amount for 2022 from Section C, line 6			
<b>2</b>	Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b>	Excess distributions carryover, if any, to 2022			
<b>a</b>	From 2017 . . . . .			
<b>b</b>	From 2018 . . . . .			
<b>c</b>	From 2019 . . . . .			
<b>d</b>	From 2020 . . . . .			
<b>e</b>	From 2021 . . . . .			
<b>f</b>	<b>Total</b> of lines 3a through 3e			
<b>g</b>	Applied to underdistributions of prior years			
<b>h</b>	Applied to 2022 distributable amount			
<b>i</b>	Carryover from 2017 not applied (see instructions)			
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b>	Distributions for 2022 from Section D, line 7: \$			
<b>a</b>	Applied to underdistributions of prior years			
<b>b</b>	Applied to 2022 distributable amount			
<b>c</b>	Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b>	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b>	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b>	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b>	Breakdown of line 7:			
<b>a</b>	Excess from 2018 . . . .			
<b>b</b>	Excess from 2019 . . . .			
<b>c</b>	Excess from 2020 . . . .			
<b>d</b>	Excess from 2021 . . . .			
<b>e</b>	Excess from 2022 . . . .			

Schedule A (Form 990) 2022

**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 2022, OUR NOT-FOR-PROFIT SUTTER HEALTH NETWORK INVESTED \$899 MILLION TO PROVIDE COMMUNITY BENEFIT PRIMARILY TO PEOPLE ACROSS NORTHERN CALIFORNIA, INCLUDING IN SOME OF OUR POOREST COMMUNITIES. A PORTION OF THESE INVESTMENTS INCLUDE GRANTS THAT SUPPORT HEALTH CENTERS AND OTHER COMMUNITY ORGANIZATIONS WHO SHARE OUR GOAL OF IMPROVING OVERALL COMMUNITY HEALTH. THESE PARTNERSHIPS SUPPORT ACCESS TO MEDICAL CARE, MENTAL HEALTH SERVICES AND KEY SOCIAL SERVICES, SUCH AS TRANSITIONAL HOUSING, TRANSPORTATION, MEALS FOR THE HUNGRY, EDUCATION, YOUTH JOB-TRAINING PROGRAMS, RESEARCH AND HEALTH CARE ADVOCACY. SEE SCHEDULE I FOR THE SPECIFIC GRANTS MADE BY THE FILING ORGANIZATION IN CONNECTION WITH THESE EFFORTS.

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.

**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 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 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

**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.)

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.)

## SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

=====		(III) TYPE OF	(IV)	(V) AMOUNT OF	(VI) AMOUNT OF
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	ORGANIZATION	YES NO	SUPPORT	OTHER SUPPORT
-----					
SUTTER COAST HOSPITAL	94-2988520	3	X	NONE	NONE
SUTTER BAY HOSPITALS	94-0562680	3	X	710,258.	NONE
SUTTER VALLEY HOSPITALS	94-1156621	3	X	177,617.	NONE
SUTTER VALLEY MEDICAL FOUNDATION	68-0273974	3	X	510,000.	NONE
SUTTER VISITING NURSE ASSOCIATION AND HOSPICE	94-6068843	3	X	350,000.	NONE
SUTTER BAY MEDICAL FOUNDATION	94-1156581	3	X	182,480.	NONE
SUTTER HEALTH PACIFIC	99-0298651	3	X	5,400,000.	NONE
EAST BAY PERINATAL CENTER	51-0172285	3	X	NONE	NONE
				-----	-----
TOTAL AMOUNT OF SUPPORT				7,330,355.	NONE
				=====	=====



**Schedule B  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

Employer identification number

SUTTER HEALTH

94-2788907

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

☒ 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**

- ☒ 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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).

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	N/A	\$ 208,647.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A	\$ 100,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A	\$ 82,366.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A	\$ 50,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A	\$ 41,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A	\$ 30,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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	N/A	\$ 20,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	N/A	\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	N/A	\$ 15,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	N/A	\$ 14,375.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	N/A	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	N/A	\$ 10,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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	N/A	\$ 7,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	N/A	\$ 5,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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
   	   	\$  	  
   	   	\$  	  
   	   	\$  	  
   	   	\$  	  
   	   	\$  	  
   	   	\$  	  
   	   	\$  	  

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
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**SCHEDULE C**  
**(Form 990)**

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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2022**

**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 <b>SUTTER HEALTH</b>	Employer identification number <b>94-2788907</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions . . . . . \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities. See instructions . . . . . \_\_\_\_\_

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. . . . . \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities. . . . . \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . . ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990) 2022

**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.

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2022



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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?	X		65,000.
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?	X		185,000.
<b>j</b> Total. Add lines 1c through 1i			250,000.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	<b>3</b>	

**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."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year.	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.	<b>3</b>	
<b>4</b> 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 expenditures next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures. See instructions.	<b>5</b>	

**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.

**Part IV** Supplemental Information (continued)

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

Name of the organization

SUTTER HEALTH

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

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? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> 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? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> 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).	
<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
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 July 25, 2006, 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? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> 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)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> 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 FASB 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 FASB 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 FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1. . . . .	\$
b Assets included in Form 990, Part X. . . . .	\$

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

Schedule D (Form 990) 2022

**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 make significant use of its collection items (check all that apply):
- a ☐ Public exhibition      d ☐ Loan or exchange program
- b ☐ Scholarly research      e ☐ Other \_\_\_\_\_
- c ☐ Preservation for future generations
- 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 . . . . .                     | 6,539,859.       | 5,815,002.     | 5,191,614.         | 5,034,190.           | 5,090,034.          |
| b Contributions . . . . .                                  | 100,000.         | 12,746.        |                    | 5,000.               |                     |
| c Net investment earnings, gains, and losses . . . . .     | -352,029.        | 712,111.       | 623,388.           | 227,424.             | -55,844.            |
| d Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs . . . . . |                  |                |                    | 75,000.              |                     |
| f Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| g End of year balance . . . . .                            | 6,287,830.       | 6,539,859.     | 5,815,002.         | 5,191,614.           | 5,034,190.          |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment NONE %
- b Permanent endowment 81.4000 %
- c Term endowment 18.6000 %
- 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 . . . . .		21,739,847.		21,739,847.
b Buildings . . . . .		138,016,794.	63,687,608.	74,329,186.
c Leasehold improvements . . . . .		51,810,476.	46,076,959.	5,733,517.
d Equipment . . . . .		1545371905.	1397317110.	148,054,795.
e Other . . . . .		61,618,280.	3,600,712.	58,017,568.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . .				307,874,913.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely held equity interests . . . . .		
(3) Other _____		
(A) ALTERNATIVE INVESTMENTS	875,353,229.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . . .	875,353,229.	

**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)		
<b>Total.</b> (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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . .	

**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	369,845,452.
(3)	TAXABLE BOND LIABILITIES	1,981,094,454.
(4)	OTHER NONCURRENT LIABILITIES	183,836,764.
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . .		2,534,776,670.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII . ☒

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

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

**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.

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

**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 SUPPLEMENTAL PAGE

**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 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 BASIS OF ASSETS AND LIABILITIES. DEFERRED TAX ASSETS OR LIABILITIES AT THE END OF EACH PERIOD ARE DETERMINED USING THE CURRENTLY ENACTED TAX RATE EXPECTED TO APPLY TO TAXABLE INCOME IN THE PERIODS THAT THE DEFERRED TAX ASSET OR LIABILITY IS EXPECTED TO BE REALIZED OR SETTLED.

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

SUTTER RECOGNIZES THE TAX BENEFIT FROM UNCERTAIN TAX POSITIONS, ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITIONS WILL BE SUSTAINED ON EXAMINATION BY THE TAX AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFIT IS MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE STATUTE OF LIMITATIONS FOR TAX YEARS 2019 THROUGH 2021 REMAINS 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. THERE WERE NO SUCH UNCERTAIN TAX POSITIONS RECOGNIZED FOR THE YEARS ENDED DECEMBER 31, 2022 AND 2021.



**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

SUTTER HEALTH

**Statement of Activities Outside the United States**

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Employer identification number

94-2788907

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" 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	NONE	NONE	INVESTMENTS		1,067,703,168.
(2) EUROPE	NONE	NONE	INVESTMENTS		115,289,062.
(3) NORTH AMERICA	NONE	NONE	INVESTMENTS		45,064,658.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Subtotal . . . . .	NONE	NONE			1,228,056,888.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)	NONE	NONE			1,228,056,888.

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

Schedule F (Form 990) 2022

**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.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> 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 a tax exempt 501(c)(3) organization 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) . . . . . ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) . . . . . ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471) . . . . . ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) . . . . . ☒ Yes ☐ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) . . . . . ☒ Yes ☐ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990) . . . . . ☐ Yes ☒ No

Schedule F (Form 990) 2022

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization

SUTTER HEALTH

Employer identification number

94-2788907

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) NEIGHBORHOOD WELLNESS FNDT 7648 MARINA COVE DR SACRAMENTO, CA 95831	47-4874487	501(C)(3)	810,754.				PROGRAM SUPPORT
(2) LEUKEMIA AND LYMPHOMA SOCIETY 10409 FOX BOROUGH CT OAKDALE, CA 95361	13-5644916	501(C)(3)	150,000.				PROGRAM SUPPORT
(3) CRISTO REY HIGH SCHOOL SACRAMENTO 8475 JACKSON RD SACRAMENTO, CA 95826	04-3832927	501(C)(3)	143,500.				PROGRAM SUPPORT
(4) ANAMATANGI POLYNESIAN VOICES 152 DAPHNE WAY EAST PALO ALTO, CA 94303	84-3568185	501(C)(3)		136,657.	FMV	MEDICAL SUPPLIES	MEDICAL SUPPLIES
(5) GREATER SACRAMENTO AREA ECONOMIC COUNCIL 400 CPTL ML BLVD #2520 SACRAMENTO, CA 95814	46-5517841	501(C)(3)	100,000.				PROGRAM SUPPORT
(6) AMBULATORY SURGERY ACCESS COALITION 353 KEARNY ST #201 SAN FRANCISCO, CA 94108	94-3180356	501(C)(3)	100,000.				PROGRAM SUPPORT
(7) CA LATINO LEGISLATIVE CAUCUS FNDT 777 S FGRA ST #4050 LOS ANGELES, CA 90017	20-1993440	501(C)(3)	50,000.				PROGRAM SUPPORT
(8) COALITION FOR COMPASSIONATE CARE OF CA 2530 RVR PLAZA DR #110 SACRAMENTO, CA 95833	27-0419836	501(C)(3)	50,000.				PROGRAM SUPPORT
(9) HEALTHY DAVIS TOGETHER 1632 DA VINCI CT DAVIS, CA 95618	68-0526185	501(C)(3)		49,134.	FMV	MEDICAL SUPPLIES	PROGRAM SUPPORT
(10) PCOE PLACER COUNTY OFFICE OF EDUCATION 360 NEVADA ST AUBURN, CA 95618	95-6000527	GOVT		37,411.	FMV	MEDICAL SUPPLIES	PROGRAM SUPPORT
(11) CLINICA DEL VALLE 45 NIELSON ST WATSONVILLE, CA 95076	94-3096772	501(C)(3)		35,493.	FMV	MEDICAL SUPPLIES	PROGRAM SUPPORT
(12) AMERICAN NATIONAL RED CROSS 431 18TH ST NW WASHINGTON DC, DC 20006	53-0196605	501(C)(3)	35,000.				PROGRAM SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 41

3 Enter total number of other organizations listed in the line 1 table NONE

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

Schedule I (Form 990) 2022

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?

