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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

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

C Name of organization
ST JOSEPH HEALTH NORTHERN CALIFORNIA LLC
% JONI MURPHY
Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1801 LIND AVE SW ATTN TAX DEPT

City or town, state or province, country, and ZIP or foreign postal code
RENTON, WA 980579016

D Employer identification number
81-4791043

E Telephone number
(707) 525-5300

G Gross receipts $ 968,518,034

F Name and address of principal officer
KEVIN KLOCKENGA
1165 MONTGOMERY DRIVE
SANTA ROSA, CA 95405

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

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW STJOSEPHHEALTH ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2016

M State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
AS EXPRESSIONS OF GOD'S HEALING LOVE, WITNESSED THROUGH THE MINISTRY OF JESUS, WE ARE STEADFAST IN SERVING ALL, ESPECIALLY THOSE WHO ARE POOR AND VULNERABLE

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	6
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	6
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	576
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	225,751
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	80,735

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0	14,377,534
9	Program service revenue (Part VIII, line 2g)	0	938,430,441
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	13,835,074
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	1,845,742
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	968,488,791
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	7,081,600
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶2,961,687		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	0	838,654,870
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	0	845,736,470
19	Revenue less expenses Subtract line 18 from line 12	0	122,752,321

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	0	1,280,829,488
21	Total liabilities (Part X, line 26)	0	512,096,145
22	Net assets or fund balances Subtract line 21 from line 20	0	768,733,343

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2019-11-15

JOHN PETERS INTERIM REGIONAL CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
				P00023315

Firm's name ▶ ERNST & YOUNG US LLP — Firm's EIN ▶

Firm's address ▶ 18101 VON KARMAN AVE STE 1700
IRVINE, CA 92612 — Phone no (949) 794-2300

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

AS EXPRESSIONS OF GOD'S HEALING LOVE, WITNESSED THROUGH THE MINISTRY OF JESUS, WE ARE STEADFAST IN SERVING ALL, ESPECIALLY THOSE WHO ARE POOR AND VULNERABLE

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 812,767,103 including grants of $ 7,081,600) (Revenue $ 940,291,541)

See Additional Data

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 812,767,103

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			**16**	No

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions*

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	6		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**		No
b	Other officers or key employees of the organization	**15b**		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**	Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶ CA

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶JONI MURPHY 141 STONY CIRCLE SUITE 140 SANTA ROSA, CA 95403 (707) 525-5300

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GEORGE BO-LINN MD BOARD MEMBER	2 0 0 0	X						0	0	0
(2) JAMES DEVORE MD BOARD MEMBER	2 0 0 0	X						0	0	0
(3) JOHN GIEREK JR BOARD MEMBER (PART YEAR)	2 0 0 0	X						0	0	0
(4) CON HEWITT BOARD MEMBER	2 0 2 0	X						0	0	0
(5) JIM HOUSER BOARD MEMBER, CHAIRPERSON	2 0 0 0	X						0	0	0
(6) SISTER MARY MCNULTY BOARD MEMBER	2 0 0 0	X						0	0	0
(7) RITA SCADACI BOARD MEMBER	2 0 0 0	X						0	0	0
(8) OLUYEMI ADEYANJU SECRETARY	2 0 58 0			X				0	408,367	22,535
(9) RAJU IYER REGIONAL CFO, TREASURER	34 0 16 0			X				0	363,872	33,831
(10) KEVIN KLOCKENGA CHIEF EXECUTIVE OFFICER	9 0 41 0			X				0	1,182,879	41,275

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total ▶										
c Total from continuation sheets to Part VII**, Section A** ▶										
d Total (add lines 1b and 1c) ▶								0	1,955,118	97,641

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
INPATIENT SERVICES OF CALIFORNIA IN, 7032 COLLECTION CENTER DR CHICAGO, IL 60693	HEALTH CARE SERVICES	4,941,609
ANESTHESIA AND ANALGESIA MEDICAL GR, 2455 BENNETT VALLEY RD C219 SANTA ROSA, CA 95404	HEALTH CARE SERVICES	3,122,018
INPATIENT CONSULTANTS OF CALIFORNIA, PO BOX 844929 LOS ANGELES, CA 90084	HEALTH CARE SERVICES	1,966,099
SEQUOIA CONSTRUCTION SPECIALTIES, PO BOX 6061 EUREKA, CA 95502	CONSTRUCTION SVCS	1,757,492
ALLIED UNIVERSAL, PO BOX 31001-2374 PASADENA, CA 91110	SECURITY SERVICES	1,473,251

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 119

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	**1a** Federated campaigns . .	1a			
	b Membership dues . .	1b			
	c Fundraising events . .	1c 88,868			
	d Related organizations	1d 5,269,083			
	e Government grants (contributions)	1e 594,955			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 8,424,628			
	g Noncash contributions included in lines 1a - 1f $ 16,491				
	h Total. Add lines 1a-1f . . . . . ▶	14,377,534			
Program Service Revenue		Business Code			
	2a NET PATIENT REVENUE	622110	932,839,385	932,839,385	0	0
	b CAFETERIA REVENUE	722514	2,089,582	2,089,582	0	0
	c MOB REVENUE	531120	1,430,381	1,430,381	0	0
	d PATHOLOGY AND LABORATORY	621500	225,751	0	225,751	0
	e All other program service revenue	900099	1,845,342	1,845,342	0	0
	f All other program service revenue					
	g Total. Add lines 2a–2f . . . . ▶	938,430,441				
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		13,835,074			13,835,074
	4 Income from investment of tax-exempt bond proceeds ▶		0			
	5 Royalties . . . . . ▶		0			
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)	0	0			
	d Net rental income or (loss) . . . . . ▶		0			
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss) . . . . . ▶		0			
	8a Gross income from fundraising events (not including $ 88,868 of contributions reported on line 1c) See Part IV, line 18 . . . . **a**	15,885				
	b Less direct expenses . . . **b**	29,243				
	c Net income or (loss) from fundraising events . . ▶		-13,358			-13,358
	9a Gross income from gaming activities See Part IV, line 19 . . . **a**	0				
	b Less direct expenses . . . **b**	0				
	c Net income or (loss) from gaming activities . . ▶		0			
	10a Gross sales of inventory, less returns and allowances . . **a**	0				
	b Less cost of goods sold . . **b**	0				
	c Net income or (loss) from sales of inventory . . ▶		0			
	Miscellaneous Revenue	Business Code				
	11a REBATES & REFUNDS	900099	1,390,062	1,390,062	0	0
	b CASH PURCHASES & DISCOUNTS	900099	469,038	469,038	0	0
	c					
	d All other revenue					
	e Total. Add lines 11a–11d . . . . . ▶		1,859,100			
	12 Total revenue. See Instructions . . . . . ▶		968,488,791	940,063,790	225,751	13,821,716

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	7,081,600	7,081,600		
2 Grants and other assistance to domestic individuals See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	0	0	0	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	0	0	0	0
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0	0	0	0
9 Other employee benefits	0	0	0	0
10 Payroll taxes	0	0	0	0
11 Fees for services (non-employees)				
a Management	51,631,435	50,363,222	1,268,213	0
b Legal	3,155,105	0	3,153,624	1,481
c Accounting	638,338	57,016	581,322	0
d Lobbying	56,723	56,723	0	0
e Professional fundraising services See Part IV, line 17	0			0
f Investment management fees	0	0	0	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	123,052,719	120,046,770	2,676,891	329,058
12 Advertising and promotion	236,634	51,928	152,971	31,735
13 Office expenses	6,875,504	5,821,009	1,008,727	45,768
14 Information technology	4,088,794	3,939,215	136,521	13,058
15 Royalties	0	0	0	0
16 Occupancy	15,122,804	14,912,255	201,754	8,795
17 Travel	1,962,297	1,355,167	574,063	33,067
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	340,718	267,746	62,841	10,131
20 Interest	10,079,214	10,067,970	11,244	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	32,180,955	32,144,320	35,593	1,042
23 Insurance	0	0	0	0
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a EMPLOYEE LEASE REIMBURSEMENT	382,742,452	363,724,694	16,691,195	2,326,563
b MEDICAL SUPPLIES	125,784,380	125,722,620	61,760	0
c HOSPITAL FEES	53,530,302	53,530,302	0	0
d REPAIRS & MAINTENANCE	10,087,520	10,047,582	39,150	788
e All other expenses	17,088,976	13,576,964	3,351,811	160,201
25 **Total functional expenses.** Add lines 1 through 24e	845,736,470	812,767,103	30,007,680	2,961,687
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	0	1	18,621
	2	Savings and temporary cash investments	0	2	22,568,720
	3	Pledges and grants receivable, net	0	3	2,210,000
	4	Accounts receivable, net	0	4	133,828,136
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7	Notes and loans receivable, net	0	7	1,092,854
	8	Inventories for sale or use	0	8	20,639,882
	9	Prepaid expenses and deferred charges	0	9	13,988,914
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 1,332,136,150			
	b	Less accumulated depreciation — 10b: 684,861,399	0	10c	647,274,751
	11	Investments—publicly traded securities	0	11	386,179,229
	12	Investments—other securities See Part IV, line 11	0	12	3,880,007
	13	Investments—program-related See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	410,650
	15	Other assets See Part IV, line 11	0	15	48,737,724
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	0	16	1,280,829,488
Liabilities	17	Accounts payable and accrued expenses	0	17	86,220,254
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	0	25	425,875,891
	26	**Total liabilities.** Add lines 17 through 25	0	26	512,096,145
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	0	27	735,928,612
	28	Temporarily restricted net assets	0	28	29,977,641
	29	Permanently restricted net assets	0	29	2,827,090
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	0	33	768,733,343
	34	Total liabilities and net assets/fund balances	0	34	1,280,829,488

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	968,488,791
2	Total expenses (must equal Part IX, column (A), line 25)	2	845,736,470
3	Revenue less expenses Subtract line 2 from line 1	3	122,752,321
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	0
5	Net unrealized gains (losses) on investments	5	-30,464,223
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	676,445,245
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	768,733,343

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 81-4791043

Name: ST JOSEPH HEALTH NORTHERN CALIFORNIA LLC

Form 990 (2018)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319143279

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
ST JOSEPH HEALTH NORTHERN CALIFORNIA LLC

Employer identification number
81-4791043

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170 (b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____

10 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2017 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2018** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2017** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2018**	**(iii) Distributable Amount for 2018**
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2019.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 81-4791043

Name: ST JOSEPH HEALTH NORTHERN CALIFORNIA LLC

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

Facts And Circumstances Test

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2018

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

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

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

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

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

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

Name of the organization	Employer identification number
ST JOSEPH HEALTH NORTHERN CALIFORNIA LLC	81-4791043

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

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

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2015	**(b)** 2016	**(c)** 2017	**(d)** 2018	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	0
d	Mailings to members, legislators, or the public?		No	0
e	Publications, or published or broadcast statements?		No	0
f	Grants to other organizations for lobbying purposes?		No	0
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	0
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	0
i	Other activities?	Yes		56,723
j	Total Add lines 1c through 1i			56,723
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

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

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

Part IV **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE C, PART II-B	THE LOBBYING EXPENDITURES REPORTED REPRESENTS THE PORTION OF DUES ALLOCATED TO ST JOSEPH HEALTH NORTHERN CALIFORNIA, LLC

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
ST JOSEPH HEALTH NORTHERN CALIFORNIA LLC

Employer identification number
81-4791043

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions . . .	1,440,138				
c Net investment earnings, gains, and losses	6,648				
d Grants or scholarships . . .					
e Other expenditures for facilities and programs . . .					
f Administrative expenses					
g End of year balance	1,446,786				

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 100 000 %
- c Temporarily restricted endowment ▶

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		24,604,425		24,604,425
b Buildings		655,016,263	275,148,385	379,867,878
c Leasehold improvements		131,845,446	71,406,917	60,438,529
d Equipment		418,810,739	338,306,097	80,504,642
e Other		101,859,277		101,859,277
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* . . ▶				647,274,751

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

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

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

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

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
PATIENT CREDIT BALANCES	7,756,701
INV PENDING TRADES-SYSPOOLED	12,491,759
MANAGED CARERISK POOL IBNR	6,174,166
OTHER CURRENT AND LT LIABILITIES	27,299,038
THIRD PARTY PAYABLES	9,886,830
LONG TERM DEBT	7,527,906
MASTER TRUST DEBT	354,739,491
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	425,875,891

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 81-4791043
Name: ST JOSEPH HEALTH NORTHERN CALIFORNIA LLC

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V	THE ENDOWMENT FUNDS WERE TRANSFERED TO ST JOSEPH HEALTH NORTHERN CALIFORNIA, LLC FROM SAN TA ROSA MEMORIAL HOSPITAL AS PART OF THE NET ASSET TRANSFER ON 3/31/2018 INTENDED USE OF ENDOWMENT FUNDS THE INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS INCLUDES SCHOLARSHI PS FOR EMPLOYEES WHO WISH TO RETURN TO SCHOOL TO BECOME NURSES AND MEET THE CRITICAL NEEDS OF THE HOSPITAL, AS WELL AS THE COMMUNITY'S NEEDIEST INDIVIDUALS

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
ST JOSEPH HEALTH NORTHERN CALIFORNIA LLC

Employer identification number
81-4791043

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total			▶				

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 KEEGAN LEADERS. (event type)	(b) Event #2 (event type)	(c) Other events 0 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	104,753			104,753
	2 Less Contributions	88,868			88,868
	3 Gross income (line 1 minus line 2)	15,885			15,885
Direct Expenses	4 Cash prizes	0			0
	5 Noncash prizes	0			0
	6 Rent/facility costs	0			0
	7 Food and beverages	17,312			17,312
	8 Entertainment	0			0
	9 Other direct expenses	11,931			11,931
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				29,243
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-13,358

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	**13a**	%
b An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶ ----------

Address ▶

----

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
ST JOSEPH HEALTH NORTHERN CALIFORNIA LLC

Employer identification number
81-4791043

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	3a	Yes	
	☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other 500 %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			9,878,679		9,878,679	1 170 %
b Medicaid (from Worksheet 3, column a)			245,381,766	226,455,291	18,926,475	2 240 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			8,166,880	5,501,780	2,665,100	0 320 %
d **Total** Financial Assistance and Means-Tested Government Programs			263,427,325	231,957,071	31,470,254	3 720 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			13,879,236	2,438,094	11,441,142	1 350 %
f Health professions education (from Worksheet 5)			446,100	500,000	0	0 %
g Subsidized health services (from Worksheet 6)			3,168,314	1,071,422	2,096,892	0 250 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			3,717,970		3,717,970	0 440 %
j **Total.** Other Benefits			21,211,620	4,009,516	17,256,004	2 030 %
k **Total.** Add lines 7d and 7j			284,638,945	235,966,587	48,726,258	5 760 %

Part II **Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			944	0	944	0 %
4 Environmental improvements			14,285	0	14,285	0 %
5 Leadership development and training for community members			41,097	0	41,097	0 %
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development			9,622	0	9,622	0 %
9 Other						
10 Total			65,948	0	65,948	0 010 %

Part III **Bad Debt, Medicare, & Collection Practices**

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1		No
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	14,679,402		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	276,490,724
6	Enter Medicare allowable costs of care relating to payments on line 5	6	353,008,354
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-76,517,630
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☑ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

Part IV **Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 NORTH BAY	ENDOSCOPY PROCEDURES	66 67 %		33 33 %
2 ENDOSCOPY (Indirect)				
3 CTR MATERNAL & CHILD	CLINICAL HOSPITAL SERVICES	50 %		50 %
4 HEALTH (Indirect)				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

4

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

A

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 134

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 16			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) SEE PART V, SECTION C			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 17			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) SEE PART V, SECTION C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

A

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 500 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) SEE PART V, SECTION C			
b	☑ The FAP application form was widely available on a website (list url) SEE PART V, SECTION C			
c	☑ A plain language summary of the FAP was widely available on a website (list url) SEE SECTION C			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☑ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

A

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☑	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group QUEEN OF THE VALLEY MEDICAL CENTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	**2**		No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	**3**	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
a ☑ A definition of the community served by the hospital facility			
b ☑ Demographics of the community			
c ☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☑ How data was obtained			
e ☑ The significant health needs of the community			
f ☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☑ The process for consulting with persons representing the community's interests			
i ☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA 20 16			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**		No
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	**6b**	Yes	
7 Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a ☑ Hospital facility's website (list url) SEE PART V, SECTION C			
b ☐ Other website (list url)			
c ☑ Made a paper copy available for public inspection without charge at the hospital facility			
d ☐ Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	**8**	Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 17			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
If "Yes" (list url) SEE PART V, SECTION C **a**			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

QUEEN OF THE VALLEY MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

			Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 500 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) SEE PART V, SECTION C			
b	☑ The FAP application form was widely available on a website (list url) SEE PART V, SECTION C			
c	☑ A plain language summary of the FAP was widely available on a website (list url) SEE SECTION C			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	☑ Other (describe in Section C)			

Part V Facility Information *(continued)*

Billing and Collections

QUEEN OF THE VALLEY MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17	Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
f ☑ None of these actions or other similar actions were permitted			
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency(ies)			
b ☐ Selling an individual's debt to another party			
c ☐ Deferring , denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
d ☐ Actions that require a legal or judicial process			
e ☐ Other similar actions (describe in Section C)			
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
a ☑ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c ☑ Processed incomplete and complete FAP applications			
d ☑ Made presumptive eligibility determinations			
e ☐ Other (describe in Section C)			
f ☐ None of these efforts were made			

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d ☐ Other (describe in Section C)			

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

QUEEN OF THE VALLEY MEDICAL CENTER

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b ☐	The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c ☐	The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d ☑	The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Add'l Data	

Part V **Facility Information** *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **27**

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 3C	FACILITY REPORTING GROUP A SANTA ROSA MEMORIAL HOSPITAL IN DETERMINING ELIGIBILITY FOR FREE OR DISCOUNTED CARE, FPG IS A KEY FACTOR THE ORGANIZATION ALSO CONSIDERED CERTAIN ASSETS OF A PATIENT IN ADDITION, A PATIENT'S SPECIAL CIRCUMSTANCES WERE ALSO CONSIDERED WHEN DETERMINING ELIGIBILITY, INCLUDING BUT NOT LIMITED TO, DISABILITY AND HOMELESSNESS QUEEN OF THE VALLEY MEDICAL CENTER IN DETERMINING ELIGIBILITY FOR FREE OR DISCOUNTED CARE, FPG IS A KEY FACTOR THE ORGANIZATION ALSO CONSIDERED CERTAIN ASSETS OF A PATIENT IN ADDITION, A PATIENT'S SPECIAL CIRCUMSTANCES WERE ALSO CONSIDERED WHEN DETERMINING ELIGIBILITY, INCLUDING BUT NOT LIMITED TO, DISABILITY AND HOMELESSNESS FACILITY REPORTING GROUP A REDWOOD MEMORIAL HOSPITAL IN DETERMINING ELIGIBILITY FOR FREE OR DISCOUNTED CARE, FPG IS A KEY FACTOR THE ORGANIZATION ALSO CONSIDERED CERTAIN ASSETS OF A PATIENT IN ADDITION, A PATIENT'S SPECIAL CIRCUMSTANCES WERE ALSO CONSIDERED WHEN DETERMINING ELIGIBILITY, INCLUDING BUT NOT LIMITED TO, DISABILITY AND HOMELESSNESS FACILITY REPORTING GROUP A ST JOSEPH HOSPITAL OF EUREKA IN DETERMINING ELIGIBILITY FOR FREE OR DISCOUNTED CARE, FPG IS A KEY FACTOR THE ORGANIZATION ALSO CONSIDERED CERTAIN ASSETS OF A PATIENT IN ADDITION, A PATIENT'S SPECIAL CIRCUMSTANCES WERE ALSO CONSIDERED WHEN DETERMINING ELIGIBILITY, INCLUDING BUT NOT LIMITED TO, DISABILITY AND HOMELESSNESS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 6A	FACILITY REPORTING GROUP A SANTA ROSA MEMORIAL HOSPITAL SANTA ROSA MEMORIAL HOSPITAL PREPARES AN ANNUAL REPORT AND IT IS PUBLICLY AVAILABLE AT HTTPS //WWW STJOESONOMA ORG/COMMUNITY-OUTREACH/COMMUNITY-BENEFIT/ QUEEN OF THE VALLEY MEDICAL CENTER QUEEN OF THE VALLEY MEDICAL CENTER PREPARES AN ANNUAL REPORT AND IT IS PUBLICLY AVAILABLE AT HTTPS //WWW THEQUEEN ORG/FOR-COMMUNITY/COMMUNITY-BENEFIT/ FACILITY REPORTING GROUP A REDWOOD MEMORIAL HOSPITAL REDWOOD MEMORIAL HOSPITAL PREPARES AN ANNUAL REPORT AND IT IS PUBLICLY AVAILABLE AT HTTPS //WWW STJOEHUMBOLDT ORG/FOR-COMMUNITY/COMMUNITY-BENEFIT/ FACILITY REPORTING GROUP A ST JOSEPH HOSPITAL OF EUREKA ST JOSEPH HOSPITAL OF EUREKA PREPARES AN ANNUAL REPORT AND IT IS PUBLICLY AVAILABLE AT HTTPS //WWW STJOEHUMBOLDT ORG/FOR-COMMUNITY/COMMUNITY-BENEFIT/

