



Colette Boudreau

Vice President – Enterprise Finance and Controller

(916) 286-6928

boudrec@sutterhealth.org

Jonathan Ma

Vice President – Finance and Treasurer

Maj10@sutterhealth.org

April 21, 2022

Enclosed please find the following documents for the twelve months ended December 31, 2021, required pursuant to certain documents relating to certain Sutter Health System obligations.

- Audited financial statements of the Sutter Health System
- Continuing Disclosure Report
- Officer's Certificate of the Corporation as to Compliance with No Event of Default
- Officer's Certificate as to the Calculation of Historical Debt Service Coverage Ratio
- Supplemental Information



2021

AUDITED
FINANCIAL
STATEMENTS



December 31, 2021

Sutter Health and Affiliates
Consolidated Financial Statements
and
Supplementary Information
Years ended December 31, 2021 and 2020

Contents

Audited Consolidated Financial Statements

Report of Independent Auditors	1
Consolidated Balance Sheets	3
Consolidated Statements of Operations and Changes in Net Assets	4
Consolidated Statements of Cash Flows.....	6
Notes to Consolidated Financial Statements	8

Supplementary Information

Report of Independent Auditors on Supplementary Information	53
---	----

Consolidating Balance Sheet:

Areas, Other and Sutter Health Support Services	54
Sutter Health Bay Area	57
Sutter Health Valley Area.....	60
Other	63

Consolidating Statement of Operations and Changes in Net Assets:

Areas, Other and Sutter Health Support Services	55
Sutter Health Bay Area	58
Sutter Health Valley Area.....	61
Other	64



Ernst & Young LLP
Suite 900
400 Capitol Mall
Sacramento, CA 95814

Tel: +1 916 218 1900
ey.com

Report of Independent Auditors

Sutter Health Board of Directors
Sutter Health and Affiliates

Opinion

We have audited the consolidated financial statements of Sutter Health and Affiliates (Sutter), which comprise the consolidated balance sheets as of December 31, 2021 and 2020, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended, and the related notes (collectively referred to as the “financial statements”).

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of Sutter at December 31, 2021 and 2020, and the results of its operations, changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor’s Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Sutter and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Sutter’s ability to continue as a going concern for one year after the date that the financial statements are issued.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free of material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Sutter's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Sutter's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Ernst + Young LLP

April 21, 2022

Sutter Health and Affiliates

Consolidated Balance Sheets

(Dollars in millions)

	December 31,	
	2021	2020
Assets		
Current assets:		
Cash and cash equivalents	\$ 735	\$ 1,169
Short-term investments	6,884	6,585
Patient accounts receivable	1,419	1,205
Other receivables	976	940
Inventories	135	146
Other	259	211
Total current assets	10,408	10,256
Non-current investments	1,427	1,227
Property, plant and equipment, net	7,683	8,043
Other non-current assets	813	915
	\$ 20,331	\$ 20,441
Liabilities and net assets		
Current liabilities:		
Short-term borrowings	\$ –	\$ 400
Accounts payable	747	698
Accrued salaries and related benefits	854	841
Other accrued expenses	1,601	2,100
Current portion of long-term obligations	25	26
Total current liabilities	3,227	4,065
Non-current liabilities:		
Long-term obligations, less current portion	4,556	4,601
Other	1,168	2,353
Net assets:		
Without donor restrictions:		
Controlling	10,692	8,741
Noncontrolling	95	113
With donor restrictions	593	568
Total net assets	11,380	9,422
	\$ 20,331	\$ 20,441

See accompanying notes.

Sutter Health and Affiliates

Consolidated Statements of Operations and Changes in Net Assets

(Dollars in millions)

	Year ended December 31,	
	2021	2020
Net assets without donor restrictions:		
Operating revenues:		
Patient service revenues	\$ 12,145	\$ 10,532
Premium revenues	1,605	1,525
Contributions	100	821
Other	375	342
Total operating revenues	14,225	13,220
Operating expenses:		
Salaries and employee benefits	6,645	6,615
Purchased services	3,658	3,378
Supplies	1,763	1,602
Depreciation and amortization	735	747
Rentals and leases	197	183
Interest	138	158
Insurance	28	30
Other	862	828
Total operating expenses	14,026	13,541
Income (loss) from operations	199	(321)
Investment income	758	205
Change in net unrealized gains and losses on investments	122	440
Loss on extinguishment of debt	-	(202)
Other components of net periodic postretirement cost	142	78
Income	1,221	200
Less income attributable to noncontrolling interests	(83)	(66)
Income attributable to Sutter Health	1,138	134

Sutter Health and Affiliates

Consolidated Statements of Operations and Changes in Net Assets (continued)

(Dollars in millions)

	Year ended December 31,	
	2021	2020
Net assets without donor restrictions (continued):		
Controlling:		
Income attributable to Sutter Health	\$ 1,138	\$ 134
Change in net unrealized gains and losses on investments classified as other-than-trading	(3)	1
Net assets released from restriction for equipment acquisition	24	13
Postretirement-related changes other than net periodic postretirement cost	823	(121)
Other	(31)	9
Increase in controlling	1,951	36
Noncontrolling:		
Income attributable to noncontrolling interests	83	66
Distributions	(81)	(58)
Other	(20)	(4)
(Decrease) increase in noncontrolling	(18)	4
Net assets with donor restrictions:		
Contributions	46	51
Investment income	39	13
Change in net unrealized gains and losses on investments	(4)	17
Net assets released from restriction	(53)	(35)
Other	(3)	(4)
Increase in net assets with donor restrictions	25	42
Increase in net assets	1,958	82
Net assets, beginning of year	9,422	9,340
Net assets, end of year	\$ 11,380	\$ 9,422

See accompanying notes.

Sutter Health and Affiliates

Consolidated Statements of Cash Flows

(Dollars in millions)

	Year ended December 31,	
	2021	2020
Operating activities		
Increase in net assets	\$ 1,958	\$ 82
Adjustments to reconcile increase in net assets to net cash provided by operating activities:		
Loss on extinguishment of debt	–	202
Depreciation and amortization	725	728
Amortization of bond issuance costs, premium and discount, net	(23)	(39)
Net realized gains and losses and change in net unrealized gains and losses on investments	(724)	(618)
Restricted contributions and related investment income	(85)	(64)
Distributions to noncontrolling interests	81	58
Change in net postretirement benefits	(592)	37
Net changes in operating assets and liabilities:		
Patient accounts receivable and other receivables	(250)	(53)
Inventories and other assets	(33)	(19)
Accounts payable and accrued expenses	(448)	902
Other non-current liabilities	(601)	540
Net cash provided by operating activities	8	1,756
Investing activities		
Purchases of property, plant and equipment	(378)	(431)
Proceeds from disposal of property, plant and equipment	10	3
Purchases of investments	(4,210)	(5,571)
Proceeds from sales of investments	4,558	4,731
Other	(3)	7
Net cash used in investing activities	(23)	(1,261)

Sutter Health and Affiliates

Consolidated Statements of Cash Flows (continued)

(Dollars in millions)

	Year ended December 31,	
	2021	2020
Financing activities		
Payment on line of credit	\$ (400)	\$ —
Proceeds from borrowings on line of credit	—	400
Payments of long-term obligations	(28)	(189)
Refund of bonds	—	(2,029)
Proceeds from issuance of long-term obligations	5	1,991
Bond issuance costs	—	(10)
Restricted contributions and related investment income	85	64
Distributions to noncontrolling interest	(81)	(58)
Net cash (used in) provided by financing activities	(419)	169
Net (decrease) increase in cash and cash equivalents	(434)	664
Cash and cash equivalents at beginning of year	1,169	505
Cash and cash equivalents at end of year	\$ 735	\$ 1,169

See accompanying notes.

Sutter Health and Affiliates

Notes to Consolidated Financial Statements

December 31, 2021 and 2020

(Dollars in millions)

1. ORGANIZATION

Sutter Health is a California not-for-profit corporation that is the parent of a multi-provider integrated health care delivery system headquartered in Sacramento, California, which includes a centralized support group and various health care-related businesses operating primarily in Northern California. Sutter Health and its affiliates and subsidiaries provide health care, education, research and administrative services.

Sutter Health's integrated health care delivery system includes acute care, medical foundations, fundraising foundations and a variety of other specialized health care services. These entities are commonly referred to as the affiliates. Most acute care hospitals provide a full range of medical services (e.g., surgical, intensive care, emergency room, and obstetrics). All emergency rooms provide emergency care, regardless of a patient's ability to pay. Sutter Health and its affiliates also serve their communities with various programs, such as health education, health libraries, school-based clinics, home health care, hospice care, adult day care, prenatal clinics, community clinics, immunization services, and health professions education.

2. ACCOUNTING POLICIES

Basis of Consolidation: The Sutter Health and Affiliates consolidated financial statements include the accounts of Sutter Health and its controlled affiliates and subsidiaries (Sutter). All significant intercompany accounts and transactions have been eliminated in consolidation.

Use of Estimates: The preparation of financial statements in conformity with United States (U.S.) Generally Accepted Accounting Principles (GAAP) requires management to make estimates and assumptions that affect the amounts reported in the consolidated financial statements and accompanying notes. Actual results could differ from those estimates.

Cash Equivalents: Cash equivalents include all highly liquid investments with original maturities of 90 days or less, including money market accounts with limited market risk, and investment-grade debt instruments, many of which are backed by the U.S. Government or other government agencies. Financial instruments that potentially subject Sutter to concentrations of credit risk include cash equivalents and investments. Cash equivalents are stated at fair market value.

Investments: Investments consist principally of U.S. and foreign equity, corporate and government securities, a hedge fund portfolio and private equity funds, all of which are carried at fair value or net asset value (NAV) as a practical expedient to estimate fair value.

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

2. ACCOUNTING POLICIES (continued)

Short-term investments consist of investments with an original maturity of more than three months and could be utilized within one year. Non-current investments consist of investments that cannot be utilized within one year, including certain investments held in trust, and investments designated by the appropriate Sutter governing boards for future capital improvements.

Derivative Instruments: Sutter offsets fair value amounts recognized for certain derivative transactions from contracts executed with the same counterparty under a master netting arrangement. As a result, there is no net exposure to counterparties at December 31, 2021 and 2020.

Securities Lending: In 2021, Sutter began participating in securities lending transactions with its investment custodian whereby Sutter lends a portion of its securities to various brokers in return for securities as collateral for the securities loaned, usually on a short-term basis. Noncash collateral provided by the brokers generally approximates 102% to 105% of the fair value of the securities on loan and is adjusted for daily market fluctuations. Sutter earns a rebate on the loaned securities. Neither Sutter nor its investment custodian has the ability to pledge or sell securities received as collateral unless a borrower defaults; therefore, these transactions are not recorded on the balance sheet. As of December 31, 2021, the fair value of securities on loan is \$503 and the related noncash collateral is \$531.

Sutter's noncontributory defined benefit plan also participates in a securities lending arrangement (see Note 13).

Patient Accounts Receivable: Sutter's primary concentration of credit risk is patient accounts receivable, which consist of amounts owed from patients and third-party payers. Sutter manages the receivables by regularly reviewing its patient accounts and contracts.

Significant concentrations of gross patient accounts receivable are as follows:

	December 31,	
	2021	2020
Medicare	33%	35%
Medi-Cal	23%	23%

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

2. ACCOUNTING POLICIES (continued)

Inventories: Inventories, which consist principally of medical and other supplies, are stated on the basis of cost determined by the first-in, first-out method, which is not in excess of market.

Property, Plant and Equipment: Property, plant and equipment are stated on the basis of cost or, in the case of donated items, on the basis of fair market value at the date of donation, less depreciation and any impairment write-downs. Equipment includes medical equipment, furniture and fixtures, software, and internally-developed software. Routine maintenance and repairs are charged to expense as incurred. Expenditures that increase values, change capacities or extend useful lives are capitalized, as is interest on amounts borrowed to finance constructed assets during the construction phase. Sutter capitalized interest costs of \$6 and \$5 and accrued obligations for property, plant and equipment of \$36 and \$47 as of December 31, 2021 and 2020, respectively.

Depreciation is computed by the straight-line method over the estimated useful lives of the assets, which range from 2 to 40 years for buildings and improvements, and from 2 to 20 years for equipment. Leasehold improvements are amortized using the straight-line method over the shorter of the useful life or lease term, which range from 2 to 40 years. Amortization of equipment under finance leases is included in depreciation and amortization expense.

Asset Impairment: Sutter routinely evaluates the carrying value of its long-lived assets for impairment. The evaluations address the estimated recoverability of the assets' carrying value. When the carrying value of an asset exceeds estimated recoverability, asset impairment is recognized.

Other Assets: Goodwill represents the excess of purchase price over the fair value of net assets acquired. Goodwill and other intangible assets acquired in business combinations that have indefinite useful lives are subject to impairment tests. Sutter performs impairment tests at the reporting unit level annually or when events occur that require an evaluation to be performed. If the carrying value of goodwill is determined to be impaired, or if the carrying value of a business that is to be sold or otherwise disposed of exceeds its fair value, the carrying value is reduced, including any allocated goodwill, to fair value. Estimates of fair value are based on appraisals, established market prices for comparative assets or internal estimates of future net cash flows based on projected performance, depending on circumstances.

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

2. ACCOUNTING POLICIES (continued)

The changes in the carrying amount of goodwill, which are included in Other non-current assets, are as follows:

	Year ended December 31,	
	2021	2020
Goodwill at beginning of year	\$ 134	\$ 140
Disposition	(6)	(6)
Goodwill at end of year	\$ 128	\$ 134

Liquidity Management: As part of its liquidity management, Sutter's strategy is to structure its financial assets to be available to satisfy general operating expenses, current liabilities, and other obligations as they come due. Sutter invests cash in excess of daily requirements in investments and has a committed syndicated line of credit, as discussed in Note 8, to help manage unanticipated liquidity needs.

Sutter's financial assets available for general operating expenses within one year are as follows:

	December 31,	
	2021	2020
Cash and cash equivalents	\$ 735	\$ 1,169
Short-term investments	6,884	6,585
Patient accounts receivable	1,419	1,205
Other receivables	976	940
	\$ 10,014	\$ 9,899

Other Liabilities: Other non-current liabilities consist of (i) insurance liabilities, including estimated liabilities for professional liability and comprehensive general liability losses, and workers' compensation, (ii) the portion of estimated third-party settlements not expected to be settled within a year, (iii) other postretirement benefits liabilities, and (iv) certain other liabilities.

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

2. ACCOUNTING POLICIES (continued)

Risk Management: Sutter Health and most affiliates are insured by a wholly owned self-insured captive insurance company for professional liability claims and comprehensive general liability. Sutter Health and most affiliates are also self-insured for workers' compensation and employee health. Claim reserves are based on the best data available to Sutter; however, these estimates are subject to a significant degree of inherent variability. Estimates are continually monitored and reviewed, and as reserves are adjusted, the differences are reflected in current operations. Management is of the opinion that the associated liabilities recognized in the accompanying consolidated financial statements are adequate to cover such claims.

The provisions for estimated professional liability and comprehensive general liability claims, workers' compensation, and employee health include estimates of the ultimate costs for both uninsured reported claims and claims incurred-but-not-reported, in accordance with actuarial projections or paid claims lag models based on historical experience. Professional liabilities and comprehensive general liabilities were \$138 and \$139, discounted at a rate of 1.1% and 0.4%, as of December 31, 2021 and 2020, respectively. Workers' compensation liabilities were \$290 and \$314, discounted at a rate of 1.6% and 1.0%, as of December 31, 2021 and 2020, respectively. Employee health liabilities were \$59 and \$74 as of December 31, 2021 and 2020, respectively, and were recorded on an undiscounted basis.

Sutter has entered into reinsurance, excess, and stop loss policy agreements with independent insurance companies to limit its losses on professional liability, comprehensive general liability, workers' compensation, and employee health claims.

In lieu of a workers' compensation security deposit requirement, Sutter paid assessment charges to participate in the California Self Insurers' Alternative Security Program, which provided coverage of \$284 and \$278 as of December 31, 2021 and 2020, respectively.

Contingencies: Estimated losses from contingencies are recorded when they are probable and reasonably estimable.

Net Assets: Net resources that are not restricted by donors are included in Net assets without donor restrictions. Gifts of long-lived operating assets, such as property, plant or equipment, are reported as Net assets without donor restrictions and excluded from income. Resources restricted by donors for a specified time or purpose are reported as Net assets with donor restrictions.