YesNo
- 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SECOND HARVEST FOOD BANK 750 CURTNER AVE SAN JOSE, CA 95125	94-2614101	501(C)(3)	33,500.				PROGRAM SUPPORT
(2) SALVATION ARMY DEL ORO DIV YUBA SUTTER CORP 30840 HTH BLVD RANCHO PALOS VERDE, CA 90275	94-1156347	501(C)(3)	28,930.				PROGRAM SUPPORT
(3) UNITED STATES OF CARE CAMPAIGN 2776 S ALTN ML DR #504 ARLINGTON, VA 22206	82-2860302	501(C)(3)	25,000.				PROGRAM SUPPORT
(4) CALIFORNIA LEGISLATIVE LGBT FOUNDATION 5445 MADISON AVE SACRAMENTO, CA 95841	30-0805115	501(C)(3)	25,000.				PROGRAM SUPPORT
(5) CALIFORNIA LEGISLATIVE BLACK CAUCUS INST. 777 S FGRA ST #4050 LOS ANGELES, CA 90017	26-3911734	501(C)(3)	25,000.				PROGRAM SUPPORT
(6) FISHER HOUSE FOUNDATION INC 111 RKVL PIKE #420 ROCKVILLE, MD 20850	11-3158401	501(C)(3)	25,000.				PROGRAM SUPPORT
(7) SAN FRANCISCO FOOD BANK 900 PENN AVE SAN FRANCISCO, CA 94107	94-3041517	501(C)(3)	22,500.				PROGRAM SUPPORT
(8) ALAMEDA COUNTY COMMUNITY FOOD BANK PO BOX 2599 OAKLAND, CA 94614	94-2960297	501(C)(3)	20,000.				PROGRAM SUPPORT
(9) MIGA (MATTER) 7005 OXFORD ST SAINT LUIS PARK, MN 55426	37-1441658	501(C)(3)		18,931.	FMV	MEDICAL SUPPLIES	PROGRAM SUPPORT
(10) SECOND HARVEST OF THE GREATER VALLEY 704 E INDUSTRIAL PARK DR MANTECA, CA 95337	68-0376587	501(C)(3)	18,215.				PROGRAM SUPPORT
(11) RIVER CITY COMMUNITY SERVICES 3311 E CURTIS DR SACRAMENTO, CA 95818	91-1851398	501(C)(3)	18,215.				PROGRAM SUPPORT
(12) SECOND HARVEST FOOD BANK OF SANTA CRUZ CNTY 800 OHLONE PKWY WATSONVILLE, CA 95076	77-0326685	501(C)(3)	16,500.				PROGRAM 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

Employer identification number  
94-2788907

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) DAVIS STREET COMMUNITY CENTER 3081 TEAGARDEN ST SAN LEANDRO, CA 94577	94-3121699	501(C)(3)	15,000.				PROGRAM SUPPORT
(2) CALIFORNIA ISSUES FORUM 1121 L ST STE 211 SACRAMENTO, CA 95814	01-0595129	501(C)(3)	15,000.				PROGRAM SUPPORT
(3) FOOD BANK OF CONTRA COSTA AND SOLANO 4010 NELSON AVE CONCORD, CA 94520	94-2418054	501(C)(3)	14,215.				PROGRAM SUPPORT
(4) TRACY INTERFAITH MINISTRIES 311 W GRANT LINE RD TRACY, CA 95376	94-3150638	501(C)(3)	13,215.				PROGRAM SUPPORT
(5) PLACER FOOD BANK 8284 INDUSTRIAL AVE ROSEVILLE, CA 95678	94-1740316	501(C)(3)	12,215.				PROGRAM SUPPORT
(6) SUTTER VALLEY HOSPITALS 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833	94-1156621	501(C)(3)	11,000.				PROGRAM SUPPORT
(7) SUTTER VALLEY MEDICAL FOUNDATION 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833	68-0273974	501(C)(3)	10,000.				PROGRAM SUPPORT
(8) MEALS ON WHEELS OF ALAMEDA COUNTY 1721 BROADWAY STE 201 OAKLAND, CA 94612	94-2651065	501(C)(3)	10,000.				PROGRAM SUPPORT
(9) SUTTER BAY HOSPITALS 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833	94-0562680	501(C)(3)	10,000.				PROGRAM SUPPORT
(10) ELK GROVE COMMUNITY FOOD BANK SERVICES PO BOX 1447 ELK GROVE, CA 95759	38-3664737	501(C)(3)	9,215.				PROGRAM SUPPORT
(11) YOLO FOOD BANK 233 HARTER AVE WOODLAND, CA 95776	23-7111782	501(C)(3)	9,215.				PROGRAM SUPPORT
(12) INTERFAITH COUNCIL OF AMADOR 12181 AIRPORT RD JACKSON, CA 95642	68-0363653	501(C)(3)	6,715.				PROGRAM 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

Name of the organization

SUTTER HEALTH

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

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2022

Open to Public  
Inspection

Employer identification number

94-2788907

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MALTA CLINIC OF NORTHERN CALIFORNIA 2121 HARRISON ST 120 OAKLAND, CA 94612	20-5969389	501(C)(3)		6,465.	FMV	MEDICAL SUPPLIES	PROGRAM SUPPORT
(2) CERES COMMUNITY PROJECT PO BOX 1562 SEBASTOPOL, CA 95473	26-2250997	501(C)(3)	6,250.				PROGRAM SUPPORT
(3) REDWOOD EMPIRE FOOD BANK 3990 BRICKWAY BLVD SANTA ROSA, CA 95403	68-0121855	501(C)(3)	6,250.				PROGRAM SUPPORT
(4) SALVATION ARMY PO BOX 340699 SACRAMENTO, CA 95834	94-1170408	501(C)(3)	5,715.				PROGRAM SUPPORT
(5) UNITED METHODIST CHURCH OF LOS BANOS 1031 IOWA AVE LOS BANOS, CA 93635	77-0384534	501(C)(3)	5,715.				PROGRAM SUPPORT
(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

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

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

Schedule I (Form 990) 2022

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 PATIENT ASSISTANCE	19,120		117,266.	FMV	PATIENT CLOTHING
2 STUDENT SCHOLARSHIP	20	800.			
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:

**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.

- QUARTERLY MEETINGS WITH COMMUNITY PARTNERS

- E-MAIL AND TELEPHONIC COMMUNICATIONS WITH COMMUNITY PARTNERS

- CONTINUED DIALOGUE WITH INVOLVED HOSPITAL STAFF AND COMMUNITY PARTNERS  
THROUGHOUT DURATION OF PROGRAM

- SITE VISITS WITH COMMUNITY PARTNERS

- BI-ANNUAL "OUTCOMES" SURVEY (6-MONTH AND/OR 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

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.

- REPORTING TO INCLUDE YEAR-END FINANCIAL SUMMARY THAT COMPARES ACTUAL EXPENDITURES TO THE FUNDED PROJECT'S BUDGET, INDICATING ANY UNUSED AMOUNT OF GRANT FUNDS.

AT THE END OF THE APPROPRIATE REPORTING PERIOD, COMMUNITY BENEFIT ANALYZES DATA TO ENSURE COMMUNITY PARTNERS HAVE 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

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.

PROGRAM LOOKS LIKE, AND MAKES THE DETERMINATION TO CONTINUE OR TERMINATE  
  
FUNDING.

WE ALSO RELY ON THE GOVERNANCE PRACTICES OF THE RECIPIENT ORGANIZATION TO  
  
MONITOR THE USE OF THE FUNDS.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

SUTTER HEALTH

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Employer identification number

94-2788907

**Part I Questions Regarding Compensation**

**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.

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> First-class or charter travel  | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input checked="" type="checkbox"/> Travel for companions          | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> 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

**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?

**3** Indicate which, if any, of the following the 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.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? . . . . .
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? . . . . .
- c** Participate in or receive payment from an equity-based compensation arrangement? . . . . .
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**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? . . . . .
- b** Any related organization? . . . . .
- 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? . . . . .
- b** Any related organization? . . . . .
- 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 . . . . .

**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 . . . . .

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

	Yes	No
1a	X	
2	X	
3		
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2022

**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 and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
SARAH KREVANS 1 CEO EMERITUS, SUTTER HEALTH	(i)	1,980,063.	2,749,625.	395,119.	242,765.	32,838.	5,400,410.	362,776.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
WARNER THOMAS 2 PRESIDENT & CEO SH (PT-YR)	(i)	190,661.	NONE	3,624.	3,260,621.	4,521.	3,459,427.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JAMES CONFORTI 3 SH SVP, INTERIM CEO	(i)	1,501,356.	988,152.	429,753.	193,665.	33,327.	3,146,253.	235,967.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
BRIAN DEAN 4 SH SVP, CFO	(i)	1,166,563.	1,295,104.	114,697.	155,065.	37,087.	2,768,516.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CONRAD VIAL, MD 5 SH SVP, CHIEF CLINICAL OFFICER	(i)	1,059,466.	1,195,324.	181,596.	159,665.	37,115.	2,633,166.	163,706.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
FLORENCE DI BENEDETTO 6 SVP & GENERAL COUNSEL/ASST SEC	(i)	798,114.	1,245,899.	194,610.	120,265.	16,131.	2,375,019.	164,838.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
PHIL JACKSON 7 CEO, HEALTH PLAN PRODUCTS	(i)	729,591.	808,258.	140,378.	105,565.	27,953.	1,811,745.	113,924.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
RISHI SIKKA, MD 8 PRESIDENT, SH SYSTEM ENT.	(i)	18,886.	597,184.	1,171,386.	314.	4,989.	1,792,759.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JILL RAGSDALE 9 SH SVP, CHIEF PPL & CLTR OFCR	(i)	795,378.	572,308.	177,275.	135,465.	37,038.	1,717,464.	145,361.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JES CORNELIUS 10 CHIEF INFORMATION OFCR (PT-YR)	(i)	458,729.	321,092.	760,778.	60,765.	11,457.	1,612,821.	NONE
	(ii)	NONE	NONE	31,840.	NONE	NONE	31,840.	NONE
JEREMY EAVES 11 CEO, SUTTER SHARED SERVICES	(i)	730,861.	705,348.	99,201.	71,365.	34,799.	1,641,574.	79,176.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
THERESA FREI 12 SH INTRM COO & PRES/CEO, SVMF	(i)	964,911.	412,501.	120,252.	86,365.	29,254.	1,613,283.	99,950.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ELIZABETH VILARDO-MORG 13 CEO, SBMF	(i)	755,844.	431,586.	150,596.	135,765.	25,685.	1,499,476.	116,692.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DAVID CHENEY 14 CEO, BAY & VALLEY HOSPITALS	(i)	915,067.	277,008.	116,738.	132,265.	19,900.	1,460,978.	92,047.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CHRIS WAUGH 15 CHIEF INNOVATION OFFICER	(i)	636,587.	620,419.	104,534.	63,765.	35,149.	1,460,454.	84,503.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
GRACE DAVIS 16 CHIEF PUBLIC AFFAIRS OFFICER	(i)	638,805.	547,688.	75,694.	77,765.	35,408.	1,375,360.	59,106.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE

**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 and/or 1099-NEC 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 WILLIAM ISENBERG, MD SH VP, CHIEF MEDICAL OFFICER	(i)	673,850.	527,665.	76,822.	73,665.	21,707.	1,373,709.	55,698.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
2 WARREN S. BROWNER HOSPITAL AREA CEO, NORTH BAY	(i)	779,447.	322,617.	119,963.	109,665.	24,677.	1,356,369.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
3 JACKI MONSON INTERM CHIEF INFO OFCR (PT-YR)	(i)	466,391.	345,002.	70,483.	42,865.	29,189.	953,930.	39,828.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
4 GINGER CHAPPELL SH VP, CHIEF COMPLIANCE OFCR	(i)	388,292.	383,599.	43,895.	36,365.	20,655.	872,806.	37,753.
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
5 JEFF SPRAGUE FORMER SH SVP & CFO	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	NONE	NONE	674,332.	NONE	NONE	674,332.	NONE
6 ED ERWIN DIR REAL ESTATE SVCS/ASST SEC	(i)	250,462.	49,121.	3,515.	4,158.	23,506.	330,762.	NONE
	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
7 ED BERDICK FORMER SH SVP/SHARED SERVICES	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(ii)	NONE	NONE	120,219.	NONE	NONE	120,219.	NONE
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
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.

SPOUSAL TRAVEL: FOR BOARD MEMBERS, ON CERTAIN OCCASIONS DETERMINED BY THE  
BOARD CHAIR, A SPOUSE MAY ACCOMPANY THE BOARD MEMBER TO A BOARD FUNCTION.  
TAXABLE SPOUSAL TRAVEL EXPENSES WILL BE REPORTED AS INCOME ON A FORM W-2  
OR 1099 AS APPROPRIATE.

