

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2003 calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

C Name of organization: **SUTTER DELTA MEDICAL CENTER**
 Number and street (or P.O. box if mail is not delivered to street address): _____ Room/suite: _____
3901 LONE TREE WAY
 City or town: **ANTIOCH** State or country: **CA** ZIP + 4: **94509**

D Employer identification number: **94-1552887**

E Telephone number: **(916) 286-6592**

F Accounting method: Cash Accrual
 Other (specify) _____

G Website: **www.sutterhealth.org**

J Organization type (check only one) 501(c) (3) (insert no.) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **101,914,500**

H and I are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates _____
H(c) Are all affiliates included? Yes No (If "No," attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number _____
M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)			
	1 Contributions, gifts, grants, and similar amounts received:		
	a Direct public support	1a	
	b Indirect public support	1b	132,366
	c Government contributions (grants)	1c	
	d Total (add lines 1a through 1c) (cash \$ <u>132,366</u> noncash \$ _____)	1d	132,366
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	99,794,474
	3 Membership dues and assessments	3	
	4 Interest on savings and temporary cash investments	4	1,536,731
	5 Dividends and interest from securities	5	5,703
	6 a Gross rents	6a	445,226
	b Less: rental expenses	6b	425,272
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c	19,954
	7 Other investment income (describe _____)	7	
	8 a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other
	b Less: cost or other basis and sales expenses	8a	
	c Gain or (loss) (attach schedule)	8b	
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c	
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	8d	
	a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a	
	b Less: direct expenses other than fundraising expenses	9b	
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	
	10 a Gross sales of inventory, less returns and allowances	10a	
	b Less: cost of goods sold	10b	
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	
	11 Other revenue (from Part VII, line 103)	11	
	12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	101,489,228
	13 Program services (from line 44, column (B))	13	73,753,511
	14 Management and general (from line 44, column (C))	14	6,516,773
	15 Fundraising (from line 44, column (D))	15	
	16 Payments to affiliates (attach schedule)	16	
	17 Total expenses (add lines 16 and 44, column (A))	17	80,270,284
	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	21,218,944
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	40,499,051
	20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT LINE 20	20	-10,452,839
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	51,265,156

SUTTER DELTA MEDICAL CENTER
 EIN: 94-1552887
 FORM 990
 FOR THE YEAR END DECEMBER 31, 2003

STATEMENT LINE 75
 OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES PAID BY RELATED ENTITIES.

Name	Related Entity Paying Compensation	Organization Titles	Base Compensation	Annual Performance Award [c]	Long-Term Performance Award [d]	Deferred Comp. Vesting in 2003	Contributions to Employee Benefit Plan		Expense Account
							Pension & Other Benefits	Non-Vested Def. Comp.	
Joel Grey	Sutter Health	Assistant to the CEO, Sutter Health Asst. Secretary & Trustee Sutter Health at Work Trustee Sutter Coast Hospital Trustee Sutter Lakeside Hospital Trustee Sutter Solano Medical Center Trustee Sutter Delta Medical Center	181,521	32,500	189,550	25,900 [a]	20,730	13,800 [b]	3,706
Linda Horn	Sutter Health	CEO & Trustee Sutter Delta Medical Center	273,676	47,700	75,650	232 [a]	19,367	18,200 [b]	5,097
Becky Levy	Sutter Health	CFO Sutter Delta Medical Center	122,424	9,200	0	0	10,294	6,500 [b]	208

[a] Vested deferred compensation represents the amount vesting in 2003. The principal contributions by Sutter Health into an investment account were previously reported as non-vested deferred compensation.

[b] This amount has been set aside for the employee until he/she is legally entitled to the amount. Once the employee has met all vesting requirements the amount is included as vested deferred compensation.

[c] The employee received an annual performance award in the year 2003. This award reflects organization performance, including quality and network integration over a one-year period of time.

[d] The employee received a long-term performance award in the year 2003. This award reflects organization performance, including quality and network integration over a three-year period of time.

The compensation reported above represents the total compensation of the named individual in return for all services provided to Sutter Health (94-2788907) and its related organizations.
 The identity of the entity that actually provided compensation is listed under the "Related Entity" column.