

**990**  
Form  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
 Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019**

<b>B</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	<b>C</b> Name of organization SUTTER HEALTH % JONATHAN ZACHRESON Doing business as		<b>D</b> Employer identification number 94-2788907	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2200 RIVER PLAZA DRIVE		<b>E</b> Telephone number (916) 286-6665	
	City or town, state or province, country, and ZIP or foreign postal code SACRAMENTO, CA 95833		<b>G</b> Gross receipts \$ 16,648,670,144	
	<b>F</b> Name and address of principal officer: SARAH KREVANS 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J</b> Website: ▶ WWW.SUTTERHEALTH.ORG				
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: 1981	<b>M</b> State of legal domicile: CA

**Part I Summary**

<b>1</b> Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O	
<b>2</b> Check this box <input type="checkbox"/> 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> 17	
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . . <b>4</b> 15	
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a) . . . . . <b>5</b> 9,431	
<b>6</b> Total number of volunteers (estimate if necessary) . . . . . <b>6</b> 0	
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . <b>7a</b> 21,715,188	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 39 . . . . . <b>7b</b> 1,053,066	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . . <b>Prior Year</b> 987,851 <b>Current Year</b> 2,382,971
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . . 1,573,553,847 1,679,290,667
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . . 196,824,533 222,871,709
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . . 23,205,546 20,361,849
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . 1,794,571,777 1,924,907,196
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . . 2,298,118 1,464,036
<b>Expenses</b>	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . . 0 0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . . 909,939,896 1,005,939,401
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . . 0 0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . . 890,391,503 1,463,698,699
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . . 1,802,629,517 2,471,102,136
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 . . . . . -8,057,740 -546,194,940	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) . . . . . <b>Beginning of Current Year</b> 6,154,465,074 <b>End of Year</b> 6,828,837,649
	<b>21</b> Total liabilities (Part X, line 26) . . . . . 1,997,704,182 2,830,909,653
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 . . . . . 4,156,760,892 3,997,927,996

**Part II Signature Block**

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

**Sign Here**  
 Signature of officer \_\_\_\_\_ Date 2020-11-11  
 BRIAN DEAN SVP & CFO  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01286320
Firm's name ▶ ERNST & YOUNG US LLP	Firm's EIN ▶			
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

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

**1** Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

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

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

**4a** (Code: ) (Expenses \$ **2,402,537,998** including grants of \$ **1,464,036**) (Revenue \$ **1,679,290,667**)  
SEE SCHEDULE O

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

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

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e Total program service expenses** **2,402,537,998**

**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)? <i>If "Yes," complete Schedule A</i> . . . . .	<b>1</b> Yes	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	<b>2</b> Yes	
<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? <i>If "Yes," complete Schedule C, Part I</i> . . . . .	<b>3</b>	No
<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? <i>If "Yes," complete Schedule C, Part II</i> . . . . .	<b>4</b> Yes	
<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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> . . . . .	<b>5</b>	No
<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? <i>If "Yes," complete Schedule D, Part I</i> . . . . .	<b>6</b>	No
<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? <i>If "Yes," complete Schedule D, Part II</i> . . . . .	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> . . . . .	<b>8</b>	No
<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? <i>If "Yes," complete Schedule D, Part IV</i> . . . . .	<b>9</b>	No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> . . . . .	<b>10</b> Yes	
<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? <i>If "Yes," complete Schedule D, Part VI</i> . . . . .	<b>11a</b> Yes	
<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? <i>If "Yes," complete Schedule D, Part VII</i> . . . . .	<b>11b</b> Yes	
<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? <i>If "Yes," complete Schedule D, Part VIII</i> . . . . .	<b>11c</b>	No
<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? <i>If "Yes," complete Schedule D, Part IX</i> . . . . .	<b>11d</b> Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> . . . . .	<b>11e</b> Yes	
<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)?	<b>11f</b> Yes	
<b>12a</b> <b>If "Yes" to any line in Schedule D, Part X.</b> Did the organization prepare separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> . . . . .	<b>12a</b>	No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> . . . . .	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	No
<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? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . .	<b>14b</b> Yes	
<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? <i>If "Yes," complete Schedule F, Parts II and IV</i> . . . . .	<b>15</b>	No
<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? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . . .	<b>16</b>	No
<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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) . . . . .	<b>17</b>	No
<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? <i>If "Yes," complete Schedule G, Part II</i> . . . . .	<b>18</b>	No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .	<b>20a</b>	No
<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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<b>21</b> Yes	

**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> . . . . .	22 Yes	
<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> . . . . .	23 Yes	
<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> . . . . .	24a	No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b	
<b>c</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? . . . . .	24c	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
<b>25a 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> . . . . .	25a	No
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
<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?	26	No
<b>27</b> <i>If "Yes," complete Schedule L, Part II</i> 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>	27	No
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<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> . . . . .	28a	No
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b	No
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c	No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	No
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?	30	No
<b>31</b> <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
<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> . . . . .	32	No
<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?	33	Yes
<b>34</b> <i>If "Yes," complete Schedule R, Part I</i> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34	Yes
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b	Yes
<b>36 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> . . . . .	36	Yes
<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> . . . . .	37	No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	38	Yes

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

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 1,412	
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . . 2a 9,431
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Yes
3b If "Yes," has it filed a Form 990-T for this year? 3b Yes
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a No
4b Enter the name of the foreign country:
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a No
5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b No
5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a No
6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b
7 Organizations that may receive deductible contributions under section 170(c).
7a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a No
7b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b
7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c No
7d If "Yes," indicate the number of Forms 8282 filed during the year 7d
7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e No
7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f No
7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g
7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8
9 Sponsoring organizations maintaining donor advised funds.
9a Did the sponsoring organization make any taxable distributions under section 4966? 9a
9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b
10 Section 501(c)(7) organizations. Enter:
10a Initiation fees and capital contributions included on Part VIII, line 12 10a
10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b
11 Section 501(c)(12) organizations. Enter:
11a Gross income from members or shareholders 11a
11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a
12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b
13 Section 501(c)(29) qualified nonprofit health insurance issuers.
13a Is the organization licensed to issue qualified health plans in more than one state? 13a
Note. See the instructions for additional information the organization must report on Schedule O.
13b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b
13c Enter the amount of reserves on hand 13c
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a No
14b If "Yes," has it filed a Form 720 to report these payments? 14b
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 Yes
16 Is the organization subject to the section 4968 excise tax on net investment income? 16 No
If "Yes," complete Form 4720, Schedule O.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (17), 1b (15), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 (C A), 18 (Own website, Another's website, Upon request, Other), 19, 20 (JONATHAN ZACHRESON 9100 Foothill Blvd Roseville, CA 95747).

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

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

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

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

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

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

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

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

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

See 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SARAH KREVANS PRES. & CEO, SUTTER HEALTH	40.0 11.0	X		X				4,216,090	0	1,254,067
(2) FLORENCE DI BENEDETTO SVP & GENERAL COUNSEL/ASST SEC	40.0 2.0			X				2,745,156	0	332,849
(3) JAMES CONFORTI SH SVP / COO	40.0 18.0				X			1,886,186	0	660,216
(4) JEFF SPRAGUE SH SVP & CFO	40.0 1.0			X				1,601,449	0	645,092
(5) DON L WREDEN SH SVP / PATIENT EXPERIENCE	40.0 0.0				X			1,771,577	0	164,920
(6) JEFF GERARD SH SVP / STRGY SRVS & CSO	40.0 2.0				X			1,542,233	0	162,899
(7) Stephen H Lockhart SH SVP / CMO	40.0 0.0					X		1,206,676	0	469,364
(8) JILL RAGSDALE SVP/CHIEF PEOPLE & CULTURE OFF	40.0 0.0				X			1,336,804	0	333,848
(9) RISHI SIKKA MD PRESIDENT, SH SYSTEM ENTRPRISE	40.0 3.0				X			1,277,311	0	385,150
(10) WARREN BROWNER CEO, CPMC	40.0 4.0					X		1,383,415	0	258,993
(11) ELIZABETH VILARDO-MORG CEO, SBMF	40.0 2.0					X		1,266,817	0	298,334
(12) GRANT DAVIES CEO, Valley Area Hospitals	40.0 3.0					X		1,242,791	101,481	129,523
(13) JULIE A PETRINI CEO, BAY AREA HOSPITALS	40.0 3.0					X		1,256,626	0	118,826
(14) JEREMY EAVES CEO,SUTTER SHARED SERVICES	40.0 0.0				X			904,664	0	197,181
(15) JEFFREY SZCZESNY SH VP, HR Operations	40.0 0.0						X	831,716	0	106,235
(16) JONATHAN MANIS Former SH SVP / CIO	0.0 0.0						X	72,802	536,782	0
(17) PETER ANDERSON Former SVP, CSO	0.0 0.0						X	394,872	85,776	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JEFF BURNICH MD FORMER SVP, SH MED NETWORK	0.0 0.0						X	359,044	36,960	0
(19) ED ERWIN DIR REAL ESTATE SVCS/ASST SEC	40.0 0.0			X				273,050	0	34,958
(20) CHARLES WIRTH FORMER CEO, SPS	0.0 0.0						X	0	187,629	0
(21) ROBERT PEABODY JR MD DIRECTOR	7.0 1.0	X						28,400	12,600	0
(22) COLLEEN DUNN Director	7.0 0.0	X						38,958	0	0
(23) GARY CAINE Director	7.0 0.0	X						36,667	0	0
(24) HERBERT BARLOW Dir / Chair Finance & Planning	10.0 1.0	X		X				32,083	0	0
(25) JAMES FERRARA MD DIRECTOR	7.0 0.0	X						27,500	0	0
(26) MICHAEL GAULKE Director	7.0 0.0	X						27,500	0	0
(27) VINITA GUPTA DIRECTOR	7.0 0.0	X						27,500	0	0
(28) PETER JACOBI DIRECTOR	7.0 0.0	X						27,500	0	0
(29) SHARON MCCOLLAM DIRECTOR/CHAIR	10.0 0.0	X		X				27,500	0	0
(30) KEN MCNEELEY DIRECTOR	7.0 0.0	X						27,500	0	0
(31) DAVID NASAW DIRECTOR	7.0 0.0	X						27,500	0	0
(32) CHERYL SCOTT DIRECTOR/SECRETARY	10.0 0.0	X		X				27,500	0	0
(33) JOAN SMITH-MACLEAN MD DIRECTOR	7.0 0.0	X						27,500	0	0
(34) BARRY WILLIAMS DIRECTOR	7.0 0.0	X						27,500	0	0
(35) Helen Thomson DIRECTOR (pt-yr)	7.0 8.0	X						4,583	0	0
(36) Anthony Wagner DIRECTOR (pt-yr)	7.0 12.0	X						4,583	0	0
<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>								25,732,887	961,228	5,552,455