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7A-7I	FACILITY REPORTING GROUP A SANTA ROSA MEMORIAL HOSPITAL THE AMOUNTS REPORTED IN THE TABLE WERE CALCULATED USING A COST-TO-CHARGE RATIO USING WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES QUEEN OF THE VALLEY MEDICAL CENTER THE AMOUNTS REPORTED IN THE TABLE WERE CALCULATED USING THE ORGANIZATION'S COST ACCOUNTING SYSTEM THE COST ACCOUNTING SYSTEM ADDRESSED ALL PATIENT SEGMENTS FACILITY REPORTING GROUP A REDWOOD MEMORIAL HOSPITAL THE AMOUNTS REPORTED IN THE TABLE WERE CALCULATED USING WORKSHEET 2, A COST-TO-CHARGE RATIO AND GENERAL LEDGER FACILITY REPORTING GROUP A ST JOSEPH HOSPITAL OF EUREKA THE AMOUNTS REPORTED IN THE TABLE WERE CALCULATED USING THE ORGANIZATION'S COST ACCOUNTING SYSTEM THE COST ACCOUNTING SYSTEM ADDRESSED ALL PATIENT SEGMENTS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7, COLUMN (F)	FACILITY REPORTING GROUP A SANTA ROSA MEMORIAL HOSPITAL THE PROPORTIONATE SHARE OF THE ORGANIZATION'S JOINT VENTURE EXPENSES HAVE BEEN INCLUDED IN THE CALCULATION OF THE COMMUNITY BENEFIT EXPENSE PERCENTAGES

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7G	FACILITY REPORTING GROUP A SANTA ROSA MEMORIAL HOSPITAL NO COSTS ATTRIBUTED TO PHYSICIAN CLINICS WERE INCLUDED QUEEN OF THE VALLEY MEDICAL CENTER NO COSTS ATTRIBUTABLE TO PHYSICIAN CLINICS WERE INCLUDED FACILITY REPORTING GROUP A REDWOOD MEMORIAL HOSPITAL NO COSTS ATTRIBUTABLE TO PHYSICIAN CLINICS WERE INCLUDED FACILITY REPORTING GROUP A ST JOSEPH HOSPITAL OF EUREKA NO COSTS ATTRIBUTABLE TO PHYSICIAN CLINICS WERE INCLUDED

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART II	FACILITY REPORTING GROUP A SANTA ROSA MEMORIAL HOSPITAL COMMUNITY BUILDING ACTIVITIES NEIGHBORHOOD CARE STAFF (NCS) PROGRAM SERVES AS THE COMMUNITY OUTREACH AND ENGAGEMENT ARM OF THE COMMUNITY BENEFIT DEPARTMENT NCS STAFF ENGAGE COMMUNITY RESIDENT LEADERS AND AGENCY PARTNERS TO ADDRESS LOCAL COMMUNITY HEALTH AND QUALITY OF LIFE ISSUES, FACILITATE COMMUNITY CONVERSATIONS AND PLANNING, SUPPORT COLLABORATIVE INITIATIVES, AND DRIVE POLICY AND PROGRAM DEVELOPMENTS EMERGING FROM THESE EFFORTS OUR NCS STAFF ALSO WORK IN TARGET COMMUNITIES OF NEED THROUGHOUT THE COUNTY, ORGANIZING COMMUNITY ENGAGEMENT BY RESIDENTS AT THE NEIGHBORHOOD LEVEL THESE EFFORTS INCLUDED THE ONGOING COLLECTION OF RESIDENT FEEDBACK IDENTIFYING ISSUES OF CONCERN AND NEED FOR THEM IN THEIR NEIGHBORHOODS AND DEVELOPING STRATEGIES FOR CREATING AND ADVOCATING FOR SOLUTIONS IN CLOVERDALE, THE "FAMILIAS EN ACCION POSITIVA", THROUGH SUPPORT PROVIDED BY OUR NCS ORGANIZERS, FORMALIZED ITSELF AS AN ONGOING COMMUNITY RESIDENT GROUP WITH AN ESTABLISHED LEADERSHIP STRUCTURE AND BEGAN PARTNERING WITH THE CLOVERDALE COMMUNITY PARTNERSHIP TO FORM A SONOMA COUNTY HEALTH ACTION CHAPTER IN GUERNEVILLE, THE NCS ORGANIZER HAS ORGANIZED AN ONGOING POETRY GROUP AT WEST COUNTY COMMUNITY SERVICES EMPOWERMENT CENTER, A DROP-IN SITE FOR LOCAL HOMELESS AND MENTALLY ILL RESIDENTS BUILDING ON THIS, THE LOCAL COMMUNITY HEALTH CENTER HAS PARTNERED WITH THE GROUP IN ORGANIZING AN OPIOID ADDICITON PROJECT NCS ALSO PROVIDES BILINGUAL LEADERSHIP AND ADVOCACY TRAINING TO COMMUNITY LEADERS IN VULNERABLE NEIGHBORHOODS IN SONOMA COUNTY, AS WELL AS TO MEMBERS OF COMMUNITY GROUPS, LOCAL ORGANIZATIONS, AND ASSOCIATIONS THROUGH THEIR A C T I O N (AGENTS OF CHANGE TRAINING IN OUR NEIGHBORHOODS) TRAINING THIS INITIATIVE WORKS TO ENGAGE AND TRAIN COMMUNITY LEADERS TO PROACTIVELY RESPOND TO THE NEEDS OF THEIR COMMUNITY WE ARE ALSO FUNDERS OF A LATINO LEADERSHIP DEVELOPMENT PROGRAM KNOWN AS "ON THE VERGE " THIS IS A YEAR-LONG COHORT MODEL LEADERSHIP DEVELOPMENT PROGRAM AIMED AT EARLY CAREER LATINO PROFESSIONALS NOW IN ITS SECOND YEAR, THE INITIAL COHORT IS DEVELOPING A BILINGUAL MENTAL HEALTH DROP-IN CENTER OFFERING CULTURALLY APPROPRIATE COUNSELING AND SUPPORT SERVICES FURTHER SUPPORT FOR THE DEVELOPMENT OF THIS CENTER WILL ALSO INCLUDE LEADERSHIP DEVELOPMENT OPPORTUNITIES FOR LATINO RESIDENTS, PRIMARILY YOUTH FACILITY REPORTING GROUP A ST JOSEPH HOSPITAL OF EUREKA COMMUNITY BUILDING ACTIVITIES THE ORGANIZATION PURCHASED PRODUCE AND GRASS FED BEEF FROM LOCAL FARMERS AND RANCHERS THUS REDUCING ITS CARBON FOOTPRINT AND SUPPORTING THE LOCAL AG ECONOMY THE ORGANIZATION ALSO INVESTED STAFF TIME IN CREATING A HEALTH CAREERS SUMMER INSTITUTE FOR LOCAL HIGH SCHOOL STUDENTS INTERESTED IN HEALTH CAREERS IN PARTNERSHIP WITH THE HUMBOLDT COUNTY OFFICE OF EDUCATION AND LOCAL AREA HIGH SCHOOLS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, LINE 2	FACILITY REPORTING GROUP A SANTA ROSA MEMORIAL HOSPITAL METHODOLOGY FOR CALCULATING BAD DEBT THE ORGANIZATION ANALYZES ITS HISTORICAL EXPERIENCE AND TRENDS TO ESTIMATE THE APPROPRIATE BAD DEBT EXPENSE DISCOUNTS AND PAYMENTS ON PATIENT ACCOUNTS ARE RECORDED PRIOR TO CALCULATING BAD DEBT EXPENSE QUEEN OF THE VALLEY MEDICAL CENTER METHODOLOGY FOR CALCULATING BAD DEBT THE ORGANIZATION ANALYZES ITS HISTORICAL EXPERIENCE AND TRENDS TO ESTIMATE THE APPROPRIATE BAD DEBT EXPENSE DISCOUNTS AND PAYMENTS ON PATIENT ACCOUNTS ARE RECORDED PRIOR TO CALCULATING BAD DEBT EXPENSE FACILITY REPORTING GROUP A REDWOOD MEMORIAL HOSPITAL METHODOLOGY FOR CALCULATING BAD DEBT THE ORGANIZATION ANALYZES ITS HISTORICAL EXPERIENCE AND TRENDS TO ESTIMATE THE APPROPRIATE BAD DEBT EXPENSE DISCOUNTS AND PAYMENTS ON PATIENT ACCOUNTS ARE RECORDED PRIOR TO CALCULATING BAD DEBT EXPENSE FACILITY REPORTING GROUP A ST JOSEPH HOSPITAL OF EUREKA METHODOLOGY FOR CALCULATING BAD DEBT THE ORGANIZATION ANALYZES ITS HISTORICAL EXPERIENCE AND TRENDS TO ESTIMATE THE APPROPRIATE BAD DEBT EXPENSE DISCOUNTS AND PAYMENTS ON PATIENT ACCOUNTS ARE RECORDED PRIOR TO CALCULATING BAD DEBT EXPENSE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, LINE 3	FACILITY REPORTING GROUP A SANTA ROSA MEMORIAL HOSPITAL THE ORGANIZATION RECOGNIZES THAT A PORTION OF THE UNINSURED OR UNDERINSURED PATIENT POPULATION MAY NOT ENGAGE IN THE TRADITIONAL FINANCIAL ASSISTANCE APPLICATION PROCESS THEREFORE, THE ORGANIZATION ALSO USED AN AUTOMATED PREDICTIVE SCORING TOOL TO IDENTIFY AND QUALIFY PATIENTS FOR FINANCIAL ASSISTANCE FOR ACCOUNTS THAT WERE INITIALLY CLASSIFIED AS BAD DEBT COLLECTION ACTIONS WERE NOT PURSUED ON THESE ACCOUNTS ONCE THEY WERE RECLASSIFIED BECAUSE RECLASSIFIED ACCOUNTS WERE GRANTED 100 PERCENT FINANCIAL ASSISTANCE (FREE CARE) AFTER THE RECLASSIFICATION, THERE WAS NO REMAINING AMOUNT OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER OUR FINANCIAL ASSISTANCE POLICY QUEEN OF THE VALLEY MEDICAL CENTER THE ORGANIZATION RECOGNIZES THAT A PORTION OF THE UNINSURED OR UNDERINSURED PATIENT POPULATION MAY NOT ENGAGE IN THE TRADITIONAL FINANCIAL ASSISTANCE APPLICATION PROCESS THEREFORE, THE ORGANIZATION ALSO USED AN AUTOMATED PREDICTIVE SCORING TOOL TO IDENTICY AND QUALICY PATIENTS FOR FINANCIAL ASSISTANCE FOR ACCOUNTS THAT WERE INITIALLY CLASSIFIED AS BAD DEBT COLLECTION ACTIONS WERE NOT PURSUED ON THESE ACCOUNTS ONCE THEY WERE RECLASSIFIED BECAUSE RECLASSIFIED ACCOUNTS WERE GRANTED 100 PERCENT FINANCIAL ASSISTANCE (FREE CARE) AFTER THE RECLASSIFICATION, THERE WAS NO REMAINING AMOUNT OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER OUR FINANCIAL ASSISTANCE POLICY FACILITY REPORTING GROUP A REDWOOD MEMORIAL HOSPITAL CRITERIA USED TO DETERMINE ELIGIBILITY FOR PROVIDING FREE CARE THE ORGANIZATION RECOGNIZES THAT A PORTION OF THE UNINSURED OR UNDERINSURED PATIENT POPULATION MAY NOT ENGAGE IN THE TRADITIONAL FINANCIAL ASSISTANCE APPLICATION PROCESS THEREFORE, THE ORGANIZATION ALSO USED AN AUTOMATED PREDICTIVE SCORING TOOL TO IDENTIFY AND QUALIFY PATIENTS FOR FINANCIAL ASSISTANCE FOR ACCOUNTS THAT WERE INITIALLY CLASSIFIED AS BAD DEBT COLLECTION ACTIONS WERE NOT PURSUED ON THESE ACCOUNTS ONCE THEY WERE RECLASSIFIED BECAUSE RECLASSIFIED ACCOUNTS WERE GRANTED 100 PERCENT FINANCIAL ASSISTANCE (FREE CARE) AFTER THE RECLASSIFICATION THERE WAS NO REMAINING AMOUNT OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER OUR FINANCIAL ASSISTANCE POLICY FACILITY REPORTING GROUP A ST JOSEPH HOSPITAL OF EUREKA THE ORGANIZATION RECOGNIZES THAT A PORTION OF THE UNINSURED OR UNDERINSURED PATIENT POPULATION MAY NOT ENGAGE IN THE TRADITIONAL FINANCIAL ASSISTANCE APPLICATION PROCESS THEREFORE, THE ORGANIZATION ALSO USED AN AUTOMATED PREDICTIVE SCORING TOOL TO IDENTIFY AND QUALIFY PATIENTS FOR FINANCIAL ASSISTANCE FOR ACCOUNTS THAT WERE INITIALLY CLASSIFIED AS BAD DEBT COLLECTION ACTIONS WERE NOT PURSUED ON THESE ACCOUNTS ONCE THEY WERE RECLASSIFIED BECAUSE RECLASSIFIED ACCOUNTS WERE GRANTED 100 PERCENT FINANCIAL ASSISTANCE (FREE CARE) AFTER THE RECLASSIFICATION, THERE WAS NO REMAINING AMOUNT OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER OUR FINANCIAL ASSISTANCE POLICY

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION A, LINE 4	SANTA ROSA MEMORIAL HOSPITAL, QUEEN OF THE VALLEY MEDICAL CENTER, REDWOOD MEMORIAL HOSPITAL AND ST JOSEPH HOSPITAL OF EUREKA FOOTNOTE FROM THE PROVIDENCE ST JOSEPH HEALTH COMBINED FINANCIAL STATEMENTS FOR THE YEAR ENDED 12/31/18 THE HEALTH SYSTEM PROVIDES FOR AN ALLOWANCE AGAINST PATIENT ACCOUNTS RECEIVABLE FOR AMOUNTS THAT COULD BECOME UNCOLLECTIBLE THE HEALTH SYSTEM ESTIMATES THIS ALLOWANCE BASED ON THE AGING OF ACCOUNTS RECEIVABLE, HISTORICAL COLLECTION EXPERIENCE BY PAYOR, AND OTHER RELEVANT FACTORS THERE ARE VARIOUS FACTORS THAT CAN IMPACT THE COLLECTION TRENDS, SUCH AS CHANGES IN THE ECONOMY, WHICH IN TURN HAVE AN IMPACT ON UNEMPLOYMENT RATES AND THE NUMBER OF UNINSURED AND UNDERINSURED PATIENTS, THE INCREASED BURDEN OF COPAYMENTS TO BE MADE BY PATIENTS WITH INSURANCE COVERAGE AND BUSINESS PRACTICES RELATED TO COLLECTION EFFORTS THESE FACTORS CONTINUOUSLY CHANGE AND CAN HAVE AN IMPACT ON COLLECTION TRENDS AND THE ESTIMATION PROCESS USED BY THE HEALTH SYSTEM THE HEALTH SYSTEM RECORDS A PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICES ON THE BASIS OF PAST EXPERIENCE, WHICH HAS HISTORICALLY INDICATED THAT MANY PATIENTS ARE UNRESPONSIVE OR ARE OTHERWISE UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION B, LINE 8	FACILITY REPORTING GROUP A SANTA ROSA MEMORIAL HOSPITAL COMMUNITY BENEFITS THE ORGANIZATION DOES NOT REPORT MEDICARE REVENUES AND EXPENSES AS COMMUNITY BENEFIT QUEEN OF THE VALLEY MEDICAL CENTER COMMUNITY BENEFITS THE ORGANIZATION DOES NOT REPORT MEDICARE REVENUES AND EXPENSES AS COMMUNITY BENEFIT FACILITY REPORTING GROUP A REDWOOD MEMORIAL HOSPITAL COMMUNITY BENEFITS THE ORGANIZATION DOES NOT REPORT MEDICARE REVENUES AND EXPENSES AS COMMUNITY BENEFIT FACILITY REPORTING GROUP A ST JOSEPH HOSPITAL OF EUREKA COMMUNITY BENEFITS THE ORGANIZATION DOES NOT REPORT MEDICARE REVENUES AND EXPENSES AS COMMUNITY BENEFIT

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, SECTION C, LINE 9B	FACILITY REPORTING GROUP A SANTA ROSA MEMORIAL HOSPITAL COLLECTION ACTIVITY PATIENT ACCOUNTS WERE NOT FORWARDED TO COLLECTION STATUS WHEN THE PATIENT MADE A GOOD FAITH EFFORT TO RESOLVE OUTSTANDING ACCOUNT BALANCES SUCH EFFORTS INCLUDE APPLYING FOR FINANCIAL ASSISTANCE, NEGOTIATING A PAYMENT PLAN, OR APPLYING FOR MEDICAID COVERAGE PRIOR TO ADVANCING ANY ACCOUNT FOR EXTERNAL COLLECTION, THE ORGANIZATION PERFORMED AN EVALUATION TO IDENTICY IF THE ACCOUNT QUALIFIED FOR FINANCIAL ASSISTANCE ACCOUNTS FOR PATIENTS WHO QUALIFIED FOR FREE CARE WERE WRITTEN OFF AND COLLECTION EFFORTS WERE NOT PURSUED THE ORGANIZATION'S COLLECTION POLICY ALSO APPLIED TO ACCOUNTS FOR PATIENTS WHO QUALIFIED FOR DISCOUNTED CARE QUEEN OF THE VALLEY MEDICAL CENTER COLLECTION ACTIVITY PATIENT ACCOUNTS WERE NOT FORWARDED TO COLLECTION STATUS WHEN THE PATIENT MADE A GOOD FAITH EFFORT TO RESOLVE OUTSTANDING ACCOUNT BALANCES SUCH EFFORTS INCLUDE APPLYING FOR FINANCIAL ASSISTANCE, NEGOTIATING A PAYMENT PLAN, OR APPLYING FOR MEDICAID COVERAGE PRIOR TO ADVANCING ANY ACCOUNT FOR EXTERNAL COLLECTION, THE ORGANIZATION PERFORMED AN EVALUATION TO IDENTICY IF THE ACCOUNT QUALIFIED FOR FINANCIAL ASSISTANCE ACCOUNTS FOR PATIENTS WHO QUALIFIED FOR FREE CARE WERE WRITTEN OFF AND COLLECTION EFFORTS WERE NOT PURSUED THE ORGANIZATION'S COLLECTION POLICY ALSO APPLIED TO ACCOUNTS FOR PATIENTS WHO QUALIFIED FOR DISCOUNTED CARE FACILITY REPORTING GROUP A REDWOOD MEMORIAL HOSPITAL COLLECTION ACTIVITY PATIENT ACCOUNTS WERE NOT FORWARDED TO COLLECTION STATUS WHEN THE PATIENT MADE A GOOD FAITH EFFORT TO RESOLVE OUTSTANDING ACCOUNT BALANCES SUCH EFFORTS INCLUDE APPLYING FOR FINANCIAL ASSISTANCE, NEGOTIATING A PAYMENT PLAN, OR APPLYING FOR MEDICAID COVERAGE PRIOR TO ADVANCING ANY ACCOUNT FOR EXTERNAL COLLECTION, THE ORGANIZATION PERFORMED AN EVALUATION TO IDENTICY IF THE ACCOUNT QUALIFIED FOR FINANCIAL ASSISTANCE ACCOUNTS FOR PATIENTS WHO QUALIFIED FOR FREE CARE WERE WRITTEN OFF AND COLLECTION EFFORTS WERE NOT PURSUED THE ORGANIZATION'S COLLECTION POLICY ALSO APPLIED TO ACCOUNTS FOR PATIENTS WHO QUALIFIED FOR DISCOUNTED CARE FACILITY REPORTING GROUP A ST JOSEPH HOSPITAL OF EUREKA COLLECTION ACTIVITY PATIENT ACCOUNTS WERE NOT FORWARDED TO COLLECTION STATUS WHEN THE PATIENT MADE A GOOD FAITH EFFORT TO RESOLVE OUTSTANDING ACCOUNT BALANCES SUCH EFFORTS INCLUDE APPLYING FOR FINANCIAL ASSISTANCE, NEGOTIATING A PAYMENT PLAN, OR APPLYING FOR MEDICAID COVERAGE PRIOR TO ADVANCING ANY ACCOUNT FOR EXTERNAL COLLECTION, THE ORGANIZATION PERFORMED AN EVALUATION TO IDENTICY IF THE ACCOUNT QUALIFIED FOR FINANCIAL ASSISTANCE ACCOUNTS FOR PATIENTS WHO QUALIFIED FOR FREE CARE WERE WRITTEN OFF AND COLLECTION EFFORTS WERE NOT PURSUED THE ORGANIZATION'S COLLECTION POLICY ALSO APPLIED TO ACCOUNTS FOR PATIENTS WHO QUALIFIED FOR DISCOUNTED CARE