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

2. ACCOUNTING POLICIES (continued)

When the specific purposes are met, either through passage of a stipulated time period or when the purpose for restriction is accomplished, they are released to Other operating revenues in the Statements of Operations and Changes in Net Assets. Resources restricted by donors for additions to property, plant and equipment are initially reported as Net assets with donor restrictions and are transferred to Net assets without donor restrictions when expended. Donor-imposed restrictions, which stipulate that the resources be maintained permanently, are reported as Net assets with donor restrictions.

Investment income related to net assets with donor restrictions is classified as either Net assets without donor restrictions or Net assets with donor restrictions based on the intent of the donor.

Purchased Services: Purchased services expense is made up of a wide variety of contracted and other purchased services, including medical group compensation, other professional fees, repairs and maintenance, and capitated purchased services. Medical group compensation is accrued by Sutter according to professional services agreements between affiliated medical foundations and contracted medical groups. Capitated purchased services include paid claims, sub-capitation payments, stop-loss payments, and accruals for incurred-but-not-reported estimates based on historical experience and available data.

Research and Development: Sutter expenses research and development costs as incurred. Research and development expense, included in Operating expenses, was \$59 and \$66 for the years ended December 31, 2021 and 2020, respectively.

Income Taxes: Sutter Health and many affiliates have been determined to be exempt organizations by the Internal Revenue Service and the California Franchise Tax Board and generally are not subject to taxes on income. Certain activities of Sutter are subject to income taxes; however, such activities are not significant to the consolidated financial statements. With respect to its taxable activities, Sutter records income taxes using the liability method, under which deferred tax assets and liabilities are determined based on the differences between the financial accounting and tax basis of assets and liabilities. Deferred tax assets or liabilities at the end of each period are determined using the currently enacted tax rate expected to apply to taxable income in the periods that the deferred tax asset or liability is expected to be realized or settled.

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

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

2. ACCOUNTING POLICIES (continued)

that has a greater than 50% likelihood of being realized upon ultimate settlement. The statute of limitations for tax years 2018 through 2020 remains open in U.S. tax jurisdictions in which Sutter and its affiliates are subject to taxation. Sutter recognizes interest and penalties related to income tax matters in Operating expenses. There were no such uncertain tax positions recognized for the years ended December 31, 2021 and 2020.

Performance Indicator: “Income” and “Income attributable to Sutter Health”, as reflected in the Consolidated Statements of Operations and Changes in Net Assets, are performance indicators. The performance indicators include all changes in Net assets without donor restrictions, excluding Net assets released from restriction for equipment acquisition, Changes in net unrealized gains and losses on investments classified as other-than-trading, Postretirement-related changes other than net periodic postretirement cost, and Other changes.

3. SIGNIFICANT EVENTS – COVID-19

COVID-19, a respiratory disease caused by a novel strain of coronavirus, has spread around the world, including in Northern California where Sutter primarily does business. Since the Centers for Disease Control and Prevention confirmed the spread of the disease to the United States in January 2020 and the World Health Organization declared COVID-19 a pandemic in March 2020, the federal government and the State of California have declared, and remain in, a state of emergency. The State of California was one of the first states in the United States with a confirmed case of COVID-19 on January 26, 2020, and California Governor Gavin Newsom was the first governor to issue a community shelter-in-place order on March 19, 2020. California has experienced multiple surges of confirmed COVID-19 cases since the start of the pandemic.

The need for Sutter to adjust its entire integrated network to respond to COVID-19 has been, and continues to be, a costly and difficult endeavor. COVID-19 has negatively impacted patient service revenues and expenses due to several factors, including the scope and duration of community shelter-in-place orders, which began in March 2020 and continued intermittently throughout 2020 and into 2021, business closures and other restrictions, increases in the number of uninsured patients as a result of higher rates of unemployment, and increases in incremental expenses required for supplies and personal protective equipment. These financial statements include the impact of these factors on the information provided herein for the years ended December 31, 2021 and 2020. Because of these uncertainties, Sutter cannot estimate the length or severity of the impact of

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

3. SIGNIFICANT EVENTS – COVID-19 (continued)

COVID-19 on Sutter's operations, which could continue to impact cash flows, revenues, reserves, and potential impairments of goodwill and long-lived assets.

From April 2020 through December 2021, Sutter received \$59 and \$812 in Coronavirus Aid, Relief, and Economic Security (CARES) Act Relief Funds (Relief Funds) from the Department of Health & Human Services for the years ended December 31, 2021 and 2020, respectively. These Relief Funds are not subject to repayment and based on an analysis of the compliance and reporting requirements of the Relief Funds and the impact of the pandemic on Sutter's operating results, Sutter believes the applicable terms and conditions have been met to recognize the Relief Funds. Sutter reported Relief Funds of \$68 and \$786 as Contributions and \$12 and \$5 as Patient service revenues in the Consolidated Statements of Operations and Changes in Net Assets for the years ended December 31, 2021 and 2020, respectively, and reported \$21 as Other Accrued expenses in the Consolidated Balance Sheets as of December 31, 2020. Sutter will continue to monitor the terms and conditions of the CARES Act and the impact of COVID-19 on revenues and expenses. If Sutter is unable to comply with future terms and conditions, the ability to retain some or all of the Relief Funds received may have an impact on the revenue recognized historically or in the future.

Additionally, during 2020, Sutter received \$999 from the Centers For Medicare and Medicaid Services (CMS) as part of the Accelerated and Advance Payment Program (AAPP), pursuant to which providers receive advance Medicare disbursements and are considered a loan that providers have to pay back as offsets from future services. The Consolidated Balance Sheets include \$592 and \$558 in Other accrued expenses and \$0 and \$441 in Other non-current liabilities related to these advance payments, as of December 31, 2021 and 2020, respectively, with repayment to occur based upon terms and conditions of the AAPP.

The CARES Act also provides for a deferral of payments of the employer portion of payroll tax incurred during the pandemic, allowing half of such payroll taxes to be deferred until December 31, 2021, and the remaining half deferred until December 31, 2022. As of December 31, 2021 and 2020, Sutter deferred \$102 and \$209, respectively, of payroll taxes that are reported in Accrued salaries and related benefits and Other non-current liabilities in the Consolidated Balance Sheets. Additionally, the CARES Act created a payroll tax credit designed to encourage companies to retain employees during the pandemic. In 2020, Sutter evaluated its eligibility for this credit and recorded \$13 of employee retention payroll tax credits pursuant to the CARES Act. These tax credits are reported as Other operating

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

3. SIGNIFICANT EVENTS – COVID-19 (continued)

revenues in the Consolidated Statements of Operations and Changes in Net Assets. As of December 31, 2021, the related receivable balance is \$12.

4. INVESTMENTS

Investments are held for the following uses:

	December 31,	
	2021	2020
Board-designated	\$ 289	\$ 281
Investments	8,022	7,531
	8,311	7,812
Less short-term investments	(6,884)	(6,585)
Non-current investments	\$ 1,427	\$ 1,227

5. FAIR VALUE MEASUREMENTS

Sutter accounts for certain assets at fair value. A fair value hierarchy for valuation inputs has been established to prioritize the valuation inputs into three levels based on the extent to which inputs used in measuring fair value are observable in the market. Each fair value measurement is reported in one of the three levels, which is determined by the lowest level input that is significant to the fair value measurement in its entirety. These levels are:

Level 1: Quoted prices are available in active markets for identical assets as of the measurement date.

Level 2: Pricing inputs are based on quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets.

Level 3: Pricing inputs are generally unobservable for the assets and include situations where there is little, if any, market activity for the investment. The inputs into the determination of fair value require management's judgment or estimation of assumptions that market participants would use in pricing the assets. The fair values are therefore determined using factors that involve judgment and interpretations, including, but not

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

5. FAIR VALUE MEASUREMENTS (continued)

limited to, private and public comparables, third-party appraisals, discounted cash flow models, fund manager estimates and net asset valuations provided by the underlying private investment companies and/or their administrators. Sutter held no Level 3 financial instruments as of December 31, 2021 and 2020.

The fair value of Sutter's assets measured on a recurring basis consists of the following:

	December 31, 2021		
	Quoted Prices in Active Markets for Identical Instruments (Level 1)	Significant Other Observable Inputs (Level 2)	Total
Liquid investments			
Cash equivalents	\$ 226	\$ —	\$ 226
Equity securities			
U.S. equity	1,297	—	1,297
Foreign equity	570	—	570
Fixed income securities			
U.S. government	698	—	698
U.S. government agencies	—	8	8
U.S. state and local government	—	42	42
U.S. federal agency mortgage-backed	—	345	345
Foreign government	—	352	352
U.S. corporate	60	938	998
Foreign corporate	8	268	276
	\$ 2,859	\$ 1,953	\$ 4,812
Investments measured at net asset value			3,499
			\$ 8,311

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

5. FAIR VALUE MEASUREMENTS (continued)

	December 31, 2020		
	Quoted Prices in Active Markets for Identical Instruments (Level 1)	Significant Other Observable Inputs (Level 2)	Total
Liquid investments			
Cash equivalents	\$ 236	\$ –	\$ 236
Equity securities			
U.S. equity	1,438	–	1,438
Foreign equity	538	–	538
Fixed income securities			
U.S. government	687	–	687
U.S. government agencies	–	7	7
U.S. state and local government	–	49	49
U.S. federal agency mortgage-backed	–	321	321
Foreign government	–	233	233
U.S. corporate	69	1,104	1,173
Foreign corporate	8	227	235
	\$ 2,976	\$ 1,941	\$ 4,917
Investments measured at net asset value			2,895
			\$ 7,812

As of December 31, 2021 and 2020, the Level 2 instruments listed in the fair value hierarchy tables above use the following valuation techniques and inputs:

U.S. government agencies securities: The fair value of investments in U.S. government agencies securities classified as Level 2 is primarily determined using consensus pricing methods of observable market-based data. Significant observable inputs include quotes, spreads, and data points for yield curves.

U.S. state and local government securities: The fair value of U.S. state and local government securities classified as Level 2 is determined using a market approach. The inputs include yield benchmark curves, prepayment speeds, and observable market data, such as institutional bids, dealer quotes, and two-sided markets.

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

5. FAIR VALUE MEASUREMENTS (continued)

U.S. federal agency mortgage-backed securities: The fair value of U.S. federal agency mortgage-backed securities classified as Level 2 is primarily determined using matrices. These matrices utilize observable market data of bonds with similar features, prepayment speeds, credit ratings, and discounted cash flows. Additionally, observed market movements, tranche cash flows and benchmark yields are incorporated in the pricing models.

Foreign government and corporate securities: The fair value of investments in foreign government and corporate securities classified as Level 2 is primarily determined using consensus pricing methods of observable market-based data. Significant observable inputs include quotes, bid and ask yields, and issue-specific factors.

U.S. corporate securities: The fair value of investments in U.S. corporate securities classified as Level 2 is primarily determined using techniques that are consistent with the market approach. Significant observable inputs include reported trades, dealer quotes, security-specific characteristics, and multiple sources of spread data points in developing yield curves.

Investments measured at net asset value: Certain investments that are measured using the NAV per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The NAV amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the Consolidated Balance Sheets.

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

5. FAIR VALUE MEASUREMENTS (continued)

Certain of the investments are reported using a calculated NAV per share (or its equivalent). These investments are not expected to be sold at amounts that are different from NAV. The following tables and explanations identify attributes relating to the nature and risk of such investments:

	December 31, 2021			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Commingled funds – U.S. equity securities	\$ 272	\$ –	Daily	1 day
Commingled funds – foreign equity securities	538	–	Monthly	5–30 days
Commingled funds – debt securities	147	–	Daily	3 days
Commodity-linked funds	296	–	Daily	None, 1 day
Hedge funds	1,352	–	Monthly, Quarterly, Annually	10–120 days
Private equity funds	525	447	None	None
Private equity real estate funds	369	254	None, Annually	None, 90 days
	\$ 3,499	\$ 701		

	December 31, 2020			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Commingled funds – U.S. equity securities	\$ 289	\$ –	Daily	1 day
Commingled funds – foreign equity securities	528	–	Monthly	5–30 days
Commingled funds – debt securities	134	–	Daily	3 days
Commodity-linked funds	131	–	Daily	None
Hedge funds	1,132	–	Monthly, Quarterly, Annually	10–120 days
Private equity funds	414	427	None	None
Private equity real estate funds	267	300	None	None
	\$ 2,895	\$ 727		

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

5. FAIR VALUE MEASUREMENTS (continued)

Commingled funds – U.S. and foreign equity securities: This class includes investments in commingled funds that invest primarily in U.S. or foreign equity securities and attempt to match the returns of specific equity indices. As of December 31, 2021, approximately 34% of this class is redeemable daily with a 1-day notice period. The remaining 66% of this class is redeemable monthly with a notice period of 5 to 30 days.

Commingled funds – debt securities: This class includes investments in commingled funds that invest primarily in U.S. debt, of which the majority are traded in over-the-counter markets. As of December 31, 2021, these funds are redeemable daily with a notice period of 3 days.

Commodity-linked funds: This class includes commodity-linked funds that pursue long-only fully collateralized commodity futures strategies to provide diversification and inflation protection. As of December 31, 2021, these funds are redeemable daily with no notice period or a notice period of 1 day.

Hedge funds: This class includes investments in hedge funds that expand the universe of potential investment approaches available by employing a variety of strategies and techniques within and across various asset classes. The primary objective for these funds is to balance returns, while limiting volatility by allocating capital to external portfolio managers selected for expertise in one or more investment strategies that may include, but are not limited to, equity long/short, event driven, relative value, and directional. The following summarizes the redemption criteria for the hedge fund portfolio as of December 31, 2021:

% of Hedge Funds	Redemption Criteria	Notice Period
52%	Redeemable monthly	10–90 days
12%	Redeemable quarterly	45–120 days
3%	Redeemable within one year, with quarterly gates from 25% to 100%	65 days
10%	Limited to a 25% gate, redeemable quarterly	60–90 days
4%	One-year lock-up expiring in April 2022	45–95 days
13%	Two-year rolling lock-up expiring in December 2023 and quarterly gate limited to 10% annually	60–120 days
6%	Redeemable over five years after a rolling annual election with quarterly payments or limited to a 5% quarterly gate	120 days

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

5. FAIR VALUE MEASUREMENTS (continued)

Private equity funds: This class includes domestic and foreign private equity funds that specialize in providing capital to a variety of investment groups including, but not limited to venture capital, leveraged buyout, mezzanine debt, distressed debt, and other strategies, which may include land, water processing, and alternative energy. There is no provision for redemptions during the life of these funds.

Private equity real estate funds: This class includes domestic and foreign investments in real estate that are held in limited partnership funds, joint ventures, and other investments comprised of retail, office, industrial, and multi-family properties. As of December 31, 2021, 3% of this class is redeemable after a one-year lock-up expiring in March 2022, with a notice period of at least 90 days. There is no provision for redemptions during the life of these funds for the remaining 97%.

6. PROPERTY PLANT AND EQUIPMENT

Property, plant and equipment consist of the following:

	December 31,	
	2021	2020
Land improvements	\$ 212	\$ 210
Leasehold improvements	688	667
Buildings and improvements	9,570	9,633
Equipment	4,513	4,410
	14,983	14,920
Less amortization and accumulated depreciation	(8,247)	(7,793)
	6,736	7,127
Land	558	571
Construction-in-progress	389	345
	\$ 7,683	\$ 8,043

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

7. OTHER NON-CURRENT ASSETS

Other non-current assets consist of the following:

	December 31,	
	2021	2020
Right-of-use assets for operating leases	\$ 418	\$ 470
Goodwill, net	128	134
Trust receivable	107	117
Reinsurance recoveries receivable	63	73
Non-current portion of pledges receivable	22	25
Other	75	96
	\$ 813	\$ 915

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

8. LONG-TERM OBLIGATIONS

Long-term obligations consist of the following:

	December 31,	
	2021	2020
Tax-exempt revenue bonds under the Sutter Health Master Indenture of Trust, fixed interest at 4.0% to 5.0%, through 2048 (includes net unamortized premiums and discounts of \$138 and \$164 and debt issuance costs of (\$7) and (\$8) at December 31, 2021 and 2020, respectively)	\$ 1,710	\$ 1,752
Taxable bonds under the Sutter Health Master Indenture of Trust, fixed interest at 1.32% to 4.09%, through 2050 (includes unamortized discount of (\$3) and (\$3) and debt issuance costs of (\$12) and (\$14) at December 31, 2021 and 2020, respectively)	2,662	2,660
Various collateralized and unsecured obligations	16	21
Obligations under finance leases	193	194
	4,581	4,627
Less current portion	(25)	(26)
	\$ 4,556	\$ 4,601

The central financing vehicle for Sutter is the Obligated Group. Those entities that comprise the Obligated Group are each nonprofit public benefit corporations organized and existing under the laws of the State of California. In 2020, covenants under the Master Trust Indenture were amended and updated. Only the Obligated Group members are subject to the covenants under the Master Trust Indenture, dated as of October 1, 2020. Each Obligated Group member has granted to the Master Trustee a security interest in its gross receivables to secure the timely payment and performance of its covenants under the Master Trust Indenture.