**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 **2,776**

	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>	3 Yes	
<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>	4 Yes	
<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>	5	No

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
RIGHTSOURCING INC, 999 STEWART AVE STE 100 BETHPAGE, NY 117143632	Staffing Services	149,576,915
RUDOLPH AND SLETTEN INC, 1600 SEAPORT BLVD STE 350 REDWOOD CITY, CA 940635575	General Contractor	73,578,480
ENTISYS SOLUTIONS INC, 1855 GATEWAY BLVD STE 730 CONCORD, CA 945208442	IT Services	41,459,289
HERREROBOLDT PARTNERS, 2100 OAKDALE AVE SAN FRANCISCO, CA 941241516	CONSTRUCTION SVCS	33,077,426
HERRERO BUILDERS INC, 2100 OAKDALE AVE SAN FRANCISCO, CA 94124	CONSTRUCTION SVCS	31,116,264

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **508**

**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>	7,025			
	<b>b</b> Membership dues . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . .	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>	634,938			
	<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>	1,741,008			
<b>g</b> Noncash contributions included in lines 1a - 1f:\$	<b>1g</b>	7,475				
<b>h Total.</b> Add lines 1a-1f . . . . .			2,382,971			

<b>Program Service Revenue</b>			Business Code			
	<b>2a</b> MANAGEMENT SERVICES EXEMPT AFFIL.		561000	1,662,939,742	1,662,939,742	
<b>b</b> HEALTHCARE RELATED JV INCOME		621999	14,540,996	14,360,906	180,090	
<b>c</b> AFFILIATE RENTAL INCOME		532000	1,809,929	1,809,929		
<b>d</b>						
<b>e</b>						
<b>f</b> All other program service revenue.						
<b>g Total.</b> Add lines 2a-2f. . . . .			1,679,290,667			

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			81,952,050		1,320,109	80,631,941
	<b>4</b> Income from investment of tax-exempt bond proceeds			0			
	<b>5</b> Royalties . . . . .			0			
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		<b>6a</b>	506,734				
		<b>b</b> Less: rental expenses	<b>6b</b>	359,874			
		<b>c</b> Rental income or (loss)	<b>6c</b>	146,860	0		
	<b>d</b> Net rental income or (loss) . . . . .			146,860			146,860
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>7a</b>	14,864,280,117	42,616			
		<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	14,723,403,074	0		
		<b>c</b> Gain or (loss)	<b>7c</b>	140,877,043	42,616		
	<b>d</b> Net gain or (loss) . . . . .			140,919,659			140,919,659
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .						
		<b>8a</b>		0			
<b>b</b> Less: direct expenses		<b>8b</b>		0			
<b>c</b> Net income or (loss) from fundraising events . . . . .			0				
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .							
	<b>9a</b>		0				
	<b>b</b> Less: direct expenses	<b>9b</b>		0			
<b>c</b> Net income or (loss) from gaming activities . . . . .			0				

<b>10a</b> Gross sales of inventory, less returns and allowances . . .	<b>10a</b>	0			
<b>b</b> Less: cost of goods sold	<b>10b</b>	0			
<b>c</b> Net income or (loss) from sales of inventory . . .			0		
Miscellaneous Revenue	Business Code				
<b>11a</b> MANAGEMENT	541611	18,258,627		18,258,627	
<b>b</b> REPAIRS & MAINTENANCE	811310	1,956,362		1,956,362	
<b>c</b>					
<b>d</b> All other revenue . . . . .					
<b>e Total.</b> Add lines 11a-11d . . . . . ▶		20,214,989			
<b>12 Total revenue.</b> See instructions . . . . . ▶		1,924,907,196	1,679,110,577	21,715,188	221,698,460

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,455,536	1,455,536		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	8,500	8,500		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
<b>4</b> Benefits paid to or for members	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees	22,145,974		22,145,974	
<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)	1,764,669		1,764,669	
<b>7</b> Other salaries and wages	654,443,822	654,443,822	0	0
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	63,001,882	61,861,321	1,140,561	
<b>9</b> Other employee benefits	209,300,566	203,229,584	6,070,982	
<b>10</b> Payroll taxes	55,282,488	55,282,488	0	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management	50,690,463	45,283,963	5,406,500	
<b>b</b> Legal	86,830,434	86,830,434	0	
<b>c</b> Accounting	3,133,082	3,133,082	0	
<b>d</b> Lobbying	180,000	0	180,000	
<b>e</b> Professional fundraising services. See Part IV, line 17	0			
<b>f</b> Investment management fees	16,173,255		16,173,255	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	645,922	619,297	26,625	
<b>12</b> Advertising and promotion	23,574,100	21,300,368	2,273,732	
<b>13</b> Office expenses	22,266,370	22,128,763	137,607	
<b>14</b> Information technology	234,063,738	232,656,931	1,406,807	
<b>15</b> Royalties	0			
<b>16</b> Occupancy	34,025,165	33,993,683	31,482	
<b>17</b> Travel	8,330,519	7,765,790	564,729	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
<b>19</b> Conferences, conventions, and meetings	7,974,076	4,590,916	3,383,160	
<b>20</b> Interest	1,288,576	1,288,576		
<b>21</b> Payments to affiliates	0			
<b>22</b> Depreciation, depletion, and amortization	117,190,452	117,190,452		
<b>23</b> Insurance	6,426,318	5,869,353	556,965	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> UNINSURED LITIGATION/STLMT	621,186,808	621,186,808		
<b>b</b> PURCHASED SERVICES	77,862,112	76,328,836	1,533,276	
<b>c</b> REPAIRS & MAINTENANCE	77,001,375	77,001,375	0	
<b>d</b> UNRELATED BUSINESS TAX	204,138	59,221	144,917	
<b>e</b> All other expenses	74,651,796	69,028,899	5,622,897	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	2,471,102,136	2,402,537,998	68,564,138	0
<b>26 Joint costs.</b> 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 IX

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	0	<b>1</b>	0
	<b>2</b> Savings and temporary cash investments	67,191,642	<b>2</b>	44,563,283
	<b>3</b> Pledges and grants receivable, net . . . . .	1,777,991	<b>3</b>	1,201,869
	<b>4</b> Accounts receivable, net . . . . .	0	<b>4</b>	0
	<b>5</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	0	<b>5</b>	0
	<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)	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	5,465,824	<b>8</b>	3,862,102
	<b>9</b> Prepaid expenses and deferred charges . . . . .	82,714,973	<b>9</b>	104,885,463
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,670,602,551	<b>10a</b>	
	<b>b</b> Less: accumulated depreciation	1,214,680,320	<b>10b</b>	
	<b>11</b> Investments—publicly traded securities . . . . .	4,270,231,700	<b>11</b>	4,571,360,684
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	408,573,041	<b>12</b>	472,632,336
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	44,368,039	<b>13</b>	35,185,949
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11	901,231,298	<b>15</b>	1,139,223,732
<b>16 Total assets:</b> Add lines 1 through 15 (must equal line 34) . . . . .	6,154,465,074	<b>16</b>	6,828,837,649	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	727,933,783	<b>17</b>	1,447,787,636
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<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	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<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	1,269,770,399	<b>25</b>	1,383,122,017
	<b>26 Total liabilities:</b> Add lines 17 through 25 . . . . .	1,997,704,182	<b>26</b>	2,830,909,653
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	4,150,123,355	<b>27</b>	3,990,397,871
	<b>28</b> Net assets with donor restrictions	6,637,537	<b>28</b>	7,530,125
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<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	4,156,760,892	<b>32</b>	3,997,927,996
<b>33</b> Total liabilities and net assets/fund balances . . . . .	6,154,465,074	<b>33</b>	6,828,837,649	

**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>	1,924,907,196
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,471,102,136
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-546,194,940
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	4,156,760,892
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	391,085,585
<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>	-125,430
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-3,598,111
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (A))	<b>10</b>	3,997,927,996

**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 in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

**Additional Data**

[Return to Form](#)