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	FACILITY REPORTING GROUP A SANTA ROSA MEMORIAL HOSPITAL NEEDS ASSESSMENT THE GOAL OF THE CHNA DATA DEVELOPMENT PROCESS WAS TO GATHER, ANALYZE, AND SUMMARIZE CURRENT LOCAL DATA ON THE RESIDENTS OF SONOMA COUNTY, THEIR HEALTH STATUS AND THE VARIETY OF FEATURES AND CONDIT IONS WHICH IMPACT THEIR HEALTH, HEALTHY DEVELOPMENT AND QUALITY OF LIFE TO ACCOMPLISH THI S, THE CHNA PARTNERS DEVELOPED AND UTILIZED BOTH PRIMARY AND SECONDARY DATA SOURCES THE P ARTNERS CONDUCTED THE FOLLOWING ACTIVITIES TO CREATE THE FY17 SONOMA COUNTY CHNA - DEMOGR APHIC SUMMARY DEVELOPED A DEMOGRAPHIC SUMMARY OF SONOMA COUNTY'S CURRENT POPULATION ALONG WITH POPULATION GROWTH PROJECTIONS WHEN AVAILABLE INFORMATION IS PROVIDED ON A VARIETY O F DEMOGRAPHIC INDICATORS INCLUDING POPULATION DISTRIBUTION, AGE, ETHNICITY, INCOME, HEALTH CARE COVERAGE, EDUCATION AND EMPLOYMENT - SECONDARY SOURCES ASSEMBLED SUMMARY DATA FROM A VARIETY OF SECONDARY SOURCES IDENTIFYING HEALTH BEHAVIORS AND CONDITIONS THAT COMPROMISE THE HEALTH AND HEALTHY DEVELOPMENT OF CHILDREN AND CONTRIBUTE MOST PROMINENTLY TO ILLNESS AND INJURY, DISABILITY AND DEATH FOR SONOMA COUNTY ADULTS AND CHILDREN WHERE KNOWN, INFO RMATION ON CONTRIBUTING FACTORS IS PRESENTED ALONG WITH EACH HEALTH INDICATOR HEALTH DISP ARITIES ARE HIGHLIGHTED - KEY INFORMANT INTERVIEWS AND FOCUS GROUPS CONDUCTED KEY INFORM ANT INTERVIEWS, COMMUNITY-BASED FOCUS GROUPS AND A COUNTRYWIDE RANDOM TELEPHONE SURVEY TO GATHER DATA ON HEALTH STATUS AND ELICIT INFORMATION ON COMMUNITY HEALTH ISSUES OF GREATEST CONCERN AND PERSPECTIVES ON LOCAL OPPORTUNITIES TO IMPROVE POPULATION HEALTH AND/OR THE H EALTHCARE DELIVERY SYSTEM PRIORITY COMMUNITY HEALTH NEEDS THE PRIORITIZED COMMUNITY HEAL TH NEEDS IDENTIFIED THROUGH THE FY17 CHNA PROCESS INCLUDE THE FOLLOWING 1 HEALTHY EATING AND PHYSICAL FITNESS 2 GAPS IN ACCESS TO PRIMARY CARE 3 ACCESS TO SERVICES FOR SUBSTANC E USE DISORDERS 4 BARRIERS TO HEALTHY AGING 5 ACCESS TO MENTAL HEALTH SERVICES 6 DISPAR ITIES IN EDUCATIONAL ATTAINMENT 7 CARDIOVASCULAR DISEASE 8 ADVERSE CHILDHOOD EXPERIENCES OR EXPOSURE TO STRESS (ACES) 9 ACCESS TO HEALTH CARE COVERAGE 10 TOBACCO USE 11 COORDI NATION AND INTEGRATION OF LOCAL HEALTH CARE SYSTEM 12 DISPARITIES IN ORAL HEALTH 13 LUNG , BREAST, AND COLORECTAL CANCER NEEDS BEYOND THE HOSPITAL'S SERVICE PROGRAM NO HOSPITAL F ACILITY CAN ADDRESS ALL OF THE HEALTH NEEDS PRESENT IN ITS COMMUNITY WE ARE COMMITTED TO CONTINUE OUR MISSION THROUGH COMMUNITY BENEFIT PROGRAMMING AND BY FUNDING OTHER NONPROFIT ORGANIZATIONS THROUGH OUR CARE FOR THE POOR PROGRAM MANAGED BY SRMH FURTHERMORE, SANTA RO SA MEMORIAL HOSPITAL WILL ENDORSE LOCAL NONPROFIT ORGANIZATION PARTNERS TO APPLY FOR FUNDI NG THROUGH THE ST JOSEPH HEALTH COMMUNITY PARTNERSHIP FUND ORGANIZATIONS THAT RECEIVE FU NDING PROVIDE SPECIFIC SERVICES, RESOURCES TO MEET THE IDENTIFIED NEEDS OF UNDERSERVED COM MUNITIES THROUGH ST JOSEPH HEALTH COMMUNITIES QUEEN OF THE VALLEY MEDICAL CENTER NEEDS A SSESSMENT IN ADDITION TO THE CHNA, ADDITIONAL COMMUNITY NEEDS EMERGE OVER TIME TO ENSURE A CONTINUOUS CONNECTION TO EMERGING COMMUNITY NEEDS, QUEEN OF THE VALLEY COMMUNITY BENEFIT STAFF ARE MEMBERS OF LIVE HEALTHY NAPA COUNTY (LHNC) NAPA COUNTY PUBLIC HEALTH SERVES AS THE BACKBONE ORGANIZATION OF LHNC, AND THIS THE PUBLIC PRIVATE SECTOR COLLABORATIVE CONSI STS OF OVER 40 AGENCIES LHNC MEETS REGULARLY, HAS A WEB SITE AND SENDS ELECTRONIC NEWSLET TERS AND UPDATES FOR ANY URGENT COMMUNITY NEEDS THAT ARISE BETWEEN MEETINGS IN ADDITION T O LHNC, QUEEN OF THE VALLEY STRATEGIC SERVICES CONDUCT ANALYSIS AND REPORT ON COMMUNITY NE EDS AND TRENDS FACILITY REPORTING GROUP A REDWOOD MEMORIAL HOSPITAL NEEDS ASSESSMENT IN A DDITION TO THE CHNA, ADDITIONAL COMMUNITY NEEDS EMERGE OVER TIME TO ENSURE A CONTINUOUS C ONNECTION TO EMERGING COMMUNITY NEEDS, REDWOOD MEMORIAL HOSPITAL COMMUNITY BENEFIT STAFF A RE CORE MEMBERS OF MULTIPLE CROSS-SECTOR COLLABORATIVES INCLUDING LIVE WELL HUMBOLDT (LWH) HUMBOLDT COUNTY PUBLIC HEALTH SERVES AS THE BACKBONE ORGANIZATION OF LWH, AND THIS PUBLI C AND PRIVATE SECTOR COLLABORATIVE CONSISTS OF OVER 20 AGENCIES FRONTLINE CB CAREGIVERS A LSO PROVIDE ONGOING INFORMATION AND FEEDBACK ABOUT NEEDS THEIR CLIENTS FACE IN REAL TIME THE ORGANIZATION ALSO PARTNERS WITH HUMBOLDT STATE UNIVERSITY AND OTHER NONPROFITS TO COND UCT SURVEYS OF VULNERABLE POPULATIONS IN ADDITION TO LWH, REDWOOD MEMORIAL HOSPITAL STRAT EGIC SERVICES CONDUCT ANALYSIS AND REPORT ON COMMUNITY NEEDS AND TRENDS FACILITY REPORTIN G GROUP A ST JOSEPH HOSPITAL OF EUREKA NEEDS ASSESSMENT IN ADDITION TO THE CHNA, ADDITION AL COMMUNITY NEEDS EMERGE OVER TIME TO ENSURE A CONTINUOUS CONNECTION TO EMERGING COMMUNI TY NEEDS, ST JOSEPH HOSPITAL COMMUNITY BENEFIT STAFF ARE CORE MEMBERS OF MULTIPLE CROSS-S ECTOR COLLABORATIVES INCLUDING LIVE WELL HUMBOLDT (LWH) HUMBOLDT COUNTY PUBLIC HEALTH SER VES AS THE BACKBONE ORGANIZATION OF LWH, AND THIS PUBLIC AND PRIVATE SECTOR COLLABORATIVE CONSISTS OF OVER 20 AGENCIES FRONTLINE CB CAREGIV

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	ERS ALSO PROVIDE ONGOING INFORMATION AND FEEDBACK ABOUT NEEDS THEIR CLIENTS FACE IN REAL T IME THE ORGANIZATION ALSO PARTNERS WITH HUMBOLDT STATE UNIVERSITY AND OTHER NONPROFITS TO CONDUCT SURVEYS OF VULNERABLE POPULATIONS IN ADDITION TO LWH, ST JOSEPH HOSPITAL STRATE GIC SERVICES CONDUCT ANALYSIS AND REPORT ON COMMUNITY NEEDS AND TRENDS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 3	FACILITY REPORTING GROUP A SANTA ROSA MEMORIAL HOSPITAL PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE ONE WAY SRMH INFORMS THE PUBLIC OF FAP IS BY POSTING NOTICES NOTICES ARE POSTED IN HIGH VOLUME INPATIENT AND OUTPATIENT SERVICE AREAS NOTICES ARE ALSO POSTED AT LOCATIONS WHERE A PATIENT MAY PAY THEIR BILL NOTICES INCLUDE CONTACT INFORMATION ON HOW A PATIENT CAN OBTAIN MORE INFORMATION ON FINANCIAL ASSISTANCE AS WELL AS WHERE TO APPLY FOR ASSISTANCE THESE NOTICES ARE POSTED IN ENGLISH AND SPANISH AND ANY OTHER LANGUAGES THAT ARE REPRESENTATIVE OF 5% OR GREATER OF PATIENTS IN THE HOSPITAL'S SERVICE AREA ALL PATIENTS WHO DEMONSTRATE LACK OF FINANCIAL COVERAGE BY THIRD PARTY INSURERS ARE OFFERED AN OPPORTUNITY TO COMPLETE THE PATIENT FINANCIAL ASSISTANCE APPLICATION AND ARE OFFERED INFORMATION, ASSISTANCE, AND REFERRAL AS APPROPRIATE TO GOVERNMENT SPONSORED PROGRAMS FOR WHICH THEY MAY BE ELIGIBLE FACILITY REPORTING GROUP A REDWOOD MEMORIAL HOSPITAL PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE ONE WAY RMH INFORMS THE PUBLIC OF FAP IS BY POSTING NOTICES NOTICES ARE POSTED IN HIGH VOLUME INPATIENT AND OUTPATIENT SERVICE AREAS NOTICES ARE ALSO POSTED AT LOCATIONS WHERE A PATIENT MAY PAY THEIR BILL NOTICES INCLUDE CONTACT INFORMATION ON HOW A PATIENT CAN OBTAIN MORE INFORMATION ON FINANCIAL ASSISTANCE AS WELL AS WHERE TO APPLY FOR ASSISTANCE THESE NOTICES ARE POSTED IN ENGLISH AND SPANISH AND ANY OTHER LANGUAGES THAT ARE REPRESENTATIVE OF 5% OR GREATER OF PATIENTS IN THE HOSPITAL'S SERVICE AREA ALL PATIENTS WHO DEMONSTRATE LACK OF FINANCIAL COVERAGE BY THIRD PARTY INSURERS ARE OFFERED AN OPPORTUNITY TO COMPLETE THE PATIENT FINANCIAL ASSISTANCE APPLICATION AND ARE OFFERED INFORMATION, ASSISTANCE, AND REFERRAL AS APPROPRIATE TO GOVERNMENT SPONSORED PROGRAMS FOR WHICH THEY MAY BE ELIGIBLE FACILITY REPORTING GROUP A ST JOSEPH HOSPITAL OF EUREKA PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE ONE WAY SJHE INFORMS THE PUBLIC OF FAP IS BY POSTING NOTICES NOTICES ARE POSTED IN HIGH VOLUME INPATIENT AND OUTPATIENT SERVICE AREAS NOTICES ARE ALSO POSTED AT LOCATIONS WHERE A PATIENT MAY PAY THEIR BILL NOTICES INCLUDE CONTACT INFORMATION ON HOW A PATIENT CAN OBTAIN MORE INFORMATION ON FINANCIAL ASSISTANCE AS WELL AS WHERE TO APPLY FOR ASSISTANCE THESE NOTICES ARE POSTED IN ENGLISH AND SPANISH AND ANY OTHER LANGUAGES THAT ARE REPRESENTATIVE OF 5% OR GREATER OF PATIENTS IN THE HOSPITAL'S SERVICE AREA ALL PATIENTS WHO DEMONSTRATE LACK OF FINANCIAL COVERAGE BY THIRD PARTY INSURERS ARE OFFERED AN OPPORTUNITY TO COMPLETE THE PATIENT FINANCIAL ASSISTANCE APPLICATION AND ARE OFFERED INFORMATION, ASSISTANCE, AND REFERRAL AS APPROPRIATE TO GOVERNMENT SPONSORED PROGRAMS FOR WHICH THEY MAY BE ELIGIBLE

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	FACILITY REPORTING GROUP A SANTA ROSA MEMORIAL HOSPITAL COMMUNITY INFORMATION SANTA ROSA MEMORIAL HOSPITAL (SRMH), FOUNDED BY THE SISTERS OF ST JOSEPH OF ORANGE, HAS BEEN SERVING THE HEALTHCARE NEEDS OF FAMILIES IN THE COMMUNITY FOR MORE THAN 60 YEARS DURING THIS TIM E, ITS MISSION HAS REMAINED THE SAME TO CONTINUALLY IMPROVE THE HEALTH AND QUALITY OF LIF E OF PEOPLE IN THE COMMUNITIES SERVED PART OF A LARGER HEALTHCARE SYSTEM KNOWN AS PROVIDE NCE ST JOSEPH HEALTH (PSJH), SRMH IS PART OF A COUNTYWIDE MINISTRY THAT INCLUDES TWO HOSP ITALS, URGENT CARE FACILITIES, HOSPICE, HOME HEALTH SERVICES, AND OTHER FACILITIES FOR TRE ATING THE HEALTHCARE NEEDS OF THE COMMUNITY IN SONOMA COUNTY AND THE REGION THE MINISTRY' S CORE FACILITIES ARE PETALUMA VALLEY HOSPITAL (PVH), AN 80-BED ACUTE CARE HOSPITAL, AND S RMH, A FULL SERVICE, STATE OF THE ART 330-BED ACUTE CARE HOSPITAL THAT INCLUDES A LEVEL II TRAUMA CENTER FOR THE COASTAL REGION FROM SAN FRANCISCO TO THE OREGON BORDER MAJOR PROGR AMS AND SERVICES INCLUDE CRITICAL CARE, CARDIOVASCULAR CARE, STROKE CARE, WOMEN'S AND CHIL DREN'S SERVICES, CANCER CARE, AND ORTHOPEDICS SRMH IS HOME TO THE NORMA & EVERT PERSON HE ART & VASCULAR INSTITUTE AND THE UCSF NEONATAL INTENSIVE CARE NURSERY SRMH PROVIDES SOUTH ERN MENDOCINO, NORTHERN MARIN, AND SONOMA COUNTIES' COMMUNITIES WITH ACCESS TO ADVANCED CA RE AND ADVANCED CARING THE HOSPITAL'S SERVICE AREA EXTENDS FROM UKIAH IN THE NORTH, MARSH ALL IN THE SOUTH, SONOMA VALLEY IN THE EAST AND BODEGA BAY IN THE WEST SRMH'S TOTAL SERVI CE AREA (TSA) INCLUDES THE CITIES OF SANTA ROSA, PETALUMA, SEBASTOPOL, WINDSOR, HEALDSBURG , ROHNERT PARK, COTATI, SONOMA, CLOVERDALE, UKIAH, AND POINT ARENA DEFINING THE COMMUNITY SONOMA COUNTY IS A LARGE, URBAN-RURAL COUNTY ENCOMPASSING 1,575 SQUARE MILES SONOMA COU NTY RESIDENTS INHABIT NINE CITIES AND A LARGE UNINCORPORATED AREA, INCLUDING MANY GEOGRAPH ICALLY ISOLATED COMMUNITIES THE COUNTY'S TOTAL POPULATION WAS ESTIMATED AT 487,011 AT THE TIME OF THE CHNA SINCE 2006, THE COUNTY POPULATION HAS GROWN AT AN OVERALL RATE OF 1 8% WITH THE CITIES OF SONOMA, SANTA ROSA AND WINDSOR EXPERIENCING THE FASTEST GROWTH RATES A CCORDING TO PROJECTIONS FROM THE CALIFORNIA DEPARTMENT OF FINANCE, THE COUNTY POPULATION I S PROJECTED TO GROW BY 8 3% TO 546,204 IN 2020 THIS RATE OF GROWTH IS LESS THAN THAT PROJ ECTED FOR CALIFORNIA AS A WHOLE (10 1%) THE MAJORITY OF THE COUNTY'S POPULATION RESIDES W ITHIN ITS CITIES, THE LARGEST OF WHICH ARE CLUSTERED ALONG THE HIGHWAY 101 CORRIDOR SANTA ROSA IS THE LARGEST CITY WITH A POPULATION ESTIMATED TO BE NEARLY 171,000 IN 2012 AND IS THE SERVICE HUB FOR THE ENTIRE COUNTY AND THE LOCATION OF THE COUNTY'S THREE MAJOR HOSPITA LS AT LEAST PART OF SONOMA COUNTY, CALIFORNIA, IS DESIGNATED AS A MEDICALLY UNDERSERVED A REA (MUA) THE AREA IS 0 8 SQUARE MILES AND IS LOCATED NEAR DOWNTOWN SANTA ROSA THE CLOVE RDALE AREA IN SONOMA COUNTY IS A DESIGNATED PRIMARY CARE HEALTH PROFESSIONAL SHORTAGE AREA (PC-HSPA) THERE ARE 6,888 CIVILIAN RESIDENTS IN THIS AREA, WHICH IS 307 5 TOTAL SQUARE M ILES SRMH PROVIDES SONOMA COUNTY COMMUNITIES WITH ACCESS TO ADVANCED CARE AND ADVANCED CA RING THE HOSPITAL IS LOCATED IN DOWNTOWN SANTA ROSA, ABOUT 55 MILES NORTH OF SAN FRANCISC O JUST OFF THE HIGHWAY 101 CORRIDOR IN CENTRAL SONOMA COUNTY SRMH'S PRIMARY SERVICE AREA IS LIMITED TO A TIGHT RADIUS, BUT ITS SECONDARY SERVICE AREA COMPRISES THE ENTIRE COUNTY, PLUS NORTHERN MARIN COUNTY AND SOUTHERN MENDOCINO COUNTY THE CHNA PROCESS AND DATA GATHER ING ADDRESSES SONOMA COUNTY FOR A COMPLETE COPY OF THE 2017 SRMH CHNA SEE HTTPS //WWW ST JOESONOMA ORG/DOCUMENTS/COMMUNITY-BENEFIT/SRMH-CHNA-FY17 PDF SONOMA COUNTY'S UNINCORPORATE D AREAS ARE HOME TO 146,739 RESIDENTS, 30 1% OF THE TOTAL POPULATION A SIGNIFICANT NUMBER OF THESE INDIVIDUALS LIVE IN LOCATIONS THAT ARE VERY RURAL AND GEOGRAPHICALLY REMOTE RES IDENTS OF THESE AREAS MAY EXPERIENCE SOCIAL ISOLATION AND SIGNIFICANT BARRIERS IN ACCESSIN G BASIC SERVICES AND SUPPORTS SUCH AS TRANSPORTATION, HEALTH CARE, NUTRITIOUS FOOD AND OPP ORTUNITIES TO SOCIALIZE LOW INCOME AND SENIOR POPULATIONS LIVING IN REMOTE AREAS MAY FACE SPECIAL CHALLENGES IN MAINTAINING HEALTH AND QUALITY OF LIFE OF THE COUNTY'S TOTAL SENIO R POPULATION, AGE 60 AND OLDER, 12,144 (12%) ARE CONSIDERED "GEOGRAPHICALLY ISOLATED" AS D EFINED BY THE OLDER AMERICANS ACT SRMH TOTAL SERVICE AREA THE COMMUNITY SERVED BY SRMH I S DEFINED BASED ON THE GEOGRAPHIC ORIGINS OF SRMH'S INPATIENTS THE SRMH TOTAL SERVICE ARE A IS COMPRISED OF BOTH THE PRIMARY SERVICE AREA (PSA) AS WELL AS THE SECONDARY SERVICE ARE A (SSA) AND IS ESTABLISHED BASED ON THE FOLLOWING CRITERIA - PSA 70% OF DISCHARGES (EXCL UDING NORMAL NEWBORNS) - SSA 71%-85% OF DISCHARGES (DRAW RATES PER ZIP CODE ARE CONSIDERE D AND PSA/SSA ARE MODIFIED ACCORDINGLY) - INCLUDES ZIP CODES FOR CONTINUITY - NATURAL BOUN DARIES ARE CONSIDERED (I E , FREEWAYS, MOUNTAIN RANGES, ETC) - CITIES ARE PLACED IN PSA O R SSA, BUT NOT BOTH THE PSA IS THE GEOGRAPHIC ARE