In October 2020, \$1,989 of Sutter Health Taxable Bonds Series 2020A were issued by Sutter Health to advance refund \$1,723 of tax-exempt revenue bonds (collectively, the Refunded Prior Bonds). The proceeds of Sutter Health Taxable Bonds Series 2020A, together with the release of certain funds related to the Refunded Prior Bonds, were placed in escrow funds pursuant to the related escrow agreements with the related bond trustee.

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

8. LONG-TERM OBLIGATIONS (continued)

The funds held in each escrow fund will be sufficient to pay the regularly scheduled interest payments when due, and 100% of the principal amount of the applicable Refunded Prior Bonds at the applicable redemption date. The Refunded Prior Bonds were legally defeased and derecognized at the date of refunding, with redemptions scheduled to occur through November 2026. These refunds resulted in a loss on extinguishment of debt of \$202 in 2020.

Sutter Health redeemed \$30 of tax-exempt revenue bonds and \$100 of taxable bonds in 2020, which did not result in a gain or loss.

Sutter Health had a short-term credit facility with commercial banks to meet temporary capital requirements and to provide flexibility in meeting Sutter's capital needs of \$400. In March 2020, Sutter Health drew down \$400 and, in February 2021, paid down the outstanding amount and terminated the credit facility. In April 2020, Sutter Health entered into another \$100 credit facility, which it never drew upon, and in February 2021, Sutter Health terminated this credit facility. In February 2021, Sutter Health entered into a new short-term credit facility with commercial banks for \$500, which matures in February 2024. In April 2021, Sutter Health increased the aggregate amount available to Sutter Health under this credit facility to \$900. There are currently no draws outstanding under this credit facility.

Aggregate principal payments of long-term obligations, excluding finance leases, various collateralized and unsecured obligations, net unamortized premiums and discounts, and issuance costs, as of December 31, 2021, are as follows:

2022	\$	17
2023		29
2024		31
2025		332
2026		34
Thereafter		3,813
	\$	<u>4,256</u>

Sutter paid interest of \$149 and \$213 for the years ended December 31, 2021 and 2020, respectively.

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

9. LEASES

Sutter leases property and equipment under operating and finance leases. The related assets and obligations are recorded at the present value of lease payments over the term of the agreements. Many of Sutter's leases include rental escalation clauses, renewal options and/or termination options that are factored into the determination of lease payments. Variable lease payments are non-lease services related to the lease and are excluded from the Right-of-use assets and lease liabilities and are recognized in the period in which the obligation of those payments is incurred. Generally, Sutter does not include renewal options in the lease terms for calculating the lease liability, as Sutter maintains operational flexibility and is not reasonably certain the renewal options will be exercised. Most of Sutter's leases do not provide a readily determinable implicit rate in the contract; therefore, the incremental borrowing rate is estimated to discount the lease payments based on information available at lease commencement.

Sutter elected the package of practical expedients permitted under the transition guidance within the new standard which, among other things, allowed the historical lease classification not to be reassessed. Sutter made an accounting policy election not to apply the recognition requirements of the guidance to short-term leases with a term of 12 months or less for equipment and vehicle classes of assets. Sutter also made an accounting policy election not to separate non-lease components from lease components for all classes of assets. Sutter did not elect the hindsight practical expedient, which permits entities to use hindsight in determining the lease term and assessing impairment.

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

9. LEASES (continued)

Lease-related assets and liabilities are recorded on the balance sheet as follows:

	Classification	December 31,	
		2021	2020
Right-of-use Assets			
Operating	Other non-current assets	\$ 418	\$ 470
Finance	Property, plant and equipment, net	164	170
		<u>\$ 582</u>	<u>\$ 640</u>
Current Liabilities			
Operating	Other accrued expenses	\$ 108	\$ 107
Finance	Current portion of long-term obligations	4	3
Non-current Liabilities			
Operating	Other	371	416
Finance	Long-term obligations, less current portion	189	191
		<u>\$ 672</u>	<u>\$ 717</u>

Weighted-average operating leases remaining lease term	8.44 years
Weighted-average finance leases remaining lease term	25.94 years
Weighted-average operating lease discount rate	3.21%
Weighted-average finance lease discount rate	4.46%

The components of lease costs are as follows:

	Year ended December 31,	
	2021	2020
Lease Costs		
Operating lease cost	\$ 136	\$ 125
Variable lease cost	\$ 30	\$ 25
Finance lease cost		
Amortization of leased assets	\$ 4	\$ 7
Interest on lease liabilities	\$ 9	\$ 9

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

9. LEASES (continued)

Supplemental cash flow information related to leases is as follows:

	Year ended December 31,	
	2021	2020
Cash paid for amounts included in the measurement of lease liabilities:		
Operating cash outflows for operating leases	\$ 130	\$ 128
Operating cash outflows for finance leases	\$ 9	\$ 9
Financing cash outflows for finance leases	\$ 3	\$ 1
Right-of-use assets obtained in exchange for lease obligations:		
Operating leases	\$ 62	\$ 67
Finance leases	\$ 2	\$ 2

Future lease payments as of December 31, 2021, for operating and finance leases are as follows:

	Operating Leases	Finance Leases
2022	\$ 118	\$ 12
2023	97	12
2024	80	10
2025	55	10
2026	39	10
Thereafter	162	293
	551	347
Less imputed interest	(72)	(154)
	<u>\$ 479</u>	<u>\$ 193</u>

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

10. NET ASSETS AND CONTRIBUTIONS

Sutter Health and its not-for-profit affiliates receive donations from generous individuals and organizations that support certain programs and services. Donations included in Net assets with donor restrictions were maintained for the following purposes:

	December 31,	
	2021	2020
Subject to expenditure for specified purpose:		
Capital projects and medical equipment	\$ 30	\$ 36
Research and education	115	109
Operations and/or capital projects	273	253
	418	398
Subject to passage of time	27	25
Subject to donor restrictions in conjunction with Sutter's spending policy:		
Investment in perpetuity – endowment	148	145
	\$ 593	\$ 568

From time to time, a Sutter Health or its not-for-profit affiliate's board will designate certain unrestricted funds to be used in the future for specific projects. Board-designated funds included in Net assets without donor restrictions were maintained for the following purposes:

	December 31,	
	2021	2020
Capital projects and medical equipment	\$ 126	\$ 113
Research and education	24	24
Operations and/or capital projects	139	144
	\$ 289	\$ 281

Sutter Health and its not-for-profit affiliates report individuals' and organizations' unconditional promises to give cash or other assets at fair value at the date Sutter Health or its not-for-profit affiliate receives the promises. Sutter Health and its not-for-profit affiliates report conditional promises to give and conditional indications of intentions to give at fair value when the conditions are met. Therefore, Sutter Health and its not-for-profit affiliates do not recognize any revenue or receivable at the time a conditional promise

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

10. NET ASSETS AND CONTRIBUTIONS (continued)

or indication of intent is received. Sutter Health and its not-for-profit affiliates' conditional promises or indications of intent received were \$240 and \$201 for the years ended December 31, 2021 and 2020, respectively. These gifts will support clinical programs and technology.

Endowments: Sutter Health and its not-for-profit affiliates follow the Uniform Prudent Management of Institutional Funds Act (UPMIFA). UPMIFA eliminates the concept of "historic dollar value" and allows an institution to spend or accumulate as the board determines is prudent for the uses, benefits, purposes, and duration of the endowment fund, unless the gift instrument states a particular spending rate or formula.

In accordance with UPMIFA, Sutter Health and its not-for-profit affiliates consider the following factors when appropriating or accumulating an endowment fund: (i) general economic conditions, (ii) effects of inflation and deflation, (iii) the purposes of the institution and the endowment fund, (iv) expected total return from income and appreciation of investments, (v) Sutter's other resources, (vi) the duration and preservation of the endowment fund, and (vii) Sutter's investment policies.

If the fair market value of assets associated with individual endowment funds falls below the corpus, Sutter Health or its not-for-profit affiliate's management assesses facts and circumstances to determine whether to suspend appropriation activities until the corpus has recovered or to continue to withdraw funds in compliance with UPMIFA in order to fund critical initiatives. There were no deficiencies of this nature reported in Net assets with donor restriction as a result of unfavorable investment market fluctuations as of December 31, 2021 and 2020.

Following UPMIFA, Sutter Health and its not-for-profit affiliates' investment and spending policies for endowment assets attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets. Under these policies, endowment assets are invested in a manner that is intended to produce results that exceed the price and yield results, while assuming a moderate level of investment risk.

To satisfy its long-term rate-of-return objectives, Sutter relies on a balanced investment strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). Sutter targets a diversified asset allocation that places a greater emphasis on equity-based investments to achieve its long-term return objectives within prudent risk constraints.

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

10. NET ASSETS AND CONTRIBUTIONS (continued)

The endowment net assets composition by type of fund consists of the following:

	December 31, 2021		
	Net Assets without Donor Restrictions	Net Assets with Donor Restrictions	Total
Donor-restricted endowment funds	\$ —	\$ 245	\$ 245
Board-designated funds	158	—	158
Total funds	\$ 158	\$ 245	\$ 403
	December 31, 2020		
	Net Assets without Donor Restrictions	Net Assets with Donor Restrictions	Total
Donor-restricted endowment funds	\$ —	\$ 222	\$ 222
Board-designated funds	138	—	138
Total funds	\$ 138	\$ 222	\$ 360

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

10. NET ASSETS AND CONTRIBUTIONS (continued)

The changes in endowment net assets are as follows:

	Net Assets without Donor Restrictions	Net Assets with Donor Restrictions	Total
Balance at December 31, 2019	\$ 114	\$ 206	\$ 320
Investment return, net	29	27	56
Contributions	–	4	4
Appropriation of endowment assets for expenditure	(4)	(6)	(10)
Other	(1)	(9)	(10)
Balance at December 31, 2020	138	222	360
Investment return, net	16	27	43
Contributions	–	4	4
Appropriation of endowment assets for expenditure	(3)	(5)	(8)
Other	7	(3)	4
Balance at December 31, 2021	\$ 158	\$ 245	\$ 403

11. OPERATING REVENUES

Sutter records revenue in four financial statement categories: Patient service revenues, Premium revenues, Contributions, and Other. Performance obligations are identified based on the nature of the services provided.

Sutter elected the practical expedient and does not adjust the promised amount of consideration for the effects of a significant financing component, due to Sutter's expectation that the period between the time the service is provided and the receipt of payment will be one year or less. However, Sutter does, in certain instances, enter into payment agreements that allow payments in excess of one year. For those cases, the financing component is not deemed to be significant to the contract. Additionally, Sutter elected to apply the optional exemption, because all of its performance obligations relate to contracts with a duration of less than one year. Therefore, Sutter is not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially satisfied at the end of the reporting period.

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

11. OPERATING REVENUES (continued)

Patient service revenues: Sutter's Patient service revenues are reported at the amount that reflects the consideration to which Sutter expects to be paid for providing patient care. These amounts are due from patients and third-party payers, including health insurers and government programs. Patients who meet Sutter's criteria for charity care are provided care without charge or at amounts less than established rates. Such amounts determined to qualify as charity care are not reported as revenue. Generally, Sutter bills patients and third-party payers after services are performed.

Patient service revenues are recognized as performance obligations are satisfied. Inpatient services are performance obligations satisfied over time and revenue is recognized based on actual charges incurred in relation to total expected or actual charges. Unsatisfied or partially unsatisfied performance obligations relate to inpatient acute care services at the end of the reporting period. The performance obligations for these contracts are generally completed when the patients are discharged, which generally occurs within days or weeks of the end of the reporting period. Outpatient services are performance obligations satisfied at a point in time and revenue is recognized when goods or services are provided, and Sutter does not believe it is required to provide additional goods or services.

Sutter uses a portfolio approach to account for categories of patient contracts as a collective group, rather than recognizing revenue on an individual contract basis. The portfolios consist of major payer classes for inpatient and outpatient revenue. Based on historical collection trends, Sutter believes that revenue recognized by utilizing the portfolio approach approximates the revenue that would have been recognized if an individual contract approach had been used.

The health care industry is subject to voluminous and complex laws and regulations of federal, state and local governments. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as regulatory actions unknown or unasserted at this time. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, government health care program participation requirements, reimbursement laws and regulations, anti-kickback and anti-referral laws and false claims prohibitions and, in the case of tax-exempt affiliates, the requirements of tax exemption. Sutter Health operates an Ethics and Compliance Program, which reviews compliance with government health care program requirements and investigates allegations of non-compliance received from internal and external sources. From time to time, findings may result in repayment of monies previously received from government and other third-party payers and/or disclosure of such overpayments including, but not limited to, disclosure to CMS and its contracted agents, or the Office of Inspector

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

11. OPERATING REVENUES (continued)

General, Department of Health and Human Services. As a result, there is at least a reasonable possibility that the recorded estimates may change by a material amount in the near term.

The majority of Sutter's services are provided to patients with third-party coverage and Sutter has agreements with third-party payers that provide for payments to Sutter at contractually adjusted amounts. Patient service revenues are estimated based on the terms of the contractual agreement with the payer, Sutter's historical settlement activity and other information. Settlements with third-party payers for retroactive adjustments due to audits, reviews or investigations are considered variable consideration, and are included in the determination of Patient service revenues when information becomes available. Additional revenues arising from a change in the estimate of transaction price concessions for performance obligations satisfied in prior years were \$113 and \$58 for the years ended December 31, 2021 and 2020, respectively.

Payment arrangements are as follows:

Medicare: Inpatient acute care services and outpatient services provided to Medicare program beneficiaries are paid at prospectively determined rates per diagnosis. Sutter is paid for cost-reimbursable items at a tentative rate. Physician services are paid based upon established fee schedules. Outpatient services are paid using prospectively determined rates. Amounts received from the Medicare programs are subject to audit and final settlement by a Medicare Administrative Contractor after submission of annual cost reports. Sutter's Medicare cost reports have been audited generally through December 31, 2017. The estimated net settlement balances and adjustments from the finalization of prior-year cost reports were immaterial in 2021 and 2020.

Medi-Cal: Inpatient and outpatient services provided to Medi-Cal program beneficiaries are paid either under contracted rates or cost-reimbursable items at a tentative rate. Services are generally paid at prospectively determined rates per discharge, per occasion of service, or per covered member. Amounts received from Medi-Cal programs are subject to audit and final settlement by the California Department of Health Care Services after submission of annual cost reports. Sutter's Medi-Cal cost reports have been audited generally through December 31, 2017. The estimated net settlement balances and adjustments from the finalization of prior-year cost reports were immaterial in 2021 and 2020.

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

11. OPERATING REVENUES (continued)

Commercial: Inpatient and outpatient services provided to patients covered under commercial insurance policies are paid using a variety of payment methodologies based on contractual agreements. The transaction price for commercial payers is reduced by explicit contractual adjustments and implicit price concessions based on collection history with this portfolio of patients.

Other: Inpatient and outpatient services provided to patients, not covered by third-party payers, are paid based on Sutter's policies and the patient's ability to pay. Sutter reduces the transaction price by implicit price concessions to uninsured patients and patients with uninsured balances, such as copays and deductibles. The implicit price concessions included in estimating the transaction price represent the difference between amounts billed to patients and the amounts Sutter expects to collect based on its collection history with this portfolio of patients. Subsequent changes to the estimates are considered variable consideration and are included in Patient service revenues when information becomes available.

As part of its Patient service revenues analysis, Sutter examines the fluctuations in payer, geographical area, and entity type as each factor represents a varying degree of uncertainty regarding the nature, timing, and extent of payments.