**Software ID:**

**Software Version:**

**Form 990, Special Condition Description:**

**Special Condition Description**

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

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

▶ Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SUTTER HEALTH

Employer identification number  
94-2788907

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations . . . . . 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		
(A) SUTTER BAY HOSPITALS	940562680	3	Yes		577,050,945	0
(B) SUTTER VALLEY HOSPITALS	941156621	3	Yes		256,870,128	0
(C) SUTTER VALLEY MEDICAL FOUNDATION	680273974	3	Yes		40,172,495	0
(D) SUTTER COAST HOSPITAL	942988520	3	Yes		12,751,326	0
(E) SUTTER VISITING NURSE ASSOCIATION AND HOSPICE	946068843	3	Yes		10,821,697	0
(F) SUTTER BAY MEDICAL FOUNDATION	941156581	3	Yes		8,846,846	0
(G) SUTTER HEALTH PACIFIC	990298651	3	Yes		3,000,000	0
(H) EAST BAY PERINATAL CENTER	510172285	3	Yes		0	0
<b>Total</b>	<b>8</b>				<b>909,513,437</b>	

**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 failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
<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 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 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 Total support.</b> Add lines 7 through 10						

**12** Gross receipts from related activities, etc. (see instructions) . . . . . **12**

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

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

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	
<b>15</b> Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	

**16a 33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**17a 10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

**b 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 in 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 five 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 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** 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—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.		
<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)? 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).		No
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		No
<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)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		No
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.		
<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)? 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.		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <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).	Yes	
<b>b</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?		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<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? If "Yes," provide detail in <b>Part VI</b> .	Yes	
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		No
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		No
<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))? If "Yes," provide detail in <b>Part VI</b> .		No
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		No
<b>c</b>	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		No
<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)? If "Yes," answer line 10b below.		No
<b>b</b>	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		

**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 in (b) and (c) below, the governing body of a supported organization?		
<b>11a</b>			No
<b>b</b>	A family member of a person described in (a) above?		
<b>11b</b>			No
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
<b>11c</b>			No

**Section B. Type I Supporting Organizations**

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

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

**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?		
<b>1</b>		Yes	
<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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		Yes	
<b>3</b>	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		Yes	

**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 ( <b>see instructions</b> ):			
<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 government entity (see instructions)			
<b>2</b>	Activities Test. <b>Answer (a) and (b) below.</b>			
<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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
<b>2a</b>				
<b>b</b>	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
<b>2b</b>				
<b>3</b>	Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>			
<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? <i>Provide details in Part VI.</i>			
<b>3a</b>		Yes		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
<b>3b</b>		Yes		

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

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

**Section A - Adjusted Net Income**

(A) Prior Year

(B) Current Year  
(optional)

- |   |          |  |  |
|---|----------|--|--|
| <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>1</b>  |  |  |
| <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 (explain in detail in Part VI):  |           |  |  |
| <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 1-1/2% 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 .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 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) |          |  |  |

**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>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019:			
<b>a</b> From 2014. . . . .			
<b>b</b> From 2015. . . . .			
<b>c</b> From 2016. . . . .			
<b>d</b> From 2017. . . . .			
<b>e</b> From 2018. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015. . . . .			
<b>b</b> Excess from 2016. . . . .			
<b>c</b> Excess from 2017. . . . .			
<b>d</b> Excess from 2018. . . . .			
<b>e</b> Excess from 2019. . . . .			

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

### Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART IV, SECTION A, LINE 5A	SUPPORTED ORGANIZATIONS ADDED NAME: EAST BAY PERINATAL CENTER EIN: 51-0172285 Supported Organizations Removed NAME: SUTTER EAST BAY HOSPITALS EIN: 94-1196176 MERGED WITH SUTTER BAY HOSPITALS (EIN: 94-0562680) in 2018. SUTTER HEALTH HAD THE AUTHORITY TO AUTHORIZE THE ADDITION AND MERGER ASSOCIATED WITH THE ABOVE TRANSACTIONS. SUTTER HEALTH FILED THE APPROPRIATE AGREEMENT OF THE MERGER WITH THE STATE OF CALIFORNIA. This organization was removed as a supported organization.
SCHEDULE A, PART IV, SECTION A, LINE 6	IN 2019, OUR NOT-FOR-PROFIT SUTTER HEALTH NETWORK INVESTED \$830 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.
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 SHALL BE EMPLOYEES OF SUTTER HEALTH, THAT THE SUPPORTED ORGANIZATION SHALL CONDUCT ITS OPERATIONS AND ACTIVITIES IN ACCORDANCE WITH SUTTER HEALTH SYSTEM POLICIES, AND THAT THE SUPPORTED ORGANIZATION SHALL PARTICIPATE IN ALL INITIATIVES AND PROGRAMS DEVELOPED AND DESIGNATED FOR IMPLEMENTATION BY SUTTER HEALTH. SUCH PARTICIPATION SHALL BE WITHOUT LIMITATION OR MODIFICATION EXCEPT AS APPROVED BY SUTTER HEALTH IN ITS SOLE DISCRETION.

**Additional Data**

**Return to Form**

**Software ID:**  
**Software Version:**

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

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

2019

Name of the organization SUTTER HEALTH

Employer identification number 94-2788907

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)( ) (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 other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . \$

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

Name of organization  
SUTTER HEALTH

Employer identification number  
94-2788907

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization  
SUTTER HEALTH

**Employer identification number**  
94-2788907

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____

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	
_____ _____		_____ _____	

# **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

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

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

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

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

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

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

Name of the organization: SUTTER HEALTH
Employer identification number: 94-2788907

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (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.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. Rows 1-6.

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<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 (grass roots 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.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<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? .....		<input type="checkbox"/> Yes <input type="checkbox"/> 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) 2016	(b) 2017	(c) 2018	(d) 2019	(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					

**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? .....		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....		No	
<b>c</b>	Media advertisements? .....		No	
<b>d</b>	Mailings to members, legislators, or the public? .....		No	
<b>e</b>	Publications, or published or broadcast statements? .....		No	
<b>f</b>	Grants to other organizations for lobbying purposes? .....		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body? .....		No	
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		No	
<b>i</b>	Other activities? .....	Yes		180,000
<b>j</b>	Total. Add lines 1c through 1i .....			180,000
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		No	
<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 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 <b>(do not include amounts of political expenses for which the section 527(f) tax was paid).</b>		
<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 expenditure 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.

Return Reference	Explanation
SCHEDULE C, PART II-B, LINE 1I	OTHER ACTIVITIES: PAID CONSULTANTS THAT PERFORMED LOBBYING ACTIVITIES.

**Additional Data**

**Return to Form**

**Software ID:**  
**Software Version:**

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047 2019 Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization: SUTTER HEALTH Employer identification number: 94-2788907

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

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Form for Part II Conservation Easements, including questions 1-9 and a table for lines 2a-2d regarding conservation easements held at the end of the year.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a-2 regarding reporting requirements.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	5,034,190	5,090,034	0		
<b>b</b> Contributions . . . . .	5,000		5,000,000		
<b>c</b> Net investment earnings, gains, and losses	227,424	-55,844	90,034		
<b>d</b> Grants or scholarships . . . . .			0		
<b>e</b> Other expenditures for facilities and programs . . . . .	75,000		0		
<b>f</b> Administrative expenses . . . . .			0		
<b>g</b> End of year balance . . . . .	5,191,614	5,034,190	5,090,034		

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ .....
  - b** Permanent endowment ▶ 96.000 %
  - c** Temporarily restricted endowment ▶ 4.000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  | No |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |

**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
<b>1a</b> Land . . . . .		21,739,846		21,739,846
<b>b</b> Buildings . . . . .		121,881,128	46,496,962	75,384,166
<b>c</b> Leasehold improvements		67,557,200	44,300,723	23,256,477
<b>d</b> Equipment . . . . .		1,309,852,312	1,119,431,708	190,420,604
<b>e</b> Other . . . . .		149,572,065	4,450,927	145,121,138
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				455,922,231

**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	472,632,336	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	472,632,336	

**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
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<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) INTERCOMPANY RECEIVABLES	752,102,471
(2) OTHER RECEIVABLES	49,343,125
(3) OTHER ASSETS	337,778,136
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	1,139,223,732

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	1,383,122,017

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

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

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

<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 <b>1</b> :			
<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 <b>1</b> :			
<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.