SCHEDULE J, PART I, LINE 3

SUPPLEMENTAL COMPENSATION INFORMATION:

THE COMPENSATION COMMITTEE OF THE SUTTER HEALTH BOARD OF DIRECTORS  
RETAINS ULTIMATE DISCRETIONARY AUTHORITY OVER ALL ELEMENTS OF

**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 INDEPENDENT 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:**

JAMES CONFORTI RECEIVED SEVERANCE PAYMENTS OF \$92,308.

RISHI SIKKA RECEIVED SEVERANCE PAYMENTS OF \$830,988.

JES CORNELIUS RECEIVED SEVERANCE PAYMENTS OF \$78,821.

**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 4B

NONQUALIFIED RETIREMENT PLAN:

THE PURPOSE OF THE NONQUALIFIED RETIREMENT PLAN IS TO PROVIDE SUTTER HEALTH EXECUTIVES WITH A COMPETITIVE RETIREMENT BENEFIT CONSISTENT WITH SUTTER HEALTH'S OVERALL COMPENSATION PHILOSOPHY FOR ALL EMPLOYEES. CONTRIBUTIONS ARE DESIGNED TAKING INTO CONSIDERATION LOST RETIREMENT BENEFITS THAT WOULD OTHERWISE BE OBTAINED THROUGH THE QUALIFIED PENSION PLAN 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 403(B) EMPLOYER MATCH CONTRIBUTIONS AND QUALIFIED PENSION PLAN BENEFITS. SUTTER HEALTH EXECUTIVES ARE GENERALLY INELIGIBLE FOR EMPLOYER MATCH CONTRIBUTIONS.

TO ENSURE A COMPETITIVE RETIREMENT BENEFIT, SUTTER HEALTH MAKES AN ANNUAL CONTRIBUTION TO A NON-QUALIFIED 457(F) PLAN FOR ITS EXECUTIVES. THE

**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.

FORMULA PROVIDES 6% TO 12% OF BASE SALARY PLUS ANNUAL INCENTIVE PLAN

AWARD (COMMENSURATE WITH MANAGEMENT LEVEL).

CONTRIBUTIONS ARE ALSO MADE FOR A SMALL GROUP OF SENIOR LEVEL EXECUTIVES

WHOSE ESTIMATED RETIREMENT BENEFIT (SOCIAL SECURITY PLUS QUALIFIED PLAN

BENEFITS PLUS 457F) 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 INDIVIDUAL RECEIVED 457(F) NON-QUALIFIED PAYMENTS DURING

THE YEAR:

RISHI SIKKA - \$379,319

**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 7

NON-FIXED PAYMENTS:

SPOT AWARDS ARE INFREQUENTLY USED TO REWARD EMPLOYEES. THERE ARE NO SPECIFIC GUIDELINES FOR THE AMOUNT OF THE SPOT AWARD, AVERAGE AMOUNT OF SPOT AWARDS TEND TO NOT EXCEED 5% TO 15% OF GROSS ANNUAL SALARY.

ANNUAL INCENTIVE PLAN (AIP):

THE PURPOSE OF THE PLAN IS TO FOCUS EXECUTIVES ON SPECIFIC, SHORTER-TERM GOALS THAT ARE CRITICAL TO THE ACHIEVEMENT OF AFFILIATE, OPERATING UNIT AND SYSTEM-WIDE OBJECTIVES THAT DRIVE OVERALL ORGANIZATION PERFORMANCE.

LONG TERM PERFORMANCE PLANS:

SUTTER HEALTH ALSO EMPLOYS A LONG TERM PERFORMANCE PLAN WHICH IS DESIGNED TO FOCUS ON LONGER TERM STRATEGIC OBJECTIVES OF THE ORGANIZATION.

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

**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.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

SUTTER HEALTH

**Supplemental Information to Form 990 or 990-EZ**

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Employer identification number

94-2788907

**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**

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS:

SUTTER HEALTH IS A NOT-FOR-PROFIT INTEGRATED HEALTHCARE SYSTEM SERVING  
NEARLY 3.3 MILLION PATIENTS IN NORTHERN CALIFORNIA. WITH A SHARP FOCUS ON  
DELIVERING EXCEPTIONAL AND CULTURALLY COMPLEMENT CARE, SUTTER'S 14,000  
CLINICIANS AND 51,000 EMPLOYEES SERVE PATIENTS THROUGH SUTTER'S  
HOSPITALS, AMBULATORY CLINICS AND HOME HEALTH SERVICES.

THE MISSION OF SUTTER HEALTH IS TO ENHANCE THE WELL-BEING OF PEOPLE IN  
THE COMMUNITIES IT SERVES THROUGH A NOT-FOR-PROFIT COMMITMENT TO  
COMPASSION AND EXCELLENCE IN HEALTH CARE SERVICES. THE SUTTER VISION IS  
TO LEAD THE TRANSFORMATION OF HEALTH CARE TO ACHIEVE THE HIGHEST LEVELS  
OF QUALITY, ACCESS AND AFFORDABILITY. SUTTER HEALTH PROVIDES CERTAIN  
CENTRALIZED SUPPORT FUNCTIONS TO THE SYSTEM, INCLUDING ADMINISTRATIVE  
SERVICES AND SYSTEM INITIATIVES, TO ACCOMPLISH THIS MISSION.

GROUNDING IN ITS NOT-FOR-PROFIT MISSION, SUTTER HEALTH HEAVILY REINVESTS  
IN ITS COMMUNITIES, COMMITTING HUNDREDS OF MILLIONS OF DOLLARS ANNUALLY  
TO SUPPORT CLINICS AND COMMUNITY-BASED HOSPITALS-PROVIDING CARE FOR THE  
MOST VULNERABLE POPULATIONS. SUTTER HEALTH HAS BEEN ONE OF THE LARGEST

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

SUTTER HEALTH

**Supplemental Information to Form 990 or 990-EZ**

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

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PROVIDER OF COMPASSIONATE CARE TO LOW-INCOME PATIENTS IN NORTHERN  
CALIFORNIA. THE FINANCIAL ASSISTANCE PROGRAMS FOR COVERED SERVICES  
PROVIDE FREE OR DISCOUNTED CARE BASED ON INCOME CRITERIA AND  
INELIGIBILITY FOR GOVERNMENTAL AND INSURANCE PROGRAMS.

FROM DEPLOYING TECHNOLOGY THAT IMPROVES THE PATIENT EXPERIENCE TO  
SUPPORTING STRONG COMMUNITY PARTNERSHIPS, THE STRENGTH OF SUTTER'S  
INTEGRATED SYSTEM PROVIDES A MODEL THAT CAN SHAPE THE FUTURE OF  
HEALTHCARE. SUTTER HEALTH'S GOAL IS TO BE THE PREFERRED PROVIDER TO ITS  
PATIENTS AND CUSTOMERS, THE BEST PLACE TO WORK AND A ROLE MODEL OF  
COMMUNITY CITIZENSHIP.

THE SUTTER HEALTH SYSTEM CONSISTS OF:

- . 51,000 EMPLOYEES AND 12,000 DOCTORS
- . 2,000 ADVANCED PRACTICE CLINICIANS
- . 22 HOSPITALS
- . 4,094 LICENSED ACUTE CARE BEDS
- . 33 AMBULATORY SURGERY CENTERS
- . 8 CARDIAC CENTERS
- . 11 CANCER CENTERS
- . 4 ACUTE REHABILITATION CENTERS
- . 4 MENTAL HEALTH AND ADDICTION CARE CENTERS
- . 4 TRAUMA CENTERS
- . 7 NEONATAL INTENSIVE CARE UNITS
- . MEDICAL RESEARCH CENTERS



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

Department of the Treasury  
Internal Revenue Service

Name of the organization

SUTTER HEALTH

**Supplemental Information to Form 990 or 990-EZ**

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

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**2022**

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94-2788907

- . MEDICAL FOUNDATIONS
- . WALK-IN CARE CLINICS
- . EDUCATION CENTERS AND PHYSICIAN TRAINING PROGRAMS
- . PHILANTHROPIC PROGRAMS
- . HEALTH PLAN (SUTTER HEALTH PLUS)

2022 BY THE NUMBERS:

- . 25,934 BIRTHS
- . 180,640 DISCHARGES
- . 836,008 HOSPITAL EMERGENCY ROOM VISITS
- . 1,767,511 HOSPITAL OUTPATIENT VISITS
- . 9,750,562 MEDICAL FOUNDATION VISITS
- . 935,211 PATIENT DAYS
- . 914,613 HOME HEALTH & HOSPICE VISITS

TO VIEW A LIST OF SUTTER HEALTH AFFILIATES, SEE FORM 990, SCHEDULE R.

**FORM 990, PART VI, LINE 1A**

THE AFFAIRS AND MANAGEMENT OF SUTTER HEALTH ARE GOVERNED BY THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE HAS THE POWER TO ACT ON BEHALF OF THE BOARD AND TO TRANSACT ALL REGULAR BUSINESS DURING THE PERIOD BETWEEN MEETINGS OF THE BOARD. THE EXECUTIVE COMMITTEE CONSISTS OF THE BOARD CHAIR, WHO SERVES AS CHAIR OF THE COMMITTEE, THE CHAIR OF THE FINANCE AND PLANNING COMMITTEE, THE SECRETARY, THE PRESIDENT AND CHIEF EXECUTIVE OFFICER, THE CHAIR-ELECT, IF THERE IS AN INDIVIDUAL WITH THAT TITLE WHO IS NOT SERVING ON THE COMMITTEE IN ANOTHER CAPACITY, THE PAST CHAIR, IF

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

SUTTER HEALTH

**Supplemental Information to Form 990 or 990-EZ**

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

► Attach to Form 990 or 990-EZ.

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**2022**

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Inspection**

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SUCH INDIVIDUAL IS STILL SERVING AS A DIRECTOR, AND AT LEAST ONE  
DIRECTOR-AT-LARGE OF THE CORPORATION.

**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. ON THIS STATEMENT THE INDIVIDUAL WILL LIST A WIDE  
RANGE OF INFORMATION WHICH INCLUDES BUSINESS RELATIONSHIPS, EMPLOYMENT  
RELATIONSHIPS, PROPERTY INTERESTS, AND THOSE OF RELATED PARTIES. IF THERE  
IS A POTENTIAL CONFLICT OF INTEREST RELATED TO A PARTICULAR TRANSACTION,  
THE INTERESTED INDIVIDUAL MUST DISCLOSE THE EXISTENCE AND NATURE OF THE  
RELATIONSHIP. THE BOARD CHAIR MAY APPOINT A DISINTERESTED PERSON OR  
COMMITTEE TO INVESTIGATE THE CONFLICT. THE BOARD MAY CONSULT WITH THE

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

SUTTER HEALTH

**Supplemental Information to Form 990 or 990-EZ**

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Employer identification number

94-2788907

OFFICE OF THE GENERAL COUNSEL AS NECESSARY. UNTIL THE POTENTIAL CONFLICT  
IS RESOLVED, THE BOARD CHAIR (OR COMMITTEE CHAIR AS APPLICABLE) MAY  
REQUEST THE INDIVIDUAL TO NOT PARTICIPATE DURING RELATED PRESENTATIONS  
AND DISCUSSIONS. IN ALL CIRCUMSTANCES INVOLVING AN ACTUAL CONFLICT, THE  
INTERESTED INDIVIDUAL SHALL LEAVE THE ROOM PRIOR TO THE 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 INDEPENDENT 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.

TO ENSURE EXTERNAL COMPETITIVENESS, NATIONAL COMPENSATION DATA  
COMPARISONS ARE REVIEWED. COMPETITIVE ANALYSIS INCLUDES: (A) BASE SALARY,  
(B) TOTAL CASH (BASE SALARY + ANNUAL INCENTIVE), (C) TOTAL DIRECT CASH  
(BASE SALARY + ANNUAL INCENTIVE + LONG TERM INCENTIVE) AND (D) TOTAL  
REMUNERATION (BASE SALARY + ANNUAL INCENTIVE + BENEFITS AND LONG TERM  
INCENTIVE).