The composition of Patient service revenues by payer is as follows:

	Year ended December 31,	
	2021	2020
Medicare	\$ 3,286	\$ 2,891
Medi-Cal	1,710	1,519
Commercial	6,953	5,937
Other	196	185
	<u>\$ 12,145</u>	<u>\$ 10,532</u>

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

11. OPERATING REVENUES (continued)

The composition of Patient service revenues, based on Sutter's areas of operations and entity types, is as follows:

	Year ended December 31, 2021			
	Sutter Health Bay Area	Sutter Health Valley Area	Other	Total
Acute Care	\$ 4,151	\$ 3,607	\$ 121	\$ 7,879
Medical Foundation	2,571	1,252	–	3,823
Other	122	31	682	835
Eliminations	(122)	(119)	(151)	(392)
	\$ 6,722	\$ 4,771	\$ 652	\$ 12,145

	Year ended December 31, 2020			
	Sutter Health Bay Area	Sutter Health Valley Area	Other	Total
Acute Care	\$ 3,742	\$ 3,119	\$ 109	\$ 6,970
Medical Foundation	2,071	1,061	–	3,132
Other	103	22	630	755
Eliminations	(103)	(104)	(118)	(325)
	\$ 5,813	\$ 4,098	\$ 621	\$ 10,532

The State of California enacted legislation for a hospital fee program to fund certain Medi-Cal coverage expansions. The program charges certain hospitals a quality assurance fee that is used to obtain federal matching funds for Medi-Cal, with the proceeds redistributed as supplemental payments to California hospitals that treat Medi-Cal patients. There are two hospital fee programs that had activity in 2021 and 2020: a 30-month hospital fee program covering the period from January 1, 2017 through June 30, 2019, and a 30-month hospital fee program covering the period from July 1, 2019 through December 31, 2021. Supplemental payments met all criteria related to revenue recognition, and the quality assurance fees are both probable and estimable. Accordingly, all related supplemental payments have been recognized as revenue and related quality assurance fees recognized as expense in 2021 and 2020.

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

11. OPERATING REVENUES (continued)

Patient service revenues and Other expenses include amounts for the hospital fee program as follows:

	Year ended December 31,	
	2021	2020
Hospital fee program revenue	\$ 514	\$ 483
Hospital fee program expense	(328)	(321)
Income from operations from hospital fee program	\$ 186	\$ 162
	December 31,	
	2021	2020
Other receivables	\$ 628	\$ 649
Accounts payable	\$ 298	\$ 256

Premium revenues: Sutter has entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, preferred provider organizations, and members of individual and family plans and subscribing employers for small and large cap coverage. The basis for payment to Sutter, under these agreements, includes capitated arrangements, prospectively determined rates per diagnosis, prospectively determined daily rates, rates by demographics and rates by a number of factors, including experience. The transaction price may be reduced by discounts, reinsurance premiums, and implicit price concessions based on collection history. Other adjustments may include prior year settlements, stop loss recoveries, ceded premiums and risk adjustment factors. Performance obligations are satisfied over the passage of time by standing ready to provide services.

Settlements with third-party payers for retroactive adjustments are considered variable consideration and are included in the determination of Premium revenues when information becomes available. Adjustments from the finalization of prior-year settlements and adjustments arising from a change in the transaction price were immaterial for the years ended December 31, 2021 and 2020, respectively.

As part of its Premium revenues analysis, Sutter examines the fluctuations in geographical area and entity type, as each factor represents a varying degree of uncertainty regarding the nature, timing and extent of payments. Sutter's premium revenue is reported at an amount that reflects the consideration to which Sutter expects to be paid.

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

11. OPERATING REVENUES (continued)

The composition of Premium revenues, based on Sutter's areas of operations and lines of business, is as follows:

	Year ended December 31, 2021			
	Sutter Health Bay Area	Sutter Health Valley Area	Other	Total
Acute Care	\$ 199	\$ 449	\$ –	\$ 648
Medical Foundation	319	396	–	715
Insurance	–	–	592	592
Other	–	50	111	161
Eliminations	(3)	(3)	(505)	(511)
	\$ 515	\$ 892	\$ 198	\$ 1,605

	Year ended December 31, 2020			
	Sutter Health Bay Area	Sutter Health Valley Area	Other	Total
Acute Care	\$ 196	\$ 420	\$ –	\$ 616
Medical Foundation	326	383	–	709
Insurance	–	–	573	573
Other	1	45	107	153
Eliminations	(1)	(5)	(520)	(526)
	\$ 522	\$ 843	\$ 160	\$ 1,525

Contributions: Sutter receives contributions and grants from donors and government agencies. Sutter reported \$68 and \$786 as contributions from Relief Funds from the Department of Health & Human Services in 2021 and 2020, respectively (see Note 3).

Other revenues: Sutter has additional revenue streams from tuition, health professionals, rental properties and parking. Revenue is recognized when obligations under the terms of the contract are satisfied. Revenues from these services are measured as the amount of consideration Sutter expects to receive for those services.

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

12. COMMUNITY BENEFIT EXPENSE

Services for the poor and underserved include traditional charity care, unpaid costs of public programs treating Medi-Cal, county, and indigent beneficiaries, other services for the poor and underserved, and cash donations towards programs and services for the underserved. Charity care covers health care services provided to persons who meet certain criteria and cannot afford to pay. Sutter provided charity care services to patients at an estimated cost of \$91 and \$109 for 2021 and 2020, respectively. Sutter received funding of \$12 and \$5 from Health Resources and Services Administration for services provided to uninsured patients at an estimated cost of \$11 and \$10 for 2021 and 2020, respectively, and these costs are not reflected in the charity care estimated costs. Estimated costs are based on a ratio of costs to charges.

Benefits for the broader community include costs of providing the following services: health screenings and other health-related services, training health professionals, educating the community with various seminars and classes, the cost of performing medical research, and the costs associated with providing free clinics and community services. Benefits for the broader community also include contributions Sutter makes to community agencies to fund charitable activities.

The following is a summary of Sutter's estimated costs of providing services to the poor and broader community for the year ended December 31, 2021 (unaudited):

Services for the poor and underserved	
Traditional charity care	\$ 91
Unpaid costs of public programs:	
Medi-Cal	557
Other public programs	54
Other benefits for the poor and underserved	56
Total services for the poor and underserved	<u>758</u>
 Benefits for the broader community	
Nonbilled services	40
Education and research	60
Cash and in-kind donations	12
Other community benefits	2
Total benefits for the broader community	<u>114</u>
	<u>\$ 872</u>

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

13. POSTRETIREMENT BENEFITS

Sutter sponsors and participates in various employee benefit plans, including a noncontributory defined benefit plan (the “Retirement Plan”), a noncontributory defined contribution plan, and several contributory defined contribution plans. In addition, certain affiliates participate in multiemployer defined benefit retirement plans. Sutter’s total net postretirement benefits were \$343 and \$361 in 2021 and 2020, respectively.

Sutter’s measurement date for plan assets, pension obligations and net periodic pension cost associated with the Retirement Plan is December 31. The changes in benefit obligations and plan assets for the Retirement Plan are as follows:

	Year ended December 31,	
	2021	2020
Projected benefit obligation at beginning of year	\$ 6,346	\$ 5,376
Service cost	361	309
Interest cost	185	194
Actuarial (gain) loss	(43)	713
Benefits paid	(255)	(224)
Plan amendments	(282)	(22)
Projected benefit obligation at measurement date	\$ 6,312	\$ 6,346
Fair value of plan assets at beginning of year	\$ 5,680	\$ 4,737
Actual gain on plan assets	780	842
Employer contributions	–	325
Benefits paid	(255)	(224)
Fair value of plan assets at measurement date	\$ 6,205	\$ 5,680
Net accrued benefit cost at end of year	\$ (107)	\$ (666)

The accumulated benefit obligation for the Retirement Plan was \$5,540 and \$5,317 as of December 31, 2021 and 2020, respectively.

The actuarial gain of \$43 for the year ended December 31, 2021, was primarily due to the increase in discount rate of 3.0% in 2021 from 2.8% in 2020 and actual terminations and retirements. This was offset by changes in census data that differed from expectations, change in the rate of compensation increases of 4.5% in 2021 from 4.3% in 2020, account balance conversion rates updated to November 2021 417(e) rates, updated mortality

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

13. POSTRETIREMENT BENEFITS (continued)

projections scale, and the increase in inflation rate of 2.5% in 2021 from 1.9% in 2020. The actuarial loss of \$713 for the year ended December 31, 2020, was primarily due to the decrease in discount rate of 2.8% in 2020 from 3.5% in 2019, updated mortality projection scale and changes in census data that differed from expectations. This was offset by actual terminations and retirements, terminated vested lump sum window and the decrease in inflation rate of 1.9% in 2020 from 2.0% in 2019.

During 2021, Sutter Health announced amendments to the Retirement Plan to convert certain participants in the traditional pension design and the original final pay design to the enhanced cash balance design and the original cash balance design, respectively, effective January 1, 2022. Benefits that have been accrued by affected participants as of December 31, 2021 will be converted to a starting cash account balance, effective January 1, 2022. In addition, the minimum interest crediting rate under both the enhanced cash balance and original cash balance designs will increase from 2.5% to 3.5% and 3.1% to 3.5%, respectively, for eligible employees effective January 1, 2022. These plan amendments resulted in a reduction of \$30 in the 2021 net periodic benefit cost due to the remeasurement as of October 31, 2021 and \$282 reduction in the projected benefit obligation as of December 31, 2021.

Included in Controlling net assets without donor restrictions as of December 31, 2021, and 2020, are the following amounts that have not yet been recognized in net periodic benefit cost: unrecognized prior service credits of \$298 and \$22, respectively, and unrecognized actuarial losses of \$854 and \$1,365, respectively.

The benefits expected to be paid from the Retirement Plan as of December 31, 2021 in each of the next five years, and in the aggregate for the next five years, are as follows:

2022	\$	314
2023		319
2024		331
2025		344
2026		350
2027–2031		1,756
	\$	<u>3,414</u>

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

13. POSTRETIREMENT BENEFITS (continued)

The actuarial assumptions used by the Retirement Plan are as follows:

	December 31,	
	2021	2020
Weighted-average discount rates for calculating pension expense	2.8%, 3.0%	3.5%
Weighted-average discount rates for calculating projected benefit obligation	3.0%	2.8%
Weighted-average rates of compensation increase for calculating pension expense	4.3%	4.3%
Weighted-average rates of compensation increase for calculating projected benefit obligation	4.5%	4.3%
Weighted-average interest crediting rates for calculating projected benefit expense	2.5%, 3.3%	2.5%
Weighted-average interest crediting rates for calculating pension obligation	3.3%	2.5%
Expected long-term rates of return on plan assets for calculating pension expense	6.5%	7.1%

As of December 31, 2021 and 2020, the healthy mortality assumption reflected the Pri-2012 table. As of December 31, 2021, the mortality projection scale was updated to the MP-2021 without adjustment. Similarly, as of December 31, 2020, the mortality projection scale was updated to the MP-2020 without adjustment.

The components of the Retirement Plan's net periodic benefit cost are as follows:

	Year ended December 31,	
	2021	2020
Service cost	\$ 361	\$ 309
Interest cost	185	194
Expected return on plan assets	(368)	(330)
Amortization of actuarial loss	56	60
Amortization of prior service credit	(6)	—
	\$ 228	\$ 233

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

13. POSTRETIREMENT BENEFITS (continued)

In addition to the Retirement Plan, Sutter also has noncontributory postretirement health benefit plans (the “Health Plans”). Sutter’s measurement date for plan assets, retiree medical obligations and net periodic retiree medical cost associated with the Health Plans is December 31. The changes in benefit obligations for the Health Plans are as follows:

	Year ended December 31,	
	2021	2020
Projected benefit obligation at beginning of year	\$ 333	\$ 291
Service cost	16	14
Interest cost	9	10
Actuarial (gain) loss	(16)	25
Benefits paid	(16)	(14)
Other change in benefit obligation	–	7
Projected benefit obligation at measurement date	\$ 326	\$ 333
Fair value of plan assets at beginning of year	\$ 274	\$ 242
Actual gain on plan assets	38	43
Employer contributions	4	3
Benefits paid	(16)	(14)
Fair value of plan assets at measurement date	\$ 300	\$ 274
Net accrued benefit cost at end of year	\$ (26)	\$ (59)

The actuarial gain of \$16 for the year ended December 31, 2021, was primarily due to discount rate increases to 3.0% in 2021 from ranges of 2.5% to 2.7% in 2020, updated drawdown trend and related claims assumptions, and terminations and retirements. This was offset primarily by updated claims cost lookup age assumption and changes in census data that differed from expectations. The actuarial loss of \$25 for the year ended December 31, 2020, was primarily due to discount rate decreases in ranges of 2.5% to 2.7% in 2020 from ranges of 3.3% to 3.4% in 2019, and changes in census data that differed from expectations. This was offset primarily by actual terminations and retirements.

Included in Controlling net assets without donor restrictions as of December 31, 2021, and 2020, are the following amounts that have not yet been recognized in net periodic benefit cost: unrecognized prior service costs of \$6 and \$7, respectively, and unrecognized actuarial gain of \$36 and \$1, respectively.

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

13. POSTRETIREMENT BENEFITS (continued)

The benefits expected to be paid from the Health Plans as of December 31, 2021 in each of the next five years, and in the aggregate for the next five years, are as follows:

2022	\$	19
2023		21
2024		22
2025		23
2026		23
2027–2031		123
	\$	231

The actuarial assumptions used by the Health Plans are as follows:

	December 31,	
	2021	2020
Weighted-average discount rates for calculating retiree medical expense	2.5%–2.7%	3.3%–3.4%
Weighted-average discount rates for calculating projected benefit obligation	3.0%	2.5%–2.7%
Expected long-term rates of return on plan assets for calculating retiree medical expense	6.5%	7.1%

The components of the Health Plans' net periodic benefit cost are as follows:

	Year ended December 31,	
	2021	2020
Service cost	\$ 16	\$ 14
Interest cost	9	10
Expected return on plan assets	(18)	(17)
Amortization of prior service cost	1	1
Amortization of actuarial gain	(1)	–
Other adjustments to net benefit cost	–	4
	\$ 7	\$ 12

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

13. POSTRETIREMENT BENEFITS (continued)

Sutter's projected medical cost trend rate related to the Health Plans for 2021 is 6.0%. The assumed medical cost trend rate is expected to gradually decrease in subsequent years to 4.8% in 2027 and thereafter.

The Sutter Health Retirement Benefits Investment Committee oversees the investments and investment policy of the plans. Management of the assets is governed by the application of modern portfolio theory, resulting in asset class diversification and mean-variance optimization. Sutter's investment strategy is to balance the liquidity needs of the plans with the long-term return goals necessary to satisfy future obligations.

The target asset allocation seeks to reduce volatility while capturing the equity premium from the capital markets over the long term and maintaining security of principal to meet near-term expenses and obligations. The target asset allocation at December 31, 2021, by major asset category, is as follows:

	Target Allocation
Major Asset Category	
Equity securities	47%
Fixed income securities	12%
Other investments – alternative	31%
Real estate investments	10%
Total	<u>100%</u>

Equity securities are comprised of U.S. and foreign equity securities, common and collective trusts, and commingled funds. The equity securities' target asset allocation of 47% is further comprised of 19% domestic large capitalization, 5% domestic small capitalization and 23% international/global.

The portfolio long-term return assumption of 6.5% and 7.1% for 2021 and 2020, respectively, was based on the weighted-average return of comparative market indices for the major asset classes represented in the portfolio, net of administrative expenses.

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

13. POSTRETIREMENT BENEFITS (continued)

A fair value hierarchy has been established, with three levels that prioritize the valuation inputs into each level (see Note 5). The fair value and NAV of the Retirement Plan's and the Health Plans' assets measured on a recurring basis consist of the following:

	December 31, 2021			
	Quoted Prices in Active Markets for Identical Instruments (Level 1)	Significant Other Observable Inputs (Level 2)	Net Asset Value (NAV)	Total
Liquid investments:				
Cash equivalents	\$ 19	\$ –	\$ 96	\$ 115
Equity securities:				
U.S. equity	1,125	–	–	1,125
Foreign equity	676	–	–	676
Common collective trusts	–	–	643	643
Commingled funds	–	–	811	811
Fixed income securities:				
U.S. government and agencies	240	5	–	245
U.S. federal agency mortgage-backed	–	155	–	155
Foreign government	–	160	–	160
U.S. corporate	–	202	–	202
Foreign corporate	–	90	–	90
Common collective trusts and commingled funds	–	–	46	46
Other investments:				
Private equity funds	–	–	603	603
Private equity real estate funds	–	–	600	600
Commodity-linked funds	–	–	221	221
Commingled funds	–	–	15	15
Hedge funds	–	–	790	790
Accrued income	8	–	–	8
Total Retirement Plan and Health Plan assets	\$ 2,068	\$ 612	\$ 3,825	\$ 6,505

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

13. POSTRETIREMENT BENEFITS (continued)

	December 31, 2020			Total
	Quoted Prices in Active Markets for Identical Instruments (Level 1)	Significant Other Observable Inputs (Level 2)	Net Asset Value (NAV)	
Liquid investments:				
Cash equivalents	\$ 48	\$ –	\$ 224	\$ 272
Equity securities:				
U.S. equity	1,160	–	–	1,160
Foreign equity	593	–	–	593
Common collective trusts	–	–	652	652
Commingled funds	–	–	725	725
Fixed income securities:				
U.S. government and agencies	193	5	–	198
U.S. federal agency mortgage-backed	–	179	–	179
Foreign government	–	162	–	162
U.S. corporate	–	244	–	244
Foreign corporate	–	83	–	83
Common collective trusts and commingled funds	–	–	40	40
Other investments:				
Private equity funds	–	–	492	492
Private equity real estate funds	–	–	420	420
Commodity-linked funds	–	–	99	99
Commingled funds	–	–	11	11
Hedge funds	–	–	614	614
Accrued income	10	–	–	10
Total Retirement Plan and Health Plan assets	\$ 2,004	\$ 673	\$ 3,277	\$ 5,954

Retirement Plan assets may also be loaned to various brokers in exchange for securities as collateral. As of December 31, 2021, the fair value of securities on loan is \$134 and the related noncash collateral is \$137.