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	INTENDED USES OF ENDOWMENT FUNDS: MICHAEL AND JUDITH GAULKE INNOVATION HATCHERY ENDOWMENT FUND - TO SUPPORT THE SUTTER HEALTH INNOVATION HATCHERY, AS DIRECTED BY THE SUTTER CHIEF INNOVATION OFFICER IN CONSULTATION WITH THE SUTTER HEALTH PRESIDENT AND CHIEF EXECUTIVE OFFICER. SCHEDULE D, PART X, LINE 2 ASC 740 FOOTNOTE: THIS ORGANIZATION WAS PART OF A CONSOLIDATED FINANCIAL SYSTEM AUDIT. THE ASC 740 AUDIT FOOTNOTE DISCLOSURE FOR THE SUTTER SYSTEM IS AS FOLLOWS: SUTTER HEALTH, THE LEGAL ENTITY, AND MANY AFFILIATES HAVE BEEN DETERMINED TO BE EXEMPT ORGANIZATIONS BY THE INTERNAL REVENUE SERVICE AND THE CALIFORNIA FRANCHISE TAX BOARD AND GENERALLY ARE NOT SUBJECT TO TAXES ON INCOME. CERTAIN ACTIVITIES OF SUTTER ARE SUBJECT TO INCOME TAXES; HOWEVER, SUCH ACTIVITIES ARE NOT SIGNIFICANT TO THE CONSOLIDATED FINANCIAL STATEMENTS. WITH RESPECT TO ITS TAXABLE ACTIVITIES, SUTTER RECORDS INCOME TAXES USING THE LIABILITY METHOD, UNDER WHICH DEFERRED TAX ASSETS AND LIABILITIES ARE DETERMINED BASED ON THE DIFFERENCES BETWEEN THE FINANCIAL ACCOUNTING AND TAX BASIS OF ASSETS AND LIABILITIES. DEFERRED TAX ASSETS OR LIABILITIES AT THE END OF EACH PERIOD ARE DETERMINED USING THE CURRENTLY ENACTED TAX RATE EXPECTED TO APPLY TO TAXABLE INCOME IN THE PERIODS THAT THE DEFERRED TAX ASSET OR LIABILITY IS EXPECTED TO BE REALIZED OR SETTLED. SUTTER RECOGNIZES THE TAX BENEFIT FROM UNCERTAIN TAX POSITIONS, ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITIONS WILL BE SUSTAINED ON EXAMINATION BY THE TAX AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THE TAX BENEFIT IS MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THE STATUTE OF LIMITATIONS FOR TAX YEARS 2016 THROUGH 2018 REMAIN OPEN IN U.S. TAX JURISDICTIONS IN WHICH SUTTER AND ITS AFFILIATES ARE SUBJECT TO TAXATION. SUTTER RECOGNIZES INTEREST AND PENALTIES RELATED TO INCOME TAX MATTERS IN OPERATING EXPENSES. AT DECEMBER 31, 2019 AND 2018, THERE WERE NO SUCH UNCERTAIN TAX POSITIONS.

## **Additional Data**

**Return to Form**

**Software ID:**  
**Software Version:**

2019

Open to Public Inspection

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization SUTTER HEALTH

Employer identification number

94-2788907

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants...
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.)

Table with 6 columns: (a) Region, (b) Number of offices in the region, (c) Number of employees, agents, and independent contractors in the region, (d) Activities conducted in region (by type), (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. Rows include Central America and the Caribbean, Europe (Including Iceland and Greenland), North America, and a Sub-total row.

**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 tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter \_\_\_\_\_

3 Enter total number of other organizations or entities \_\_\_\_\_

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

<b>(a)</b> Type of grant or assistance	<b>(b)</b> Region	<b>(c)</b> Number of recipients	<b>(d)</b> Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	<b>(g)</b> Description of noncash assistance	<b>(h)</b> 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



## Additional Data

**Software ID:**  
**Software Version:**

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

**Schedule I  
(Form 990)**

Department of the  
Treasury  
Internal Revenue Service

**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

**2019**

**Open to Public  
Inspection**

Name of the organization  
SUTTER HEALTH

Employer identification number  
94-2788907

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) REGENTS OF THE UNIV OF CA 1995 UNIV AVE 3RD FLR BERKELEY, CA 94720	94-6002123	GOVT	474,386				Program Support
(2) MEDSHARE INTERNATIONAL 3240 CLIFTON SPRINGS RD DECATUR, GA 30034	58-2433968	501(c)(3)	211,250				Program Support
(3) MARCH OF DIMES INC 1550 CRYSTAL DR 1300 ARLINGTON, VA 22202	13-1846366	501(c)(3)	145,000				Program Support
(4) AMBULATORY SURGERY ACCESS 1119 MARKET ST 400 SAN FRANCISCO, CA 94103	94-3180356	501(c)(3)	105,000				Program Support
(5) CHILDRENS HEALTH INITIATIVE FUND OF CFSC 120 STONY PT RD 220 SANTA ROSA, CA 95401	68-0003212	501(c)(3)	50,000				Program Support
(6) COALITION FOR COMPASSIONATE CARE OF CA 2530 RIVER PL DR 110 SACRAMENTO, CA 95833	27-0419836	501(c)(3)	45,000				Program Support
(7) AMERICAN NATIONAL RED CROSS 431 18TH ST NW WASHINGTON, DC 20006	53-0196605	501(c)(3)	35,000				Program Support
(8) SEC HARVEST FB OF SNTC SAN MATEO COUNTIES 750 CURTNER AVE SAN JOSE, CA 95125	94-2614101	501(c)(3)	33,500				Program Support
(9) SAN FRANCISCO FOOD BANK 900 PENNSYLVANIA AVE SAN FRANCISCO, CA 94107	94-3041517	501(c)(3)	32,500				Program Support
(10) FISHER HOUSE FOUNDATION INC 111 ROCKVILLE PIKE 420 ROCKVILLE, MD 20850	11-3158401	501(c)(3)	25,000				Program Support
(11) LEUKEMIA AND LYMPHOMA SOCIETY INC 3 INTERNATIONAL DR 200 RYE BROOK, NY 10573	13-5644916	501(c)(3)	25,000				Program Support
(12) OKIZU FOUNDATION 16 DIGITAL DR STE 130 NOVATO, CA 94949	68-0291178	501(c)(3)	25,000				Program Support
(13) SALVATION ARMY 180 E OCEAN BLVD LONG BEACH LONG BEACH, CA 90802	94-1156347	501(c)(3)	25,000				Program Support
(14) FOOD BANK OF CONTRA COSTA AND SOLANO 4010 NELSON AVE CONCORD CONCORD, CA 91520	94-2418054	501(c)(3)	23,500				Program Support

(15) ALAMEDA COUNTY COMMUNITY FOOD BANK PO BOX 2599 OAKLAND,CA 94614	94-2960297	501(c)(3)	17,500			Program Support
(16) SEC HARV FB OF SANTA CRUZ & SAN BENITY CNTY 800 OHLONE PKWY WATSONVILLE,CA 95076	77-0326685	501(c)(3)	16,500			Program Support
(17) RIVER CITY COMMUNITY SERVICES 3311 E CURTIS DR SACRAMENTO,CA 95818	91-1851398	501(c)(3)	15,000			Program Support
(18) SEC HARV FB OF SAN JOAQUIN & STANISLAUS C O 704 E INDUSTRIAL PARK DR MANTECA,CA 95337	68-0376587	501(c)(3)	15,000			Program Support
(19) DAVIS STREET COMMUNITY CENTER 3081 TEAGARDEN ST SAN LEANDRO,CA 94577	94-3121699	501(c)(3)	10,000			Program Support
(20) KELSEYVILLE PRESBYTERIAN CHURCH PO BOX 310 KELSEYVILLE,CA 95451	94-1219120		10,000			Program Support
(21) TRACY INTERFAITH MINISTRIES 311 W GRANT LINE RD TRACY,CA 95376	94-3150638	501(c)(3)	10,000			Program Support
(22) WELLSPACE HEALTH 777 12TH ST STE 250 SACRAMENTO,CA 95814	94-1713704	501(c)(3)	9,200			Program Support
(23) PLACER FOOD BANK 8284 INDUSTRIAL AVE ROSEVILLE,CA 95678	94-1740316	501(c)(3)	9,000			Program Support
(24) NORTH COAST OPPORTUNITIES INC 413 NO STATE ST UKIAH,CA 95482	94-1671958	501(c)(3)	8,000			Program Support
(25) CERES COMMUNITY PROJECT PO BOX 1562 SEBASTOPOL,CA 95473	26-2250997	501(c)(3)	6,250			Program Support
(26) REDWOOD EMPIRE FOOD BANK 3320 INDUSTRIAL DR SANTA ROSA,CA 95403	68-0121855	501(c)(3)	6,250			Program Support
(27) ELK GROVE COMMUNITY FOOD BANK SERVICES PO BOX 1447 ELK GROVE,CA 95759	38-3664737	501(c)(3)	6,000			Program Support
(28) FOOD BANK OF YOLO COUNTY 1244 FORTNA AVE WOODLAND,CA 95776	23-7111782	501(c)(3)	6,000			Program Support

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

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

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) Nursing Student Excellence Award	17	8,500			
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	In order to closely monitor efficiency and effectiveness, the Community Benefit function outlines measurable reporting (quarterly, six-month and/or year-end), program and funding requirements in a Memorandum of Understanding (MOU), Business Services Agreement (BSA), or Joint Venture Agreement for each investment made with a community partner. Where it is determined necessary, additional efforts are made to monitor effectiveness and efficiency of investments, which could include: - Quarterly meetings with community partners - E-mail and telephonic communications with community partners - Continued dialogue with involved hospital staff and community partners throughout duration of program - Site visits with community partners - Bi-annual "outcomes" survey (6-month and/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 - Reporting to include year-end financial summary that compares actual expenditures to the funded project's budget, indicating any unused amount of grant funds. At the end of each year/reporting period, Community Benefit analyzes full-year data to ensure community partners met the objectives outlined in the MOU or BSA. If the community partners did not reach the anticipated outcomes, Community Benefit works to understand what circumstances prevented the organization from meeting the goals to help identify ways to improve or perhaps re-evaluate what success of this program looks like, and makes the determination to continue or terminate funding.
SCHEDULE I, PART III, LINE 1	SUTTER HEALTH SUPPORTS SEVERAL LOCAL AREA NURSING EDUCATION PROGRAMS. IN 2019, CERTAIN NURSING STUDENT GRADUATES RECEIVED A \$500 MONETARY AWARD FOR COMPLETING THE PROGRAM.

**Additional Data**

[Return to Form](#)

**Software ID:**  
**Software Version:**

Schedule J (Form 990)

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization SUTTER HEALTH

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.