THIS ANALYSIS INCLUDES NATIONAL COMPARISONS FOR ORGANIZATIONS SIMILAR IN  
SIZE, SCOPE AND COMPLEXITY AS SUTTER HEALTH, ADJUSTED TO THE CALIFORNIA

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

SUTTER HEALTH

**Supplemental Information to Form 990 or 990-EZ**

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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94-2788907

MARKET. THIS METHOD IS MOST APPROPRIATE SINCE IT IS A NATIONAL  
MARKETPLACE IN WHICH SUTTER COMPETES FOR EXECUTIVE TALENT.

OFFICERS AND KEY EMPLOYEES OF THIS ORGANIZATION UNDERGO AN ANNUAL REVIEW  
BY THE COMPENSATION COMMITTEE OR A DELEGATED SUB-COMMITTEE. APPROVAL IS  
RECORDED IN THE MINUTES. THE 2022 EXECUTIVE COMPENSATION APPROVAL WAS  
COMPLETED IN FEBRUARY 2022.

**FORM 990, PART VI, LINE 19**

AVAILABILITY OF GOVERNING DOCUMENTS, COI POLICY & FINANCIAL STATEMENTS:  
THE SUTTER HEALTH SYSTEM POSTS ITS CURRENT AND PAST AUDITED FINANCIAL  
STATEMENTS AT SUTTERHEALTH.ORG. OTHER DOCUMENTS ARE ALSO LOCATED AT THIS  
WEBSITE INCLUDING THE ANNUAL REPORT, MISSION STATEMENT, HISTORY, AND  
LINKS TO AFFILIATE WEBSITES. THE GOVERNING DOCUMENTS AND CONFLICT OF  
INTEREST POLICY ARE NOT AVAILABLE TO THE PUBLIC AT THIS TIME.

**FORM 990, PART X, LINE 20**

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

**FORM 990, PART XI, LINE 9**

OTHER CHANGES IN FUND BALANCE:

PENSION RELATED CHANGES	666,109,144
EQUITY TRANSFER (NET)	(80,676,657)
PARTNERSHIP INCOME ON BOOKS	16,528,925

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

SUTTER HEALTH

**Supplemental Information to Form 990 or 990-EZ**

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

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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**2022**

**Open to Public  
Inspection**

Employer identification number

94-2788907

OTHER CHANGES IN FUND BALANCE

( 28,044,212 )

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TOTAL

\$ 573,917,200

=====

Name of the organization

Employer identification number

**SUTTER HEALTH****94-2788907**

## FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS -----	DESCRIPTION OF SERVICES -----	COMPENSATION -----
RIGHTSOURCING INC 1150 IRON POINT RD, STE 100 FOLSOM, CA 95630-8306	STAFFING SERVICES	366,549,560.
R1 RCM INC 434 W ASCENSION WY, 6TH FLOOR MURRAY, UT 84123-2790	HEALTHCARE FIN SVCS	78,488,191.
US NURSING CORP 5700 SO QUEBEC ST, STE 300 GREENWOOD VILLAGE, CO 80111-2008	STAFFING SERVICES	36,856,814.
GUIDEHOUSE INC 150 NO RIVERSIDE PLAZA, STE 2100 CHICAGO, IL 60606-1528	CONSULTING SERVICES	26,338,614.
GE PRECISION HEALTHCARE LLC 3000 NO GRANDVIEW BLVD WAUKESHA, WI 53188-1615	MED EQUIP MAINT SRVS	19,198,103.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

SUTTER HEALTH

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

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 OUTPATIENT SERVICES, LLC 45-4714483 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833	SUPPORT SVCS	CA	87,639,193.	14,606,132.	SUTTER HLTH
(2) SUTTER SHARED LAB, LLC 47-5583986 2950 COLLIER CANYON ROAD LIVERMORE, CA 94551	LAB SERVICES	CA	73,059,222.	20,827,912.	SUTTER HLTH
(3) SUTTER HEALTH PLAN PRODUCTS ORG LLC 82-1766939 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833	SUPPORT SVCS	CA	3,225,961.	11,485,403.	SUTTER HLTH
(4) SUTTER PREF DIR CONTRACTING ENTITY, LLC 85-2510442 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833	HLDNG COMPANY	CA	32,291,227.	64,864,680.	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	No
SEE SUPPLEMENTAL PAGE							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2022

**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?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) SEE SUPPLEMENTAL PAGE												
(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	No
(1) SUTTER HEALTH DEFERRED COMP PLANS' TRUST 27-6851989 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833	RABBI TRUST	CA	SUTTER HLTH	TRUST			100.0000	x	
(2) NORTHWOOD EUROPE TE FEEDER, LP 98-1272216 1819 WAZEE ST, 2ND FLOOR DENVER, CO 80202	INVESTMENT	CJ	SUTTER HLTH	C CORP			100.0000	x	
(3) HEALTH VENTURES, INC 94-2918780 350 HAWTHORNE AVE OAKLAND, CA 94609	HEALTH SERVICES	CA	SUTTER BH	C CORP				x	
(4) LYXSOP SEGREGATED PORTFOLIO 1 P.O. BOX 10008 WILLOW HOUSE CRICKET SQ., GRAND CAYMAN	INVESTMENT	CJ	SUTTER HLTH	C CORP			75.0000	x	
(5) LYXSOP SEGREGATED PORTFOLIO 2 P.O. BOX 10008 WILLOW HOUSE CRICKET SQ., GRAND CAYMAN	INVESTMENT	CJ	SUTTER HLTH	C CORP			75.0000	x	
(6) AQR REAL RETURN OFFSHORE FUND LP 98-0700570 89 NEXUS WAY CAMANA BAY, GRAND CAYMAN CJ KY1-9009	INVESTMENT	CJ	SUTTER HLTH	C CORP			62.6100	x	
(7) BRIGADE LEVERAGED CAPITAL STRUCTURE OFFS 98-1020330 ONE NEXUS WAY CAMANA BAY, GRAND CAYMAN CJ KY1-9005	INVESTMENT	CJ	SUTTER HLTH	C CORP			52.6880	x	



**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
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	X	
<b>b</b> Gift, grant, or capital contribution to related organization(s).	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s).	X	
<b>d</b> Loans or loan guarantees to or for related organization(s).		X
<b>e</b> Loans or loan guarantees by related organization(s).		X
<b>f</b> Dividends from related organization(s).		
<b>g</b> Sale of assets to related organization(s).		X
<b>h</b> Purchase of assets from related organization(s).		X
<b>i</b> Exchange of assets with related organization(s).	X	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s).	X	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s).	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).		X
<b>o</b> Sharing of paid employees with related organization(s).	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses.	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses.	X	
<b>r</b> Other transfer of cash or property to related organization(s).	X	
<b>s</b> Other transfer of cash or property from related organization(s).	X	
<b>2</b> 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) REDDING SURGERY CTR, LLC (DBA APOGEE SURG CR)	O	1,774,188.	FMV
(2) REDDING SURGERY CTR, LLC (DBA APOGEE SURG CR)	P	117,910.	FMV
(3) REDDING SURGERY CTR, LLC (DBA APOGEE SURG CR)	Q	5,571,042.	FMV
(4) ASC OPERATORS - EAST BAY LLC	L	547,960.	FMV
(5) ASC OPERATORS - EAST BAY LLC	Q	54,000.	FMV
(6) ASC OPERATORS, LLC	L	4,948,961.	FMV

**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
<b>1</b> 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?			
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity.	<b>1a</b>		
<b>b</b> Gift, grant, or capital contribution to related organization(s).	<b>1b</b>		
<b>c</b> Gift, grant, or capital contribution from related organization(s).	<b>1c</b>		
<b>d</b> Loans or loan guarantees to or for related organization(s).	<b>1d</b>		
<b>e</b> Loans or loan guarantees by related organization(s).	<b>1e</b>		
<b>f</b> Dividends from related organization(s).	<b>1f</b>		
<b>g</b> Sale of assets to related organization(s).	<b>1g</b>		
<b>h</b> Purchase of assets from related organization(s).	<b>1h</b>		
<b>i</b> Exchange of assets with related organization(s).	<b>1i</b>		
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s).	<b>1j</b>		
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s).	<b>1k</b>		
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).	<b>1l</b>		
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).	<b>1m</b>		
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	<b>1n</b>		
<b>o</b> Sharing of paid employees with related organization(s).	<b>1o</b>		
<b>p</b> Reimbursement paid to related organization(s) for expenses.	<b>1p</b>		
<b>q</b> Reimbursement paid by related organization(s) for expenses.	<b>1q</b>		
<b>r</b> Other transfer of cash or property to related organization(s).	<b>1r</b>		
<b>s</b> Other transfer of cash or property from related organization(s).	<b>1s</b>		
<b>2</b> 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, LLC	S	335,702.	FMV
(2) ASC OPERATORS-SAN FRANCISCO, LLC	L	1,231,866.	FMV
(3) ASC OPERATORS-SAN FRANCISCO, LLC	Q	709,785.	FMV
(4) ASC OPERATORS-SAN LUIS OBISPO LLC	L	1,143,315.	FMV
(5) ASC OPERATORS-SAN LUIS OBISPO LLC	Q	165,280.	FMV
(6) ASC OPERATORS-SAN LUIS OBISPO LLC	S	3,393,706.	FMV

**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
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s).	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s).	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s).	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s).	<b>1e</b>	
<b>f</b> Dividends from related organization(s).	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s).	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s).	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s).	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s).	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s).	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s).	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses.	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses.	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s).	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s).	<b>1s</b>	
<b>2</b> 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	1,100,000.	FMV
(2) ASC OPERATORS-SOUTH BAY, LLC	L	698,598.	FMV
(3) AUBURN SURGICAL CENTER, LP	L	141,006.	FMV
(4) AUBURN SURGICAL CENTER, LP	O	2,192,236.	FMV
(5) AUBURN SURGICAL CENTER, LP	P	64,237.	FMV
(6) AUBURN SURGICAL CENTER, LP	Q	3,070,302.	FMV

**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
<b>1</b> 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?			
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	<b>1a</b>		
<b>b</b> Gift, grant, or capital contribution to related organization(s).	<b>1b</b>		
<b>c</b> Gift, grant, or capital contribution from related organization(s).	<b>1c</b>		
<b>d</b> Loans or loan guarantees to or for related organization(s).	<b>1d</b>		
<b>e</b> Loans or loan guarantees by related organization(s).	<b>1e</b>		
<b>f</b> Dividends from related organization(s).	<b>1f</b>		
<b>g</b> Sale of assets to related organization(s).	<b>1g</b>		
<b>h</b> Purchase of assets from related organization(s).	<b>1h</b>		
<b>i</b> Exchange of assets with related organization(s).	<b>1i</b>		
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s).	<b>1j</b>		
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s).	<b>1k</b>		
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).	<b>1l</b>		
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).	<b>1m</b>		
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	<b>1n</b>		
<b>o</b> Sharing of paid employees with related organization(s).	<b>1o</b>		
<b>p</b> Reimbursement paid to related organization(s) for expenses.	<b>1p</b>		
<b>q</b> Reimbursement paid by related organization(s) for expenses.	<b>1q</b>		
<b>r</b> Other transfer of cash or property to related organization(s).	<b>1r</b>		
<b>s</b> Other transfer of cash or property from related organization(s).	<b>1s</b>		
<b>2</b> 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) CALIFORNIA PACIFIC MEDICAL CENTER FOUNDATION	L	1,808,807.	FMV
(2) CALIFORNIA PACIFIC MEDICAL CENTER FOUNDATION	O	563,056.	FMV
(3) CALIFORNIA PACIFIC MEDICAL CENTER FOUNDATION	Q	306,294.	FMV
(4) CARLSBAD SURGERY CENTER, LLC	L	633,773.	FMV
(5) CARLSBAD SURGERY CENTER, LLC	O	2,387,208.	FMV
(6) CARLSBAD SURGERY CENTER, LLC	Q	5,086,885.	FMV