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	A FROM WHICH THE MAJORITY OF SRMH'S PATIENTS ORIGINATE THE CITIES AND TOWNS IN THE SRMH P SA INCLUDE SANTA ROSA, SEBASTOPOL, WINDSOR, FORESTVILLE, ROHNERT PARK AND COTATI/PENNGROVE THE SSA IS WHERE AN ADDITIONAL POPULATION OF THE HOSPITAL'S INPATIENTS RESIDE THE SSA I NCLUDES ALL OF SONOMA COUNTY, UKIAH TO THE NORTH IN MENDOCINO COUNTY, AND NORTHERN MARIN C OUNTY TO THE SOUTH THE POPULATION OF THE SERVICE AREA IS 835,741, OF WHICH 328,005 ARE IN THE PSA AND 507,736 RESIDE IN THE SSA COMMUNITY NEED INDEX (ZIP CODE LEVEL) BASED ON NAT IONAL NEED THE COMMUNITY NEED INDEX (CNI) WAS DEVELOPED BY DIGNITY HEALTH AND TRUVEN HEAL TH ANALYTICS THE CNI IDENTIFIES THE SEVERITY OF HEALTH DISPARITY FOR EVERY ZIP CODE IN TH E UNITED STATES AND DEMONSTRATES THE LINK BETWEEN COMMUNITY NEED, ACCESS TO CARE, AND PREV ENTABLE HOSPITALIZATIONS CNI AGGREGATES FIVE SOCIOECONOMIC INDICATORS THAT CONTRIBUTE TO HEALTH DISPARITY (ALSO KNOWN AS BARRIERS) - INCOME BARRIERS (ELDER POVERTY, CHILD POVERTY AND SINGLE PARENT POVERTY) - CULTURE BARRIERS (NON-CAUCASIAN LIMITED ENGLISH), - EDUCATIO NAL BARRIERS (% POPULATION WITHOUT HS DIPLOMA), - INSURANCE BARRIERS (INSURANCE, UNEMPLOYE D AND UNINSURED), - HOUSING BARRIERS (HOUSING, RENTING PERCENTAGE) THIS OBJECTIVE MEASURE IS THE COMBINED EFFECT OF FIVE SOCIOECONOMIC BARRIERS (INCOME, CULTURE, EDUCATION, INSURA NCE AND HOUSING) A SCORE OF 1 0 INDICATES A ZIP CODE WITH THE FEWEST SOCIOECONOMIC BARRIE RS, WHILE A SCORE OF 5 0 REPRESENTS A ZIP CODE WITH THE MOST SOCIOECONOMIC BARRIERS RESID ENTS OF COMMUNITIES WITH THE HIGHEST CNI SCORES WERE SHOWN TO BE TWICE AS LIKELY TO EXPERI ENCE PREVENTABLE HOSPITALIZATIONS FOR MANAGEABLE CONDITIONS SUCH AS EAR INFECTIONS, PNEUMO NIA OR CONGESTIVE HEART FAILURE COMPARED TO COMMUNITIES WITH THE LOWEST CNI SCORES (REF R OTH R, BARSI E , HEALTH PROG 2005 JUL-AUG, 86(4) 32-8) THE CNI IS USED TO A DRAW ATTENTI ON TO AREAS THAT NEED ADDITIONAL INVESTIGATION SO THAT HEALTH POLICY AND PLANNING EXPERTS CAN MORE STRATEGICALLY ALLOCATE RESOURCES FOR EXAMPLE, THE ZIP CODE 95407 ON THE CNI MAP IS SCORED 4 2, MAKING IT A HIGH NEED COMMUNITY THE MINISTRY'S SERVICE AREA IS ALSO SERVED BY SUTTER SANTA ROSA REGIONAL HOSPITAL AND KAISER PERMANENTE SANTA ROSA MEDICAL CENTER AN D MEDICAL OFFICES QUEEN OF THE VALLEY MEDICAL CENTER QUEEN OF THE VALLEY MEDICAL CENTER CO MMUNITY INFORMATION QUEEN OF THE VALLEY MEDICAL CENTER'S TOTAL HOSPITAL SERVICE AREA (TSA) INCLUDES APPROXIMATELY 167,000 PEOPLE AND PORTIONS OF NAPA AND SONOMA COUNTIES THE PRIMA RY SERVICE AREA (PSA) CONSISTS OF THE ZIP CODES FOR THE CITIES OF NAPA AND YOUNTVILLE, AND THE SECONDARY SERVICE AREA CONSISTS OF THE CITIES OF AMERICAN CANYON, ST HELENA, AND BOY ES HOT SPRINGS IN SONOMA OVER 75% OF THE POPULATION OF THE TSA IS IN NAPA COUNTY, AND APP ROXIMATELY 90% OF NAPA COUNTY'S POPULATION IS WITHIN THE TSA A PREMIUM WINE PRODUCING REG ION, THERE IS A LARGE AGRICULTURE AND HOSPITALITY INDUSTRY ALTHOUGH OFTEN VIEWED AS A COM MUNITY OF WEALTH, THE LARGE NUMBER OF LOW WAGE EARNERS IN THESE INDUSTRIES COMBINED WITH T HE HIGH COST OF LIVING LEND TO POCKETS OF POVERTY AND INDIVIDUALS AND FAMILIES HAVING DIFF ICULTY MEETING BASIC NEEDS ETHNIC DIVERSITY OF THE TSA INCLUDE 33 5% LATINO, 54 8% NON-LA TINO WHITE WITH 7 2% ASIAN/PACIFIC ISLANDER AND 1 7% BLACK 16 2% OF THE TSA DO NOT SPEAK ENGLISH "VERY WELL" THE MEDIAN HOUSEHOLD INCOME IS $68,468 WITH 22 1% HOUSEOLDS BELOW 200 % OF THE FPL AND 7 6% LIVING BELOW 100% FPL 15 4% OF CHILDREN AND 7 1% OF OLDER ADULTS LI VE 100% BELOW FPL QUEEN OF THE VALLEY'S TSA HAS A HIGHER PERCENTAGE OF OLDER ADULTS (18 5 %) THAN THE MEDICAL UNDERSERVED AREA/MEDICAL PROFESSIONAL SHORTAGE AREA MEDICALLY UNDERSER VED AREAS AND MEDICALLY UNDERSERVED POPULATIONS ARE DEFINED BY THE FEDERAL GOVERNMENT TO I NCLUDE AREAS OR POPULATION GROUPS THAT DEMONSTRATE A SHORTAGE OF HEALTHCARE SERVICES THIS DESIGNATION PROCESS WAS ORIGINALLY ESTABLISHED TO ASSIST THE GOVERNMENT IN ALLOCATING COM MUNITY HEALTH CENTER GRANT FUNDS TO THE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	FACILITY REPORTING GROUP A SANTA ROSA MEMORIAL HOSPITAL PROMOTION OF COMMUNITY HEALTH SANTA ROSA MEMORIAL HOSPITAL PROVIDES VITAL COMMUNITY HEALTH SERVICES AND ADDRESSES THE NEEDS OF THE UNINSURED AND UNDERSINSURED THROUGH ITS FINANCIAL ASSISTANCE PROGRAM PROVIDING FREE AND DISCOUNTED CARE SANTA ROSA MEMORIAL HOSPITAL IS COMMITTED TO PROMOTING THE HEALTH AND QUALITY OF LIFE IN ITS SURROUNDING COMMUNITY THIS IS DEMONSTRATED THROUGH THE FOLLOWING MECHANISMS 1) A COMMUNITY BENEFIT COMMITTEE THAT HAS COMMUNITY REPRESENTATION AND IS A SUBCOMMITTEE OF THE BOARD OF TRUSTEES 2) OPEN MEDICAL STAFF 3) ROBUST COMMUNITY BENEFIT PROGRAMS THAT ADDRESS COMMUNITY HEALTH NEEDS SEE STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS QUEEN OF THE VALLEY MEDICAL CENTER PROMOTION OF COMMUNITY HEALTH QUEEN OF THE VALLEY MEDICAL CENTER PROVIDES VITAL COMMUNITY HEALTH SERVICES AND ADDRESSES THE NEEDS OF THE UNINSURED AND UNDERSINSURED THROUGH ITS FINANCIAL ASSISTANCE PROGRAM PROVIDING FREE AND DISCOUNTED CARE QUEEN OF THE VALLEY IS COMMITTED TO PROMOTING THE HEALTH AND QUALITY OF LIFE IN ITS SURROUNDING COMMUNITY THIS IS DEMONSTRATED THROUGH THE FOLLOWING MECHANISMS 1) A COMMUNITY BENEFIT COMMITTEE THAT HAS COMMUNITY REPRESENTATION AND IS A SUBCOMMITTEE OF THE BOARD OF TRUSTEES 2) OPEN MEDICAL STAFF 3) ROBUST COMMUNITY BENEFIT PROGRAMS THAT ADDRESS COMMUNITY HEALTH NEEDS SEE STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS FACILITY REPORTING GROUP A REDWOOD MEMORIAL HOSPITAL PROMOTION OF COMMUNITY HEALTH REDWOOD MEMORIAL HOSPITAL PROVIDES VITAL COMMUNITY HEALTH SERVICES AND ADDRESSES THE NEEDS OF THE UNINSURED AND UNDERSINSURED THROUGH ITS FINANCIAL ASSISTANCE PROGRAM PROVIDING FREE AND DISCOUNTED CARE REDWOOD MEMORIAL HOSPITAL IS COMMITTED TO PROMOTING THE HEALTH AND QUALITY OF LIFE IN ITS SURROUNDING COMMUNITY THIS IS DEMONSTRATED THROUGH THE FOLLOWING MECHANISMS 1) A COMMUNITY BENEFIT COMMITTEE THAT HAS COMMUNITY REPRESENTATION AND IS A SUBCOMMITTEE OF THE BOARD OF TRUSTEES 2) OPEN MEDICAL STAFF 3) ROBUST COMMUNITY BENEFIT PROGRAMS THAT ADDRESS COMMUNITY HEALTH NEEDS SEE STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS FACILITY REPORTING GROUP A ST JOSEPH HOSPITAL OF EUREKA PROMOTION OF COMMUNITY HEALTH ST JOSEPH HOSPITAL, EUREKA PROVIDES VITAL COMMUNITY HEALTH SERVICES AND ADDRESSES THE NEEDS OF THE UNINSURED AND UNDERSINSURED THROUGH ITS FINANCIAL ASSISTANCE PROGRAM PROVIDING FREE AND DISCOUNTED CARE ST JOSEPH HOSPITAL, EUREKA IS COMMITTED TO PROMOTING THE HEALTH AND QUALITY OF LIFE IN ITS SURROUNDING COMMUNITY THIS IS DEMONSTRATED THROUGH THE FOLLOWING MECHANISMS 1) A COMMUNITY BENEFIT COMMITTEE THAT HAS COMMUNITY REPRESENTATION AND IS A SUBCOMMITTEE OF THE BOARD OF TRUSTEES 2) OPEN MEDICAL STAFF 3) ROBUST COMMUNITY BENEFIT PROGRAMS THAT ADDRESS COMMUNITY HEALTH NEEDS SEE STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 6	AFFILIATED HEALTH CARE SYSTEM ON JULY 1, 2016, PROVIDENCE HEALTH & SERVICES (PHS) AND ST JOSEPH HEALTH SYSTEM (SJHS) ENTERED INTO A BUSINESS COMBINATION AGREEMENT BY COMING TOGETHER, PROVIDENCE ST JOSEPH HEALTH SEEKS TO BETTER SERVE ITS COMMUNITIES THROUGH GREATER PATIENT AFFORDABILITY, OUTSTANDING CLINICAL CARE, IMPROVEMENTS TO THE PATIENT EXPERIENCE AND INTRODUCTION OF NEW SERVICES WHERE THEY ARE NEEDED MOST TOGETHER, OUR CAREGIVERS SERVE IN 51 HOSPITALS AND 829 CLINICS ACROSS ALASKA, CALIFORNIA, MONTANA, NEW MEXICO, OREGON, TEXAS AND WASHINGTON

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 7	FACILITY REPORTING GROUP A SANTA ROSA MEMORIAL HOSPITAL STATE FILING OF COMMUNITY BENEFIT REPORT CALIFORNIA QUEEN OF THE VALLEY MEDICAL CENTER STATE FILING OF COMMUNITY BENEFIT REPORT CALIFORNIA FACILITY REPORTING GROUP A REDWOOD MEMORIAL HOSPITAL STATE FILING OF COMMUNITY BENEFIT REPORT CALIFORNIA FACILITY REPORTING GROUP A ST JOSEPH HOSPITAL OF EUREKA STATE FILING OF COMMUNITY BENEFIT REPORT CALIFORNIA

Additional Data

Software ID:
Software Version:
EIN: 81-4791043
Name: ST JOSEPH HEALTH NORTHERN CALIFORNIA LLC

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **4** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	SANTA ROSA MEMORIAL HOSPITAL 1165 MONTGOMERY DRIVE SANTA ROSA, CA 95405 WWW STJOESONOMA ORG 6933475	X	X					X		DESIGNATED TRAUMA CENTER, LEVEL II	A
2	QUEEN OF THE VALLEY MEDICAL CENTER 1000 TRANCAS STREET NAPA, CA 94558 WWW THEQUEEN ORG 110000060	X	X					X			
3	REDWOOD MEMORIAL HOSPITAL 3300 RENNER DRIVE FORTUNA, CA 95540 WWW STJOEHUMBOLDT ORG D-0295172	X	X			X		X			A
4	ST JOSEPH HOSPITAL OF EUREKA 2700 DOLBEER STREET EUREKA, CA 95501 WWW STJOEHUMBOLDT ORG D-0189726	X	X					X			A

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5	FACILITY REPORTING GROUP A SANTA ROSA MEMORIAL HOSPITAL OVERVIEW AND SUMMARY OF THE HEALTH FRAMEWORK GUIDING THE CHNA THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS WAS GUID ED BY THE FUNDAMENTAL UNDERSTANDING THAT MUCH OF A PERSON AND COMMUNITY'S HEALTH IS DETERM INED BY THE CONDITIONS IN WHICH THEY LIVE, WORK, PLAY AND PRAY IN GATHERING INFORMATION O N THE COMMUNITIES WE SERVED BY THE HOSPITAL, WE LOOKED NOT ONLY AT THE HEALTH CONDITIONS O F THE POPULATION, BUT ALSO AT SOCIOECONOMIC FACTORS, THE PHYSICAL ENVIRONMENT, HEALTH BEHA VIORS, AND THE AVAILABILITY OF CLINICAL CARE THIS FRAMEWORK FOCUSES ATTENTION ON THE SOCI AL DETERMINANTS OF HEALTH TO LEARN MORE ABOUT OPPORTUNITIES FOR INTERVENTION THAT WILL HEL P PEOPLE BECOME AND STAY HEALTH WITHIN THEIR COMMUNITY IN ADDITION, WE RECOGNIZED THAT WH ERE PEOPLE LIVE TELLS US A LOT ABOUT THEIR HEALTH AND HEALTH NEEDS, AND THAT THERE CAN BE POCKETS WITHIN COUNTIES AND CITIES WHERE THE CONDITIONS FOR SUPPORTING HEALTH ARE SUBSTANT IALLY WORSE THAN NEARBY AREAS WHEN DATA WAS PUBLICLY AVAILABLE, IT WAS COLLECTED AT THE Z IP CODE LEVEL TO SHOW THE DISPARITIES IN HEALTH AND THE SOCIAL DETERMINANTS OF HEALTH THAT OCCUR WITHIN THE HOSPITAL SERVICE AREA THE OLIN GROUP IS A SOCIALLY CONSCIOUS CONSULTING FIRM WORKING ACROSS NONPROFIT, PUBLIC, PRIVATE, AND PHILANTHROPIC SECTORS TO BRING ABOUT COMMUNITY TRANSFORMATION BASED IN SANTA ANA, CALIFORNIA, THE OLIN GROUP HAS 15 YEARS OF E XPERIENCE WORKING ON EVALUATION, PLANNING, ASSESSMENT, FUNDRAISING, COMMUNICATION, AND OTH ER SERVICES FOR NONPROFIT ORGANIZATIONS, AND HAD PREVIOUSLY SUPPORTED THE CHNA PROCESS OF MULTIPLE HOSPITALS IN THE ST JOSEPH HEALTH SYSTEM THE OLIN GROUP SERVED AS THE LEAD CONS ULTANT IN THE CHNA PROCESSES AND ASSISTING IN THE PRIORITIZATION AND SELECTION OF HEALTH N EEDS COMMUNITY INPUT THE PROCESS OF COLLECTING QUALITATIVE COMMUNITY INPUT TOOK THREE MA IN FORMS COMMUNITY RESIDENT FOCUS GROUPS, A NONPROFIT AND GOVERNMENT STAKEHOLDER FOCUS GR OUP, AND A COMMUNITY FORUM EACH GROUP WAS DESIGNED TO CAPTURE THE COLLECTED KNOWLEDGE AND OPINIONS OF PEOPLE WHO LIVE AND WORK IN THE COMMUNITIES SERVED BY OUR MINISTRY IN ADDITI ON, THE FINDINGS FROM THE RECENT SONOMA COUNTY COLLABORATIVE CHNA CONDUCTED IN 2016 AND FR OM THE ONGOING COMMUNITY BUILDING INITIATIVE IN THE ROSELAND NEIGHBORHOOD OF SOUTHWEST SAN TA ROSA WERE CONSIDERED AS ADDITIONAL SOURCES RESIDENT FOCUS GROUPS FOR COMMUNITY RESIDE NT GROUPS, HOSPITAL COMMUNITY BENEFIT STAFF, IN COLLABORATION WITH THEIR COMMUNITY BENEFIT COMMITTEES AND THE ST JOSEPH HEALTH COMMUNITY PARTNERSHIPS DEPARTMENT, IDENTIFIED GEOGRA PHIC AREAS WHERE DATA SUGGESTED THERE WERE SIGNIFICANT HEALTH, PHYSICAL ENVIRONMENT, AND S OCIOECONOMIC CONCERNS THIS PROCESS ALSO IDENTIFIED THE LANGUAGE NEEDS OF THE COMMUNITY, W HICH DETERMINED THE LANGUAGE IN WHICH EACH FOCUS GROUP WAS CONDUCTED COMMUNITY BENEFIT ST AFF THEN PARTNERED WITH COMMUNITY-BASED ORGANIZATIONS THAT SERVE THOSE AREAS TO RECRUIT FO R AND HOST THE FOCUS GROUPS T