- First-class or charter travel
Travel for companions
Tax idemnification and gross-up payments
Discretionary spending account
Housing allowance or residence for personal use
Payments for business use of personal residence
Health or social club dues or initiation fees
Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes 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, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- Compensation committee
Independent compensation consultant
Form 990 of other organizations
Written employment contract
Compensation survey or study
Approval by the board or compensation committee

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

- a Receive a severance payment or change-of-control payment?
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 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 in 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)?

Table with 3 columns: Question, Yes, No. Row 1b: Yes, No.

Table with 3 columns: Question, Yes, No. Row 2: Yes, No. Row 4a: Yes, No. Row 4b: Yes, No. Row 4c: No, No.

Table with 3 columns: Question, Yes, No. Row 5a: No, No. Row 5b: No, No. Row 6a: No, No. Row 6b: No, No. Row 7: Yes, No. Row 8: No, No. Row 9: No, No.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SARAH KREVANS PRES. & CEO, SUTTER HEALTH	(i)	1,728,609	2,169,208	318,273	1,225,459	28,608	5,470,157	924,507
	(ii)	0	0	0	0	-	-	-
2 FLORENCE DI BENEDETTO SVP & GENERAL COUNSEL/ASST SEC	(i)	706,671	567,586	1,470,899	319,557	13,292	3,078,005	217,228
	(ii)	0	0	0	0	-	-	-
3 JAMES CONFORTI SH SVP / COO	(i)	968,873	784,315	132,998	632,493	27,723	2,546,402	294,775
	(ii)	0	0	0	0	-	-	-
4 JEFF SPRAGUE SH SVP & CFO	(i)	774,681	683,006	143,762	626,108	18,984	2,246,541	280,904
	(ii)	0	0	0	0	-	-	-
5 DON L WREDEN SH SVP / PATIENT EXPERIENCE	(i)	710,141	931,772	129,664	135,472	29,448	1,936,497	216,351
	(ii)	0	0	0	0	-	-	-
6 JEFF GERARD SH SVP / STRGY SRVS & CSO	(i)	749,907	644,165	148,161	143,372	19,527	1,705,132	289,066
	(ii)	0	0	0	0	-	-	-
7 Stephen H Lockhart SH SVP / CMO	(i)	594,878	506,539	105,259	436,549	32,815	1,676,040	204,064
	(ii)	0	0	0	0	-	-	-
8 JILL RAGSDALE SVP/CHIEF PEOPLE & CULTURE OFF	(i)	631,315	524,209	181,280	300,943	32,905	1,670,652	272,483
	(ii)	0	0	0	0	-	-	-
9 RISHI SIKKA MD PRESIDENT, SH SYSTEM ENTRPRISE	(i)	705,117	552,076	20,118	353,397	31,753	1,662,461	103,047
	(ii)	0	0	0	0	-	-	-
10 WARREN BROWNER CEO, CPMC	(i)	643,289	640,650	99,476	238,049	20,944	1,642,408	184,051
	(ii)	0	0	0	0	-	-	-
11 ELIZABETH VILARDO-MORGAN CEO, SBMF	(i)	681,132	453,159	132,526	271,473	26,861	1,565,151	220,467
	(ii)	0	0	0	0	-	-	-
12 GRANT DAVIES CEO, Valley Area Hospitals	(i)	555,056	498,887	188,848	111,072	18,451	1,372,314	203,835
	(ii)	0	0	101,481	0	-	-	-
13 JULIE A PETRINI CEO, BAY AREA HOSPITALS	(i)	689,838	469,588	97,200	107,972	10,854	1,375,452	187,720
	(ii)	0	0	0	0	-	-	-
14 JEREMY EAVES CEO, SUTTER SHARED SERVICES	(i)	584,784	306,815	13,065	173,823	23,358	1,101,845	54,721
	(ii)	0	0	0	0	-	-	-
15 JEFFREY SZCZESNY SH VP, HR Operations	(i)	459,495	252,821	119,400	80,383	25,852	937,951	162,927
	(ii)	0	0	0	0	-	-	-
16 JONATHAN MANIS Former SH SVP / CIO	(i)	0	0	72,802	0	0	72,802	0
	(ii)	0	0	536,782	0	-	-	-
17 PETER ANDERSON Former SVP, CSO	(i)	0	0	394,872	0	0	394,872	0
	(ii)	0	0	85,776	0	-	-	-
18 JEFF BURNICH MD FORMER SVP, SH MED NETWORK	(i)	0	0	359,044	0	0	359,044	0
	(ii)	0	0	36,960	0	-	-	-
19 ED ERWIN DIR REAL ESTATE SVCS/ASST SEC	(i)	232,043	38,907	2,100	15,640	19,318	308,008	0
	(ii)	0	0	0	0	-	-	-
20 CHARLES WIRTH FORMER CEO, SPS	(i)	0	0	0	0	0	0	0
	(ii)	0	0	187,629	0	-	-	-



**Part III Supplemental Information**

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A	RELEVANT INFORMATION REGARDING COMPENSATION ITEMS: FIRST-CLASS TRAVEL: CERTAIN OFFICERS AND KEY EMPLOYEES OF SUTTER HEALTH MAY UPGRADE TO FIRST-CLASS TRAVEL AS BUSINESS NEED DICTATES. UPGRADES ARE CONSIDERED A NECESSARY BUSINESS EXPENSE. SPOUSAL TRAVEL: FOR BOARD MEMBERS, ON CERTAIN OCCASIONS DETERMINED BY THE BOARD CHAIR, A SPOUSE MAY ACCOMPANY THE BOARD MEMBER TO A BOARD FUNCTION. TAXABLE SPOUSAL TRAVEL EXPENSES WILL BE REPORTED AS INCOME ON A FORM W-2 OR 1099 AS APPROPRIATE. SCHEDULE J, PART I, LINE 3 SUPPLEMENTAL COMPENSATION INFORMATION: THE COMPENSATION COMMITTEE OF THE SUTTER HEALTH BOARD OF DIRECTORS RETAINS ULTIMATE DISCRETIONARY AUTHORITY OVER ALL ELEMENTS OF COMPENSATION TO ASSURE THAT ORGANIZATIONAL PURPOSES ARE APPROPRIATELY BEING SERVED. THE COMPENSATION COMMITTEE USES CREDIBLE DATA SOURCES AND MAINTAINS AN OBJECTIVE "ARMS LENGTH" DECISION-MAKING PROCESS, ENSURING THE INTEGRITY OF SUTTER'S EXECUTIVE PROGRAMS AND CONSISTENCY WITH THE ORGANIZATION'S OVERALL MISSION. SEE SCHEDULE O NARRATIVE FOR PART VI, LINE 15 FOR A FULL DESCRIPTION OF THE COMPENSATION APPROVAL PROCESS COMPLETED BY SUTTER HEALTH.
SCHEDULE J, PART I, LINE 4A	SEVERANCE PAYMENTS: PETER ANDERSON RECEIVED SEVERANCE PAYMENTS OF \$386,219 JEFF BURNICH, MD RECEIVED SEVERANCE PAYMENTS OF \$359,044 JONATHAN MANIS RECEIVED SEVERANCE PAYMENTS OF \$72,091
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 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 INDIVIDUALS RECEIVED 457(F) NON-QUALIFIED PAYMENTS DURING THE YEAR: FLORENCE DI BENEDETTO - \$1,344,189
SCHEDULE J, PART I, LINE 7	NON-FIXED PAYMENTS: SPOT AWARDS ARE INFREQUENTLY USED TO REWARD EMPLOYEES. THERE ARE NO SPECIFIC GUIDELINES FOR THE AMOUNT OF THE SPOT AWARD BUT THE AMOUNT TENDS TO NOT EXCEED 5% TO 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 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.

**Additional Data**

[Return to Form](#)