Certain affiliates participate in multiemployer defined benefit retirement plans. The risks of participating in multiemployer plans are different from single-employer plans in the following aspects: (i) assets contributed to the multiemployer plan by one employer may be used to provide benefits to employees of other participating employers; (ii) if a participating employer stops contributing to the plan, the unfunded obligations of the plan may be borne by the remaining participating employers; and (iii) if the affiliates choose to

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

13. POSTRETIREMENT BENEFITS (continued)

stop participating in the multiemployer plan, the affiliates may be required to pay the plan an amount based on the underfunded status of the plan, referred to as a withdrawal liability. Sutter's contributions to such plans were \$13 and \$26 in 2021 and 2020, respectively.

Sutter also maintains various defined contribution plans for eligible employees. Sutter's contributions to such plans were \$95 and \$90 in 2021 and 2020, respectively.

14. FUNCTIONAL CLASSIFICATION OF EXPENSES

Sutter groups like expenses into financial statement lines and classifies programmatic expenses by business line. Expenses that are attributable to one or more programs or supporting functions are allocated based on operating expenses, square footage, and other criteria.

The following is a functional classification of Sutter's expenses:

	Year ended December 31, 2021						
	Program				General and Administrative		Total
	Medical						
	Acute Care	Foundation	Other	Eliminations			
Salaries and employee benefits	\$ 3,984	\$ 1,248	\$ 880	\$ (298)	\$ 831	\$ 6,645	
Purchased services	2,019	2,669	587	(1,816)	199	3,658	
Supplies	1,198	388	193	(24)	8	1,763	
Depreciation and amortization	544	149	136	(109)	15	735	
Rentals and leases	51	105	51	(38)	28	197	
Interest	124	21	(7)	—	—	138	
Insurance	62	11	16	(67)	6	28	
Other	459	50	855	(558)	56	862	
Total operating expenses	\$ 8,441	\$ 4,641	\$ 2,711	\$ (2,910)	\$ 1,143	\$ 14,026	

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

14. FUNCTIONAL CLASSIFICATION OF EXPENSES (continued)

	Year ended December 31, 2020						
	Program				General and Administrative		Total
	Medical						
	Acute Care	Foundation	Other	Eliminations			
Salaries and employee benefits	\$ 3,898	\$ 1,245	\$ 941	\$ (285)	\$ 816	\$ 6,615	
Purchased services	1,995	2,450	588	(1,845)	190	3,378	
Supplies	1,096	342	177	(20)	7	1,602	
Depreciation and amortization	554	146	130	(94)	11	747	
Rentals and leases	51	99	52	(37)	18	183	
Interest	126	28	1	–	3	158	
Insurance	58	9	19	(62)	6	30	
Other	452	52	726	(473)	71	828	
Total operating expenses	\$ 8,230	\$ 4,371	\$ 2,634	\$ (2,816)	\$ 1,122	\$ 13,541	

15. CONTINGENCIES AND COMMITMENTS

Contingencies: From time to time, Sutter receives and responds to investigations and requests concerning possible violations of reimbursement, false claims, anti-kickback and anti-referral statutes and regulations by health care providers from federal and state regulatory agencies, including, but not limited to, CMS, the U.S. Department of Justice (DOJ), the California Attorney General, and the California Department of Public Health. Sutter is also involved in litigation such as medical malpractice and contractual disputes, as both plaintiff and defendant, and other routine labor matters, proposed class-action complaints, tax examinations, security events resulting in potential privacy incidents, internal compliance activities (including those discussed in Note 11) and regulatory investigations and examinations arising in the ordinary course of business. Based on Sutter's assessment of the matters, the uncertainty of litigation, and the preliminary stages of many of the matters, Sutter cannot estimate the reasonable possible loss or range of loss that may result from these matters, except as stated in the financial statements, including this note. However, there can be no assurance that the resolution of any of these matters will not have a material adverse effect on Sutter's consolidated financial position or results of operations. The COVID-19 pandemic continues to generally delay the outcome of many of these matters. Following is a discussion of matters of note.

A plaintiff filed a civil class action lawsuit against Sutter Health and certain affiliates, alleging violations of Federal antitrust law arising out of, among other things, Sutter Health and those certain affiliates' arrangements with health plans. The court certified the class as to injunctive relief and a monetary damages class but excluded plaintiffs' damages claims and ultimately granted summary judgment against plaintiffs for the 2008-2010 time period.

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

15. CONTINGENCIES AND COMMITMENTS (continued)

The trial for this matter began on February 10, 2022. On March 11, 2022, the jury returned a unanimous verdict in favor of Sutter Health and the affiliates. Sutter anticipates that plaintiffs will appeal.

UFCW & Employers Benefit Trust, a self-funded labor union trust fund that accesses the Sutter Health network through Sutter Health's contract with Blue Shield, filed a civil class action lawsuit against Sutter Health and certain affiliates. The lawsuit alleged that Sutter Health and those certain affiliates' contracting practices led to high prices and reduced competition for health care services in violation of state antitrust and unfair competition laws. The California Attorney General filed a separate complaint and the cases were consolidated for all purposes. Sutter Health and the related affiliates maintain their contracting practices were, and remain, in compliance with industry standards and with all applicable laws and regulations. However, to avoid a protracted trial, combined with years of appeals, Sutter Health and the related affiliates agreed to a settlement consisting of a cash payment of \$575, which was accrued in Other expenses in 2019, and injunctive relief, which consists of modifications to contracting practices with insurance companies and certain agreements related to caps on hospital charge increases for the next five years and adjustments to rates for certain out of network services. On August 27, 2021, the court granted final approval of the parties' settlement. Sutter Health paid \$575 in 2021 and is working with a court-appointed monitor who will oversee compliance with the terms of the stipulated injunction.

Two anonymous plaintiffs filed a civil class action lawsuit against Sutter Health, alleging Sutter Health shared the medical information of plaintiffs and a proposed class of similarly situated individuals with third parties without authorization. The court has dismissed the matter with leave to amend three times. Plaintiffs filed a third amended complaint, to which Sutter Health filed a demurrer and is awaiting a determination from the court.

Sutter Health and one of its affiliates finalized contractual dispute issues with third-party commercial payers related to a lab outreach program, and those settlement amounts have been reflected in prior financial statements. Management has also responded to inquiries from, and is engaged in settlements discussions with, the DOJ related to the lab outreach program.

Sutter Health received notice from the DOJ that it was investigating Sutter Health and one of its medical foundation affiliates for potential False Claims Act violations in connection with the provision of diagnostic and other data submitted to Medicare Advantage (MA) organizations or MA plans related to MA enrollees who have received medical services

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

15. CONTINGENCIES AND COMMITMENTS (continued)

from the medical foundation affiliate. The DOJ later expanded the scope of its investigation to include Sutter's other medical foundation affiliates. In April 2019, Sutter Health and those other medical foundation affiliates agreed to settle certain of the government's claims on an overpayment basis for \$30. As to the medical foundation affiliate initially investigated by the DOJ, the government intervened in the lawsuit that prompted the investigation. The relator who brought the lawsuit on behalf of the government also maintained certain additional claims against the other medical foundation affiliates. On August 30, 2021, Sutter Health and all its medical foundation affiliates finalized an agreement with the DOJ to resolve the remainder of the matter for \$60. Sutter Health and its medical foundation affiliates also entered into a Corporate Integrity Agreement with the Office of Inspector General of the Department of Health and Human Services. The settlement amounts have been reflected in prior financial statements.

Two separate proposed class-action complaints were filed against Sutter Health and subsequently consolidated by the courts, alleging that Sutter Health, as fiduciaries of Sutter Health's 403(b) savings plan (Plan), and Sutter Health's Retirement Benefits Investment Committee (RBIC) breached the fiduciary duties of loyalty and prudence that they owed to the Plan, to plaintiffs, and others under the Employee Retirement Income Security Act (ERISA). The complaint asserts claims for: (1) breach of fiduciary duty related to the selection of investment options and failure to monitor other fiduciaries of the Plan; (2) failure to monitor against Sutter Health for failing to adequately monitor the RBIC and against the RBIC for failing to monitor delegated appointees; and (3) an alternative claim of liability for knowing breach of trust against all defendants seeking equitable relief in the event any of the defendants are not deemed a fiduciary or co-fiduciary under ERISA. Sutter Health filed a motion to dismiss the consolidated complaint.

A plaintiff filed a proposed class action lawsuit against Sutter Health and certain affiliates, premised on the theory that Sutter Health and the related affiliates submitted and received payment from plaintiff for anesthesia services that were either not provided, separately billed by a third party anesthesiologist, or reimbursed through other charges on the affiliates' bills. The court certified the class and the trial for this matter is currently scheduled for August 2023.

As of December 31, 2021, Sutter has approximately 53,000 employees. Approximately 25% of these 53,000 employees are represented by collective bargaining units and 60% of the agreements have expired or will expire in 2022. Sutter is currently in negotiation or will be in negotiation during 2022 for successor agreements. While working to mitigate any potential work stoppages through successful negotiations, Sutter remains prepared to

Sutter Health and Affiliates

Notes to Consolidated Financial Statements (continued)

(Dollars in millions)

15. CONTINGENCIES AND COMMITMENTS (continued)

address the possibility of work stoppages. Should such disruptions occur, they may have a material adverse effect on the operations or on the financial position or results of operations of Sutter. Despite these uncertainties, Sutter remains committed to bargaining in good faith, evaluating positions that remain grounded in the realities of market pay and practices, reflecting business priorities, and acknowledging the needs of the workforce. Additionally, Sutter faces the difficulties of operating in a competitive and complex Northern California labor market further exacerbated by the protracted challenges of the COVID-19 pandemic.

Commitments: Sutter is required to remediate certain of its health care facilities to comply with earthquake retrofit requirements under a State of California law, which is estimated at a cost of \$3,600 (unaudited). Sutter's care facilities subject to these requirements are compliant or have received extensions to bring the facilities into compliance no later than 2030. Sutter is undertaking a comprehensive review of the System's strategic initiatives and priorities across various timelines, including its capital allocation plan. Factors under consideration include the impact of the COVID-19 pandemic, federal and state regulations, and the rapidly evolving health care delivery environment. Any update of the System's strategic framework will build on Sutter's key objectives to deliver health care that is safe, personal, affordable and accessible. Given the impact of the pandemic, Sutter is also actively evaluating the timing and scope of Sutter's capital requirements, facility utilization, and resource allocations in 2022 and over the next several years and is considering all options. The current commitments are estimated at \$900 (unaudited). Sutter remains committed to prioritizing capital investments that strengthen affordability and quality of care, while ensuring all capital decisions remain carefully considered, strategic, and effective.

16. SUBSEQUENT EVENTS

Samuel Merritt University (SMU) and Sutter Bay Hospitals mutually agreed for SMU to disaffiliate from Sutter Bay Hospitals to allow each organization to respond more effectively to the needs of the communities they serve and further their respective missions. As of January 1, 2022, SMU became an independent nonprofit public benefit corporation, which resulted in a Loss on deconsolidation of SMU of \$283 in the Consolidated Statements of Operations and Changes in Net Assets in 2022.

Sutter has evaluated subsequent events and disclosed all material events through April 21, 2022, which is the date these consolidated financial statements were issued.



Ernst & Young LLP
Suite 900
400 Capitol Mall
Sacramento, CA 95814

Tel: +1 916 218 1900
ey.com

Report of Independent Auditors on Supplementary Information

Sutter Health Board of Directors
Sutter Health and Affiliates

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying consolidating financial statement schedules for Sutter Health and Affiliates is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

Ernst & Young LLP

April 21, 2022

Sutter Health and Affiliates
Consolidating Balance Sheet - Areas, Other and Sutter Health Support Services
December 31, 2021
(Dollars in millions)

	Sutter Health Bay Area	Sutter Health Valley Area	Other	Sutter Health Support Services	Adjustments and Eliminations	Consolidated
Assets						
Current assets:						
Cash and cash equivalents	\$ 564	\$ 307	\$ 97	\$ 165	\$ (398)	\$ 735
Short-term investments	633	87	40	5,726	398	6,884
Patient accounts receivable	723	610	96	22	(32)	1,419
Other receivables	419	328	64	185	(20)	976
Inventories	66	49	4	16	-	135
Other	61	39	5	154	-	259
Total current assets	2,466	1,420	306	6,268	(52)	10,408
Non-current investments	369	23	16	1,018	1	1,427
Property, plant and equipment, net	5,535	1,772	41	336	(1)	7,683
Other non-current assets	345	169	15	398	(114)	813
	<u>\$ 8,715</u>	<u>\$ 3,384</u>	<u>\$ 378</u>	<u>\$ 8,020</u>	<u>\$ (166)</u>	<u>\$ 20,331</u>
Liabilities and net assets						
Current liabilities:						
Accounts payable	\$ 167	\$ 110	\$ 22	\$ 452	\$ (4)	\$ 747
Accrued salaries and related benefits	367	223	36	229	(1)	854
Other accrued expenses	666	476	148	376	(65)	1,601
Current portion of long-term obligations	19	2	-	3	1	25
Total current liabilities	1,219	811	206	1,060	(69)	3,227
Non-current liabilities:						
Long-term obligations, less current portion	1,762	804	-	1,991	(1)	4,556
Other	250	106	16	824	(28)	1,168
Net assets:						
Without donor restrictions:						
Controlling	4,929	1,613	151	4,078	(79)	10,692
Noncontrolling	20	5	-	59	11	95
With donor restrictions	535	45	5	8	-	593
Total net assets	<u>5,484</u>	<u>1,663</u>	<u>156</u>	<u>4,145</u>	<u>(68)</u>	<u>11,380</u>
	<u>\$ 8,715</u>	<u>\$ 3,384</u>	<u>\$ 378</u>	<u>\$ 8,020</u>	<u>\$ (166)</u>	<u>\$ 20,331</u>

Sutter Health and Affiliates
Consolidating Statement of Operations and Changes in Net Assets - Areas, Other and Sutter Health Support Services
Year ended December 31, 2021
(Dollars in millions)

	Sutter Health Bay Area	Sutter Health Valley Area	Other	Sutter Health Support Services	Adjustments and Eliminations	Consolidated
Net assets without donor restrictions:						
Operating revenues:						
Patient service revenues	\$ 6,722	\$ 4,771	\$ 558	\$ 231	\$ (137)	\$ 12,145
Premium revenues	515	892	613	80	(495)	1,605
Contributions	54	40	–	7	(1)	100
Other	264	54	11	1,588	(1,542)	375
Total operating revenues	<u>7,555</u>	<u>5,757</u>	<u>1,182</u>	<u>1,906</u>	<u>(2,175)</u>	<u>14,225</u>
Operating expenses:						
Salaries and employee benefits	3,130	2,206	366	1,037	(94)	6,645
Purchased services	2,693	1,857	137	405	(1,434)	3,658
Supplies	873	735	69	86	–	1,763
Depreciation and amortization	479	222	11	131	(108)	735
Rentals and leases	89	56	9	45	(2)	197
Interest	102	42	1	(7)	–	138
Insurance	45	30	3	12	(62)	28
Other	322	242	549	192	(443)	862
Total operating expenses	<u>7,733</u>	<u>5,390</u>	<u>1,145</u>	<u>1,901</u>	<u>(2,143)</u>	<u>14,026</u>
Income (loss) from operations	(178)	367	37	5	(32)	199
Investment income	59	8	2	689	–	758
Change in net unrealized gains and losses on investments	36	2	1	83	–	122
Other components of net periodic postretirement cost	67	48	4	23	–	142
Income (loss)	<u>(16)</u>	<u>425</u>	<u>44</u>	<u>800</u>	<u>(32)</u>	<u>1,221</u>
Less income attributable to noncontrolling interests	(28)	(4)	–	(40)	(11)	(83)
Income (loss) attributable to Sutter Health	<u>(44)</u>	<u>421</u>	<u>44</u>	<u>760</u>	<u>(43)</u>	<u>1,138</u>