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5	HE COMMUNITY-BASED ORGANIZATION DEVELOPED AN INVITATION LIST USING THEIR CONTACTS AND KNOW LEDGE OF THE AREA, AND PARTICIPANTS WERE PROMISED A SMALL INCENTIVE FOR THEIR TIME TWO CO NSULTANTS STAFFED EACH FOCUS GROUP, SERVING AS FACILITATORS AND NOTE TAKERS THESE CONSULT ANTS WERE NOT DIRECTLY AFFILIATED WITH THE MINISTRY TO ENSURE CANDOR FROM THEIR PARTICIPAN TS NONPROFIT AND GOVERNMENT STAKEHOLDER FOCUS GROUP FOR THE NONPROFIT AND GOVERNMENT STA KEHOLDER FOCUS GROUP, COMMUNITY BENEFIT STAFF DEVELOPED A LIST OF LEADERS FORM ORGANIZATIO NS THAT SERVE DIVERSE CONSTITUENCIES WITHIN THE HOSPITALS SERVICE AREA MINISTRY STAFF SOU GHT TO INVITE ORGANIZATIONS WITH WHICH THEY HAD EXISTING RELATIONSHIPS, BUT ALSO USED THE FOCUS GROUP AS AN OPPORTUNITY TO BUILD NEW RELATIONSHIPS WITH STAKEHOLDERS PARTICIPANTS W ERE NOT GIVEN A MONETARY INCENTIVE FOR ATTENDANCE AS WITH THE RESIDENT FOCUS GROUPS, THIS GROUP WAS FACILITATED BY OUTSIDE CONSULTANTS WITHOUT A DIRECT LINK TO ST JOSEPH HEALTH RESIDENT COMMUNITY FORUM RECRUITMENT FOR THE COMMUNITY RESIDENT FORUM WAS MUCH BROADER TO ENCOURAGE AS MANY PEOPLE AS POSSIBLE TO ATTEND THE SESSION COMMUNITY BENEFIT STAFF PUBLI CIZED THE EVENT THROUGH FLYERS AND EMAILS USING THEIR EXISTING OUTREACH NETWORKS, AND ALSO ASKED THEIR PARTNER ORGANIZATIONS TO INVITE AND RECRUIT PARTICIPANTS NO FORMAL INVITATIO N LIST WAS USED FOR THE FORUM AND ANYONE WHO WISHED TO ATTEND WAS WELCOMED THE FORUM WAS CONDUCTED BY AN OUTSIDE CONSULTANT IN ENGLISH, WITH SIMULTANEOUS SPANISH LANGUAGE TRANSLAT ION FOR ANYONE WHO REQUESTED IT WHILE THE FOCUS GROUPS FOLLOWED A SIMILAR PROTOCOL TO EAC H OTHER IN WHICH FIVE TO SIX QUESTIONS WERE ASKED OF THE GROUP, THE FORUM FOLLOWED A DIFFE RENT PROCESS THE LEAD FACILITATOR SHARED THE HEALTH NEEDS THAT HAD EMERGED FROM THE CHNA PROCESS SO FAR AND ASKED THE PARTICIPANTS TO COMMENT ON THEM AND ADD ANY OTHER CONCERNS O NCE THE DISCUSSION WAS COMPLETE, THE PARTICIPANTS ENGAGED IN A CUMULATIVE VOTING PROCESS U SING DOTS TO INDICATE THEIR GREATEST CONCERNS THROUGH THIS PROCESS, THE FORUM SERVED AS S OMETHING OF A "CAPSTONE" TO THE COMMUNITY INPUT PROCESS COMMUNITY BUILDING INITIATIVE RO SELAND IN 2016, THE MINISTRY COLLABORATED WITH THE ST JOSEPH HEALTH COMMUNITY PARTNERSHI P FUND IN A PROCESS TO IDENTIFY PRESSING COMMUNITY NEEDS IN THE ROSELAND NEIGHBORHOOD OF S ANTA ROSA BECAUSE THIS PROCESS ALSO INVOLVED COMMUNITY MEETINGS, THE HOSPITAL INCORPORATE D THE COMMUNITY INPUT FROM THIS PROCESS INTO THE OVERALL DATA CONSIDERATION FOR THIS CHNA DATA LIMITATIONS AND INFORMATION GAPS WHILE CARE WAS TAKEN TO SELECT AND GATHER DATA THA T WOULD TELL THE STORY OF THE HOSPITAL'S SERVICE AREA, IT IS IMPORTANT TO RECOGNIZE THE LI MITATIONS AND GAPS IN INFORMATION THAT NATURALLY OCCUR - NOT ALL DESIRED HEALTH-RELATED D ATA WAS AVAILABLE AS A RESULT PROXY MEASURES WERE USED WHEN AVAILABLE FOR EXAMPLE, THERE IS LIMITED COMMUNITY OR ZIP CODE LEVEL DATA ON THE INCIDENCE OF MENTAL HEALTH, OR MANY HE ALTH BEHAVIORS SUCH AS SUBSTAN

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 5	CE ABUSE - DATA THAT IS GATHERED THROUGH INTERVIEWS AND SURVEYS MAY BE BIASED DEPENDING O N WHO IS WILLING TO RESPOND TO THE QUESTIONS AND WHETHER THEY ARE REPRESENTATIVE OF THE PO PULATION AS A WHOLE - THE ACCURACY OF DATA GATHERED THROUGH INTERVIEWS AND SURVEYS DEPEND S ON HOW CONSISTENTLY THE QUESTIONS ARE INTERPRETED ACROSS ALL RESPONDENTS AND HOW HONEST PEOPLE ARE IN PROVIDING THEIR ANSWERS - WHILE MOST INDICATORS ARE RELATIVELY CONSISTENT F ROM YEAR TO YEAR, OTHER INDICATORS ARE CHANGING QUICKLY (SUCH AS RATES OF UNINSURED) AND T HE MOST RECENT DATA AVAILABLE IS NOT A GOOD REFLECTION OF THE CURRENT STATE - ZIP CODE AR EAS ARE THE SMALLEST GEOGRAPHIC REGIONS FOR WHICH MANY HEALTH OUTCOMES AND HEALTH BEHAVIOR INDICATORS ARE PUBLICLY AVAILABLE IT IS RECOGNIZED THAT EVEN WITHIN ZIP CODES, THERE CAN BE POPULATIONS THAT ARE DISPROPORTIONATELY WORSE OFF FOR EXAMPLE, WITHIN SMALLER GEOGRAP HIC AREAS, SUCH AS CENSUS TRACTS, SOCIO-ECONOMIC DATA PROVIDES A MORE GRANULAR UNDERSTANDI NG OF DISPARITY AT THE NEIGHBORHOOD LEVEL AS PREVIOUSLY MENTIONED, CENSUS TRACT HEALTH OU TCOME AND HEALTH BEHAVIOR DATA WAS NOT PUBLICLY AVAILABLE TO PAINT A COMPLETE PICTURE OF C OMMUNITY LEVEL NEED - DATA FOR ZIP CODES WITH SMALL POPULATIONS (BELOW 2,000) IS OFTEN UN RELIABLE, ESPECIALLY WHEN THE DATA IS ESTIMATED FROM A SMALL SAMPLE OF THE POPULATION IN THE TOTAL SERVICE AREA, ANNAPOLIS, BODEGA, BODEGA BAY, CAZADERO, FULTON, GEYSERVILLE, GRAT ON, HOPLAND, JENNER, KENWOOD, MONTE RIO, OCCIDENTAL, POINT AREA, STEWARTS POINT, AND THE S EA RACH EACH HAD FEWER THAN 2,000 PEOPLE - INFORMATION GATHER DURING FOCUS GROUPS AND COM MUNITY FORUMS IS DEPENDENT ON WHO WAS INVITED AND WHO SHOWED UP FOR THE EVENT EFFORTS WER E MADE TO INCLUDE PEOPLE WHO COULD REPRESENT THE BROAD INTERESTS OF THE COMMUNITY AND/OR W ERE MEMBERS OF COMMUNITIES OF GREATEST NEED - FEARS ABOUT DEPORTATION KEPT MANY UNDOCUMEN TED IMMIGRANTS FROM PARTICIPATING IN THE FOCUS GROUPS AND COMMUNITY FORUM AND MADE IT MORE DIFFICULT FOR THEIR VOICE TO BE HEARD QUEEN OF THE VALLEY MEDICAL CENTER COMMUNITY INPUT THE PROCESS OF COLLECTING QUALITATIVE COMMUNITY INPUT TOOK THREE MAIN FORMS COMMUNITY RE SIDENT FOCUS GROUP, A NONPROFIT AND GOVERNMENT STAKEHOLDER FOCUS GROUP, AND A COMMUNITY FO RUM EACH GROUP WAS DESIGNED TO CAPTURE THE COLLECTED KNOWLEDGE AND OPINIONS OF PEOPLE WHO LIVE AND WORK IN THE COMMUNITIES SERVED BY QUEEN OF THE VALLEY MEDICAL CENTER WE DEVELOP ED A PROTOCOL (NOTED IN APPENDIX 3B OF THE CHNA) FOR EACH GROUP TO ENSURE CONSISTENCY ACRO SS INDIVIDUAL FOCUS GROUPS, ALTHOUGH THE FACILITATORS HAD SOME DISCRETION ON ASKING FOLLOW -UP QUESTIONS OR PROBES AS THEY SAW FIT INVITATION AND RECRUITMENT PROCEDURES VARIED FOR EACH TYPE OF GROUP APPENDIX 3 OF THE CHNA INCLUDES A FULL REPORT OF THE COMMUNITY INPUT P ROCESS AND FINDINGS ALONG WITH DESCRIPTIONS OF THE PARTICIPANTS RESIDENT FOCUS GROUPS FOR COMMUNITY RESIDENT GROUPS, COMMUNITY BENEFIT STAFF, IN COLLABORATION WITH THEIR COMMITTEE S AND THE SYSTEM OFFICE, IDENT

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 6A	FACILITY REPORTING GROUP A SANTA ROSA MEMORIAL HOSPITAL CHNA OTHER HOSPITAL FACILITIES - SUTTER HEALTH - KAISER PERMANENTE - SONOMA WEST MEDICAL CENTER FACILITY REPORTING GROUP A REDWOOD MEMORIAL HOSPITAL CHNA OTHER HOSPITAL FACILITIES ST JOSEPH HOSPITAL OF EUREKA FACILITY REPORTING GROUP A ST JOSEPH HOSPITAL OF EUREKA CHNA OTHER HOSPITAL FACILITIES REDWOOD MEMORIAL HOSPITAL

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 6B	FACILITY REPORTING GROUP A SANTA ROSA MEMORIAL HOSPITAL MANY LOCAL GOVERNMENT AGENCIES AND NOT-FOR-PROFIT ORGANIZATIONS COLLABORATED WITH ST JOSEPH HEALTH IN THE CHNA PROCESS AMO NG THESE ARE THE FOLLOWING ORGANIZATIONS OTHER THAN HOSPITAL FACILITIES - SONOMA COUNTY D EPARTMENT OF HEALTH SERVICES - COMMUNITY CHILD CARE COUNCIL (4CS) OF SONOMA COUNTY - FIRST 5 SONOMA COUNTY - BURBANK HOUSING - COMMUNITY FOUNDATION SONOMA COUNTY - SONOMA COUNTY SH ERIFF'S OFFICE - CITY OF SANTA ROSA VIOLENCE PREVENTION PARTNERSHIP - COMMUNITY ACTION PAR TNERSHIP OF SONOMA - SONOMA COUNTY ACES CONNECTION - SONOMA COUNTY ECONOMIC DEVELOPMENT BO ARD - SONOMA COUNTY PERMIT & RESOURCE MANAGEMENT DEPARTMENT - SONOMA COUNTY ENVIRONMENTAL HEALTH & SAFETY - BUCKELEW PROGRAMS - SONOMA COUNTY OFFICE OF EDUCATION - SONOMA COUNTY CO MMUNITY DEVELOPMENT COMMISSION - LA LUZ COMMUNITY CENTER - PETALUMA PEOPLE SERVICES CENTER - SANTA ROSA COMMUNITY HEALTH CENTERS - WEST COUNTY HEALTH CENTERS - PETALUMA HEALTH CARE DISTRICT - PETALUMA HEALTH CENTER - ALLIANCE MEDICAL CENTER - PALM DRIVE HEALTH CARE DIST RICT - NORTH SONOMA COUNTY HEALTH CARE DISTRICT - SONOMA VALLEY HEALTH CARE DISTRICT - RUS SIAN RIVER ARE RESOURCES AND ADVOCATES - COMMUNITY HEALTH INITIATIVE OF THE PETALUMA AREA - LATINO SERVICE PROVIDERS - SONOMA COUNTY HUMAN SERVICES DEPARTMENT - SONOMA COUNTY TASK FORCE ON THE HOMELESS - SONOMA COUNTY HEALTH CARE FOR THE HOMELESS COALITION - MENDOCINO C OUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES - HEALTH MENDOCINO QUEEN OF THE VALEEY MEDICAL CENTER QUEEN OF THE VALLEY MEDICAL CENTER COLLABORATED WITH ON THE MOVE BAY AREA IN THE C HNA PROCESS FACILITY REPORTING GROUP A REDWOOD MEMORIAL HOSPITAL CHNA OTHER ORGANIZATIONS INCLUDING COLLABORATIVE AND COMMUNITY PARTNERS - THE OLIN GROUP - CALIFORNIA CENTER FOR RURAL POLICY - HUMBOLDT COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES, PUBLIC HEALTH BRAN CH - LIVE WELL HUMBOLDT, COMMUNITY STRATEGIES TEAM - MULTIGENERATIONAL CENTER AND THE FORT UNA SENIOR CENTER - BETTY KWAN CHINN HOMELESS FOUNDATION AND DAY CENTER - ENGLISH EXPRESS - HUMBOLDT COUNTY OFFICE OF EDUCATION - HUMBOLDT SENIOR RESOURCE CENTER - FORTUNA SENIOR C ENTER - WESTSIDE COMMUNITY IMPROVEMENT ASSOCIATION AND THE JEFFERSON COMMUNITY CENTER - HU MBOLDT DEL-NORTE MEDICAL SOCIETY - LATINONET AND HUMBOLDT PROMOTORES DE SALUD - REDWOOD CO MMUNITY ACTION AGENCY - ALCOHOL AND DRUG CARE SERVICES - EUREKA RESCUE MISSION FACILITY RE PORTING GROUP A ST JOSEPH HOSPITAL OF EUREKA ST JOSEPH HOSPITAL EUREKA, ALONG WITH REDWO OD MEMORIAL HOSPITAL, COLLOBORATED ON THE CHNA PROCESS WITH THE FOLLOWING ORGANIZATIONS - THE OLIN GROUP - CALIFORNIA CENTER FOR RURAL POLICY - HUMBOLDT COUNTY DEPARTMENT OF HEALT H AND HUMAN SERVICES, PUBLIC HEALTH BRANCH - LIVE WELL HUMBOLDT, COMMUNITY STRATEGIES TEAM - MULTIGENERATIONAL CENTER AND THE FORTUNA SENIOR CENTER - BETTY KWAN CHINN HOMELESS FOUN DATION AND DAY CENTER - ENGLIGH EXPRESS - HUMBOLDT COUNTY OFFICE OF EDUCATION - HUMBOLDT S ENIOR RESOURCE CENTER - FORTUN

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 6B	A SENIOR CENTER - WESTSIDE COMMUNITY IMPROVEMENT ASSOCIATION AND THE JEFFERSON COMMUNITY C ENTER - HUMBOLDT DEL-NORTE MEDICAL SOCIETY - LATINONET AND HUMBOLDT PROMOTORES DE SALUD - REDWOOD COMMUNITY ACTION AGENCY - ALCOHOL AND DRUG CARE SERVICES - EUREKA RESCUE MISSION

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 7A	CHNA WEBSITE FACILITY REPORTING GROUP A SANTA ROSA MEMORIAL HOSPITAL HTTPS //WWW STJOESONOMA ORG/COMMUNITY-OUTREACH/COMMUNITY-BENEFIT/ QUEEN OF THE VALLEY MEDICAL CENTER HTTPS //WWW THEQUEEN ORG/FOR-COMMUNITY/COMMUNITY-BENEFIT/ FACILITY REPORTING GROUP A REDWOOD MEMORIAL HOSPITAL HTTPS //WWW STJOEHUMBOLDT ORG/FOR-COMMUNITY/COMMUNITY-BENEFIT/ FACILITY REPORTING GROUP A ST JOSEPH HOSPITAL OF EUREKA HTTPS //WWW STJOEHUMBOLDT ORG/FOR-COMMUNITY/COMMUNITY-BENEFIT/

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 10A	IMPLEMENTATION STRATEGY WEBSITE FACILITY REPORTING GROUP A SANTA ROSA MEMORIAL HOSPITAL HTTPS //WWW STJOESONOMA ORG/COMMUNITY-OUTREACH/COMMUNITY-BENEFIT/ QUEEN OF THE VALLEY MEDICAL CENTER HTTPS //WWW THEQUEEN ORG/FOR-COMMUNITY/COMMUNITY-BENEFIT/ FACILITY REPORTING GROUP A REDWOOD MEMORIAL HOSPITAL HTTPS //WWW STJOEHUMBOLDT ORG/FOR-COMMUNITY/COMMUNITY-BENEFIT/ FACILITY REPORTING GROUP A ST JOSEPH HOSPITAL OF EUREKA HTTPS //WWW STJOEHUMBOLDT ORG/FOR-COMMUNITY/COMMUNITY-BENEFIT/