**Software ID:**

**Software Version:**

<a href="#">efile Public Visual Render</a>		<b>ObjectID: 001 - Submission: 2015-01-16</b>		<b>TIN: 20-5478191</b>	
<b>SCHEDULE O</b> (Form 990 or 990-EZ)		<b>Supplemental Information to Form 990 or 990-EZ</b> Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.		OMB No. 1545-0047 <b>2019</b> <b>Open to Public Inspection</b>	
Department of the Treasury Internal Revenue Service SUTTER HEALTH		<b>Employer identification number</b> 94-2788907			
Return Reference	Explanation				
FORM 990, PART I, LINE 1 AND PART III, LINE 1	MISSION STATEMENT: WE ENHANCE THE WELL-BEING OF PEOPLE IN THE COMMUNITIES WE SERVE THROUGH A NOT-FOR-PROFIT COMMITMENT TO COMPASSION AND EXCELLENCE IN HEALTH CARE SERVICES.				
FORM 990, PART III, LINE 4	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS Sutter Health is more than 60,000 people strong thanks to its integrated network of clinicians, employees and volunteers. Headquartered in Sacramento, California, Sutter Health provides access to high quality, affordable care for more than 3 million Northern Californians through its network of hospitals, medical foundations, urgent and walk-in care centers, home health and hospice services. Nearly 14,000 doctors and advanced practice clinicians care for Sutter patients. Recognized as a national leader in quality, Sutter's integrated healthcare system provides access to patient-centered, coordinated care that outperforms state and national averages in nearly every quality measure. Due to its efficiency and focus on innovation, Sutter's network helps drive costs down and expands access to comprehensive patient services and health programs tailored to the diverse communities it serves. Grounded in its not-for-profit mission, Sutter Health heavily reinvests in its communities, committing hundreds of millions of dollars annually to support clinics and community-based hospitals-providing care for the most vulnerable populations. From deploying technology that improves the patient experience to supporting strong community partnerships, the strength of Sutter's integrated system provides a model that can shape the future of healthcare. The Sutter Health system consists of: - 53,000+ employees and 12,000+ doctors - 5,000 volunteers - 2,000 advanced practice clinicians - 30 acute care campus facilities - 3,843 licensed acute care beds - 35 ambulatory surgery centers - 7 cardiac centers - 9 cancer centers - 3 acute rehabilitation centers - 8 mental health and addiction care centers - 5 trauma centers - 8 neonatal intensive care units - Medical research centers - Home health and hospice services - Urgent/Walk-in Care Clinics - Education centers and physician training programs - Philanthropic programs - Health plan (Sutter Health Plus) 2019 by the numbers: - 29,321 births - 189,935 discharges - 845,091 hospital emergency room visits - 1,798,728 hospital outpatient visits - 9,443,464 medical foundation visits - 923,215 patient days - 658,623 Sutter Care at Home health visits - 213,519 Sutter Care at Home hospice visits As one of the nation's leading not-for-profit integrated health care delivery systems, we approach care from a common mission of enhancing the health and well-being of people in the communities we serve through a not-for-profit commitment to compassion and excellence. To help carry out our mission, we are guided by seven core values: 1. Honesty and integrity 2. Excellence and quality 3. Community 4. Innovation 5. Teamwork 6. Compassion and caring 7. Affordability Headquartered in Sacramento, a community-based board of directors governs Sutter Health. To view a list of Sutter Health affiliates, please view Form 990, Schedule R.				
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 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 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 DATA SOURCES AND MAINTAINS AN OBJECTIVE "ARMS LENGTH" DECISION-MAKING PROCESS, ENSURING THE INTEGRITY OF SUTTER'S EXECUTIVE PROGRAMS AND CONSISTENCY WITH THE ORGANIZATION'S OVERALL MISSION. IN ORDER TO ENSURE EXTERNAL COMPETITIVENESS, NATIONAL COMPENSATION DATA COMPARISONS ARE REVIEWED. COMPETITIVE ANALYSIS INCLUDES: (A) BASE SALARY, (B) TOTAL CASH (BASE SALARY + ANNUAL INCENTIVE), (C) TOTAL DIRECT CASH (BASE SALARY + ANNUAL INCENTIVE + LONG TERM INCENTIVE) AND (D) TOTAL REMUNERATION (BASE SALARY + ANNUAL INCENTIVE + BENEFITS AND LONG TERM INCENTIVE). THIS ANALYSIS INCLUDES NATIONAL COMPARISONS FOR ORGANIZATIONS SIMILAR IN SIZE, SCOPE AND COMPLEXITY AS SUTTER HEALTH. THIS METHOD IS MOST APPROPRIATE SINCE IT IS A NATIONAL MARKETPLACE IN WHICH SUTTER COMPETES FOR EXECUTIVE TALENT. OFFICERS AND KEY EMPLOYEES OF THIS ORGANIZATION UNDERGO AN ANNUAL REVIEW BY THE COMPENSATION COMMITTEE OR A DELEGATED SUB-COMMITTEE. APPROVAL IS RECORDED IN THE MINUTES. THE 2019 EXECUTIVE COMPENSATION APPROVAL WAS COMPLETED IN FEBRUARY 2019.				
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: EQUITY TRANSFER (NET) (32,202,017) K-1 Activity (14,540,996) PARTNERSHIP INCOME ON BOOKS (3,397,422) PENSION RELATED CHANGES 49,520,760 OTHER CHANGES IN FUND BALANCE (2,978,436) ----- - TOTAL (\$3,598,111) =====				
For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. <span style="float: right;">Cat. No. 51056K      Schedule O (Form 990 or 990-EZ) 2019</span>					

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

▶ **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.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SUTTER HEALTH

**Employer identification number**

94-2788907

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
<b>(1)</b> SUTTER CONNECT LLC 10470 OLD PLACERVILLE ROAD SACRAMENTO, CA 95827 68-0209157	SUPPORT SVCS	CA	45,820,596	41,398,068	SUTTER HLTH
<b>(2)</b> SUTTER OUTPATIENT SERVICES LLC 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 45-4714483	SUPPORT SVCS	CA	92,397,680	32,128,852	SUTTER HLTH
<b>(3)</b> SUTTER SHARED LAB LLC 2950 COLLIER CANYON ROAD LIVERMORE, CA 94551 47-5583986	LAB SERVICES	CA	46,726,741	23,502,733	SUTTER HLTH
<b>(4)</b> SUTTER HEALTH PLAN PRODUCTS ORG LLC 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 82-1766939	SUPPORT SVCS	CA	0	11,170,936	SUTTER HLTH

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
<b>(1)</b> CALIFORNIA PACIFIC MEDICAL CTR FOUND C/O SH TAX 2200 RIVER PLAZA DR  SACRAMENTO, CA 95833 94-2728423	FUNDRAISING	CA	501(C)(3)	7	SUTTER BH	Yes	
<b>(2)</b> EAST BAY PERINATAL CENTER C/O SH TAX 2200 RIVER PLAZA DR  SACRAMENTO, CA 95833 51-0172285	HEALTHCARE	CA	501(C)(3)	3	SUTTER EBH	Yes	
<b>(3)</b> MEMORIAL HOSPITAL FOUNDATION C/O SH TAX 2200 RIVER PLAZA DR  SACRAMENTO, CA 95833 94-2290244	FUNDRAISING	CA	501(C)(3)	12A - I	SUTTER VH	Yes	
<b>(4)</b> MILLS-PENINSULA HOSPITAL FOUNDATION C/O SH TAX 2200 RIVER PLAZA DR  SACRAMENTO, CA 95833 23-7288765	FUNDRAISING	CA	501(C)(3)	7	SUTTER BH	Yes	
<b>(5)</b> SAMUEL MERRITT UNIVERSITY 450 30TH STREET STE 2840  OAKLAND, CA 94609 94-2992642	UNIVERSITY	CA	501(C)(3)	2	SUTTER EBH	Yes	
<b>(6)</b> SUTTER AUBURN FAITH HOSPITAL FOUNDATION C/O SH TAX 2200 RIVER PLAZA DR  SACRAMENTO, CA 95833 94-2594966	FUNDRAISING	CA	501(C)(3)	7	SUTTER VH	Yes	
<b>(7)</b> SUTTER BAY HOSPITALS C/O SH TAX 2200 RIVER PLAZA DR  SACRAMENTO, CA 95833 94-0562680	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
<b>(8)</b> SUTTER BAY MEDICAL FOUNDATION C/O SH TAX 2200 RIVER PLAZA DR  SACRAMENTO, CA 95833 94-1156581	HEALTHCARE	CA	501(C)(3)	3	SUTTER HLTH	Yes	
<b>(9)</b> SUTTER COAST HOSPITAL C/O SH TAX 2200 RIVER PLAZA DR  SACRAMENTO, CA 95833 94-2988520	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
<b>(10)</b> SUTTER DAVIS HOSPITAL FOUNDATION C/O SH TAX 2200 RIVER PLAZA DR  SACRAMENTO, CA 95833 68-0217870	FUNDRAISING	CA	501(C)(3)	7	SUTTER VH	Yes	
<b>(11)</b> SUTTER HEALTH PACIFIC 91-2301 FT WEAVER RD	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	

(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
EWA BEACH, HI 96706 99-0298651							
(12)SUTTER HEALTH PLAN C/O SH TAX 2200 RIVER PLAZA DR  SACRAMENTO, CA 95833 46-1183948	HEALTH PLAN	CA	501(C)(4)	N/A	SUTTER HLTH	Yes	
(13)SUTTER MEDICAL CENTER FOUNDATION C/O SH TAX 2200 RIVER PLAZA DR  SACRAMENTO, CA 95833 94-2788906	FUNDRAISING	CA	501(C)(3)	7	SUTTER VH	Yes	
(14)SUTTER ROSEVILLE MEDICAL CTR FOUNDATION C/O SH TAX 2200 RIVER PLAZA DR  SACRAMENTO, CA 95833 68-0040113	FUNDRAISING	CA	501(C)(3)	7	SUTTER VH	Yes	
(15)SUTTER SOLANO CHARITABLE FOUNDATION C/O SH TAX 2200 RIVER PLAZA DR  SACRAMENTO, CA 95833 94-2668262	FUNDRAISING	CA	501(C)(3)	7	SUTTER VH	Yes	
(16)SUTTER VALLEY HOSPITALS C/O SH TAX 2200 RIVER PLAZA DR  SACRAMENTO, CA 95833 94-1156621	HOSPITAL	CA	501(C)(3)	3	SUTTER HLTH	Yes	
(17)SUTTER VALLEY MEDICAL FOUNDATION C/O SH TAX 2200 RIVER PLAZA DR  SACRAMENTO, CA 95833 68-0273974	HEALTHCARE	CA	501(C)(3)	3	SUTTER HLTH	Yes	
(18)SUTTER VISITING NURSE ASSOC AND HOSPICE C/O SH TAX 2200 RIVER PLAZA DR  SACRAMENTO, CA 95833 94-6068843	HEALTHCARE	CA	501(C)(3)	10	SUTTER HLTH	Yes	
(19)TRACY HOSPITAL FOUNDATION C/O SH TAX 2200 RIVER PLAZA DR  SACRAMENTO, CA 95833 68-0318845	FUNDRAISING	CA	501(C)(3)	12A - I	SUTTER VH	Yes	
(20)SUTTER INSURANCE SERVICES CORPORATION 745 FORT STREET Suite 1100  HONOLULU, HI 96813 99-0289310	INSURANCE SER	HI	501(C)(3)	12C III-FI	SUTTER HLTH	Yes	
(21)BETTER HEALTH EAST BAY FOUNDATION C/O SH TAX 2200 RIVER PLAZA DR  SACRAMENTO, CA 95833 51-0160184	FUNDRAISING	CA	501(C)(3)	7	SUTTER BH	Yes	