Sutter Health and Affiliates
Consolidating Statement of Operations and Changes in Net Assets - Areas, Other and Sutter Health Support Services (continued)
Year ended December 31, 2021
(Dollars in millions)

	Sutter Health Bay Area	Sutter Health Valley Area	Other	Sutter Health Support Services	Adjustments and Eliminations	Consolidated
Net assets without donor restrictions (continued):						
Controlling:						
Income (loss) attributable to Sutter Health	\$ (44)	\$ 421	\$ 44	\$ 760	\$ (43)	\$ 1,138
Change in net unrealized gains and losses on investments classified as other-than-trading	(1)	(1)	(1)	(1)	1	(3)
Net assets released from restriction for equipment acquisition	21	3	-	-	-	24
Postretirement-related changes other than net periodic postretirement cost	-	-	-	823	-	823
Transfers with related entities, net	(228)	(380)	17	589	2	-
Other	6	-	-	(56)	19	(31)
Increase (decrease) in controlling	(246)	43	60	2,115	(21)	1,951
Noncontrolling:						
Income attributable to noncontrolling interests	28	4	-	40	11	83
Distributions	(29)	(3)	-	(48)	(1)	(81)
Other	-	2	-	(10)	(12)	(20)
(Decrease) increase in noncontrolling	(1)	3	-	(18)	(2)	(18)
Net assets with donor restrictions:						
Contributions	34	9	2	-	1	46
Investment income	37	1	-	1	-	39
Change in net unrealized gains and losses on investments	(5)	-	-	-	1	(4)
Net assets released from restriction	(44)	(7)	(1)	(2)	1	(53)
Other	(2)	-	1	-	(2)	(3)
Increase (decrease) in net assets with donor restrictions	20	3	2	(1)	1	25
Increase (decrease) in net assets	(227)	49	62	2,096	(22)	1,958
Net assets, beginning of year	5,711	1,614	94	2,049	(46)	9,422
Net assets, end of year	\$ 5,484	\$ 1,663	\$ 156	\$ 4,145	\$ (68)	\$ 11,380

Sutter Health and Affiliates
Consolidating Balance Sheet - Sutter Health Bay Area
December 31, 2021
(Dollars in millions)

	Sutter Bay Hospitals and Affiliates	Sutter Bay Medical Foundation	Adjustments and Eliminations	Consolidated
Assets				
Current assets:				
Cash and cash equivalents	\$ 302	\$ 261	\$ 1	\$ 564
Short-term investments	590	43	-	633
Patient accounts receivable	545	179	(1)	723
Other receivables	410	22	(13)	419
Inventories	63	3	-	66
Other	58	2	1	61
Total current assets	1,968	510	(12)	2,466
Non-current investments	332	38	(1)	369
Property, plant and equipment, net	4,408	1,127	-	5,535
Other non-current assets	154	191	-	345
	<u>\$ 6,862</u>	<u>\$ 1,866</u>	<u>\$ (13)</u>	<u>\$ 8,715</u>
Liabilities and net assets				
Current liabilities:				
Accounts payable	\$ 122	\$ 45	\$ -	\$ 167
Accrued salaries and related benefits	230	137	-	367
Other accrued expenses	515	164	(13)	666
Current portion of long-term obligations	19	1	(1)	19
Total current liabilities	886	347	(14)	1,219
Non-current liabilities:				
Long-term obligations, less current portion	1,545	216	1	1,762
Other	122	128	-	250
Net assets:				
Without donor restrictions:				
Controlling	3,855	1,074	-	4,929
Noncontrolling	20	-	-	20
With donor restrictions	434	101	-	535
Total net assets	<u>4,309</u>	<u>1,175</u>	<u>-</u>	<u>5,484</u>
	<u>\$ 6,862</u>	<u>\$ 1,866</u>	<u>\$ (13)</u>	<u>\$ 8,715</u>

Sutter Health and Affiliates
Consolidating Statement of Operations and Changes in Net Assets - Sutter Health Bay Area
Year ended December 31, 2021
(Dollars in millions)

	Sutter Bay Hospitals and Affiliates	Sutter Bay Medical Foundation	Adjustments and Eliminations	Consolidated
Net assets without donor restrictions:				
Operating revenues:				
Patient service revenues	\$ 4,259	\$ 2,569	\$ (106)	\$ 6,722
Premium revenues	199	320	(4)	515
Contributions	42	12	–	54
Other	193	160	(89)	264
Total operating revenues	<u>4,693</u>	<u>3,061</u>	<u>(199)</u>	<u>7,555</u>
Operating expenses:				
Salaries and employee benefits	2,313	913	(96)	3,130
Purchased services	1,139	1,643	(89)	2,693
Supplies	583	290	–	873
Depreciation and amortization	370	110	(1)	479
Rentals and leases	34	67	(12)	89
Interest	88	14	–	102
Insurance	37	7	1	45
Other	290	34	(2)	322
Total operating expenses	<u>4,854</u>	<u>3,078</u>	<u>(199)</u>	<u>7,733</u>
Income (loss) from operations	(161)	(17)	–	(178)
Investment income	56	3	–	59
Change in net unrealized gains and losses on investments	34	2	–	36
Other components of net periodic postretirement cost	67	–	–	67
Income (loss)	(4)	(12)	–	(16)
Less income attributable to noncontrolling interests	(28)	–	–	(28)
Income (loss) attributable to Sutter Health	<u>(32)</u>	<u>(12)</u>	<u>–</u>	<u>(44)</u>

Sutter Health and Affiliates
Consolidating Statement of Operations and Changes in Net Assets - Sutter Health Bay Area (continued)
Year ended December 31, 2021
(Dollars in millions)

	Sutter Bay Hospitals and Affiliates	Sutter Bay Medical Foundation	Adjustments and Eliminations	Consolidated
Net assets without donor restrictions (continued):				
Controlling:				
Income (loss) attributable to Sutter Health	\$ (32)	\$ (12)	\$ –	\$ (44)
Change in net unrealized gains and losses on investments classified as other-than-trading	–	(1)	–	(1)
Net assets released from restriction for equipment acquisition	17	4	–	21
Postretirement-related changes other than net periodic postretirement cost	–	–	–	–
Transfers with related entities, net	255	(482)	(1)	(228)
Other	3	2	1	6
Increase (decrease) in controlling	243	(489)	–	(246)
Noncontrolling:				
Income attributable to noncontrolling interests	28	–	–	28
Distributions	(29)	–	–	(29)
Other	–	–	–	–
(Decrease) increase in noncontrolling	(1)	–	–	(1)
Net assets with donor restrictions:				
Contributions	16	18	–	34
Investment income	35	2	–	37
Change in net unrealized gains and losses on investments	(5)	1	(1)	(5)
Net assets released from restriction	(36)	(8)	–	(44)
Other	(2)	–	–	(2)
Increase (decrease) in net assets with donor restrictions	8	13	(1)	20
Increase (decrease) in net assets	250	(476)	(1)	(227)
Net assets, beginning of year	4,059	1,651	1	5,711
Net assets, end of year	\$ 4,309	\$ 1,175	\$ –	\$ 5,484

Sutter Health and Affiliates
Consolidating Balance Sheet - Sutter Health Valley Area
December 31, 2021
(Dollars in millions)

	Sutter Valley Hospitals and Affiliates	Sutter Valley Medical Foundation and Subsidiaries	Roseville Endoscopy Center LLC	Sutter Amador Surgery Center LLC	Stanislaus Surgical Hospital LLC	Adjustments and Eliminations	Consolidated
Assets							
Current assets:							
Cash and cash equivalents	\$ 116	\$ 185	3	\$ –	\$ 2	\$ 1	\$ 307
Short-term investments	87	1	–	–	–	(1)	87
Patient accounts receivable	510	95	1	–	4	–	610
Other receivables	322	8	–	–	–	(2)	328
Inventories	47	1	–	–	1	–	49
Other	33	5	–	–	1	–	39
Total current assets	1,115	295	4	–	8	(2)	1,420
Non-current investments	23	–	–	–	–	–	23
Property, plant and equipment, net	1,498	270	1	–	3	–	1,772
Other non-current assets	49	104	1	2	32	(19)	169
	<u>\$ 2,685</u>	<u>\$ 669</u>	<u>\$ 6</u>	<u>\$ 2</u>	<u>\$ 43</u>	<u>\$ (21)</u>	<u>\$ 3,384</u>
Liabilities and net assets							
Current liabilities:							
Accounts payable	\$ 89	\$ 18	\$ –	\$ –	\$ 3	\$ –	\$ 110
Accrued salaries and related benefits	182	40	–	–	–	1	223
Other accrued expenses	307	164	2	2	4	(3)	476
Current portion of long-term obligations	–	–	–	–	2	–	2
Total current liabilities	578	222	2	2	9	(2)	811
Non-current liabilities:							
Long-term obligations, less current portion	656	148	–	–	–	–	804
Other	41	47	1	–	18	(1)	106
Net assets:							
Without donor restrictions:							
Controlling	1,367	245	5	–	8	(12)	1,613
Noncontrolling	–	5	(2)	–	8	(6)	5
With donor restrictions	43	2	–	–	–	–	45
Total net assets	1,410	252	3	–	16	(18)	1,663
	<u>\$ 2,685</u>	<u>\$ 669</u>	<u>\$ 6</u>	<u>\$ 2</u>	<u>\$ 43</u>	<u>\$ (21)</u>	<u>\$ 3,384</u>

Sutter Health and Affiliates
Consolidating Statement of Operations and Changes in Net Assets - Sutter Health Valley Area
Year ended December 31, 2021
(Dollars in millions)

	Sutter Valley Hospitals and Affiliates	Sutter Valley Medical Foundation and Subsidiaries	Roseville Endoscopy Center LLC	Sutter Amador Surgery Center LLC	Stanislaus Surgical Hospital LLC	Adjustments and Eliminations	Consolidated
Net assets without donor restrictions:							
Operating revenues:							
Patient service revenues	\$ 3,543	\$ 1,301	\$ 13	\$ 2	\$ 26	\$ (114)	\$ 4,771
Premium revenues	499	395	–	–	–	(2)	892
Contributions	12	26	1	–	–	1	40
Other	47	105	–	–	1	(99)	54
Total operating revenues	4,101	1,827	14	2	27	(214)	5,757
Operating expenses:							
Salaries and employee benefits	1,836	471	–	–	–	(101)	2,206
Purchased services	881	1,051	5	2	18	(100)	1,857
Supplies	615	114	1	1	5	(1)	735
Depreciation and amortization	181	41	–	–	1	(1)	222
Rentals and leases	25	38	–	–	3	(10)	56
Interest	35	6	–	–	–	1	42
Insurance	26	4	–	–	–	–	30
Other	220	20	1	–	1	–	242
Total operating expenses	3,819	1,745	7	3	28	(212)	5,390
Income (loss) from operations	282	82	7	(1)	(1)	(2)	367
Investment income	9	–	–	–	–	(1)	8
Change in net unrealized gains and losses on investments	2	–	–	–	–	–	2
Other components of net periodic postretirement cost	42	6	–	–	–	–	48
Income (loss)	335	88	7	(1)	(1)	(3)	425
Less income attributable to noncontrolling interests	–	(1)	–	–	–	(3)	(4)
Income (loss) attributable to Sutter Health	335	87	7	(1)	(1)	(6)	421

Sutter Health and Affiliates
Consolidating Statement of Operations and Changes in Net Assets - Sutter Health Valley Area (continued)
Year ended December 31, 2021
(Dollars in millions)

	Sutter Valley Hospitals and Affiliates	Sutter Valley Medical Foundation and Subsidiaries	Roseville Endoscopy Center LLC	Sutter Amador Surgery Center LLC	Stanislaus Surgical Hospital LLC	Adjustments and Eliminations	Consolidated
Net assets without donor restrictions (continued):							
Controlling:							
Income (loss) attributable to Sutter Health	\$ 335	\$ 87	\$ 7	\$ (1)	\$ (1)	\$ (6)	\$ 421
Change in net unrealized gains and losses on investments classified as other-than-trading	(1)	—	—	—	—	—	(1)
Net assets released from restriction for equipment acquisition	3	—	—	—	—	—	3
Postretirement-related changes other than net periodic postretirement cost	—	—	—	—	—	—	—
Transfers with related entities, net	(101)	(279)	—	—	—	—	(380)
Other	—	(1)	(4)	—	—	5	—
Increase (decrease) in controlling	236	(193)	3	(1)	(1)	(1)	43
Noncontrolling:							
Income attributable to noncontrolling interests	—	1	—	—	—	3	4
Distributions	—	—	(3)	—	—	—	(3)
Other	—	3	2	—	—	(3)	2
(Decrease) increase in noncontrolling	—	4	(1)	—	—	—	3
Net assets with donor restrictions:							
Contributions	8	1	—	—	—	—	9
Investment income	1	—	—	—	—	—	1
Change in net unrealized gains and losses on investments	—	—	—	—	—	—	—
Net assets released from restriction	(6)	(1)	—	—	—	—	(7)
Other	—	—	—	—	—	—	—
Increase (decrease) in net assets with donor restrictions	3	—	—	—	—	—	3
Increase (decrease) in net assets	239	(189)	2	(1)	(1)	(1)	49
Net assets, beginning of year	1,171	441	1	1	17	(17)	1,614
Net assets, end of year	\$ 1,410	\$ 252	\$ 3	\$ —	\$ 16	\$ (18)	\$ 1,663

Sutter Health and Affiliates
Consolidating Balance Sheet - Other
December 31, 2021
(Dollars in millions)

	Kahi Mohala	Sutter Coast Hospital	Sutter Care at Home	Sutter Health Plus	Adjustments and Eliminations	Consolidated
Assets						
Current assets:						
Cash and cash equivalents	\$ —	\$ 3	\$ 13	\$ 81	\$ —	\$ 97
Short-term investments	—	—	9	30	1	40
Patient accounts receivable	8	11	78	—	(1)	96
Other receivables	—	8	—	56	—	64
Inventories	—	1	3	—	—	4
Other	—	1	3	1	—	5
Total current assets	8	24	106	168	—	306
Non-current investments	—	—	16	—	—	16
Property, plant and equipment, net	12	23	5	1	—	41
Other non-current assets	—	—	15	—	—	15
	<u>\$ 20</u>	<u>\$ 47</u>	<u>\$ 142</u>	<u>\$ 169</u>	<u>\$ —</u>	<u>\$ 378</u>
Liabilities and net assets						
Current liabilities:						
Accounts payable	\$ —	\$ 2	\$ 12	\$ 8	\$ —	\$ 22
Accrued salaries and related benefits	1	4	29	2	—	36
Other accrued expenses	1	13	30	104	—	148
Current portion of long-term obligations	—	—	—	—	—	—
Total current liabilities	2	19	71	114	—	206
Non-current liabilities:						
Long-term obligations, less current portion	—	—	—	—	—	—
Other	2	—	13	—	1	16
Net assets:						
Without donor restrictions:						
Controlling	16	28	53	55	(1)	151
Noncontrolling	—	—	—	—	—	—
With donor restrictions	—	—	5	—	—	5
Total net assets	16	28	58	55	(1)	156
	<u>\$ 20</u>	<u>\$ 47</u>	<u>\$ 142</u>	<u>\$ 169</u>	<u>\$ —</u>	<u>\$ 378</u>

Sutter Health and Affiliates
Consolidating Statement of Operations and Changes in Net Assets - Other
Year ended December 31, 2021
(Dollars in millions)

	Kahi Mohala	Sutter Coast Hospital	Sutter Care at Home	Sutter Health Plus	Adjustments and Eliminations	Consolidated
Net assets without donor restrictions:						
Operating revenues:						
Patient service revenues	\$ 20	\$ 101	\$ 437	\$ –	\$ –	\$ 558
Premium revenues	–	–	21	592	–	613
Contributions	–	–	–	–	–	–
Other	1	–	10	–	–	11
Total operating revenues	21	101	468	592	–	1,182
Operating expenses:						
Salaries and employee benefits	20	49	280	17	–	366
Purchased services	4	25	65	43	–	137
Supplies	1	14	54	–	–	69
Depreciation and amortization	1	5	4	1	–	11
Rentals and leases	–	–	8	1	–	9
Interest	–	1	–	–	–	1
Insurance	–	1	2	–	–	3
Other	1	2	14	532	–	549
Total operating expenses	27	97	427	594	–	1,145
Income (loss) from operations	(6)	4	41	(2)	–	37
Investment income	–	–	2	–	–	2
Change in net unrealized gains and losses on investments	–	–	1	–	–	1
Other components of net periodic postretirement cost	–	1	2	1	–	4
Income (loss)	(6)	5	46	(1)	–	44
Less income attributable to noncontrolling interests	–	–	–	–	–	–
Income (loss) attributable to Sutter Health	(6)	5	46	(1)	–	44

Sutter Health and Affiliates
Consolidating Statement of Operations and Changes in Net Assets - Other (continued)
Year ended December 31, 2021
(Dollars in millions)

	Kahi Mohala	Sutter Coast Hospital	Sutter Care at Home	Sutter Health Plus	Adjustments and Eliminations	Consolidated
Net assets without donor restrictions (continued):						
Controlling:						
Income (loss) attributable to Sutter Health	\$ (6)	\$ 5	\$ 46	\$ (1)	\$ -	\$ 44
Change in net unrealized gains and losses on investments classified as other-than-trading	-	-	-	(1)	-	(1)
Net assets released from restriction for equipment acquisition	-	-	-	-	-	-
Postretirement-related changes other than net periodic postretirement cost	-	-	-	-	-	-
Transfers with related entities, net	8	2	7	1	(1)	17
Other	1	(1)	-	-	-	-
Increase (decrease) in controlling	3	6	53	(1)	(1)	60
Noncontrolling:						
Income attributable to noncontrolling interests	-	-	-	-	-	-
Distributions	-	-	-	-	-	-
Other	-	-	-	-	-	-
(Decrease) increase in noncontrolling	-	-	-	-	-	-
Net assets with donor restrictions:						
Contributions	-	-	2	-	-	2
Investment income	-	-	-	-	-	-
Change in net unrealized gains and losses on investments	-	-	-	-	-	-
Net assets released from restriction	-	-	(1)	-	-	(1)
Other	-	-	1	-	-	1
Increase (decrease) in net assets with donor restrictions	-	-	2	-	-	2
Increase (decrease) in net assets	3	6	55	(1)	(1)	62
Net assets, beginning of year	13	22	3	56	-	94
Net assets, end of year	\$ 16	\$ 28	\$ 58	\$ 55	\$ (1)	\$ 156

CONTINUING DISCLOSURE REPORT OF SUTTER HEALTH AS OF AND FOR THE FISCAL YEAR ENDED DECEMBER 31, 2021

This report (the “Continuing Disclosure Report”) contains an update of certain information contained in Appendix A of the Offering Memorandum or Official Statements, as applicable, related to the issues identified below (collectively, the “Bonds”) pursuant to Sutter Health’s undertakings under the related continuing disclosure agreements (collectively, the “Disclosure Agreements”).