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11	FACILITY REPORTING GROUP A SANTA ROSA MEMORIAL HOSPITAL COMMUNITY HEALTH NEEDS PRIORITIZED ACCESS TO RESOURCES ENSURING ACCESS TO AFFORDABLE, QUALITY HEALTH CARE SERVICES IS IMPO RTANT TO PROTECTING BOTH INDIVIDUAL AND POPULATION HEALTH, ELIMINATING HEALTH DISPARITIES AND PROMOTING OVERALL QUALITY OF LIFE IN THE COMMUNITY THIS INCLUDES MOST BARRIERS TO ACC ESSING HEALTH CARE SERVICES AND OTHER NECESSARY RESOURCES, SUCH AS INCOME, LACK OF ADEQUAT E INSURANCE, IMMIGRATION STATUS, TRANSPORTATION, A SHORTAGE OF PROVIDERS AND SPECIALISTS, LANGUAGE BARRIERS, AND RESOURCES BEING UNAVAILABLE OUTSIDE OF WORKING HOURS THE COMMUNITY BENEFIT COMMITTEE (CBC) NOTED THAT WHILE MANY ADULTS IN SONOMA COUNTY ARE ABLE TO OBTAIN INSURANCE COVERAGE AND ACCESS REGULAR HEALTHCARE IN THE WAKE OF THE IMPLEMENTATION OF THE AFFORDABLE CARE ACT (ACA), DISPARITIES PERSIST SPECIFICALLY, LOWER INCOME RESIDENTS HAVE DIFFICULTY ACCESSING CARE, AS MANY REMAIN UNINSURED DUE TO HIGH PREMIUM COSTS AND THOSE WI TH PUBLIC INSURANCE FACE BARRIERS TO FINDING PROVIDERS WHO ACCEPT MEDI-CAL FOREIGN-BORN R ESIDENTS WHO ARE NOT U S CITIZENS ALSO FACE STARK BARRIERS IN OBTAINING INSURANCE COVERAG E AND ACCESSING CARE AMONG THOSE WHO DO HAVE INSURANCE COVERAGE, PRIMARY DATA IDENTIFIED OTHER BARRIERS TO ACCESSING CARE INCLUDING THAT THERE ARE NOT ENOUGH PRIMARY HEALTHCARE PR OVIDERS IN SONOMA COUNTY TO MEET THE HIGH DEMAND THE CBC RECOGNIZES THIS IS AN ONGOING, H IGH-PRIORITY NEED, AND ONE WHICH, GIVEN THE EXISTING SRMH COMMUNITY BENEFIT PROGRAMS (MOBI LE HEALTH AND DENTAL CLINICS, FIXED-SITE DENTAL CLINIC, AND IN-HOME CARE), WE ARE UNIQUELY QUALIFIED WITH APPROPRIATE CAPACITY TO ADDRESS CARE NETWORK, OUR NEWEST PROGRAM, PROVIDE S A COMPREHENSIVE TEAM APPROACH TO PROVIDE MEDICAL CARE, CARE COORDINATION, SOCIAL WORK SU PPORTS, AND RESOURCE NAVIGATION TO THE MOST VULNERABLE PATIENT POPULATION WE ALSO BEGAN T O STRENGTHEN OUR PARTNERSHIPS WITH SANTA ROSA COMMUNITY HEALTH, CATHOLIC CHARITIES, REDWOO D GOSPEL MISSION, THE PALMS AND SAM JONES SHELTER TO PROVIDE SUPPORT SERVICES IN THE COMMU NITY FOR OUR MOST VULNERABLE PATIENTS THE PROGRAM HAS ALSO INTEGRATED WITH PSYCHIATRIC LI AISONS IN THE EMERGENCY DEPARTMENT TO PROVIDE SERVICES TO BEHAVIORAL HEALTH PATIENTS REQUI RING PSYCHIATRIC CARE OR REFERRALS TO CARE HOMELESSNESS AND HOUSING CONCERNS THESE TWO N EEDS WERE COMBINED BY THE CBC IN RECOGNITION OF THE FACT THAT THE TWO ISSUES, WHILE IDENTI FIED SEPARATELY IN THE DATA COLLECTION PROCESS, ARE INEXTRICABLE LINKED AND CANNOT BE EFFE CTIVELY ADDRESSED SEPARATELY, AND THAT WHILE HOMELESSNESS IS THE MORE VISIBLE PROBLEM, THE STRESS OF HOUSING INSECURITY AND THE THREAT OF HOMELESSNESS ARE EQUALLY INJURIOUS TO COMM UNITY AND INDIVIDUAL HEALTH HOUSING IS CONSIDERED A PRIMARY SOCIAL DETERMINANT OF HEALTH, AND THE LACK OF HOUSING OR AFFORDABLE HOUSING CONTRIBUTES TO AND EXACERBATES MULTIPLE ADV ERSE HEALTH CONDITIONS STAKEHOLDERS NOTED THAT 2,835 HOMELESS PERSONS WERE FOUND DURING T HE JANUARY 26, 2017 SONOMA COU

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11	NTY HOMELESS COUNT WHILE THIS NUMBER REFLECTS A DECLINING TREND IN HOMELESSNESS IN SONOMA COUNTY OVER THE PAST FIVE YEARS, THE NUMBER IS STILL VERY LARGE ON ANY GIVEN NIGHT, 5 6 PEOPLE OUT OF EVERY 1,000 RESIDENTS ARE HOMELESS, AND MANY OF THEM IN MUCH MORE VISIBLE LO CATIONS THAN IN PREVIOUS YEARS COUNTS THE CBC BELIEVES IT IS IMPERATIVE THAT WE JOIN IN O UR COMMUNITYS EFFORTS TO COMBAT THESE TRENDS AS WE SEE THIS AS THE MOST PROMINENT SOCIAL D ETERMINANT OF HEALTH THAT WE MUST ADDRESS OUR PRIMARY FOCUS IS ON THE CONDITION OF HOMELE SSNESS, INCLUDING THE DEVELOPMENT OF PERMANENT SUPPORTIVE HOUSING, PROVIDING HEALTHCARE TO HOMELESS INDIVIDUALS, PREVENTION OF HOMELESSNESS, AND MITIGATING ITS IMPACT ON COMMUNITIE S WE CONTINUED TO PARTNER WITH OTHER COMMUNITY ORGANIZATIONS TO ADDRESS ISSUES OF HOUSING AFFORDABILITY, AVAILABILITY, OVERCROWDING, AND QUALITY OUR INTERSECTIONS COALITION LAUNC HED THIS YEAR AND WILL FOCUS ON THE ISSUE OF HOUSING EQUITY IT CONTAINS AN IMPORTANT COMM UNITY ENGAGEMENT ELEMENT THAT WILL INCLUDE RECRUITMENT AND LEADERSHIP DEVELOPMENT FOR RESI DENTS OF THE MOST VULNERABLE NEIGHBORHOODS IN OUR COMMUNITY ONE OF THE PRIMARY FOCI OF TH E COALITION IS ADVOCACY BY THESE RESIDENTS FOR HOUSING POLICIES THAT WILL PROMOTE EQUITY WE ARE ALSO A LEADING MEMBER OF THE HEALTH CARE FOR THE HOMELESS COLLABORATIVE FOCUSED ON COORDINATING EXISTING SERVICES AND DEVELOPING NEW HOMELESS HEALTH CARE SERVICES OUR MOBIL E HEALTH CLINIC TEAM HAS ADDED SANTA ROSA HOMELESS SHELTERS TO THEIR ROSTER AND BEGAN PROV IDING SERVICES INSIDE THE SHELTERS, CONTRIBUTING TO A REDUCTION IN UNNECESSARY ER VISITS WE HAVE ALSO PROVIDED FUNDING TO THE COMMITTEE ON THE SHELTERLESS FOR THE CREATION OF 11 P ERMANENT SUPPORTIVE HOUSING UNITS IN THE MARY ISAAC CENTER IN PETALUMA AND PROVIDED FUNDIN G TO SANTA ROSA COMMUNITY HEALTH IN SUPPORT OF THEIR HOMELESS CARE TRANSITIONS PROGRAM WHI CH CONNECTS PATIENTS WITH NEEDED SOCIAL SERVICES BEHAVIORAL HEALTH MENTAL HEALTH AND SUB STANCE USE WERE COMBINED BY THE CBC IN RECOGNITION OF THE FACT THAT MENTAL HEALTH AND SUBS TANCE USE DISORDERS OFTEN GO HAND-IN-HAND AND MORE MANY PATIENTS ARE CO-OCCURRING CONDITIO NS WE PREFER THE TERM BEHAVIORAL HEALTH TO REFER TO THESE CONDITIONS COLLECTIVELY IN ADD ITION, THE CBC NOTED THAT AT THE CONCLUSION OF STEP 3 OF THE PRIORITIZATION PROCESS, THESE WERE THE FIRST AND SECOND HIGHEST RANKED CONCERNS BOTH CONCERNS WERE RAISED THROUGHOUT T HE COMMUNITY INPUT PROCESS AND RECEIVED A HIGH NUMBER OF VOTES AT THE COMMUNITY FORUM ALT HOUGH THE DATA SHOWS A BETTER RATIO OF POPULATION TO MENTAL HEALTH PROVIDERS IN SONOMA AND MENDOCINO COUNTIES THAT THE STATE, FOCUS GROUP PARTICIPANTS SPOKE OF SHORTAGES OF PROVIDE RS AND SERVICES FOR MENTAL HEALTH AND SUBSTANCE USE IN SONOMA COUNTY, FOR INSTANCE, MANY LOW-INCOME INDIVIDUALS WITH MENTAL HEALTH CONCERNS DO NOT HAVE ACCESS TO THE TREATMENT THE Y NEED INSUFFICIENT PRIVATE INSURANCE COVERAGE FOR MENTAL HEALTH SERVICES AND INSUFFICIEN T AVAILABILITY OF PUBLICLY FUN

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 11	DED TREATMENT SERVICES ARE SIGNIFICANT BARRIERS FOR MANY FURTHERMORE, LIMITED INTEGRATION OF MENTAL HEALTH SERVICES WITHIN THE HEALTH CARE SYSTEM ALSO LEADS TO MISSED OPPORTUNITIE S FOR EARLY PROBLEM IDENTIFICATION AND PREVENTION MENTAL HEALTH INCLUDES EMOTIONAL, BEHAV IORAL, AND SOCIAL WELL-BEING POOR MENTAL HEALTH, INCLUDING THE PRESENCE OF CHRONIC TOXIC STRESS OR PSYCHOLOGICAL CONDITIONS SUCH AS ANXIETY, DEPRESSION OR POST-TRAUMATIC STRESS DI SORDER, HAS PROFOUND CONSEQUENCES ON HEALTH BEHAVIOR CHOICES AND PHYSICAL HEALTH AS A RES ULT, THE CBC FELT THAT THE FOCUS ON MENTAL HEALTH AND SUBSTANCE USE, I E BEHAVIORAL HEALT H, WITH A PARTICULAR FOCUS ON TRAUMA-INFORMED COMMUNITY-BASED PREVENTION AND RESILIENCE IN THE FACE OF ADVERSE COMMUNITY EXPERIENCES, WAS OF PARAMOUNT IMPORTANCE TO OUR MINISTRY AN D OUR COMMUNITY WE ARE A LEADING MEMBER OF THE BEHAVIORAL HEALTH COALITION FOCUSED ON IDE NTIFYING, DEVELOPING AND IMPLEMENTING POLICIES AND PRACTICES TO IMPROVE THE COUNTYWIDE BEH AVIORAL HEALTH SYSTEM OF CARE, SOMETHING THAT WAS IDENTIFIED BY SRMH AS THE MOST PRESSING NEED IN THE LOCAL BEHAVIORAL HEALTH COMMUNITY OUR HEALTHY FOR LIFE PROGRAM IS PARTNERING WITH SCOE, THE SCHOOL DISTRICTS AND OTHER COMMUNITY GROUPS TO PLAN AND IMPLEMENT MORE EXPL ICITLY BEHAVIORAL HEALTH ELEMENTS INTO ITS CURRICULA, IN ADDITION TO CONTINUING ITS PHYSIC AL FITNESS AND MINDFULNESS EDUCATION WE ALSO PROVIDED FUNDING TO SANTA ROSA COMMUNITY HEA LTH IN SUPPORT OF MENTAL HEALTH SERVICES FOR THEIR LOW-INCOME PATIENTS NEEDS BEYOND THE H OSPITALS SERVICE PROGRAM NO HOSPITAL FACILITY CAN ADDRESS ALL OF THE HEALTH NEEDS PRESENT IN ITS COMMUNITY WE RECOGNIZE THAT IN CHOOSING TO FOCUS ON THE NEEDS WE HAVE PRIORITIZED , WE WILL NOT BE DIRECTLY ADDRESSING OTHER NEEDS THAT ARE ALSO IMPORTANT IN OUR COMMUNITY FOR INSTANCE, WE RECOGNIZE THAT CARDIOVASCULAR DISEASE IS THE LEADING CAUSE OF DEATH IN O UR COMMUNITY, AND THAT HEART DISEASE, OBESITY, AND DIABETES WERE ALL AMONG THE HIGHEST PRI ORITY COMMUNITY HEALTH NEEDS IDENTIFIED IN OUR CHNA PROCESS IN NOT SELECTING ANY OF THESE CHRONIC CONDITIONS AS ONE OF OUR COMMUNITY BENEFIT PRIORITY AREAS, WE ARE AWARE THAT OTHE R ONGOING PROGRAMS IN OUR MINISTRY AND IN OUR COMMUNITY ARE FULLY ENGAGED IN ADDRESSING TH EM WE ARE COMMITTED TO CONTINUE OUR INVOLVEMENT WITH COMMUNITY INITIATIVES SUCH AS HEARTS OF SONOMA AND THE CALIFORNIA ACCOUNTABLE COMMUNITIES FOR HEALTH INITIATIVE, FINANCIAL SUP PORT FOR NONPROFIT ORGANIZATIONS SUCH AS THE NORTHERN CALIFORNIA CENTER FOR WELL-BEING, AN D THE HEART WORKS CARDIAC REHAB PROGRAM WITH RESPECT TO SOME OF THE OTHER NEEDS IDENTIFIE D IN THE CHNA PROCESS THAT WERE NOT PRIORITIZED FOR ACTION THROUGH THIS PLAN, WE INTEND TO REMAIN ENGAGED IN ADDRESSING ORAL HEALTH NEEDS THROUGH OUR ONGOING ST JOSEPH HEALTH COM MUNITY DENTAL CLINIC AND MOBILE DENTAL CLINIC, CRIME AND SAFETY THROUGH OUR CONTINUED INVO LVEMENT ON THE SANTA ROSA VIOLENCE PREVENTION PARTNERSHIP, AND INSURANCE AND COST OF CARE THROUGH OUR CONTINUED INVOLVEM

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 13H	FACILITY REPORTING GROUP A SANTA ROSA MEMORIAL HOSPITAL THE ORGANIZATION RECOGNIZES THAT A PORTION OF THE UNINSURED OR UNDERINSURED PATIENT POPULATION MAY NOT ENGAGE IN THE TRADITIONAL FINANCIAL ASSISTANCE APPLICATION PROCESS THEREFORE, THE ORGANIZATION ALSO USED AN AUTOMATED PREDICTIVE SCORING TOOL TO IDENTIFY AND QUALIFY PATIENTS FOR FINANCIAL ASSISTANCE FOR ACCOUNTS THAT ARE INITIALLY CLASSIFIED AS BAD DEBT QUEEN OF THE VALLEY MEDICAL CENTER BASIS FOR CALCULATING AMOUNTS CHARGED TO PATIENTS THE ORGANIZATION RECOGNIZES THAT A PORTION OF THE UNINSURED OR UNDERINSURED PATIENT POPULATION MAY NOT ENGAGE IN THE TRADITIONAL FINANCIAL ASSISTANCE APPLICATION PROCESS THEREFORE, THE ORGANIZATION ALSO USES AN AUTOMATED PREDICTIVE SCORING TOOL TO IDENTIFY AND QUALIFY PATIENTS FOR FINANCIAL ASSISTANCE FOR ACCOUNTS THAT ARE INITIALLY CLASSIFIED AS BAD DEBT FACILITY REPORTING GROUP A REDWOOD MEMORIAL HOSPITAL THE ORGANIZATION RECOGNIZES THAT A PORTION OF THE UNINSURED OR UNDERINSURED PATIENT POPULATION MAY NOT ENGAGE IN THE TRADITIONAL FINANCIAL ASSISTANCE APPLICATION PROCESS THEREFORE, THE ORGANIZATION ALSO USES AN AUTOMATED PREDICTIVE SCORING TOOL TO IDENTIFY AND QUALIFY PATIENTS FOR FINANCIAL ASSISTANCE FOR ACCOUNTS THAT ARE INITIALLY CLASSIFIED AS BAD DEBT FACILITY REPORTING GROUP A ST JOSEPH HOSPITAL OF EUREKA THE ORGANIZATION RECOGNIZES THAT A PORTION OF THE UNINSURED OR UNDER-INSURED PATIENT POPULATION MAY NOT ENGAGE IN THE TRADITIONAL FINANCIAL ASSISTANCE APPLICATION PROCESS THEREFORE, THE ORGANIZATION ALSO USES AN AUTOMATED PREDICTIVE SCORING TOOL TO IDENTIFY AND QUALIFY PATIENTS FOR FINANCIAL ASSISTANCE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16A	FACILITY REPORTING GROUP A SANTA ROSA MEMORIAL HOSPITAL FINANCIAL ASSISTANCE POLICY HTTPS //WWW STJOESONOMA ORG/PATIENTS-VISITORS/FOR-PATIENTS/PATIENT-FINANCI AL-ASSISTANCE/ QUEEN OF THE VALLEY MEDICAL CENTER FINANCIAL ASSISTANCE POLICY HTTPS //WWW THEQUEEN ORG/PATIENTS-VISITORS/FOR-PATIENTS/PATIENT-FINANCIAL- ASSISTANCE/ FACILITY REPORTING GROUP A REDWOOD MEMORIAL HOSPITAL FINANCIAL ASSISTANCE POLICY HTTPS //WWW STJOEHUMBOLDT ORG/PATIENTS-VISITORS/FOR-PATIENTS/PATIENT-FINAN CIAL-ASSISTANCE/ FACILITY REPORTING GROUP A ST JOSEPH HOSPITAL OF EUREKA FINANCIAL ASSISTANCE POLICY HTTPS //WWW STJOEHUMBOLDT ORG/PATIENTS-VISITORS/FOR-PATIENTS/PATIENT-FINAN CIAL-ASSISTANCE/

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16B	FACILITY REPORTING GROUP A SANTA ROSA MEMORIAL HOSPITAL FINANCIAL ASSISTANCE APPLICATION HTTPS //WWW STJOESONOMA ORG/PATIENTS-VISITORS/FOR-PATIENTS/PATIENT-FINANCI AL-ASSISTANCE/ QUEEN OF THE VALLEY MEDICAL CENTER FINANCIAL ASSISTANCE APPLICATION HTTPS //WWW THEQUEEN ORG/PATIENTS-VISITORS/FOR-PATIENTS/PATIENT-FINANCIAL- ASSISTANCE/ FACILITY REPORTING GROUP A REDWOOD MEMORIAL HOSPITAL FINANCIAL ASSISTANCE APPLICATION HTTPS //WWW STJOEHUMBOLDT ORG/PATIENTS-VISITORS/FOR-PATIENTS/PATIENT-FINAN CIAL-ASSISTANCE/ FACILITY REPORTING GROUP A ST JOSEPH HOSPITAL OF EUREKA FINANCIAL ASSISTANCE APPLICATION HTTPS //WWW STJOEHUMBOLDT ORG/PATIENTS-VISITORS/FOR-PATIENTS/PATIENT-FINAN CIAL-ASSISTANCE/

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16C	FACILITY REPORTING GROUP A SANTA ROSA MEMORIAL HOSPITAL PLAIN LANGUAGE SUMMARY HTTPS //WWW STJOESONOMA ORG/PATIENTS-VISITORS/FOR-PATIENTS/PATIENT-FINANCI AL-ASSISTANCE/ QUEEN OF THE VALLEY MEDICAL CENTER PLAIN LANGUAGE SUMMARY HTTPS //WWW THEQUEEN ORG/PATIENTS-VISITORS/FOR-PATIENTS/PATIENT-FINANCIAL- ASSISTANCE/ FACILITY REPORTING GROUP A REDWOOD MEMORIAL HOSPITAL PLAIN LANGUAGE SUMMARY HTTPS //WWW STJOEHUMBOLDT ORG/PATIENTS-VISITORS/FOR-PATIENTS/PATIENT-FINAN CIAL-ASSISTANCE/ FACILITY REPORTING GROUP A ST JOSEPH HOSPITAL OF EUREKA PLAIN LANGUAGE SUMMARY HTTPS //WWW STJOEHUMBOLDT ORG/PATIENTS-VISITORS/FOR-PATIENTS/PATIENT-FINAN CIAL-ASSISTANCE/