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

Cat. No. 50135Y  
**Schedule R (Form 990) 2019**

**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	
<b>(1)</b> SURGERY CENTER OF ALTA BATES SMC 3875 TELEGRAPH OAKLAND, CA 94609 47-0946086	Patient Care	CA	SUTTER BH									
<b>(2)</b> ALTA CT SERVICES LP 175 LENNON WALNUT CREEK, CA 94598 94-3083464	PATIENT CARE	CA	SUTTER BH									
<b>(3)</b> CA PACIFIC ADV IMAG PO BOX 6102 NOVATO, CA 94598 56-2311840	patient care	DE	SUTTER BH									
<b>(4)</b> SAN FRANCISCO ENDOSCOPY CENTER 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 91-2160588	patient care	CA	SUTTER BH	RELATED	548,541	418,706		No		Yes		1.800 %
<b>(5)</b> PRESIDIO SURGERY CENTER LLC 1635 DIVISADERO SAN FRANCISCO, CA 94115 32-0144060	patient care	CA	SUTTER BH									
<b>(6)</b> SUTTER FAIRFIELD SURGERY CENTER LLC 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 30-0233892	patient care	CA	SUTTER VMF									
<b>(7)</b> SUTTER AMADOR SURGERY CENTER LLC 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 46-1398093	patient care	CA	NA	RELATED	64,504	194,708		No		Yes		6.000 %
<b>(8)</b> ROSEVILLE ENDOSCOPY CENTER 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 87-0710513	patient care	CA	NA									
<b>(9)</b> STANISLAUS SURGICAL HOSPITAL LLC 1421 OAKDALE ROAD MODESTO, CA 95355 91-1754157	patient care	CA	NA									
<b>(10)</b> MEMORIAL MEDICAL BUILDING 1 1800 COFFEE RD 76 MODESTO, CA 95355 77-0234236	OFFICE RENTAL	CA	SUTTER VH									
<b>(11)</b> MEMORIAL MEDICAL BUILDING 2 1800 COFFEE RD 76 MODESTO, CA 95355 77-0287288	OFFICE RENTAL	CA	SUTTER VH									
<b>(12)</b> MAGNETIC IMAGING AFFILIATES LLC 2125 OAK GROVE ROAD WALNUT CREEK, CA 94598 47-3696091	PATIENT CARE	CA	SUTTER BH									
<b>(13)</b> ASC OPERATORS - SANTA ROSA LLC 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 26-3386169	care management	CA	SUTTER BMF	RELATED	1,840,306	3,571,182		No		Yes		16.000 %
<b>(14)</b> ASC OPERATORS - SAN LUIS OBISPO LLC 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 27-2673776	care management	CA	SUTTER HLTH	RELATED	2,484,449	4,201,029		No		Yes		51.000 %
<b>(15)</b> WALNUT CREEK ENDOSCOPY CENTER LLC 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 26-2169304	patient care	CA	NA									
<b>(16)</b> EAST BAY ENDOSCOPY CENTER LP 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 94-3336277	patient care	DE	NA									
<b>(17)</b> ASC OPERATORS - SOUTH BAY LLC 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 46-1537479	care management	CA	NA	RELATED	503,780	1,252,319		No		Yes		6.000 %
<b>(18)</b> PENINSULA EYE SURGERY CENTER LLC 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 13-4285230	patient care	CA	NA									
<b>(19)</b> PENINSULA ENDOSCOPY CENTER LLC 2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 13-4285230	patient care	CA	NA	RELATED	668,917	1,299,394		No		Yes		6.000 %



(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	
NEW YORK, NY 10022 98-1310251												
<b>(39)</b> ASC OPRTS-EAST BAY  2200 RIVER PLAZA SACRAMENTO, CA 95833 27-1724489	CARE MANAGEMENT	CA	NA	RELATED	530,063	347,026		No		Yes		6.000 %
<b>(40)</b> EHC SURGERY CENTER  2201 RIVER PLAZA SACRAMENTO, CA 95833 94-3214614	PATIENT CARE	CA	NA	RELATED	-383	24,280		No		Yes		0.250 %
<b>(41)</b> Sutter Health and Aetna Ins HLDG CO LLC  151 Farmington Ave RT 21 Hartford, CT 061569162 82-2171057	INSURANCE	CA	SutterAetna	RELATED	-3,135,772	5,993,165		No		Yes		50.000 %

**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
<b>(1)</b> SUTTER HEALTH DEFERRED COMP PLANS' TRUST  2200 RIVER PLAZA DRIVE SACRAMENTO, CA 95833 27-6851989	RABBI TRUST	CA	SUTTER HLTH	TRUST				Yes	
<b>(2)</b> NORTHWOOD EUROPE TE FEEDER LP  1819 WAZEE ST 2ND FLOOR DENVER, CO 90202 98-1272216	HOLDING COMPA	CJ	SUTTER HLTH	C CORP	679,442	3,023,171	100.000 %	Yes	
<b>(3)</b> HEALTH VENTURES INC  350 HAWTHORNE AVE OAKLAND, CA 94609 94-2918780	HEALTH SERVIC	CA	SUTTER BH	C CORP				Yes	
<b>(4)</b> Lyxsop Segregated Portfolio 1  PO box 10008 Willow House Cricket Square, grand cayman KY1-10001 CJ	InvestMENT	CJ	SUTTER HLTH	C corp	10,297	53,741,971	76.920 %	Yes	
<b>(5)</b> Lyxsop Segregated Portfolio 2  PO box 10008 Willow House Cricket Square, grand cayman KY1-10001 CJ	INVESTMENT	CJ	SUTTER HLTH	c corp	7,504,593	151,937,983	76.000 %	Yes	

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)ASC Operators - East Bay LLC	l	373,072	FMV
(2)ASC Operators - East Bay LLC	q	469,621	FMV
(3)ASC Operators LLC	l	4,239,040	FMV
(4)ASC Operators-San Francisco LLC	l	1,252,733	FMV
(5)ASC Operators-San Francisco LLC	q	630,939	FMV
(6)ASC Operators-San Luis Obispo LLC	s	2,155,574	FMV
(7)ASC Operators-Santa Rosa LLC	l	1,010,064	FMV
(8)ASC Operators-South Bay LLC	l	677,193	FMV
(9)Auburn Surgical Center LP	l	283,218	FMV
(10)Auburn Surgical Center LP	o	2,191,383	FMV
(11)Auburn Surgical Center LP	p	69,915	FMV
(12)Auburn Surgical Center LP	q	3,862,991	FMV
(13)Carlsbad Surgery Center LLC	l	701,893	FMV
(14)Carlsbad Surgery Center LLC	o	2,464,136	FMV
(15)Carlsbad Surgery Center LLC	q	5,457,762	FMV
(16)Carlsbad Surgery Center LLC	s	1,747,515	FMV
(17)Coast Center For Orthopedic and Arthroscopic	l	440,975	FMV
(18)Coast Center For Orthopedic and Arthroscopic	o	1,964,221	FMV
(19)Coast Center For Orthopedic and Arthroscopic	q	3,206,569	FMV
(20)Coast Center For Orthopedic and Arthroscopic	s	281,276	FMV
(21)East Bay Endoscopy Center LP	o	1,907,106	FMV
(22)East Bay Endoscopy Center LP	q	2,415,901	FMV
(23)East Bay Perinatal Center	l	251,081	FMV
(24)East Bay Perinatal Center	q	270,016	FMV
(25)Fort Sutter Surgery Center LP	l	318,823	FMV
(26)Fort Sutter Surgery Center LP	o	9,417,956	FMV