**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
<b>1</b> 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?			
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	<b>1a</b>		
<b>b</b> Gift, grant, or capital contribution to related organization(s).	<b>1b</b>		
<b>c</b> Gift, grant, or capital contribution from related organization(s).	<b>1c</b>		
<b>d</b> Loans or loan guarantees to or for related organization(s).	<b>1d</b>		
<b>e</b> Loans or loan guarantees by related organization(s).	<b>1e</b>		
<b>f</b> Dividends from related organization(s).	<b>1f</b>		
<b>g</b> Sale of assets to related organization(s).	<b>1g</b>		
<b>h</b> Purchase of assets from related organization(s).	<b>1h</b>		
<b>i</b> Exchange of assets with related organization(s).	<b>1i</b>		
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s).	<b>1j</b>		
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s).	<b>1k</b>		
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).	<b>1l</b>		
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).	<b>1m</b>		
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	<b>1n</b>		
<b>o</b> Sharing of paid employees with related organization(s).	<b>1o</b>		
<b>p</b> Reimbursement paid to related organization(s) for expenses.	<b>1p</b>		
<b>q</b> Reimbursement paid by related organization(s) for expenses.	<b>1q</b>		
<b>r</b> Other transfer of cash or property to related organization(s).	<b>1r</b>		
<b>s</b> Other transfer of cash or property from related organization(s).	<b>1s</b>		
<b>2</b> 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	S	1,562,742.	FMV
(2) EAST BAY ENDOSCOPY CENTER, LP	O	2,053,188.	FMV
(3) EAST BAY ENDOSCOPY CENTER, LP	P	404,096.	FMV
(4) EAST BAY ENDOSCOPY CENTER, LP	Q	3,601,443.	FMV
(5) EAST BAY PERINATAL CENTER	L	215,227.	FMV
(6) EAST BAY PERINATAL CENTER	Q	532,029.	FMV

**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
<b>1</b> 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?			
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>		
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>		
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>		
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>		
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>		
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>		
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>		
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>		
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>		
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>		
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>		
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>		
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>		
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>		
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>		
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>		
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>		
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>		
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>		
<b>2</b> 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) FORT SUTTER SURGERY CENTER, LP	L	373,682.	FMV
(2) FORT SUTTER SURGERY CENTER, LP	O	11,918,951.	FMV
(3) FORT SUTTER SURGERY CENTER, LP	P	131,324.	FMV
(4) FORT SUTTER SURGERY CENTER, LP	Q	18,382,766.	FMV
(5) GOLDEN GATE ENDOSCOPY CENTER, LLC	O	3,230,221.	FMV
(6) GOLDEN GATE ENDOSCOPY CENTER, LLC	Q	5,837,434.	FMV

**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
<b>1</b> 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?			
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	<b>1a</b>		
<b>b</b> Gift, grant, or capital contribution to related organization(s).	<b>1b</b>		
<b>c</b> Gift, grant, or capital contribution from related organization(s).	<b>1c</b>		
<b>d</b> Loans or loan guarantees to or for related organization(s).	<b>1d</b>		
<b>e</b> Loans or loan guarantees by related organization(s).	<b>1e</b>		
<b>f</b> Dividends from related organization(s).	<b>1f</b>		
<b>g</b> Sale of assets to related organization(s).	<b>1g</b>		
<b>h</b> Purchase of assets from related organization(s).	<b>1h</b>		
<b>i</b> Exchange of assets with related organization(s).	<b>1i</b>		
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s).	<b>1j</b>		
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s).	<b>1k</b>		
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).	<b>1l</b>		
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).	<b>1m</b>		
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	<b>1n</b>		
<b>o</b> Sharing of paid employees with related organization(s).	<b>1o</b>		
<b>p</b> Reimbursement paid to related organization(s) for expenses.	<b>1p</b>		
<b>q</b> Reimbursement paid by related organization(s) for expenses.	<b>1q</b>		
<b>r</b> Other transfer of cash or property to related organization(s).	<b>1r</b>		
<b>s</b> Other transfer of cash or property from related organization(s).	<b>1s</b>		
<b>2</b> 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) HEALTH VENTURES INC.	Q	13,004,041.	FMV
(2) MEMORIAL HOSPITAL FOUNDATION	L	191,589.	FMV
(3) MILLS PENINSULA HOSPITAL FOUNDATION	L	630,420.	FMV
(4) MILLS PENINSULA HOSPITAL FOUNDATION	O	54,325.	FMV
(5) MILLS PENINSULA HOSPITAL FOUNDATION	Q	58,960.	FMV
(6) NORTH BAY REGIONAL SURGERY CENTER	J	449,649.	FMV

**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
<b>1</b> 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?			
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	<b>1a</b>		
<b>b</b> Gift, grant, or capital contribution to related organization(s).	<b>1b</b>		
<b>c</b> Gift, grant, or capital contribution from related organization(s).	<b>1c</b>		
<b>d</b> Loans or loan guarantees to or for related organization(s).	<b>1d</b>		
<b>e</b> Loans or loan guarantees by related organization(s).	<b>1e</b>		
<b>f</b> Dividends from related organization(s).	<b>1f</b>		
<b>g</b> Sale of assets to related organization(s).	<b>1g</b>		
<b>h</b> Purchase of assets from related organization(s).	<b>1h</b>		
<b>i</b> Exchange of assets with related organization(s).	<b>1i</b>		
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s).	<b>1j</b>		
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s).	<b>1k</b>		
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).	<b>1l</b>		
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).	<b>1m</b>		
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	<b>1n</b>		
<b>o</b> Sharing of paid employees with related organization(s).	<b>1o</b>		
<b>p</b> Reimbursement paid to related organization(s) for expenses.	<b>1p</b>		
<b>q</b> Reimbursement paid by related organization(s) for expenses.	<b>1q</b>		
<b>r</b> Other transfer of cash or property to related organization(s).	<b>1r</b>		
<b>s</b> Other transfer of cash or property from related organization(s).	<b>1s</b>		
<b>2</b> 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) NORTH BAY REGIONAL SURGERY CENTER, LLC	L	553,422.	FMV
(2) NORTH BAY REGIONAL SURGERY CENTER, LLC	O	3,419,341.	FMV
(3) NORTH BAY REGIONAL SURGERY CENTER, LLC	P	128,068.	FMV
(4) NORTH BAY REGIONAL SURGERY CENTER, LLC	Q	7,530,396.	FMV
(5) PENINSULA ENDOSCOPY CENTER, LLC	L	769,356.	FMV
(6) PENINSULA ENDOSCOPY CENTER, LLC	O	3,593,604.	FMV



**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
<b>1</b> 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?			
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	<b>1a</b>		
<b>b</b> Gift, grant, or capital contribution to related organization(s).	<b>1b</b>		
<b>c</b> Gift, grant, or capital contribution from related organization(s).	<b>1c</b>		
<b>d</b> Loans or loan guarantees to or for related organization(s).	<b>1d</b>		
<b>e</b> Loans or loan guarantees by related organization(s).	<b>1e</b>		
<b>f</b> Dividends from related organization(s).	<b>1f</b>		
<b>g</b> Sale of assets to related organization(s).	<b>1g</b>		
<b>h</b> Purchase of assets from related organization(s).	<b>1h</b>		
<b>i</b> Exchange of assets with related organization(s).	<b>1i</b>		
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s).	<b>1j</b>		
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s).	<b>1k</b>		
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).	<b>1l</b>		
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).	<b>1m</b>		
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	<b>1n</b>		
<b>o</b> Sharing of paid employees with related organization(s).	<b>1o</b>		
<b>p</b> Reimbursement paid to related organization(s) for expenses.	<b>1p</b>		
<b>q</b> Reimbursement paid by related organization(s) for expenses.	<b>1q</b>		
<b>r</b> Other transfer of cash or property to related organization(s).	<b>1r</b>		
<b>s</b> Other transfer of cash or property from related organization(s).	<b>1s</b>		
<b>2</b> 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	3,020,741.	FMV
(2) PENINSULA EYE SURGERY CENTER, LLC	O	2,655,463.	FMV
(3) PENINSULA EYE SURGERY CENTER, LLC	P	136,828.	FMV
(4) PENINSULA EYE SURGERY CENTER, LLC	Q	9,221,978.	FMV
(5) ROSEVILLE ENDOSCOPY CENTER, LLC	L	635,181.	FMV
(6) ROSEVILLE ENDOSCOPY CENTER, LLC	O	4,236,882.	FMV

**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
<b>1</b> 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?			
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	<b>1a</b>		
<b>b</b> Gift, grant, or capital contribution to related organization(s).	<b>1b</b>		
<b>c</b> Gift, grant, or capital contribution from related organization(s).	<b>1c</b>		
<b>d</b> Loans or loan guarantees to or for related organization(s).	<b>1d</b>		
<b>e</b> Loans or loan guarantees by related organization(s).	<b>1e</b>		
<b>f</b> Dividends from related organization(s).	<b>1f</b>		
<b>g</b> Sale of assets to related organization(s).	<b>1g</b>		
<b>h</b> Purchase of assets from related organization(s).	<b>1h</b>		
<b>i</b> Exchange of assets with related organization(s).	<b>1i</b>		
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s).	<b>1j</b>		
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s).	<b>1k</b>		
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).	<b>1l</b>		
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).	<b>1m</b>		
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	<b>1n</b>		
<b>o</b> Sharing of paid employees with related organization(s).	<b>1o</b>		
<b>p</b> Reimbursement paid to related organization(s) for expenses.	<b>1p</b>		
<b>q</b> Reimbursement paid by related organization(s) for expenses.	<b>1q</b>		
<b>r</b> Other transfer of cash or property to related organization(s).	<b>1r</b>		
<b>s</b> Other transfer of cash or property from related organization(s).	<b>1s</b>		
<b>2</b> 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	Q	5,295,676.	FMV
(2) SACRAMENTO SURGERY CENTER ASSOCIATES, LP	O	1,999,508.	FMV
(3) SACRAMENTO SURGERY CENTER ASSOCIATES, LP	P	127,075.	FMV
(4) SACRAMENTO SURGERY CENTER ASSOCIATES, LP	Q	7,795,424.	FMV
(5) SAN FRANCISCO ENDOSCOPY CENTER, LLC	L	535,208.	FMV
(6) SAN FRANCISCO ENDOSCOPY CENTER, LLC	O	3,040,275.	FMV

**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
<b>1</b> 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?			
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	<b>1a</b>		
<b>b</b> Gift, grant, or capital contribution to related organization(s).	<b>1b</b>		
<b>c</b> Gift, grant, or capital contribution from related organization(s).	<b>1c</b>		
<b>d</b> Loans or loan guarantees to or for related organization(s).	<b>1d</b>		
<b>e</b> Loans or loan guarantees by related organization(s).	<b>1e</b>		
<b>f</b> Dividends from related organization(s).	<b>1f</b>		
<b>g</b> Sale of assets to related organization(s).	<b>1g</b>		
<b>h</b> Purchase of assets from related organization(s).	<b>1h</b>		
<b>i</b> Exchange of assets with related organization(s).	<b>1i</b>		
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s).	<b>1j</b>		
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s).	<b>1k</b>		
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).	<b>1l</b>		
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).	<b>1m</b>		
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	<b>1n</b>		
<b>o</b> Sharing of paid employees with related organization(s).	<b>1o</b>		
<b>p</b> Reimbursement paid to related organization(s) for expenses.	<b>1p</b>		
<b>q</b> Reimbursement paid by related organization(s) for expenses.	<b>1q</b>		
<b>r</b> Other transfer of cash or property to related organization(s).	<b>1r</b>		
<b>s</b> Other transfer of cash or property from related organization(s).	<b>1s</b>		
<b>2</b> 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 FRANCISCO ENDOSCOPY CENTER, LLC	P	137,058.	FMV
(2) SAN FRANCISCO ENDOSCOPY CENTER, LLC	Q	7,083,030.	FMV
(3) SAN FRANCISCO ENDOSCOPY CENTER, LLC	S	168,618.	FMV
(4) SAN LEANDRO SURGERY CENTER, LP	L	739,912.	FMV
(5) SAN LEANDRO SURGERY CENTER, LP	O	4,700,736.	FMV
(6) SAN LEANDRO SURGERY CENTER, LP	P	70,067.	FMV