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16J	FACILITY REPORTING GROUP A SANTA ROSA MEMORIAL HOSPITAL THE ORGANIZATION ADHERES TO STATE REGULATIONS IN PUBLICIZING ITS FINANCIAL ASSISTANCE POLICY THESE REGULATIONS INCLUDE THE POSTING OF THE FULL POLICY ON THE OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT (OSH PD) WEBSITE IN ADDITION, POLICY NOTICES ARE POSTED IN CONSICUOUS AREAS SUCH AS EMERGENCY DEPARTMENTS, BILLING OFFICES, ADMISSIONS OFFICES AND OTHER OUTPATIENT SETTINGS INDIVIDUAL NOTICES OF FINANCIAL ASSISTANCE ARE INCLUDED WITH BILLINGS FOR PATIENTS WHO HAVE NOT PROV IDED PROOF OF THIRD-PARTY COVERAGE ALONG WITH CONTACT INFORMATION IN THE EVENT OF ADDITION AL INQUIRIES NOTICES OF FINANCIAL ASSISTANCE ARE ALSO PROVIDED UPON INQUIRY WRITTEN NOTI CES ARE PROVIDED IN ALL LANGUAGES SPOKEN BY 5% OR MORE OF THE HOSPITAL'S SERVICE AREA ADD ITIONALLY, A PATIENT INFORMATION BROCHURE THAT DESCRIBES THE FEATURES OF THE SJH FINANCIAL ASSISTANCE PROGRAM WILL BE MADE AVAILABLE TO PATIENT AND MEMBERS OF THE GENERAL PUBLIC Q UEEN OF THE VALLEY MEDICAL CENTER THE ORGANIZATION ADHERES TO STATE REGULATIONS IN PUBLICI ZING ITS FINANCIAL ASSISTANCE POLICY THESE REGULATIONS INCLUDE THE POSTING OF THE FULL PO LICY ON THE OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT (OSHPD) WEBSITE IN ADDITI ON, POLICY NOTICES ARE POSTED IN CONSICUOUS AREAS SUCH AS EMERGENCY DEPARTMENTS, BILLING O FFICES, ADMISSIONS OFFICES AND OTHER OUTPATIENT SETTINGS INDIVIDUAL NOTICES OF FINANCIAL ASSISTANCE ARE INCLUDED WITH BILLINGS FOR PATIENTS WHO HAVE NOT PROVIDED PROOF OF THIRD-PA RTY COVERAGE ALONG WITH CONTACT INFORMATION IN THE EVENT OF ADDITIONAL INQUIRIES NOTICES OF FINANCIAL ASSISTANCE ARE ALSO PROVIDED UPON INQUIRY WRITTEN NOTICES ARE PROVIDED IN AL L LANGUAGES SPOKEN BY 5% OR MORE OF THE HOSPITAL'S SERVICE AREA ADDITIONALLY, A PATIENT I NFORMATION BROCHURE THAT DESCRIBES THE FEATURES OF THE SJH FINANCIAL ASSISTANCE PROGRAM WI LL BE MADE AVAILABLE TO PATIENT AND MEMBERS OF THE GENERAL PUBLIC FACILITY REPORTING GROU P A REDWOOD MEMORIAL HOSPITAL THE ORGANIZATION ADHERES TO STATE REGULATIONS IN PUBLICIZING ITS FINANCIAL ASSISTANCE POLICY THESE REGULATIONS INCLUDE THE POSTING OF THE FULL POLICY ON THE OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT (OSHPD) WEBSITE IN ADDITION, POLICY NOTICES ARE POSTED IN CONSPICUOUS AREAS SUCH AS EMERGENCY DEPARTMENTS, BILLING OFFI CES, ADMISSIONS OFFICES AND OTHER OUTPATIENT SETTINGS INDIVIDUAL NOTICES OF FINANCIAL ASS ISTANCE ARE INCLUDED WITH BILLINGS TO PATIENTS WHO HAVE NOT PROVIDED PROOF OF THIRD-PARTY COVERAGE ALONG WITH CONTACT INFORMATION IN THE EVENT OF ADDITIONAL INQUIRIES NOTICES OF F INANCIAL ASSISTANCE ARE ALSO PROVIDED UPON REQUEST WRITTEN NOTICES ARE PROVIDED IN ALL LA NGUAGES SPOKEN BY 5% OR MORE OF THE HOSPITAL'S SERVICE AREA ADDITIONALLY, A PATIENT INFOR MATION BROCHURE THAT DESCRIBES THE FEATURES OF THE SJH FINANCIAL ASSISTANCE PROGRAM WILL B E MADE AVAILABLE TO PATIENT AND MEMBERS OF THE GENERAL PUBLIC FACILITY REPORTING GROUP A ST JOSEPH HOSPITAL OF EUREKA

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
SCHEDULE H, PART V, SECTION B, LINE 16J	THE ORGANIZATION ADHERES TO STATE REGULATIONS IN PUBLICIZING ITS FINANCIAL ASSISTANCE POLI CY THESE REGULATIONS INCLUDE THE POSTING OF THE FULL POLICY ON THE OFFICE OF STATEWIDE HE ALTH PLANNING AND DEVELOPMENT (OSHPD) WEBSITE IN ADDITION, POLICY NOTICES ARE POSTED IN C ONSPICUOUS AREAS SUCH AS EMERGENCY DEPARTMENTS, BILLING OFFICES, ADMISSIONS OFFICES AND OT HER OUTPATIENT SETTINGS INDIVIDUAL NOTICES OF FINANCIAL ASSISTANCE ARE INCLUDED WITH BILL INGS FOR PATIENTS WHO HAVE NOT PROVIDED PROOF OF THIRD-PARTY COVERAGE ALONG WITH CONTACT I NFORMATION IN THE EVENT OF ADDITIONAL INQUIRIES NOTICES OF FINANCIAL ASSISTANCE ARE ALSO PROVIDED UPON INQUIRY WRITTEN NOTICES ARE PROVIDED IN ALL LANGUAGES SPOKEN BY 5% OR MORE OF THE HOSPITAL'S SERVICE AREA ADDITIONALLY, A PATIENT INFORMATION BROCHURE THAT DESCRIBE S THE FEATURES OF THE SJH FINANCIAL ASSISTANCE PROGRAM WILL BE MADE AVAILABLE TO PATIENT A ND MEMBERS OF THE GENERAL PUBLIC

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

	Name and address	Type of Facility (describe)
1	REDWOOD REGIONAL MEDICAL GROUP INC 3555 ROUND BARN CIRCLE SANTA ROSA, CA 95403	ONCOLOGY SERVICES
1	SANTA ROSA AMBULATORY SURGERY CENTER 525 DOYLE PARK DRIVE SANTA ROSA, CA 95401	AMBULATORY SURGERY CENTER
2	OUTPATIENT ONCOLOGY SERVICES 110 LYNCH CREEK WAY SUITE A PETALUMA, CA 94594	ONCOLOGY SERVICES
3	OUTPATIENT IMAGING CENTER 121 SOTOYOME STREET SANTA ROSA, CA 95405	IMAGING SERVICES
4	ADVANCED SURGERY INSTITUTE 1739 4TH STREET SANTA ROSA, CA 95404	SURGERY CENTER
5	OUTPATIENT IMAGING CENTER 2330 BUHNE STREET EUREKA, CA 95501	IMAGING CENTER
6	NORTHCOAST SURGERY CENTER 2705 HARRIS AVENUE EUREKA, CA 95501	SURGERY CENTER
7	SANTA ROSA MEMORIAL OUTPATIENT LAB 500 DOYLE PARK DRIVE SANTA ROSA, CA 95405	LABORATORY SERVICES
8	BEHAVIORAL HEALTH 405 W COLLEGE AVE SUITE F SANTA ROSA, CA 95405	BEHAVIORAL HEALTH SERVICES
9	HUMBOLDT HOME INFUSION PROGRAM 2612 HARRISON AVE EUREKA, CA 95501	AMBULATORY HOME INFUSION CENTER
10	PHYSICAL THERAPY 131 STONY CIRCLE SUITE 2000 SANTA ROSA, CA 95401	PHYSICAL THERAPY
11	SYNERGY HEALTH CLUB 1201 REDWOOD HWY PETALUMA, CA 94954	HEALTH CLUB
12	SLEEP DISORDERS CENTER 2367 23RD STREET EUREKA, CA 95501	SLEEP CLINIC
13	OUTPATIENT REHABILITATION CENTER 2024 HARRISON AVENUE EUREKA, CA 95501	REHABILITATION CENTER
14	URGENT CARE - SANTA ROSA 925 CORPORATE CENTER PARKWAY DR ST SANTA ROSA, CA 95409	URGENT CARE

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

	Name and address	Type of Facility (describe)
16	SYNERGY HEALTH CLUB 3421 VILLA LANE NAPA, CA 94558	REHABILITATION CENTER
1	WEST COUNTY HAND & PT 968 GRAVENSTEIN HWY S SEBASTOPOL, CA 94572	PHYSICAL THERAPY
2	SLEEP MEDICINE INSTITUTE 585 W COLLEGE AVE SANTA ROSA, CA 95401	SLEEP CLINIC
3	SLEEP MEDICINE INSTITUTE 1476 PROFESSIONAL DR PETALUMA, CA 94954	SLEEP CLINIC
4	URGENT CARE - ROHNERT PARK 1450 MEDICAL CENTER DRIVE ROHNERT PARK, CA 94928	URGENT CARE
5	WOUND CARE CLINIC 500 DOYLE PARK DRIVE SANTA ROSA, CA 95405	WOUND CARE
6	NAPA PROMPT CARE 1621 W IMOLA AVE NAPA, CA 94559	URGENT CARE
7	LAB DRAW STATION 980 TRANCAS STREET SUITE 11 NAPA, CA 94558	LABORATORY SERVICES
8	URGENT CARE - WINDSOR 6580 HEMBREE LANE SUITE 270 WINDSOR, CA 95492	URGENT CARE
9	ORTHOPEDIC PHYSICAL THERAPY 1255 NORTH DUTTON AVE SUITE B SANTA ROSA, CA 95401	PHYSICAL THERAPY
10	SANTA ROSA MEMORIAL HOSPITAL ANNEX 151 SOTOYOME STREET SANTA ROSA, CA 95405	STEP-DOWN UNIT
11	ST JOSEPH DENTAL CLINICMOBILE VAN 1450 MEDICAL CENTER DRIVE SUITE 1 ROHNERT PARK, CA 94928	DENTAL SERVICES

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

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
ST JOSEPH HEALTH NORTHERN CALIFORNIA LLC

Employer identification number
81-4791043

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ST JOSEPH HEALTH SYSTEM FOUNDATION 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016	33-0143024	501(c)(3)	7,081,600	0			CARE FOR THE POOR

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

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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

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

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

Return Reference	Explanation
SCHEDULE I, PART I, LINE 2	DESCR OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS DONATIONS TO OTHER ORGANIZATIONS ARE APPROVED BY MANAGEMENT TO ENSURE THEY SUPPORT THE MISSION OF ST JOSEPH HEALTH NORTHERN CALIFORNIA, LLC WE DO NOT MONITOR DONATIONS MADE

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
ST JOSEPH HEALTH NORTHERN CALIFORNIA LLC

Employer identification number
81-4791043

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 OLUYEMI ADEYANJU SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	340,587	37,486	30,294	10,939	11,596	430,902	0
2 RAJU IYER REGIONAL CFO, TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	309,613	50,000	4,259	1,096	32,735	397,703	0
3 KEVIN KLOCKENGA CHIEF EXECUTIVE OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	673,697	404,136	105,046	19,250	22,025	1,224,154	0

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 3	SUPPLEMENTAL COMPENSATION INFORMATION THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL IS PAID BY ITS TAX EXEMPT PARENT, ST JOSEPH HEALTH SYSTEM, AND IS DISCLOSED AS A PERSON PAID BY A RELATED ORGANIZATION SEE SCHEDULE O, PART VI, LINE 15A FOR THE PROCESS USED BY ST JOSEPH HEALTH SYSTEM

Return Reference	Explanation
SCHEDULE J, PART I, LINE 4B	NONQUALIFIED RETIREMENT PLAN BEGINNING IN JULY 2015, NEW EXECUTIVES PARTICIPATE IN A NON-QUALIFIED SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN THE PLAN PROVIDES FOR EMPLOYER CONTRIBUTIONS BASED ON A PERCENTAGE OF EXECUTIVE BASE SALARY AND ARE SUBJECT TO A FIVE-YEAR OR AGE 65 VESTING SCHEDULE CERTAIN EXECUTIVES PARTICIPATE IN A NON-QUALIFIED SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN PROVIDED BY A RELATED ENTITY

Return Reference	Explanation
SCHEDULE J, PART I, LINE 7	NON-FIXED PAYMENTS A PORTION OF EXECUTIVE SALARIES ARE PLACED 'AT RISKARE NOT AWARDED UNLESS SPECIFIC STRATEGIC OBJECTIVE TARGETS ARE MET OR EXCEEDED THE AT RISK EXECUTIVE PLAN IS DESIGNED TO MOTIVATE AND REWARD EXECUTIVES FOR TEAM PERFORMANCE THAT SUPPORTS THE STRATEGIC GOALS AND SUCCESSFUL PERFORMANCE OF ST JOSEPH HEALTH SYSTEM AT RISK PAY IS AWARDED TO ASSISTANT VICE PRESIDENTS, VICE PRESIDENTS, SENIOR VICE PRESIDENTS, EXECUTIVE VICE PRESIDENTS AND THE CHIEF EXECUTIVE OFFICER BASED ON ACHIEVING OR SURPASSING SPECIFIC GOALS THAT ARE PREDETERMINED BY THE BOARD OF TRUSTEES PRIOR TO THE BEGINNING OF THE FISCAL YEAR THE GOALS INCLUDE STRATEGIC OBJECTIVES AS WELL AS FISCAL STEWARDSHIP EACH OF THESE FACTORS IS TAKEN INTO CONSIDERATION WHEN DETERMINING THE PERCENTAGE OF AT RISK PAY

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
ST JOSEPH HEALTH NORTHERN CALIFORNIA LLC

Employer identification number
81-4791043

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) HUMBOLDT MOVING STORAGE LLC	SEE PART V	111,387	MOVING & STORAGE SERVICES		No

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART IV, LINE 1	RELATIONSHIP BETWEEN PERSON AND ORGANIZATION JOHN GIEREK, JR , A BOARD MEMBER OF THE ORGANIZATION, OWNS MORE THAN 35% OF HUMBOLDT MOVING & STORAGE, LLC

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
ST JOSEPH HEALTH NORTHERN CALIFORNIA LLC

Employer identification number
81-4791043

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	PROVIDENCE ST JOSEPH HEALTH SYSTEM ON JULY 1, 2016, PROVIDENCE HEALTH & SERVICES (PHS) AN D ST JOSEPH HEALTH SYSTEM (SJHS) ENTERED INTO A BUSINESS COMBINATION AGREEMENT BY COMING TOGETHER, PROVIDENCE ST JOSEPH HEALTH SEEKS TO BETTER SERVE ITS COMMUNITIES THROUGH GREA TER PATIENT AFFORDABILITY, OUTSTANDING CLINICAL CARE, IMPROVEMENTS TO THE PATIENT EXPERIEN CE AND INTRODUCTION OF NEW SERVICES WHERE THEY ARE NEEDED MOST TOGETHER, OUR CAREGIVERS S ERVE IN 51 HOSPITALS, 829 CLINICS ACROSS ALASKA, CALIFORNIA, MONTANA, NEW MEXICO, OREGON, TEXAS AND WASHINGTON THE FOUNDERS OF BOTH ORGANIZATIONS WERE COURAGEOUS WOMEN AHEAD OF TH EIR TIME THE SISTERS OF PROVIDENCE AND THE SISTERS OF ST JOSEPH OF ORANGE BROUGHT HEALTH CARE AND OTHER SOCIAL SERVICES TO THE AMERICAN WEST WHEN IT WAS STILL A RUGGED, UNTAMED F RONTIER NOW, AS WE FACE A DIFFERENT LANDSCAPE - A CHANGING HEALTH CARE ENVIRONMENT - WE D RAW UPON THEIR PIONEERING AND COMPASSIONATE SPIRIT TO PLAN FOR THE NEXT CENTURY OF HEALTH CARE PROVIDENCE HEALTH & SERVICES IN 1856, MOTHER JOSEPH AND FOUR SISTERS OF PROVIDENCE E STABLISHED HOSPITALS, SCHOOLS AND ORPHANAGES ACROSS THE NORTHWEST OVER THE YEARS, OTHER C ATHOLIC SISTERS TRANSFERRED SPONSORSHIP OF THEIR MINISTRIES TO PROVIDENCE, INCLUDING THE L ITTLE COMPANY OF MARY, DOMINICANS AND CHARITY OF LEAVENWORTH RECENTLY, SWEDISH HEALTH SER VICES, KADLEC REGIONAL MEDICAL CENTER AND PACIFIC MEDICAL CENTERS HAVE JOINED PROVIDENCE A S SECULAR PARTNERS WITH A COMMON COMMITMENT TO SERVING ALL MEMBERS OF THE COMMUNITY TODAY , PROVIDENCE SERVES ALASKA, CALIFORNIA, MONTANA, OREGON AND WASHINGTON ST JOSEPH HEALTH SYSTEM IN 1912, A SMALL GROUP OF SISTERS OF ST JOSEPH LANDED ON THE RUGGED SHORES OF EURE KA, CALIFORNIA TO PROVIDE EDUCATION AND HEALTH CARE THEY LATER ESTABLISHED ROOTS IN ORANG E, CALIFORNIA, AND EXPANDED TO SERVE SOUTHERN CALIFORNIA, NORTHERN CALIFORNIA AND TEXAS T HE HEALTH SYSTEM ESTABLISHED MANY KEY PARTNERSHIPS, INCLUDING A MERGER BETWEEN LUBBOCK MET HODIST HOSPITAL SYSTEM AND ST MARY HOSPITAL TO FORM COVENANT HEALTH IN LUBBOCK TEXAS REC ENTLY, AN AFFILIATION WAS ESTABLISHED WITH HOAG HEALTH TO INCREASE ACCESS TO SERVICES IN O RANGE COUNTY, CALIFORNIA ST JOSEPH HEALTH NORTHERN CALIFORNIA, LLC ON MARCH 31, 2018, ST JOSEPH HOSPITAL OF EUREKA, ALONG WITH SANTA ROSA MEMORIAL HOSPITAL, REDWOOD MEMORIAL HOS PITAL, AND QUEEN OF THE VALLEY MEDICAL CENTER, COLLECTIVELY THE "HOSPITALS", TRANSFERRED A LL OF THEIR NET ASSETS TO ST JOSEPH HEALTH NORTHERN CALIFORNIA, LLC, A RELATED 501(C) (3) ORGANIZATION ST JOSEPH HEALTH NORTHERN CALIFORNIA, LLC WAS CREATED TO CONSOLIDATE AND SI MPLIFY THE CURRENT STRUCTURE BY MOVING THE OPERATIONS OF THE HOSPITALS INTO A SINGLE LEGAL ENTITY THE OPERATION OF THE HOSPITALS WILL REMAIN THE SAME 2018 PROGRAM SERVICE ACCOMPL ISHMENT (APRIL 1 DECEMBER 31, 2018) CARE NETWORK CARE (CARE MANAGEMENT, ADVOCACY, RESOUR CES, AND EDUCATION) NETWORK IS A NATIONALLY RECOGNIZED, AWARD WINNING COMMUNITY-BASED PROG RAM THAT PROMOTES CHRONIC DISE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	ASE SELF-MANAGEMENT UTILIZING AN INTERDISCIPLINARY RN, SOCIAL WORK, BEHAVIORAL AND SPIRITU AL APPROACH SERVICES ARE PROVIDED IN THE CLIENTS HOME OR AS NEEDED IN A HEALTH PROVIDER O FFICE OR OTHER COMMUNITY SERVICE LOCATION THE PROGRAM IS AIMED AT CARE COORDINATION AND I MPROVING DISEASE MANAGEMENT AND QUALITY OF LIFE WHILE REDUCING OVERALL GOVERNMENT BURDEN O F HEALTHCARE COSTS CARE NETWORK SERVED OVER 8,000 PATIENTS PROVIDING OVER 15,000 ENCOUNTE RS CONTINUUM OF ORAL HEALTH SERVICES ST JOSEPH HEALTH NORTHERN CALIFORNIA OFFERS A CONT INUUM OF ORAL HEALTH SERVICES TO ITS COMMUNITIES THIS INCLUDES A FIXED SITE DENTAL CLINIC LOCATED IN SANTA ROSA, MOBILE DENTAL CLINICS IN BOTH SONOMA COUNTY AND NAPA COUNTY, THE M IGHTY MOUTH SCHOOL-BASED DENTAL DISEASE PREVENTION PROGRAM, AND MOMMY AND ME, WHICH TEACHE S GOOD DENTAL HEALTH PRACTICES TO VERY YOUNG CHILDREN ZERO TO FIVE YEARS OLD AND THEIR MOT HERS THE CLINICS PRIORITIZE SERVICE TO CHILDREN AGES 0-16 YEARS, BUT ALSO SERVE ADULTS WI TH URGENT NEEDS THEY PROVIDE BASIC, PREVENTIVE, EMERGENCY AND COMPREHENSIVE DENTAL CARE W ITH A STRONG FOCUS ON PREVENTION AND EDUCATION OUR FIXED SITE DENTAL CLINIC COMPLETED 7,5 55 ENCOUNTERS OUR SONOMA COUNTY MOBILE DENTAL CLINIC AND MIGHTY MOUTH PROGRAMS COMPLETED 4,870 ENCOUNTERS OUR NAPA COUNTY MOBILE DENTAL CLINIC COMPLETED 4,434 ENCOUNTERS IN ADDI TION, 25 LOW INCOME PRE-SCHOOL CLASSES IN NAPA COUNTY WERE PROVIDED FREE ORAL HEALTH SCREE NINGS AND FLOURIDE VARNISH TO 672 CHILDREN MOBILE MEDICAL CLINIC OUR MOBILE MEDICAL CLIN IC SERVES PATIENTS IN THEIR COMMUNITIES AT NO COST THE PROGRAM SEEKS TO PROVIDE CARE TO T HOSE WHO FALL THROUGH THE TRADITIONAL PRIMARY CARE SAFETY NET, AND FOR REASONS RELATED TO TRANSPORTATION, POVERTY, OR OTHER FACTORS, FACE INSURMOUNTABLE BARRIERS TO ACCESSING CARE AT COMMUNITY HEALTH CENTERS OR OTHER MEDICAL HOMES THE CLINIC OFFERS HEALTH SCREENINGS, T REATMENT OF MINOR MEDICAL PROBLEMS, HEALTH AND NUTRITIONAL EDUCATION, AND INFORMATION AND REFERRALS THE MOBILE HEALTH TEAM ALSO SERVED SEVERAL LOCAL HOMELESS SHELTERS, PROVIDING D IRECT PATIENT CARE IN THE SHELTERS THE TEAM COMPLETED 3,693 ENCOUNTERS DURING THIS PERIOD FOR MORE INFORMATION ABOUT ST JOSEPH HEALTH NORTHERN CALIFORNIA, LLC, PLEASE VISIT WWW STJOSEPHHEALTH ORG FOR MORE INFORMATION ABOUT ST JOSEPH HEALTH, PLEASE VISIT WWW STJHS OR G FOR MORE INFORMATION ABOUT PROVIDENCE ST JOSEPH HEALTH, PLEASE VISIT WWW PSJHEALTH ORG WWW PSJHEALTH ORG WWW PSJHEALTH ORG