Unless otherwise required by the context, all terms used herein that are defined in the bond indentures related to the Bonds, by and between Sutter Health and Wells Fargo Bank, National Association, or by and between Sutter Health and U.S. Bank, National Association, as applicable, shall have the meanings assigned to them therein, except as set forth herein.

CUSIP*	CUSIP*
California Health Facilities Financing Authority Refunding Revenue Bonds (Sutter Health), Series 2016B	13032UDD7, 13032UDE5, 13032UDF2, 13032UDG0, 13032UDH8, 13032UDJ4, 13032UDK1, 13032UDL9, 13032UDM7, 13032UDN5, 13032UDP0, 13032UDQ8, 13032UDR6, 13032UDS4, 13032UDV7, 13032UDT2, 13032UXH6
California Health Facilities Financing Authority Refunding Revenue Bonds (Sutter Health), Series 2017A	13032UNK0, 13032UNL8, 13032UNM6, 13032UNN4, 13032UNP9, 13032UNQ7, 13032UNR5, 13032UNS3, 13032UNT1, 13032UNU8, 13032UNV6, 13032UNW4, 13032UNX2, 13032UNY0
California Health Facilities Financing Authority Revenue Bonds (Sutter Health), Series 2018A	13032UQV3, 13032UQW1, 13032UQX9, 13032UQY7, 13032UQZ4, 13032URA8, 13032URB6, 13032URC4, 13032URD2, 13032URE0, 13032URF7, 13032URG5, 13032URH3, 13032URJ9, 13032URK6, 13032URL4, 13032URM2, 13032URN0, 13032URP5
Sutter Health Taxable Bonds, Series 2018A	86944BAD5, 86944BAE3
Sutter Health Taxable Bonds, Series 2020A	86944BAF0, 86944BAG8, 86944BAH6, 86944BAJ2

* A registered trademark of The American Bankers Association (“ABA”). CUSIP numbers are provided by the CUSIP Service Bureau (“CSB”), operated by Standard & Poor’s, a Division of The McGraw-Hill Companies on behalf of ABA. This data is not intended to create a database and does not serve in any way as a substitute for the CSB database. CUSIP numbers are provided for convenience of reference only. Sutter Health does not assume any responsibility for the accuracy of such numbers.

COVID-19

COVID-19, a respiratory disease caused by a novel strain of coronavirus, has spread around the world, including in Northern California where the Obligated Group primarily does business. Since the Centers for Disease Control and Prevention (“CDC”) confirmed the spread of the disease to the United States in January 2020 and the World Health Organization declared COVID-19 a pandemic in March 2020, the federal government and the State of California have declared, and remain in, a state of emergency. The State of California was one of the first states in the United States with a confirmed case of COVID-19 on January 26, 2020, and California Governor Gavin Newsom was the first governor to issue a community shelter-in-place order on March 19, 2020.

Since May 2020, Governor Newsom and the California Department of Public Health released guidance regarding the ability of certain industry sectors to open or remain open, based on specified criteria, stages, and timelines. This guidance has resulted in regional variance among California counties and industries therein and continues to be updated in response to pandemic trends and progress in California’s efforts to administer COVID-19 vaccines.

COVID-19 requires the Obligated Group to continue to adjust its entire integrated network to respond to the pandemic. These efforts include expanding its in-house COVID testing capabilities, adding general and ICU bed capacity, increasing telehealth capacity and remote working capabilities, coordinating with clinicians and medical groups to spread best practices, as well as developing COVID-19 units to isolate and treat COVID-19-positive patients while safeguarding the health of patients and the workforce. Upon rollout of multiple COVID-19 vaccines in late 2020, the Sutter Health system moved to procure additional necessary supplies and administer vaccines to its patients as quickly and efficiently as possible. These efforts have occurred amid evolving and sometimes conflicting guidance from federal, state and local authorities, economic uncertainties, and severe climate and weather events, including recent wildfires.

This Continuing Disclosure Report includes the impact of COVID-19 on the information included herein as of and for the fiscal year ended December 31, 2021.

Employees, Unions and Collective Bargaining Units

As of December 31, 2021, the Sutter Health system had approximately 53,000 employees, of whom approximately 34,000 were full-time employees. Approximately 6,900 of these 53,000 employees were employed by Sutter Health and the remaining employees were employed by Sutter Health affiliates. Approximately 25% of these 53,000 employees, employed at 21 Sutter Health system facilities, were represented by labor unions in 58 collective bargaining units as of December 31, 2021. A total of 41 bargaining units are or will be in negotiations during 2022. Of these, 6 bargaining units are presently in negotiation for an initial agreement. An additional 35 collective bargaining agreements have expired or will expire in 2022, and are currently in negotiation or will be in negotiation during 2022 for successor agreements. In connection with negotiations for an initial or successor collective bargaining agreement, there could be work stoppages or other adverse labor actions and potential sympathy walkouts. Fair, market aligned negotiations focused on finding mutually agreeable resolutions remain the best means for avoiding labor disruptions and preserving continuity of care for the communities the Sutter Health System serves. While working to mitigate any potential work stoppages through successful negotiations, the Sutter Health System remains prepared to address the possibility of work stoppages. Should such disruptions occur, they may have a material adverse effect on the operations or on the financial position or results of operations of the Obligated Group taken as a whole.

List of Obligated Group Members

As of December 31, 2021, the Obligated Group Members consisted of the following:

- Sutter Bay Hospitals
- Sutter Bay Medical Foundation
- Sutter Coast Hospital
- Sutter Health
- Sutter Valley Hospitals
- Sutter Valley Medical Foundation
- Sutter Visiting Nurse Association and Hospice

Obligated Group Utilization Data

The following table summarizes the Obligated Group's acute care facility utilization data as of and for the fiscal year ended December 31, 2021.

Obligated Group Acute Care Facility Utilization Data

Data Presented	As of and for the fiscal year ended December 31, 2021
Licensed Beds ⁽¹⁾	4,049
Beds in Service	3,883
Admissions ⁽²⁾	181,836
Patient Days ⁽²⁾	856,145
Average Length of Stay (Days)	4.7
Occupancy % ⁽³⁾	59.8%
Emergency Room Visits ⁽⁴⁾	752,371

(1) Conforms to the Office of Statewide Health Planning and Development's definition of "licensed bed."

(2) Excluding well newborns.

(3) Based on Beds in Service.

(4) Does not include Emergency Room patients subsequently admitted as inpatients.

Obligated Group Medical Foundations Operating Data

The following table summarizes the operating data for medical foundations within the Obligated Group as of and for the fiscal year ended December 31, 2021.

Obligated Group Medical Foundations Operating Data

Obligated Group	As of and for the fiscal year ended December 31, 2021
Physicians	2,683
Facilities ⁽¹⁾	280
Outpatient Visits	10,172,562

(1) Approximate count of facilities may change over time as a result of office openings, closures and consolidations as a part of routine business operations.

Sources of Revenues

Following are summaries of gross patient revenue for the Obligated Group by payer source for the fiscal year ended December 31, 2021.

Obligated Group Payer Mix
December 31, 2021

	Medicare		Medi - Cal		Commercial		Other
	Non-Risk	Risk	Non-Risk	Risk	Non-Risk	Risk	
Total Obligated Group	38.2%	4.7%	18.5%	0.6%	31.1 %	4.2%	2.7%
Acute Care Hospitals	40.5%	4.4%	22.3%	0.7%	26.1%	3.0%	3.0%
Medical Foundations	30.2%	5.7%	4.6%	0.3%	49.0 %	8.7%	1.5%

The following table summarizes the number of individuals in each operating unit for whom certain physician independent practice associations and Sutter Health system medical foundation corporations provide health care services on a capitated basis as of December 31, 2021. Capitated members' lives covered by Sutter Health system hospital corporations and these physician associations are not included in the following table.

Capitated Members ⁽¹⁾
December 31, 2021

Sutter Health Members	Sutter Health Valley Area	Sutter Health Bay Area	Total
Capitated members	167,752	138,852	306,604

(1) Includes certain physician independent practice associations, which are non-Obligated Group Members.

Summary Financial Information

A copy of Sutter Health and its affiliate's audited financial statements for the fiscal year ended December 31, 2021 (the "Financial Statements") has been provided within this package. Please note that this Continuing Disclosure Report should be read in conjunction with the Financial Statements.

Fixed Payment Coverage Ratio

The table below sets forth the actual Obligated Group's funds generated to cover fixed payments for fiscal year 2021.

Obligated Group Fixed Payment Coverage Ratio \$ Presented In Millions

	Fiscal Year Ended December 31, 2021
Income	1,138
Plus: Depreciation and Amortization	735
Plus: Interest	138
Less: Other	<u>(69)</u>
Income Available For Debt Service ⁽¹⁾	1,942
Debt Service Requirements	179
Fixed Payment Coverage Ratio	10.8

(1) Calculated in accordance with the Master Trust Indenture.

Capitalization

The following table sets forth the actual capitalization for the Obligated Group as of December 31, 2021.

Capitalization of Obligated Group \$ Presented In Millions

	December 31, 2021
Long-Term Debt, including current portion	<u>4,581</u>
Total Long-Term Debt	4,581
Net Assets:	
Without donor restrictions	
Controlling	10,692
Noncontrolling	95
With donor restrictions	<u>593</u>
Total Net Assets	11,380
Total Capitalization	<u>15,961</u>
Long-Term Debt To Capitalization Ratio	28.7%

Contractual Obligations and Other Commercial Commitments of the Obligated Group

The Obligated Group's contractual debt and finance lease obligations at December 31, 2021, are shown below.

Contractual Debt and Finance Lease Obligations As of December 31, 2021 \$ Presented In Millions

	Total Outstanding	Current Portion	Non-current 2023–2024	Non-current 2025 & Thereafter
Line of Credit ^{(1) (2)}	0	0	0	0
Long-term debt – bond principal ⁽¹⁾	4,256	17	60	4,179
Finance Leases ⁽³⁾	193	3	5	185

⁽¹⁾ Secured under the Master Trust Indenture.

⁽²⁾ As of the date of this Continuing Disclosure Report, Sutter Health maintains a short-term facility with commercial banks to meet temporary capital requirements and to provide flexibility in meeting the Sutter Health system's capital needs that matures in February 2024. The aggregate amount available under this facility to Sutter Health was increased from \$500 million as of March 2021, to \$900 million as of April 2021. There are currently no draws outstanding under this credit facility that matures in February 2024. In March 2022, Sutter drew \$800 million on the credit facility, which it repaid in late March 2022.

⁽³⁾ Not secured under the Master Trust Indenture. Amount reflects finance leases for the Sutter Health system.

The Obligated Group also is obligated with respect to the following contingent obligations. Sutter Health management expects to renew or replace any letters of credit as they expire, in accordance with the terms of such letters of credit.

Contingent Commercial Obligations As of December 31, 2021 \$ Presented In Millions

	Total Commitments	Maturities Fiscal Year 2022	Maturities 2023 and thereafter
Letters of Credit	3	0	3

Other Matters

This Continuing Disclosure Report is provided solely pursuant to the Disclosure Agreements. The filing of this Continuing Disclosure Report does not constitute or imply any representation (i) that all of the information provided herein is material to investors, (ii) regarding any other financial, operating or other information about Sutter Health, the Obligated Group Members or the Bonds, or (iii) that no changes, circumstances or events have occurred since the end of the year to which this Continuing Disclosure Report relates (other than as contained in this Continuing Disclosure Report), or any other date specified with respect to any of the information contained in this Continuing Disclosure Report, or that no other information exists, which may have a bearing on the security for the Bonds, or an investor's decision to buy, sell, or hold the Bonds. No statement or financial information in this Continuing Disclosure Report should be construed as a prediction or representation about future financial performance of Sutter Health or any other Obligated Group Member.

Dated: April 21, 2022

SUTTER HEALTH, a California nonprofit public benefit corporation, on behalf of itself and the other Obligated Group Members

DocuSigned by:
By: 
FB3076D1A730427...
Brian Dean
Senior Vice President and Chief Financial Officer

Officer's Certificate of the Corporation
as to Compliance with No Event of Default Covenant

I, Brian Dean, Senior Vice President and Chief Financial Officer of Sutter Health, do hereby certify, in accordance with Section 4.06 (b) of the Master Indenture of Trust by and between Sutter Health, the other Obligated Group Members (as defined therein) and U. S. Bank National Association, as Master Trustee, dated October 1, 2020, that, to the best of my knowledge,

No event which constitutes an Event of Default has occurred and is continuing as of the date of this certificate.

Certified by:

DocuSigned by:

Brian Dean

EB3078D1A730427

Brian Dean
Senior Vice President and Chief Financial Officer
Sutter Health

April 21, 2022

Officer's Certificate Calculation of Historical Debt Service Coverage Ratio

I, Brian Dean, Senior Vice President and Chief Financial Officer of Sutter Health, do hereby certify, in accordance with Section 4.07(b) of the Master Trust Indenture dated October 1, 2020 ("Master Trust Indenture") between Sutter Health and the members of the Obligated Group (collectively, the "Company") and U.S. Bank National Association, as master trustee, that the Company has calculated the Historical Debt Service Coverage Ratio for the Combined Group as follows for the Fiscal Year ended December 31, 2021:

\$ Presented in Millions	
Income Available for Debt Service:	\$1,942
<i>Divided by:</i>	
Debt Service Requirements:	\$ 179
<hr/>	
Historical Debt Service Coverage Ratio:	10.8

Capitalized terms not defined herein shall have the meaning provided for in the Master Trust Indenture

Certified by:

DocuSigned by:

Brian Dean

EB3076D1A730427...