**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
<b>1</b> 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?			
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity.	<b>1a</b>		
<b>b</b> Gift, grant, or capital contribution to related organization(s).	<b>1b</b>		
<b>c</b> Gift, grant, or capital contribution from related organization(s).	<b>1c</b>		
<b>d</b> Loans or loan guarantees to or for related organization(s).	<b>1d</b>		
<b>e</b> Loans or loan guarantees by related organization(s).	<b>1e</b>		
<b>f</b> Dividends from related organization(s).	<b>1f</b>		
<b>g</b> Sale of assets to related organization(s).	<b>1g</b>		
<b>h</b> Purchase of assets from related organization(s).	<b>1h</b>		
<b>i</b> Exchange of assets with related organization(s).	<b>1i</b>		
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s).	<b>1j</b>		
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s).	<b>1k</b>		
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).	<b>1l</b>		
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).	<b>1m</b>		
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	<b>1n</b>		
<b>o</b> Sharing of paid employees with related organization(s).	<b>1o</b>		
<b>p</b> Reimbursement paid to related organization(s) for expenses.	<b>1p</b>		
<b>q</b> Reimbursement paid by related organization(s) for expenses.	<b>1q</b>		
<b>r</b> Other transfer of cash or property to related organization(s).	<b>1r</b>		
<b>s</b> Other transfer of cash or property from related organization(s).	<b>1s</b>		
<b>2</b> 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	Q	5,352,203.	FMV
(2) SAN LUIS OBISPO SURGERY CTR LP	O	2,860,394.	FMV
(3) SAN LUIS OBISPO SURGERY CTR LP	P	59,634.	FMV
(4) SAN LUIS OBISPO SURGERY CTR LP	Q	3,785,416.	FMV
(5) SANTA BARBARA ENDOSCOPY CTR LLC	O	856,528.	FMV
(6) SANTA BARBARA ENDOSCOPY CTR LLC	Q	2,365,734.	FMV

**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
<b>1</b> 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?			
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	<b>1a</b>		
<b>b</b> Gift, grant, or capital contribution to related organization(s).	<b>1b</b>		
<b>c</b> Gift, grant, or capital contribution from related organization(s).	<b>1c</b>		
<b>d</b> Loans or loan guarantees to or for related organization(s).	<b>1d</b>		
<b>e</b> Loans or loan guarantees by related organization(s).	<b>1e</b>		
<b>f</b> Dividends from related organization(s).	<b>1f</b>		
<b>g</b> Sale of assets to related organization(s).	<b>1g</b>		
<b>h</b> Purchase of assets from related organization(s).	<b>1h</b>		
<b>i</b> Exchange of assets with related organization(s).	<b>1i</b>		
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s).	<b>1j</b>		
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s).	<b>1k</b>		
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).	<b>1l</b>		
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).	<b>1m</b>		
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	<b>1n</b>		
<b>o</b> Sharing of paid employees with related organization(s).	<b>1o</b>		
<b>p</b> Reimbursement paid to related organization(s) for expenses.	<b>1p</b>		
<b>q</b> Reimbursement paid by related organization(s) for expenses.	<b>1q</b>		
<b>r</b> Other transfer of cash or property to related organization(s).	<b>1r</b>		
<b>s</b> Other transfer of cash or property from related organization(s).	<b>1s</b>		
<b>2</b> 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	L	340,765.	FMV
(2) SANTA ROSA SURGERY CENTER, LP	O	10,929,733.	FMV
(3) SANTA ROSA SURGERY CENTER, LP	P	102,365.	FMV
(4) SANTA ROSA SURGERY CENTER, LP	Q	19,537,195.	FMV
(5) SOUTH PLACER SURGERY CENTER, LP	L	186,669.	FMV
(6) SOUTH PLACER SURGERY CENTER, LP	O	5,173,172.	FMV

**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
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s).	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s).	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s).	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s).	<b>1e</b>	
<b>f</b> Dividends from related organization(s).	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s).	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s).	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s).	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s).	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s).	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s).	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses.	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses.	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s).	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s).	<b>1s</b>	
<b>2</b> 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) SOUTH PLACER SURGERY CENTER, LP	P	88,554.	FMV
(2) SOUTH PLACER SURGERY CENTER, LP	Q	14,513,948.	FMV
(3) SUTTER ALHAMBRA SURGERY CENTER, LP	L	150,568.	FMV
(4) SUTTER ALHAMBRA SURGERY CENTER, LP	O	3,787,547.	FMV
(5) SUTTER ALHAMBRA SURGERY CENTER, LP	Q	8,950,046.	FMV
(6) SUTTER AMADOR SURGERY CENTER, LLC	A	123,113.	FMV

**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
<b>1</b> 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?			
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity.	<b>1a</b>		
<b>b</b> Gift, grant, or capital contribution to related organization(s).	<b>1b</b>		
<b>c</b> Gift, grant, or capital contribution from related organization(s).	<b>1c</b>		
<b>d</b> Loans or loan guarantees to or for related organization(s).	<b>1d</b>		
<b>e</b> Loans or loan guarantees by related organization(s).	<b>1e</b>		
<b>f</b> Dividends from related organization(s).	<b>1f</b>		
<b>g</b> Sale of assets to related organization(s).	<b>1g</b>		
<b>h</b> Purchase of assets from related organization(s).	<b>1h</b>		
<b>i</b> Exchange of assets with related organization(s).	<b>1i</b>		
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s).	<b>1j</b>		
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s).	<b>1k</b>		
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).	<b>1l</b>		
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).	<b>1m</b>		
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	<b>1n</b>		
<b>o</b> Sharing of paid employees with related organization(s).	<b>1o</b>		
<b>p</b> Reimbursement paid to related organization(s) for expenses.	<b>1p</b>		
<b>q</b> Reimbursement paid by related organization(s) for expenses.	<b>1q</b>		
<b>r</b> Other transfer of cash or property to related organization(s).	<b>1r</b>		
<b>s</b> Other transfer of cash or property from related organization(s).	<b>1s</b>		
<b>2</b> 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	L	144,469.	FMV
(2) SUTTER AMADOR SURGERY CENTER, LLC	O	1,106,541.	FMV
(3) SUTTER AMADOR SURGERY CENTER, LLC	P	60,592.	FMV
(4) SUTTER AMADOR SURGERY CENTER, LLC	Q	1,105,284.	FMV
(5) SUTTER AUBURN FAITH HOSPITAL FOUNDATION	L	139,034.	FMV
(6) SUTTER AUBURN FAITH HOSPITAL FOUNDATION	O	182,537.	FMV

**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
<b>1</b> 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?			
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity. . . . .	<b>1a</b>		
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>		
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>		
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>		
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>		
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>		
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>		
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>		
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>		
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>		
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>		
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>		
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>		
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>		
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>		
<b>p</b> Reimbursement paid to related organization(s) for expenses. . . . .	<b>1p</b>		
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>		
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>		
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>		
<b>2</b> 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 AUBURN FAITH HOSPITAL FOUNDATION	Q	84,457.	FMV
(2) SUTTER BAY HOSPITALS	J	117,787.	FMV
(3) SUTTER BAY HOSPITALS	B	301,182.	FMV
(4) SUTTER BAY HOSPITALS	C	82,366.	FMV
(5) SUTTER BAY HOSPITALS	I	5,461,481.	FMV
(6) SUTTER BAY HOSPITALS	L	549,178,208.	FMV



**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
<b>1</b> 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?			
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity.	<b>1a</b>		
<b>b</b> Gift, grant, or capital contribution to related organization(s).	<b>1b</b>		
<b>c</b> Gift, grant, or capital contribution from related organization(s).	<b>1c</b>		
<b>d</b> Loans or loan guarantees to or for related organization(s).	<b>1d</b>		
<b>e</b> Loans or loan guarantees by related organization(s).	<b>1e</b>		
<b>f</b> Dividends from related organization(s).	<b>1f</b>		
<b>g</b> Sale of assets to related organization(s).	<b>1g</b>		
<b>h</b> Purchase of assets from related organization(s).	<b>1h</b>		
<b>i</b> Exchange of assets with related organization(s).	<b>1i</b>		
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s).	<b>1j</b>		
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s).	<b>1k</b>		
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).	<b>1l</b>		
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).	<b>1m</b>		
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	<b>1n</b>		
<b>o</b> Sharing of paid employees with related organization(s).	<b>1o</b>		
<b>p</b> Reimbursement paid to related organization(s) for expenses.	<b>1p</b>		
<b>q</b> Reimbursement paid by related organization(s) for expenses.	<b>1q</b>		
<b>r</b> Other transfer of cash or property to related organization(s).	<b>1r</b>		
<b>s</b> Other transfer of cash or property from related organization(s).	<b>1s</b>		
<b>2</b> 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	O	27,062,649.	FMV
(2) SUTTER BAY HOSPITALS	P	1,245,665,738.	FMV
(3) SUTTER BAY HOSPITALS	Q	2,777,238,878.	FMV
(4) SUTTER BAY HOSPITALS	R	409,076.	FMV
(5) SUTTER BAY HOSPITALS	S	1,922,017,990.	FMV
(6) SUTTER BAY MEDICAL FOUNDATION	C	208,647.	FMV

**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
<b>1</b> 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?			
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity.	<b>1a</b>		
<b>b</b> Gift, grant, or capital contribution to related organization(s).	<b>1b</b>		
<b>c</b> Gift, grant, or capital contribution from related organization(s).	<b>1c</b>		
<b>d</b> Loans or loan guarantees to or for related organization(s).	<b>1d</b>		
<b>e</b> Loans or loan guarantees by related organization(s).	<b>1e</b>		
<b>f</b> Dividends from related organization(s).	<b>1f</b>		
<b>g</b> Sale of assets to related organization(s).	<b>1g</b>		
<b>h</b> Purchase of assets from related organization(s).	<b>1h</b>		
<b>i</b> Exchange of assets with related organization(s).	<b>1i</b>		
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s).	<b>1j</b>		
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s).	<b>1k</b>		
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).	<b>1l</b>		
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).	<b>1m</b>		
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	<b>1n</b>		
<b>o</b> Sharing of paid employees with related organization(s).	<b>1o</b>		
<b>p</b> Reimbursement paid to related organization(s) for expenses.	<b>1p</b>		
<b>q</b> Reimbursement paid by related organization(s) for expenses.	<b>1q</b>		
<b>r</b> Other transfer of cash or property to related organization(s).	<b>1r</b>		
<b>s</b> Other transfer of cash or property from related organization(s).	<b>1s</b>		
<b>2</b> 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	I	125,627.	FMV
(2) SUTTER BAY MEDICAL FOUNDATION	J	621,283.	FMV
(3) SUTTER BAY MEDICAL FOUNDATION	L	297,816,505.	FMV
(4) SUTTER BAY MEDICAL FOUNDATION	M	2,579,270.	FMV
(5) SUTTER BAY MEDICAL FOUNDATION	O	4,458,648.	FMV
(6) SUTTER BAY MEDICAL FOUNDATION	P	208,879,818.	FMV

**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
<b>1</b> 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?			
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>		
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>		
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>		
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>		
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>		
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>		
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>		
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>		
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>		
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>		
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>		
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>		
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>		
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>		
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>		
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>		
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>		
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>		
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>		
<b>2</b> 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	Q	797,859,607.	FMV
(2) SUTTER BAY MEDICAL FOUNDATION	R	182,480.	FMV
(3) SUTTER BAY MEDICAL FOUNDATION	S	923,354,500.	FMV
(4) SUTTER COAST HOSPITAL	I	13,977,151.	FMV
(5) SUTTER COAST HOSPITAL	O	770,536.	FMV
(6) SUTTER COAST HOSPITAL	P	751,544.	FMV

**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
<b>1</b> 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?			
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	<b>1a</b>		
<b>b</b> Gift, grant, or capital contribution to related organization(s).	<b>1b</b>		
<b>c</b> Gift, grant, or capital contribution from related organization(s).	<b>1c</b>		
<b>d</b> Loans or loan guarantees to or for related organization(s).	<b>1d</b>		
<b>e</b> Loans or loan guarantees by related organization(s).	<b>1e</b>		
<b>f</b> Dividends from related organization(s).	<b>1f</b>		
<b>g</b> Sale of assets to related organization(s).	<b>1g</b>		
<b>h</b> Purchase of assets from related organization(s).	<b>1h</b>		
<b>i</b> Exchange of assets with related organization(s).	<b>1i</b>		
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s).	<b>1j</b>		
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s).	<b>1k</b>		
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).	<b>1l</b>		
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).	<b>1m</b>		
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	<b>1n</b>		
<b>o</b> Sharing of paid employees with related organization(s).	<b>1o</b>		
<b>p</b> Reimbursement paid to related organization(s) for expenses.	<b>1p</b>		
<b>q</b> Reimbursement paid by related organization(s) for expenses.	<b>1q</b>		
<b>r</b> Other transfer of cash or property to related organization(s).	<b>1r</b>		
<b>s</b> Other transfer of cash or property from related organization(s).	<b>1s</b>		
<b>2</b> 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	47,693,785.	FMV
(2) SUTTER COAST HOSPITAL	S	41,600,000.	FMV
(3) SUTTER DAVIS HOSPITAL FOUNDATION	L	152,308.	FMV
(4) SUTTER FAIRFIELD SURGERY CENTER, LLC	L	754,098.	FMV
(5) SUTTER FAIRFIELD SURGERY CENTER, LLC	O	279,465.	FMV
(6) SUTTER FAIRFIELD SURGERY CENTER, LLC	Q	6,472,985.	FMV