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(27)Fort Sutter Surgery Center LP	p	318,425	FMV
(28)Fort Sutter Surgery Center LP	q	16,056,135	FMV
(29)Golden Gate Endoscopy Center LLC	o	2,595,056	FMV
(30)Golden Gate Endoscopy Center LLC	p	75,232	FMV
(31)Golden Gate Endoscopy Center LLC	q	4,228,626	FMV
(32)Health Ventures Inc	l	167,442	FMV
(33)Health Ventures Inc	q	5,624,217	FMV
(34)La Jolla Orthopedic Surgery Center LLC	l	666,101	FMV
(35)La Jolla Orthopedic Surgery Center LLC	o	2,757,209	FMV
(36)La Jolla Orthopedic Surgery Center LLC	p	128,128	FMV
(37)La Jolla Orthopedic Surgery Center LLC	q	6,593,241	FMV
(38)La Jolla Orthopedic Surgery Center LLC	s	1,023,509	FMV
(39)Mills Peninsula Hospital Foundation	c	443,274	FMV
(40)Mills Peninsula Hospital Foundation	l	509,155	FMV
(41)Mills Peninsula Hospital Foundation	o	50,314	FMV
(42)North Bay Regional Surgery Center LLC	j	365,483	FMV
(43)North Bay Regional Surgery Center LLC	l	774,456	FMV
(44)North Bay Regional Surgery Center LLC	o	2,907,503	FMV
(45)North Bay Regional Surgery Center LLC	q	4,185,307	FMV
(46)Otay Lakes Surgery Center LLC	l	431,323	FMV
(47)Otay Lakes Surgery Center LLC	o	2,124,258	FMV
(48)Otay Lakes Surgery Center LLC	q	3,103,298	FMV
(49)Otay Lakes Surgery Center LLC	s	239,478	FMV
(50)Peninsula Endoscopy Center LLC	l	760,039	FMV
(51)Peninsula Endoscopy Center LLC	o	2,864,979	FMV
(52)Peninsula Endoscopy Center LLC	q	2,434,936	FMV
(53)Peninsula Eye Surgery Center LLC	o	2,716,215	FMV
(54)Peninsula Eye Surgery Center LLC	p	206,712	FMV
(55)Peninsula Eye Surgery Center LLC	q	7,363,358	FMV
(56)Presidio Surgery Center LLC	l	87,104	FMV
(57)Roseville Endoscopy Center LLC	l	224,544	FMV
(58)Roseville Endoscopy Center LLC	o	3,402,770	FMV
(59)Roseville Endoscopy Center LLC	q	4,586,256	FMV
(60)Sacramento Surgery Center Associates LP	o	1,476,094	FMV
(61)Sacramento Surgery Center Associates LP	p	215,169	FMV
(62)Sacramento Surgery Center Associates LP	q	5,692,992	FMV
(63)Samuel Merritt University	l	2,894,817	FMV
(64)Samuel Merritt University	q	7,219,127	FMV
(65)San Francisco Endoscopy Center LLC	l	463,003	FMV
(66)San Francisco Endoscopy Center LLC	o	2,694,718	FMV
(67)San Francisco Endoscopy Center LLC	q	5,731,810	FMV
(68)San Leandro Surgery Center LP	l	937,948	FMV
(69)San Leandro Surgery Center LP	o	4,218,249	FMV
(70)San Leandro Surgery Center LP	p	54,432	FMV
(71)San Leandro Surgery Center LP	q	4,757,689	FMV
(72)Santa Rosa Surgery Center LP	l	276,339	FMV
(73)Santa Rosa Surgery Center LP	o	10,042,315	FMV

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<b>(74)</b> Santa Rosa Surgery Center LP	p	82,067	FMV
<b>(75)</b> Santa Rosa Surgery Center LP	q	16,917,258	FMV
<b>(76)</b> South Placer Surgery Center LP	l	426,872	FMV
<b>(77)</b> South Placer Surgery Center LP	o	2,916,116	FMV
<b>(78)</b> South Placer Surgery Center LP	q	6,518,134	FMV
<b>(79)</b> Stanislaus Surgical Hospital LLC	l	912,621	FMV
<b>(80)</b> Stanislaus Surgical Hospital LLC	o	10,001,056	FMV
<b>(81)</b> Stanislaus Surgical Hospital LLC	q	122,140	FMV
<b>(82)</b> Sutter Alhambra Surgery Center LP	l	123,904	FMV
<b>(83)</b> Sutter Alhambra Surgery Center LP	o	3,648,291	FMV
<b>(84)</b> Sutter Alhambra Surgery Center LP	q	7,580,695	FMV
<b>(85)</b> Sutter Amador Surgery Center LLC	l	168,494	FMV
<b>(86)</b> Sutter Amador Surgery Center LLC	o	993,441	FMV
<b>(87)</b> Sutter Amador Surgery Center LLC	q	733,754	FMV
<b>(88)</b> Sutter Bay Hospitals	j	186,765	FMV
<b>(89)</b> Sutter Bay Hospitals	c	2,000,000	FMV
<b>(90)</b> Sutter Bay Hospitals	i	114,377,835	FMV
<b>(91)</b> Sutter Bay Hospitals	l	558,805,846	FMV
<b>(92)</b> Sutter Bay Hospitals	m	74,811	FMV
<b>(93)</b> Sutter Bay Hospitals	o	27,679,633	FMV
<b>(94)</b> Sutter Bay Hospitals	p	54,791,815	FMV
<b>(95)</b> Sutter Bay Hospitals	q	963,452,867	FMV
<b>(96)</b> Sutter Bay Hospitals	r	577,040,944	FMV
<b>(97)</b> Sutter Bay Hospitals	s	328,486,975	FMV
<b>(98)</b> Sutter Bay Medical Foundation	c	585,964	FMV
<b>(99)</b> Sutter Bay Medical Foundation	i	53,996,377	FMV
<b>(100)</b> Sutter Bay Medical Foundation	j	692,400	FMV
<b>(101)</b> Sutter Bay Medical Foundation	l	273,489,192	FMV
<b>(102)</b> Sutter Bay Medical Foundation	m	1,035,647	FMV
<b>(103)</b> Sutter Bay Medical Foundation	o	8,504,320	FMV
<b>(104)</b> Sutter Bay Medical Foundation	p	42,173,758	FMV
<b>(105)</b> Sutter Bay Medical Foundation	q	280,574,628	FMV
<b>(106)</b> Sutter Bay Medical Foundation	r	8,836,846	FMV
<b>(107)</b> Sutter Bay Medical Foundation	s	56,700,000	FMV
<b>(108)</b> Sutter Coast Hospital	l	15,190,178	FMV
<b>(109)</b> Sutter Coast Hospital	o	829,815	FMV
<b>(110)</b> Sutter Coast Hospital	p	574,849	FMV
<b>(111)</b> Sutter Coast Hospital	q	23,433,076	FMV
<b>(112)</b> Sutter Coast Hospital	r	12,751,326	FMV
<b>(113)</b> Sutter Coast Hospital	s	16,100,000	FMV
<b>(114)</b> Sutter Fairfield Surgery Center LLC	l	448,014	FMV
<b>(115)</b> Sutter Fairfield Surgery Center LLC	o	278,428	FMV
<b>(116)</b> Sutter Fairfield Surgery Center LLC	p	157,774	FMV
<b>(117)</b> Sutter Fairfield Surgery Center LLC	q	6,670,918	FMV
<b>(118)</b> Sutter Health Pacific	l	884,289	FMV
<b>(119)</b> Sutter Health Pacific	o	170,715	FMV
<b>(120)</b> Sutter Health Pacific	p	60,828	FMV

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(121)Sutter Health Pacific	q	1,478,517	FMV
(122)Sutter Health Pacific	r	3,000,000	FMV
(123)Sutter Health Pacific	s	1,600,000	FMV
(124)Sutter Health Plan	i	69,804	FMV
(125)Sutter Health Plan	l	5,147,857	FMV
(126)Sutter Health Plan	o	4,874,927	FMV
(127)Sutter Health Plan	p	986,955	FMV
(128)Sutter Health Plan	q	5,686,645	FMV
(129)Sutter Insurance Services Corporation	l	11,906,522	FMV
(130)Sutter Insurance Services Corporation	m	248,228	FMV
(131)Sutter Insurance Services Corporation	p	6,799,324	FMV
(132)Sutter Insurance Services Corporation	q	1,948,498	FMV
(133)Sutter Insurance Services Corporation	s	341,238	FMV
(134)Sutter Medical Center Foundation	l	176,331	FMV
(135)Sutter Medical Center Foundation	q	55,150	FMV
(136)Sutter Roseville Medical Center Foundation	l	110,717	FMV
(137)Sutter Valley Hospitals	j	324,305	FMV
(138)Sutter Valley Hospitals	k	1,131,652	FMV
(139)Sutter Valley Hospitals	c	550,000	FMV
(140)Sutter Valley Hospitals	i	17,368,323	FMV
(141)Sutter Valley Hospitals	l	410,305,795	FMV
(142)Sutter Valley Hospitals	o	19,680,213	FMV
(143)Sutter Valley Hospitals	p	33,314,356	FMV
(144)Sutter Valley Hospitals	q	757,375,259	FMV
(145)Sutter Valley Hospitals	r	256,870,128	FMV
(146)Sutter Valley Hospitals	s	576,390,715	FMV
(147)Sutter Valley Medical Foundation	i	4,009,834	FMV
(148)Sutter Valley Medical Foundation	l	172,841,535	FMV
(149)Sutter Valley Medical Foundation	m	854,608	FMV
(150)Sutter Valley Medical Foundation	o	16,345,669	FMV
(151)Sutter Valley Medical Foundation	p	12,213,083	FMV
(152)Sutter Valley Medical Foundation	q	184,671,823	FMV
(153)Sutter Valley Medical Foundation	r	40,172,495	FMV
(154)Sutter Valley Medical Foundation	s	18,000,000	FMV
(155)Sutter Visiting Nurse Association and Hospice	i	341,929	FMV
(156)Sutter Visiting Nurse Association and Hospice	j	212,849	FMV
(157)Sutter Visiting Nurse Association and Hospice	l	26,713,811	FMV
(158)Sutter Visiting Nurse Association and Hospice	m	11,265,109	FMV
(159)Sutter Visiting Nurse Association and Hospice	o	1,350,114	FMV
(160)Sutter Visiting Nurse Association and Hospice	p	1,406,136	FMV
(161)Sutter Visiting Nurse Association and Hospice	q	92,477,510	FMV
(162)Sutter Visiting Nurse Association and Hospice	r	10,821,697	FMV
(163)Sutter Visiting Nurse Association and Hospice	s	20,000,000	FMV
(164)Tracy Hospital Foundation	l	65,725	FMV
(165)Walnut Creek Endoscopy Center LLC	o	1,487,056	FMV
(166)Walnut Creek Endoscopy Center LLC	q	2,340,373	FMV



**Part VII Supplemental Information**

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

**Return Reference****Explanation**

Schedule R (Form 990) 2019

**Additional Data****Return to Form****Software ID:****Software Version:**