Brian Dean
Senior Vice President and Chief Financial Officer

April 21, 2022

Acute Care Utilization Statistics

	2018	2019	2020	Q4 2021
Obligated Group Total				
Current Licensed Beds ¹	4,393	4,049	4,041	4,049
Beds in Service ²	4,215	3,862	3,886	3,924
Admissions	187,713	189,341	174,547	181,836
Patient Days	846,919	857,503	810,061	856,145
Average Length of Stay	4.5	4.5	4.6	4.7
% Occupancy Based on Beds in Service	55.0%	60.8%	57.1%	59.8%
Emergency Room Visits	844,249	845,091	691,054	752,371
Outpatient Revenues	9,774,679,432	10,222,063,090	9,294,599,548	11,093,633,212
Total Gross Revenues	24,061,534,271	25,048,510,713	23,782,920,467	27,082,676,356
Outpatient Revenue as % of Total Revenues	40.6%	40.8%	39.1%	41.0%
Sutter Medical Center Sacramento				
Current Licensed Beds	596	596	596	596
Beds in Service	596	596	596	596
Admissions	31,535	31,246	29,850	31,187
Patient Days	149,266	149,387	146,302	153,357
Average Length of Stay	4.7	4.8	4.9	4.9
% Occupancy Based on Beds in Service	68.6%	68.7%	67.3%	70.5%
Emergency Room Visits	102,807	104,517	85,255	92,033
Outpatient Revenues	1,265,776,574	1,333,557,067	1,232,396,364	1,482,098,896
Total Gross Revenues	3,832,767,608	4,015,744,902	3,932,542,371	4,414,290,772
Outpatient Revenue as % of Total Revenues	33.0%	33.2%	31.3%	33.6%
Novato Community Hospital				
Current Licensed Beds	47	47	47	47
Beds in Service	47	47	47	47
Admissions	1,944	2,229	1,844	1,863
Patient Days	6,131	7,141	6,092	5,917
Average Length of Stay	3.2	3.2	3.3	3.2
% Occupancy Based on Beds in Service	35.7%	41.6%	35.5%	34.5%
Emergency Room Visits	15,478	16,278	12,529	14,316
Outpatient Revenues	133,036,039	145,749,374	129,295,351	160,847,506
Total Gross Revenues	238,712,981	277,333,296	245,735,800	283,506,223
Outpatient Revenue as % of Total Revenues	55.7%	52.6%	52.6%	56.7%
Sutter Coast Hospital				
Current Licensed Beds	49	49	49	49
Beds in Service	49	49	49	49
Admissions	2,394	2,495	1,924	1,929
Patient Days	9,564	9,594	7,968	8,763
Average Length of Stay	4.0	3.8	4.1	4.54
% Occupancy Based on Beds in Service	53.5%	53.6%	44.6%	49.0%
Emergency Room Visits	19,655	20,022	15,328	15,510
Outpatient Revenues	162,356,102	181,623,756	178,474,519	200,578,313
Total Gross Revenues	271,793,256	296,757,361	277,554,794	317,723,086
Outpatient Revenue as % of Total Revenues	59.7%	61.2%	64.3%	63.1%
Sutter Solano Medical Center				
Current Licensed Beds	106	106	106	106
Beds in Service	106	106	106	106
Admissions	4,087	4,387	3,886	3,629
Patient Days	17,336	17,724	17,416	18,346
Average Length of Stay	4.2	4.0	4.5	5.06
% Occupancy Based on Beds in Service	44.8%	45.8%	45.0%	47.4%
Emergency Room Visits	35,062	34,313	25,196	25,507
Outpatient Revenues	265,278,110	274,131,099	232,380,968	253,603,001
Total Gross Revenues	568,324,186	590,334,687	542,153,344	581,330,353
Outpatient Revenue as % of Total Revenues	46.7%	46.4%	42.9%	43.6%

Acute Care Utilization Statistics

	2018	2019	2020	Q4 2021
Sutter Davis Hospital				
Current Licensed Beds	48	48	48	48
Beds in Service	48	48	48	48
Admissions	3,810	3,765	3,419	3,613
Patient Days	10,877	11,319	9,941	10,621
Average Length of Stay	2.9	3.0	2.9	2.94
% Occupancy Based on Beds in Service	62.1%	64.6%	56.7%	60.6%
Emergency Room Visits	29,078	28,773	23,581	27,154
Outpatient Revenues	263,065,734	270,864,032	263,710,945	322,532,447
Total Gross Revenues	450,202,076	474,011,878	447,226,267	521,063,060
Outpatient Revenue as % of Total Revenues	58.4%	57.1%	59.0%	61.9%
Sutter Auburn Faith Hospital				
Current Licensed Beds	64	64	64	64
Beds in Service	64	64	64	64
Admissions	3,076	3,392	3,402	3,290
Patient Days	10,240	11,346	11,381	11,790
Average Length of Stay	3.3	3.3	3.3	3.58
% Occupancy Based on Beds in Service	43.8%	48.6%	48.7%	50.5%
Emergency Room Visits	28,947	29,053	24,071	27,800
Outpatient Revenues	332,632,224	358,745,452	337,055,909	414,877,767
Total Gross Revenues	515,067,596	561,533,115	551,199,700	640,604,723
Outpatient Revenue as % of Total Revenues	64.6%	63.9%	61.1%	64.8%
Sutter Delta Medical Center				
Current Licensed Beds	145	145	145	141
Beds in Service	145	145	145	141
Admissions	7,411	7,823	6,413	6,509
Patient Days	27,864	29,623	25,710	25,794
Average Length of Stay	3.8	3.8	4.0	3.96
% Occupancy Based on Beds in Service	52.6%	56.0%	48.6%	50.1%
Emergency Room Visits	54,403	54,091	39,822	42,297
Outpatient Revenues	317,074,807	324,821,572	272,222,512	327,451,879
Total Gross Revenues	798,960,253	837,970,352	730,920,853	830,062,288
Outpatient Revenue as % of Total Revenues	39.7%	38.8%	37.2%	39.4%
Sutter Lakeside Hospital				
Current Licensed Beds	30	30	30	30
Beds in Service	30	25	25	25
Admissions	1,917	1,998	1,656	1,641
Patient Days	6,110	6,553	5,791	5,877
Average Length of Stay	3.2	3.3	3.5	3.58
% Occupancy Based on Beds in Service	55.8%	71.8%	63.5%	64.4%
Emergency Room Visits	19,783	20,837	16,674	18,014
Outpatient Revenues	168,313,799	183,071,139	168,277,343	209,602,949
Total Gross Revenues	234,816,323	256,748,211	241,811,499	287,554,074
Outpatient Revenue as % of Total Revenues	71.7%	71.3%	69.6%	72.9%
Sutter Amador Hospital				
Current Licensed Beds	52	52	52	52
Beds in Service	52	52	52	52
Admissions	2,396	2,298	2,208	2,164
Patient Days	8,881	8,397	8,616	9,401
Average Length of Stay	3.7	3.7	3.9	4.34
% Occupancy Based on Beds in Service	46.8%	44.2%	45.4%	49.5%
Emergency Room Visits	23,215	23,894	21,822	24,202
Outpatient Revenues	158,868,056	172,446,015	170,416,605	199,641,045
Total Gross Revenues	289,980,042	296,951,735	299,303,237	346,741,029
Outpatient Revenue as % of Total Revenues	54.8%	58.1%	56.9%	57.6%

Acute Care Utilization Statistics

	2018	2019	2020	Q4 2021
Sutter Tracy Community Hospital				
Current Licensed Beds	77	77	77	77
Beds in Service	77	77	77	77
Admissions	3,661	3,679	3,369	3,514
Patient Days	11,132	11,874	11,885	12,580
Average Length of Stay	3.0	3.2	3.5	3.58
% Occupancy Based on Beds in Service	39.6%	42.2%	42.3%	44.8%
Emergency Room Visits	35,846	34,353	26,518	28,344
Outpatient Revenues	274,177,942	284,406,137	257,425,444	318,933,786
Total Gross Revenues	455,080,816	479,005,591	463,449,854	545,279,435
Outpatient Revenue as % of Total Revenues	60.2%	59.4%	55.5%	58.5%
Sutter Roseville Medical Center				
Current Licensed Beds	328	328	352	382
Beds in Service	328	328	352	382
Admissions	19,837	21,008	20,508	23,417
Patient Days	86,163	90,701	93,181	109,886
Average Length of Stay	4.3	4.3	4.5	4.7
% Occupancy Based on Beds in Service	72.0%	75.8%	72.5%	78.8%
Emergency Room Visits	81,554	80,760	72,508	86,397
Outpatient Revenues	845,520,330	894,322,398	914,563,191	1,173,379,245
Total Gross Revenues	2,268,781,541	2,459,429,600	2,606,665,286	3,248,381,769
Outpatient Revenue as % of Total Revenues	37.3%	36.4%	35.1%	36.1%
Sutter Maternity and Surgery Center				
Current Licensed Beds	30	28	28	28
Beds in Service	30	28	28	28
Admissions	1,331	1,227	1,141	1,045
Patient Days	3,477	3,205	2,804	2,756
Average Length of Stay	2.6	2.6	2.5	2.64
% Occupancy Based on Beds in Service	31.8%	31.4%	27.4%	27.0%
Emergency Room Visits	-	-	-	-
Outpatient Revenues	149,983,259	161,917,148	156,851,940	187,201,579
Total Gross Revenues	204,101,797	212,193,818	206,326,144	236,849,371
Outpatient Revenue as % of Total Revenues	73.5%	76.3%	76.0%	79.0%
Sutter Santa Rosa Regional Hospital				
Current Licensed Beds	84	84	84	84
Beds in Service	84	84	84	84
Admissions	6,785	6,762	6,984	7,335
Patient Days	25,516	24,688	25,100	25,612
Average Length of Stay	3.8	3.7	3.6	3.49
% Occupancy Based on Beds in Service	83.2%	80.5%	81.9%	83.5%
Emergency Room Visits	35,275	35,555	31,126	34,121
Outpatient Revenues	399,278,618	427,768,289	442,460,823	519,987,459
Total Gross Revenues	882,400,936	928,606,868	980,330,589	1,114,642,372
Outpatient Revenue as % of Total Revenues	45.2%	46.1%	45.1%	46.7%
Memorial Medical Center & Memorial Hospital Los Banos				
Current Licensed Beds	459	459	459	457
Beds in Service	419	419	419	417
Admissions	18,718	19,768	19,462	21,086
Patient Days	79,308	85,646	92,096	102,225
Average Length of Stay	4.2	4.3	4.7	4.85
% Occupancy Based on Beds in Service	51.9%	56.0%	60.2%	67.2%
Emergency Room Visits	110,821	112,169	97,202	108,223
Outpatient Revenues	1,147,110,817	1,196,923,917	1,099,494,662	1,282,742,331
Total Gross Revenues	2,582,267,792	2,766,597,452	2,726,780,633	3,120,079,580
Outpatient Revenue as % of Total Revenues	44.4%	43.3%	40.3%	41.1%

Acute Care Utilization Statistics

	2018	2019	2020	Q4 2021
Alta Bates Summit Medical Center				
Current Licensed Beds	918	892	892	892
Beds in Service	780	812	812	771
Admissions	29,225	28,337	25,093	25,105
Patient Days	151,871	149,254	134,381	134,620
Average Length of Stay	5.2	5.3	5.4	5.36
% Occupancy Based on Beds in Service	53.3%	50.4%	45.3%	47.8%
Emergency Room Visits	86,942	83,898	64,904	68,627
Outpatient Revenues	1,316,271,174	1,324,980,252	1,109,396,740	1,301,142,302
Total Gross Revenues	3,646,856,642	3,653,218,215	3,201,847,185	3,511,974,172
Outpatient Revenue as % of Total Revenues	36.1%	36.3%	34.6%	37.0%
Mills-Peninsula Medical Center				
Current Licensed Beds	301	301	301	301
Beds in Service	301	301	301	301
Admissions	13,447	13,403	11,872	12,272
Patient Days	59,393	59,360	53,237	55,741
Average Length of Stay	4.4	4.4	4.5	4.54
% Occupancy Based on Beds in Service	54.1%	54.0%	48.5%	50.7%
Emergency Room Visits	48,189	49,212	40,930	43,487
Outpatient Revenues	803,421,548	856,732,867	743,520,178	948,771,488
Total Gross Revenues	1,744,900,968	1,812,556,925	1,627,720,504	1,945,062,911
Outpatient Revenue as % of Total Revenues	46.0%	47.3%	45.7%	48.8%
Menlo Park Surgical Hospital				
Current Licensed Beds	16	16	16	-
Beds in Service	16	16	16	-
Admissions	225	182	141	-
Patient Days	365	275	206	-
Average Length of Stay	1.6	1.5	1.5	-
% Occupancy Based on Beds in Service	6.3%	4.7%	3.5%	-
Emergency Room Visits	-	-	-	-
Outpatient Revenues	36,801,597	34,624,547	24,804,628	-
Total Gross Revenues	54,086,272	47,984,137	35,044,262	-
Outpatient Revenue as % of Total Revenues	68.0%	72.2%	70.8%	-
California Pacific Medical Center				
Current Licensed Beds	913	597	565	565
Beds in Service	913	535	535	565
Admissions	26,842	26,250	22,727	23,530
Patient Days	145,361	140,826	122,383	126,004
Average Length of Stay	5.4	5.4	5.4	5.36
% Occupancy Based on Beds in Service	43.6%	72.1%	62.7%	61.1%
Emergency Room Visits	70,240	70,895	57,511	59,959
Outpatient Revenues	1,311,541,064	1,364,391,278	1,187,872,581	1,363,466,879
Total Gross Revenues	3,807,830,714	3,821,288,156	3,504,314,816	3,867,375,595
Outpatient Revenue as % of Total Revenues	34.4%	35.7%	33.9%	35.3%
Eden Medical Center				
Current Licensed Beds	130	130	130	130
Beds in Service	130	130	130	130
Admissions	9,072	9,092	8,648	8,707
Patient Days	38,064	40,590	35,571	36,855
Average Length of Stay	4.2	4.5	4.1	4.23
% Occupancy Based on Beds in Service	80.2%	85.5%	75.0%	77.7%
Emergency Room Visits	46,954	46,471	36,077	36,380
Outpatient Revenues	424,171,638	430,986,751	373,978,845	426,774,340
Total Gross Revenues	1,214,602,472	1,260,244,414	1,161,993,329	1,270,155,543
Outpatient Revenue as % of Total Revenues	35.2%	35.2%	32.2%	33.6%

Notes:

1. The calculation of current licensed beds conforms to the Office of Statewide Health Planning and Development's definition of "licensed bed."

Supplemental Information

Acute Care Payer Mix As of December 31, 2021	Medicare Non-Risk	Risk	Medi-Cal Non-Risk	Risk	Commercial Non-Risk	Risk	Other	Total
Sutter Medical Center-Sacramento	31.2%	7.1%	23.4%	0.6%	24.3%	6.5%	6.9%	100.0%
Sutter Solano Medical Center	46.5%	0.0%	34.9%	0.0%	16.6%	0.5%	1.5%	100.0%
Sutter Davis Hospital	34.3%	7.5%	22.5%	0.0%	29.1%	5.2%	1.4%	100.0%
Sutter Coast Hospital	48.6%	0.0%	27.9%	0.0%	21.7%	0.0%	1.8%	100.0%
Sutter Delta Medical Center	42.4%	0.1%	34.5%	0.0%	20.1%	1.0%	1.9%	100.0%
Sutter Auburn Faith Hospital	48.1%	12.5%	14.0%	0.0%	20.3%	3.9%	1.2%	100.0%
Sutter Tracy Community Hospital	35.7%	0.3%	28.4%	0.0%	31.8%	1.1%	2.7%	100.0%
Sutter Roseville Medical Center	40.2%	9.6%	16.6%	0.2%	26.3%	5.0%	2.1%	100.0%
California Pacific Medical Center	43.0%	0.5%	16.5%	3.9%	32.1%	1.6%	2.4%	100.0%
Sutter Maternity and Surgery Center	41.2%	2.7%	8.1%	2.2%	43.9%	2.2%	1.9%	102.2%
Mills Peninsula Medical Center	45.3%	6.4%	11.4%	0.0%	33.6%	2.2%	1.1%	100.0%
Sutter Lakeside Hospital	48.0%	0.0%	31.4%	0.0%	19.3%	0.1%	1.2%	100.0%
Memorial Medical Center & Memorial Hospital Los Banos	37.2%	8.8%	27.2%	0.0%	22.6%	2.7%	1.5%	100.0%
Novato Community Hospital	53.3%	0.1%	19.2%	0.0%	25.3%	0.6%	1.5%	100.0%
Alta Bates Summit Medical Center	42.4%	0.5%	27.4%	0.0%	24.3%	1.1%	4.3%	100.0%
Sutter Santa Rosa Regional Hospital	44.8%	0.8%	25.0%	0.0%	23.3%	4.7%	1.4%	100.0%
Sutter Amador Hospital	53.9%	0.5%	18.4%	0.0%	25.7%	0.6%	0.9%	100.0%
Eden Medical Center	44.0%	0.1%	27.5%	0.0%	25.3%	0.8%	2.3%	100.0%
Total Acute Care Payer Mix (%)	40.5%	4.4%	22.3%	0.7%	26.1%	3.0%	3.0%	100.0%