**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
<b>1</b> 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?			
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	<b>1a</b>		
<b>b</b> Gift, grant, or capital contribution to related organization(s).	<b>1b</b>		
<b>c</b> Gift, grant, or capital contribution from related organization(s).	<b>1c</b>		
<b>d</b> Loans or loan guarantees to or for related organization(s).	<b>1d</b>		
<b>e</b> Loans or loan guarantees by related organization(s).	<b>1e</b>		
<b>f</b> Dividends from related organization(s).	<b>1f</b>		
<b>g</b> Sale of assets to related organization(s).	<b>1g</b>		
<b>h</b> Purchase of assets from related organization(s).	<b>1h</b>		
<b>i</b> Exchange of assets with related organization(s).	<b>1i</b>		
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s).	<b>1j</b>		
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s).	<b>1k</b>		
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).	<b>1l</b>		
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).	<b>1m</b>		
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	<b>1n</b>		
<b>o</b> Sharing of paid employees with related organization(s).	<b>1o</b>		
<b>p</b> Reimbursement paid to related organization(s) for expenses.	<b>1p</b>		
<b>q</b> Reimbursement paid by related organization(s) for expenses.	<b>1q</b>		
<b>r</b> Other transfer of cash or property to related organization(s).	<b>1r</b>		
<b>s</b> Other transfer of cash or property from related organization(s).	<b>1s</b>		
<b>2</b> 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	O	158,978.	FMV
(2) SUTTER HEALTH PACIFIC	P	165,093.	FMV
(3) SUTTER HEALTH PACIFIC	Q	1,836,981.	FMV
(4) SUTTER HEALTH PACIFIC	R	5,400,000.	FMV
(5) SUTTER HEALTH PACIFIC	S	6,600,000.	FMV
(6) SUTTER HEALTH PLAN	J	234,698.	FMV

**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
<b>1</b> 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?			
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	<b>1a</b>		
<b>b</b> Gift, grant, or capital contribution to related organization(s).	<b>1b</b>		
<b>c</b> Gift, grant, or capital contribution from related organization(s).	<b>1c</b>		
<b>d</b> Loans or loan guarantees to or for related organization(s).	<b>1d</b>		
<b>e</b> Loans or loan guarantees by related organization(s).	<b>1e</b>		
<b>f</b> Dividends from related organization(s).	<b>1f</b>		
<b>g</b> Sale of assets to related organization(s).	<b>1g</b>		
<b>h</b> Purchase of assets from related organization(s).	<b>1h</b>		
<b>i</b> Exchange of assets with related organization(s).	<b>1i</b>		
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s).	<b>1j</b>		
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s).	<b>1k</b>		
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).	<b>1l</b>		
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).	<b>1m</b>		
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	<b>1n</b>		
<b>o</b> Sharing of paid employees with related organization(s).	<b>1o</b>		
<b>p</b> Reimbursement paid to related organization(s) for expenses.	<b>1p</b>		
<b>q</b> Reimbursement paid by related organization(s) for expenses.	<b>1q</b>		
<b>r</b> Other transfer of cash or property to related organization(s).	<b>1r</b>		
<b>s</b> Other transfer of cash or property from related organization(s).	<b>1s</b>		
<b>2</b> 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	K	154,370.	FMV
(2) SUTTER HEALTH PLAN	L	5,822,033.	FMV
(3) SUTTER HEALTH PLAN	O	2,305,660.	FMV
(4) SUTTER HEALTH PLAN	P	2,408,630.	FMV
(5) SUTTER HEALTH PLAN	Q	9,069,450.	FMV
(6) SUTTER INSURANCE SERVICES CORPORATION	L	12,144,846.	FMV

**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
<b>1</b> 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?			
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	<b>1a</b>		
<b>b</b> Gift, grant, or capital contribution to related organization(s).	<b>1b</b>		
<b>c</b> Gift, grant, or capital contribution from related organization(s).	<b>1c</b>		
<b>d</b> Loans or loan guarantees to or for related organization(s).	<b>1d</b>		
<b>e</b> Loans or loan guarantees by related organization(s).	<b>1e</b>		
<b>f</b> Dividends from related organization(s).	<b>1f</b>		
<b>g</b> Sale of assets to related organization(s).	<b>1g</b>		
<b>h</b> Purchase of assets from related organization(s).	<b>1h</b>		
<b>i</b> Exchange of assets with related organization(s).	<b>1i</b>		
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s).	<b>1j</b>		
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s).	<b>1k</b>		
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).	<b>1l</b>		
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).	<b>1m</b>		
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	<b>1n</b>		
<b>o</b> Sharing of paid employees with related organization(s).	<b>1o</b>		
<b>p</b> Reimbursement paid to related organization(s) for expenses.	<b>1p</b>		
<b>q</b> Reimbursement paid by related organization(s) for expenses.	<b>1q</b>		
<b>r</b> Other transfer of cash or property to related organization(s).	<b>1r</b>		
<b>s</b> Other transfer of cash or property from related organization(s).	<b>1s</b>		
<b>2</b> 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 INSURANCE SERVICES CORPORATION	P	8,942,210.	FMV
(2) SUTTER INSURANCE SERVICES CORPORATION	Q	1,611,383.	FMV
(3) SUTTER MEDICAL CENTER FOUNDATION	L	340,178.	FMV
(4) SUTTER MEDICAL CENTER FOUNDATION	O	195,630.	FMV
(5) SUTTER ROSEVILLE MEDICAL CENTER FOUNDATION	L	259,138.	FMV
(6) SUTTER ROSEVILLE MEDICAL CENTER FOUNDATION	O	60,613.	FMV

**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
<b>1</b> 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?			
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .	<b>1a</b>		
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>		
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>		
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>		
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>		
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>		
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>		
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>		
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>		
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>		
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>		
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>		
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>		
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>		
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>		
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>		
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>		
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>		
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>		
<b>2</b> 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	2,516,942.	FMV
(2) SUTTER VALLEY HOSPITALS	L	439,769,095.	FMV
(3) SUTTER VALLEY HOSPITALS	O	18,293,250.	FMV
(4) SUTTER VALLEY HOSPITALS	P	591,743,048.	FMV
(5) SUTTER VALLEY HOSPITALS	Q	2,006,610,273.	FMV
(6) SUTTER VALLEY HOSPITALS	R	166,617.	FMV



**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
<b>1</b> 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?			
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>		
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>		
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>		
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>		
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>		
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>		
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>		
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>		
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>		
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>		
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>		
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>		
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>		
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>		
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>		
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>		
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>		
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>		
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>		
<b>2</b> 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	S	1,883,260,950.	FMV
(2) SUTTER VALLEY MEDICAL FOUNDATION	B	510,000.	FMV
(3) SUTTER VALLEY MEDICAL FOUNDATION	L	169,471,532.	FMV
(4) SUTTER VALLEY MEDICAL FOUNDATION	M	956,834.	FMV
(5) SUTTER VALLEY MEDICAL FOUNDATION	O	27,505,796.	FMV
(6) SUTTER VALLEY MEDICAL FOUNDATION	P	122,258,840.	FMV

**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
<b>1</b> 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?			
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .	<b>1a</b>		
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>		
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>		
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>		
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>		
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>		
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>		
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>		
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>		
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>		
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>		
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>		
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>		
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>		
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>		
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>		
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>		
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>		
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>		
<b>2</b> 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	Q	416,210,389.	FMV
(2) SUTTER VALLEY MEDICAL FOUNDATION	S	421,200,000.	FMV
(3) SUTTER VISITING NURSE ASSOCIATION AND HOSPICE	B	350,000.	FMV
(4) SUTTER VISITING NURSE ASSOCIATION AND HOSPICE	I	71,913.	FMV
(5) SUTTER VISITING NURSE ASSOCIATION AND HOSPICE	J	81,914.	FMV
(6) SUTTER VISITING NURSE ASSOCIATION AND HOSPICE	L	30,023,186.	FMV

**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
<b>1</b> 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?			
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.	<b>1a</b>		
<b>b</b> Gift, grant, or capital contribution to related organization(s).	<b>1b</b>		
<b>c</b> Gift, grant, or capital contribution from related organization(s).	<b>1c</b>		
<b>d</b> Loans or loan guarantees to or for related organization(s).	<b>1d</b>		
<b>e</b> Loans or loan guarantees by related organization(s).	<b>1e</b>		
<b>f</b> Dividends from related organization(s).	<b>1f</b>		
<b>g</b> Sale of assets to related organization(s).	<b>1g</b>		
<b>h</b> Purchase of assets from related organization(s).	<b>1h</b>		
<b>i</b> Exchange of assets with related organization(s).	<b>1i</b>		
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s).	<b>1j</b>		
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s).	<b>1k</b>		
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s).	<b>1l</b>		
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s).	<b>1m</b>		
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).	<b>1n</b>		
<b>o</b> Sharing of paid employees with related organization(s).	<b>1o</b>		
<b>p</b> Reimbursement paid to related organization(s) for expenses.	<b>1p</b>		
<b>q</b> Reimbursement paid by related organization(s) for expenses.	<b>1q</b>		
<b>r</b> Other transfer of cash or property to related organization(s).	<b>1r</b>		
<b>s</b> Other transfer of cash or property from related organization(s).	<b>1s</b>		
<b>2</b> 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	M	5,850,758.	FMV
(2) SUTTER VISITING NURSE ASSOCIATION AND HOSPICE	O	1,720,370.	FMV
(3) SUTTER VISITING NURSE ASSOCIATION AND HOSPICE	P	1,885,610.	FMV
(4) SUTTER VISITING NURSE ASSOCIATION AND HOSPICE	Q	204,478,795.	FMV
(5) SUTTER VISITING NURSE ASSOCIATION AND HOSPICE	S	208,600,000.	FMV
(6) THE SURGERY CENTER OF ABSMC, LLC	L	345,228.	FMV

**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
<b>1</b> 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?			
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .	<b>1a</b>		
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>		
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>		
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>		
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>		
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>		
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>		
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>		
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>		
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>		
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>		
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>		
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>		
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>		
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>		
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>		
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>		
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>		
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>		
<b>2</b> 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) THE SURGERY CENTER OF ABSMC, LLC	Q	136,887.	FMV
(2) TRACY HOSPITAL FOUNDATION	L	61,216.	FMV
(3) WALNUT CREEK ENDOSCOPY CENTER, LLC	O	1,609,395.	FMV
(4) WALNUT CREEK ENDOSCOPY CENTER, LLC	P	609,108.	FMV
(5) WALNUT CREEK ENDOSCOPY CENTER, LLC	Q	3,417,438.	FMV
(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?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(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.

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**Part VII****Supplemental Information**

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

## PART II - IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512	
						YES	NO
CALIFORNIA PACIFIC MEDICAL CTR FOUND. C/O SH TAX 2200 RIVER PLAZA DR	94-2728423 SACRAMENTO, CA 95833 FUNDRAISING	CA	501(C)(3)	7	SUTTER BH		X
EAST BAY PERINATAL CENTER C/O SH TAX 2200 RIVER PLAZA DR	51-0172285 SACRAMENTO, CA 95833 HEALTHCARE	CA	501(C)(3)	3	SUTTER EBH		X
MEMORIAL HOSPITAL FOUNDATION C/O SH TAX 2200 RIVER PLAZA DR	94-2290244 SACRAMENTO, CA 95833 FUNDRAISING	CA	501(C)(3)	12A - I	SUTTER VH		X
MILLS-PENINSULA HOSPITAL FOUNDATION C/O SH TAX 2200 RIVER PLAZA DR	23-7288765 SACRAMENTO, CA 95833 FUNDRAISING	CA	501(C)(3)	7	SUTTER BH		X
SUTTER AUBURN FAITH HOSPITAL FOUNDATION C/O SH TAX 2200 RIVER PLAZA DR	94-2594966 SACRAMENTO, CA 95833 FUNDRAISING	CA	501(C)(3)	7	SUTTER VH		X
SUTTER BAY HOSPITALS C/O SH TAX 2200 RIVER PLAZA DR	94-0562680 SACRAMENTO, CA 95833 HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH		X
SUTTER BAY MEDICAL FOUNDATION C/O SH TAX 2200 RIVER PLAZA DR	94-1156581 SACRAMENTO, CA 95833 HEALTHCARE	CA	501(C)(3)	3	SUTTER HLTH		X
SUTTER COAST HOSPITAL C/O SH TAX 2200 RIVER PLAZA DR	94-2988520 SACRAMENTO, CA 95833 HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH		X
SUTTER DAVIS HOSPITAL FOUNDATION C/O SH TAX 2200 RIVER PLAZA DR	68-0217870 SACRAMENTO, CA 95833 FUNDRAISING	CA	501(C)(3)	7	SUTTER VH		X
SUTTER HEALTH PACIFIC 91-2301 FT. WEAVER RD.	99-0298651 EWA BEACH, HI 96706 HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH		X

**Part VII****Supplemental Information**

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

## PART II - IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS

(A) NAME\ADDRESS\EIN	(B) ACTIVITY	(C) LEGAL DOMICILE	(D) EXEMPT CODE	(E) CHARITY STATUS	(F) DIRECT CONTROLLING	(G) SEC 512	
						YES	NO
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	
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	
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	
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	
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	
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	
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	
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	



## SUTTER HEALTH

94-2788907

990 SCH R,PART III-IDENTIFICATION OF REL. ORG. TAXABLE AS PARTNERSHIP

(A) NAME/ADDRESS/EIN	B) PRIMARY ACTIVITY	(C)LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) PREDOMINANT INCOME	(F) SHARE OF TOT INCOME	(G) SHARE EOY	(H)DISPROPORTIONATE YES NO	(I) CODE V-UBI	(J) PARTNER YES NO	(K) % OWNERSHIP
-----										
SURG CTR OF ABSMC 47-0946086 3875 TELEGRAPH OAKLND CA 94609	PATIENT CARE	CA	SUTTER BAY HOSP							
CA PACIFIC ADV IMAG 56-2311840 PO BOX 6102 NOVATO, CA 94598	PATIENT CARE	DE	SUTTER BAY HOSP							
SF ENDOSCOPY CENTER 91-2160588 2200 RIVER PL DR SACRAMENTO CA	PATIENT CARE	CA	SUTTER BAY HOSP	RELATED	687,106.	74,946.	X		X	1.8000
SUT FAIRFIELD SURG 30-0233892 2200 RIVER PL DR SACRAMENTO CA	PATIENT CARE	CA	SUTTER VMF							
SUT AMADOR SURG CTR 46-1398093 2200 RIVER PL DR SACRAMENTO CA	PATIENT CARE	CA	N/A	RELATED	68,879.	71,629.	X		X	6.4865
ROSEVILLE ENDOSCOPY 87-0710513 2200 RIVER PL DR SACRAMENTO CA	PATIENT CARE	CA	N/A							
STANISLAUS SRG HOSP 91-1754157 1421 OAKDALE ROAD MODESTO, CA	PATIENT CARE	CA	N/A							
MEMORIAL MED BLDG 77-0234236 1800 COFFEE RD #76 MODESTO, CA	OFFICE RENTAL	CA	SUTTER VH							
MAGNETIC IMAGING AF 47-3696091 2125 OAK GRVE RD WALNUT CRK CA	PATIENT CARE	CA	SUTTER BAY HOSP							
ASC OPTRS SNTA ROSA 26-3386169 2200 RIVER PL DR SACRAMENTO CA	CARE MANAGEMENT	CA	SUTTER BMF	RELATED	2,174,234.	2,304,299.	X		X	16.0000

SUTTER HEALTH

94-2788907

## 990 SCH R,PART III-IDENTIFICATION OF REL. ORG. TAXABLE AS PARTNERSHIP

(A) NAME/ADDRESS/EIN	B) PRIMARY ACTIVITY	(C)LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) PREDOMINANT INCOME	(F) SHARE OF TOT INCOME	(G) SHARE EOY	(H)DISPROPORTIONATE YES NO	(I) CODE V-UBI	(J) PARTNER YES NO	(K) % OWNERSHIP
-----										
ASC OPTRS - SLO LLC 27-2673776 2200 RIVER PL DR SACRAMENTO CA	CARE MANAGEMENT	CA	SUTTER HLTH	RELATED	2,274,453.	3,653,054.	X		X	51.0000
WALNUT CK ENDOSCOPY 26-2169304 2200 RIVER PL DR SACRAMENTO CA	PATIENT CARE	CA	N/A							
E BAY ENDOSCOPY CTR 94-3336277 2200 RIVER PL DR SACRAMENTO CA	PATIENT CARE	DE	N/A							
ASC OPTRS SOUTH BAY 46-1537479 2200 RIVER PL DR SACRAMENTO CA	CARE MANAGEMENT	CA	N/A	RELATED	917,426.	233,887.	X		X	6.0000
PENINSULA EYE SURG 13-4285230 2200 RIVER PL DR SACRAMENTO CA	PATIENT CARE	CA	N/A							
PENNSULA ENDSCPY CT 27-1905059 1720 EL CAMINO REAL BURLINGAME	PATIENT CARE	CA	SUTTER BAY HOSP	RELATED	1,045,953.	423,728.	X		X	
N BAY REG SURG CTR 20-8633751 2200 RIVER PL DR SACRAMENTO CA	PATIENT CARE	CA	N/A	RELATED	796,148.	407,493.	X		X	6.0001
ASC OPTRS-SF, LLC 27-5447186 2200 RIVER PL DR SACRAMENTO CA	CARE MANAGEMENT	CA	N/A	RELATED	1,477,767.	255,472.	X		X	6.0000
GG ENDOSCOPY CTR 20-1467388 2200 RIVER PL DR SACRAMENTO CA	PATIENT CARE	CA	N/A							
ASC OPERATORS, LLC 20-8970704 2200 RIVER PL DR SACRAMENTO CA	CARE MANAGEMENT	CA	SUTTER HEALTH	RELATED	13,897,996.	15,263,340.	X		X	55.0000

SUTTER HEALTH

94-2788907

## 990 SCH R,PART III-IDENTIFICATION OF REL. ORG. TAXABLE AS PARTNERSHIP

(A) NAME/ADDRESS/EIN	B) PRIMARY ACTIVITY	(C)LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) PREDOMINANT INCOME	(F) SHARE OF TOT INCOME	(G) SHARE EOY	(H)DISPROPORTIONATE YES NO	(I) CODE V-UBI	(J) PARTNER YES NO	(K) % OWNERSHIP
-----										
SB ENDOSCOPY CTR 91-2165231 2200 RIVER PL DR SACRAMENTO CA	PATIENT CARE	CA	N/A							
SAN LUIS OB SUR CTR 77-0109991 2200 RIVER PL DR SACRAMENTO CA	PATIENT CARE	CA	N/A							18.3200
REDDING SURG CTR 38-3897570 2200 RIVER PL DR SACRAMENTO CA	PATIENT CARE	CA	N/A							
CARLSBAD SURG CTR 20-1413484 6121 PASEO DEL N CARLSBAD, CA	PATIENT CARE	CA	SOS	RELATED	1,915,540.	1,906,808.	X		X	51.0000
COAST CTR FOR ORTH 33-0839637 3444 KEARNY VILLA RD SN DGO CA	PATIENT CARE	CA	SOS							
OTAY LAKES SURG CTR 20-0794766 955 LANE AVE CHULA VISTA, CA	PATIENT CARE	CA	SOS							
S PLACER SURG CTR 42-1540694 8 MEDICAL PLAZA ROSEVILLE CA	PATIENT CARE	CA	SUTTER HEALTH							51.0000
SAC SURG CTR ASSOC 68-0516588 1800 TRIBUTE RD SACRAMENTO CA	PATIENT CARE	CA	SUTTER HEALTH							53.0000
FORT SUT SURG CTR 68-0116391 2801 K ST SACRAMENTO CA 95816	PATIENT CARE	CA	SUTTER HEALTH							51.0000
SUT ALHAMBRA SURG 63-1221949 1201 ALHAMBRA SACRAMENTO CA	PATIENT CARE	CA	SUTTER HEALTH							51.0000

SUTTER HEALTH

94-2788907

## 990 SCH R,PART III-IDENTIFICATION OF REL. ORG. TAXABLE AS PARTNERSHIP

(A) NAME/ADDRESS/EIN	B) PRIMARY ACTIVITY	(C)LEGAL DOMICILE	(D) DIRECT CONTROLLING	(E) PREDOMINANT INCOME	(F) SHARE OF TOT INCOME	(G) SHARE EOY	(H)DISPROPORTIONATE YES NO	(I) CODE V-UBI	(J) PARTNER YES NO	(K) % OWNERSHIP
-----										
AUBURN SURG CTR, LP 36-4123623 148 MAPLE ST AUBURN, CA 95603	PATIENT CARE	CA	SUTTER HEALTH	RELATED	62,336.	250,753.	X		X	-48.4300
ICG CREDIT OPP FUND 81-4220441 11111 SANTA MONICA BLVD LA CA	INVESTMENTS	DE	SUTTER HEALTH							52.7410
MADISON INTL GLOBAL 98-1310251 410 PARK AVE NEW YORK NY 10022	INVESTMENTS	NY	SUTTER HEALTH							
ASC OPRTS-EAST BAY 27-1724489 2200 RIVER PL DR SACRAMENTO CA	CARE MANAGEMENT	CA	N/A	RELATED	739,312.	232,872.	X		X	6.0000
EHC SURGERY CENTER 94-3214614 2200 RIVER PL DR SACRAMENTO CA	PATIENT CARE	CA	N/A	RELATED	17,534.	370,668.	X		X	6.4000
SH & AETNA INS HLDG 82-2171057 151 FARMINGTON AVE HARTFORD CT	INSURANCE	CA	SUTTER/AETNA	RELATED	64,524.	6,709,568.	X		X	50.0000
DIVISADERO HLDNGS 32-0621050 1635 DIVISADERO SF, CA 94115	OUTPATIENT SURG	CA	SUTTER BAY HOSP							
NATL PACE PTNRS LLC 81-5366842 2711 CNTRVLL RD WILMINGTON, DE	PACE CNTR DEV	DE	N/A	RELATED	977,979.	4,182,035.	X		X	0.1259
D.E. SHAW ALP PLUS 88-2890454 1166 AVE AMERICAS NEW YORK NY	INVESTMENT	DE	SHRP							
ICG CR OPP FUND 1A 82-5045573 11111 SANTA MONICA LA CA 90025	INVESTMENT	DE	SHRP							

94-2788907

(A) NAME/ADDRESS/EIN	B) PRIMARY	(C) LEGAL	(D) DIRECT	(E) PREDOMINANT	(F) SHARE OF	(G) SHARE EOY	(H) DISPROPORTIONATE	(I) CODE V-UBI	(J) PARTNER	(K) %
	ACTIVITY	DOMICILE	CONTROLLING	INCOME	TOT INCOME		YES NO		YES NO	OWNERSHIP
-----										
ICG CR OPP FUND 2A 85-2303976										
11111 SANTA MONICA LA CA 90025	INVESTMENT	DE	SHRP							
MAKENA RE II 98-1298071										
2755 SAND HILL MENLO PARK CA	INVESTMENT	CJ	SHRP							
D.E. SHAW ALL CTRY 83-2024364										
1166 AVE AMERICAS NEW YORK NY	INVESTMENT	DE	SUTTER HEALTH							99.9990
ICG SPEC OPP FND I 86-3196460										
11111 SANTA MONICA LA CA 90025	INVESTMENT	DE	SUTTER HEALTH							98.9420