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 1	ST JOSEPH HEALTH SYSTEM (SJHS) PAYS ALL VENDORS FOR ST JOSEPH HEALTH NORTHERN CALIFORNIA, LLC FROM ITS SHARED SERVICES SJHS ISSUES FORM 1099-MISC UNDER ITS TAX ID NUMBER AND COMPLIES WITH BACKUP WITHHOLDING RULES FOR REPORTABLE PAYMENTS TO VENDORS FORM 990, PART V, LINE 2A EMPLOYEE COMPENSATION THE EMPLOYEES WORKING AT THE ORGANIZATION ARE PAID BY SANTA ROSA MEMORIAL HOSPITAL (EIN 94-1231005), QUEEN OF THE VALLEY MEDICAL CENTER (EIN 94-1243669), REDWOOD MEMORIAL HOSPITAL (EIN 94-1384665) AND ST JOSEPH HOSPITAL OF EUREKA (94-1156596) IN 2018 THEREFORE, NO W-2S ARE ISSUED BY THE REPORTING ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 6	CLASSES OF MEMBERS OR STOCKHOLDERS ST JOSEPH HEALTH SYSTEM IS THE SOLE CORPORATE MEMBER OF ST JOSEPH HEALTH NORTHERN CALIFORNIA, LLC

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 7A	CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS ST JOSEPH HEALTH NORTHERN CALIFORNIA, LLC HAS A TIERED GOVERNANCE IN WHICH THE CORPORATE MEMBER RESERVES THE RIGHT TO APPOINT TRUSTEES TO THE ST JOSEPH HEALTH NORTHERN CALIFORNIA, LLC BOARD ALL TRUSTEE NOMINATIONS THAT COME FROM THE ST JOSEPH HEALTH NORTHERN CALIFORNIA, LLC BOARD AS NOMINATIONS MUST BE APPROVED BY ST JOSEPH HEALTH SYSTEM, AS THE CORPORATE MEMBER

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 7B	CLASSES OF PERSONS, DECISIONS REQUIRING APPROVAL & TYPE OF VOTING RIGHTS THE RESERVED RIGHTS IN OUR TIERED GOVERNANCE STRUCTURE CONTEMPLATE APPROVAL BY THE ST JOSEPH HEALTH SYSTEM MEMBER OF FINANCING, BUDGETS, UNBUDGETED EXPENDITURES OF DEFINED AMOUNTS, STRATEGIC PLAN, APPOINTMENT OF AUDITORS, CREATION OR INVESTMENT IN A LEGALLY RECOGNIZED ENTITY, JOINT VENTURES, EXEMPT PURPOSES, SALE OR DISPOSITION OF REAL PROPERTY, MERGER OR SALE OF SUBSTANTIALLY ALL ASSETS, APPOINTMENT AND REMOVAL OF TRUSTEES, ADOPTION OR AMENDMENT OF ARTICLES OR BYLAWS THE CORPORATE MEMBER, ST JOSEPH HEALTH SYSTEM, RESERVES THE RIGHT TO APPROVE THE PURPOSES, SALE OR DISPOSITION OF REAL PROPERTY, MERGER OR SALE OF SUBSTANTIALLY ALL ASSETS, APPOINTMENT AND REMOVAL OF TRUSTEES, ADOPTION OR AMENDMENT OF ARTICLES OR BYLAWS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 11B	PROCESS TO REVIEW 990 THE FORM 990 WAS PREPARED BASED ON INFORMATION RECEIVED FROM VARIOUS DEPARTMENTS OF THE ORGANIZATION INCLUDING THE FINANCE TEAM, HUMAN RESOURCES, PAYROLL, COMPLIANCE AND THE GENERAL COUNSEL'S OFFICE THE ORGANIZATION ENGAGED AN OUTSIDE ACCOUNTING FIRM TO PREPARE THE RETURN THE RETURN HAS BEEN REVIEWED BY AN OFFICER OF THE ORGANIZATION A FULL COPY OF THE FORM 990 WAS PROVIDED TO ALL BOARD MEMBERS PRIOR TO FILING WITH THE IRS THE AUDIT COMMITTEE OF THE PARENT ORGANIZATION IS PROVIDED AN ANNUAL UPDATE ON THE TAX REPORTING PROCESS AND KEY DISCLOSURES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 12C	PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST BOARD MEMBERS, SPONSORS, SENIOR LEADERS AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANY REAL OR POTENTIAL CONFLICT OF INTEREST IN ACCORDANCE WITH THE PSJH COI POLICY AND IN CONNECTION WITH THAT INDIVIDUAL SATISFYING HIS OR HER FIDUCIARY OBLIGATIONS TO THE ORGANIZATION DISCLOSURES ARE MADE ANNUALLY AND/OR IF AT ANY TIME AN ACTUAL, REAL OR POTENTIAL CONFLICT OF INTEREST ARISES PSJH CHIEF LEGAL OFFICER AND/OR THE PSJH CHIEF RISK OFFICER, REVIEW ALL DISCLOSURES WHERE APPROPRIATE, THE CEO AND/OR THE BOARD CHAIR CONSIDER MATTERS THAT INVOLVE SENIOR LEADERSHIP OR A BOARD MEMBER PSJH CHIEF LEGAL OFFICER AND/OR CHIEF RISK OFFICER REVIEW MATTERS WHERE CONFLICT IS DIFFICULT OR CANNOT BE RESOLVED AND PRESENT RECOMMENDATIONS TO THE APPROPRIATE BOARD COMMITTEE OR THE CEO, FOR DISCUSSION AND RESOLUTION WHEN APPROPRIATE, THE INDIVIDUAL WITH THE REAL/POTENTIAL CONFLICT THAT IS BEING REVIEWED MAY PARTICIPATE IN THE DISCUSSION BUT IS EXCUSED FROM THE MEETING WHEN ACTION IS DECIDED WHERE APPROPRIATE, THE CHIEF RISK OFFICER OR CHIEF LEGAL OFFICER WILL PROVIDE PLAN TO MANAGE CONFLICTS AUDITING AND MONITORING OF THIS PROCESS IS DONE PERIODICALLY ALL DOCUMENTATION OF COI DISCLOSURES IS RETAINED PER ORGANIZATION RETENTION POLICY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINES 15A & 15B	PROCESS FOR DETERMINING COMPENSATION THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER IS PAID BY ITS TAX EXEMPT PARENT, ST JOSEPH HEALTH SYSTEM, AND IS DISCLOSED AS A PERSON PAID BY A R ELATED ORGANIZATION PROVIDENCE ST JOSEPH HEALTH IS THE SOLE CORPORATE MEMBER OF ST JOSE PH HEALTH SYSTEM IT IS PROVIDENCE ST JOSEPH HEALTH'S INTENTION TO MAKE FINANCIAL NFORMAT ION ACCESSIBLE AND TRANSPARENT ALTHOUGH THE FILING OF FORM 990 PROVIDES INSIGHT INTO HOW PROVIDENCE ST JOSEPH HEALTH ACHIEVES ITS MISSION, DELIVERS ITS PROGRAMS AND STEWARDS ITS FINANCES, DECIPHERING THE INFORMATION DIRECTLY FROM FORM 990 CAN BE CHALLENGING THE FOLLO WING PARAGRAPHS PROVIDE FURTHER INFORMATION ABOUT THE PROCESS WE USE TO DETERMINE COMPENSA TION FOR TOP MANAGEMENT, OFFICERS AND KEY EMPLOYEES PROVIDENCE ST JOSEPH HEALTH HAS A SI NGLE FIDUCIARY BOARD, WITH RESPONSIBILITY FOR FINANCIAL OVERSIGHT ASSOCIATED WITH FULFILLM ENT OF THE PROVIDENCE ST JOSEPH HEALTH MISSION, DEVELOPING SYSTEM POLICIES, PROTECTING TH E ASSETS ENTRUSTED TO THE ORGANIZATION AND OVERSEEING THE STRATEGIC AND OPERATIONAL AFFAIR S OF PROVIDENCE ST JOSEPH HEALTH'S LEGAL ENTITIES PROVIDENCE ST JOSEPH HEALTH ALSO MAIN TAINS A NETWORK OF COMMUNITY ENTITY BOARDS WITH RESPONSIBILITY FOR QUALITY OF CARE OVERSIG HT, COMMUNITY RELATIONS, ADVOCACY AND COMMUNITY NEEDS ASSESSMENTS PROVIDENCE ST JOSEPH H EALTH HAS A CONSISTENT COMPENSATION PHILOSOPHY FOR ALL OF ITS OFFICERS, INCLUDING OUR SENI OR EXECUTIVES SALARIES FOR SENIOR EXECUTIVES ARE REVIEWED BY THE PROVIDENCE ST JOSEPH HE ALTH COMMITTEE THE BOARD RETAINS AN INDEPENDENT CONSULTANT EACH YEAR TO REVIEW SALARIES O F THOSE IN THE MOST SIGNIFICANT LEADERSHIP ROLES IN THE ORGANIZATION PART OF THE CONSULTA NT'S ROLE IS TO REVIEW AN EXTENSIVE ARRAY OF COMPENSATION SURVEYS OF LARGE, NOT-FOR-PROFIT HEALTH CARE SYSTEMS IN THE UNITED STATES PROVIDENCE ST JOSEPH HEALTH IS ONE OF THE LARG ER HEALTH SYSTEMS IN THE COUNTRY, AND AS SUCH, THE BOARD BENCHMARKS EXECUTIVE COMPENSATION AGAINST OTHER LARGE, NOT-FOR-PROFIT HEALTH SYSTEMS WHOSE REVENUE IS SIMILAR TO THAT OF PR OVIDENCE ST JOSEPH HEALTH ADDITIONALLY, PROVIDENCE ST JOSEPH HEALTH'S LABOR MARKET CONT INUES TO SPREAD ACROSS HEALTH CARE AND INTO GENERAL INDUSTRY BECAUSE OF THIS, PROVIDENCE ST JOSEPH HEALTH ALSO TAKES INTO CONSIDERATION GENERAL INDUSTRY FOR-PROFIT MARKET DATA, W HERE APPLICABLE BASE SALARIES FOR PROVIDENCE ST JOSEPH HEALTH EXECUTIVES ARE GENERALLY T ARGETED TO THE MEDIAN LEVEL OF THE MARKET, AS IDENTIFIED BY THE INDEPENDENT CONSULTANT AND REVIEWED WITH THE EXECUTIVE COMPENSATION COMMITTEE THE PRESIDENT/CEO UTILIZES THE MARKET INFORMATION PROVIDED BY THE CONSULTANT ALONG WITH FORMAL PERFORMANCE EVALUATIONS, TO DETE RMINE SALARY RECOMMENDATIONS FOR OTHER SENIOR EXECUTIVES THIS PROCESS INCLUDES A RIGOROUS ANALYSIS OF THOSE RECOMMENDATIONS WITH THE EXECUTIVE COMPENSATION COMMITTEE AS A PART OF THE REVIEW AND APPROVAL PROCESS PERFORMANCE INCENTIVES ALLOW EXECUTIVES TO EARN ADDITIONA L COMPENSATION IF THEY ACHIEVE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINES 15A & 15B	SPECIFIC ORGANIZATIONAL GOALS FOR FURTHERING PROVIDENCE ST JOSEPH HEALTH OPERATING COMMI TMENTS AND STRATEGIC OBJECTIVES THE BOARD OF DIRECTORS CONDUCTS A THOROUGH REVIEW PROCESS TO ENSURE PERFORMANCE INCENTIVES ARE ALIGNED WITH APPROPRIATE MARKET PRACTICES THE BOARD 'S PROCESS FOR EXECUTIVE COMPENSATION FULLY COMPLIES WITH IRS STANDARDS AND MIRRORS BEST P RACTICES THE PROCESS TO REVIEW COMPENSATION WAS LAST COMPLETED MARCH 5, 2019

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY & FINANCIAL STATEMENTS THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST THE PSJH COMMUNITY BENEFIT REPORTS, FINANCIAL REPORTS, AND PHILANTHROPY REPORTS ARE ALSO AVAILABLE ON THE PSJH INTERNET SITE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS NET ASSET TRANSFER FROM SRMH, SJE, RMH AND QVH $ 773,603,724 EQUITY TRANSFER FROM ST JOSEPH HEALTH SYSTEM $ (7,521,305) EQUITY TRANSFER FROM ST JOSEPH HERITAGE HEALTHCARE $ (59,209,811) CURRENT YEAR HOSPITAL FEES EQUITY TRANSFERS PROVIDENCE $ (30,472,315) CURRENT YEAR INVEST IN CONSOLIDATED JOINT VENTURE - NORTH BAY ENDOSCOPY CENTER LLC $ 44,952 ---------- - TOTAL $ 676,445,245

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION PHYSICIAN FEES TOTAL FEES 42568743

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION CONTRACT SERVICES TOTAL FEES 28964394

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER PURCHASED SERVICES TOTAL FEES 51519582

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
ST JOSEPH HEALTH NORTHERN CALIFORNIA LLC

Employer identification number
81-4791043

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No

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

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

See Additional Data Table

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

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

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	Yes	

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation
SCHEDULE R, PART III	IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS A PARTNERSHIP 20TH STREET SURGERY LLC EIN 73-1735618 ADDRESS 1301 20TH STREET, STE 140, SANTA MONICA, CA 90404 BROADWAY IMAGING, LLC EIN 52-2405971 ADDRESS 500 W BROADWAY MISSOULA, MT 59802 CENTER FOR SPECIALTY SURGERY, LLC EIN 26-3638838 ADDRESS 11782 SW BARNES RD PORTLAND, OR 97225 CLACKAMAS RADIATION ONCOLOGY CENTER, LLC EIN 26-0381897 ADDRESS 4400 NE HALSEY ST , BLDG II, #495 PORTLAND, OR 97213 COASTAL ASC HOLDINGS LLC EIN 81-0986844 ADDRESS ONE HOAG DRIVE, PO BOX 6100, NEWPORT BEACH, CA 92658 COVENANT LONG-TERM CARE, LP EIN 20-5033419 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 CTR FOR MED IMAGING-BRIDGEPORT, LLC EIN 26-0796953 ADDRESS 4400 NE HALSEY, #495 PORTLAND, OR 97213 CTR FOR MED IMAGING-TANASBOURNE, LLC EIN 20-0477972 ADDRESS 4400 NE HALSEY, #495 PORTLAND, OR 97213 FULLERTON SURGICAL CENTER LP EIN 47-0927394 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 GREATER VALLEY MEDICAL BUILDING, L P EIN 95-4570858 ADDRESS 501 S BUENA VISTA ST BURBANK, CA 91505 HCSA PROPERTIES LLC EIN 46-0620892 ADDRESS 1600 M STREET NW AUBURN, WA 98001 HERITAGE INVESTMENT GROUP I, LLC EIN 27-1000061 ADDRESS 500 S MAIN STREET, STE 1000, ORANGE, CA 92868 HOAG ORTHOPEDIC INSTITUTE EIN 61-1588294 ADDRESS 1 HOAG DRIVE, PO BOX 6100, NEWPORT BEACH, CA 92658 HOAG OUTPATIENT CENTERS, LLC EIN 45-3587572 ADDRESS 27271 LAS RAMBLAS #350, MISSION VIEJO, CA 92691 INLAND IMAGING, LLC EIN 91-1855796 ADDRESS 801 S STEVENS ST , SPOKANE, WA 99204 LSC REAL PROPERTY, LLC EIN 47-4646059 ADDRESS 2301 QUAKER AVENUE, LUBBOCK, TX, 79410 METHODIST DIAGNOSTIC IMAGING EIN 75-2343261 ADDRESS 4005 24TH STREET, LUBBOCK, TX 79410 NEWPORT BAY SURGERY CENTER, LLC EIN 56-2518360 ADDRESS 3333 W PACIFIC COAST HWY, #100 NEWPORT BEACH, CA 92663 NEWPORT BEACH ENDOSCOPY CENTER, LLC EIN 77-0368744 ADDRESS 27271 LAS RAMBLAS #350 MISSION VIEJO, CA 92691 NEWPORT IMAGING CENTER EIN 33-0191776 ADDRESS 360 SN MIGUEL, NEWPORT BEACH, CA 92660 NEWPORT SURGICAL PARTNERS, LLC EIN 39-2060266 ADDRESS 27271 LAS RAMBLAS #350 MISSION VIEJO, CA 92691 NORTH BAY ENDOSCOPY CENTER EIN 61-1559876 ADDRESS 1383 N MCDOWELL BLVD, SUITE 110, PETALUMA, CA 94954 OREGON ADVANCED IMAGING, LLC EIN 45-0471748 ADDRESS 881 O'HARE PARKWAY, MEDFORD, OR 97504 OREGON OUTPATIENT SURGERY CENTER EIN 22-3883387 ADDRESS 7300 SW CHILDS ROAD, TIGARD, OR 97224 PET/CT IMAGING AT SWEDISH CANCER INSTITUTE, LLC EIN 20-3132044 ADDRESS 1221 MADISON STREET SEATTLE, WA 98104 PHS INVESTMENT TRANSITION PORTFOLIO EIN 47-2279711 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 PHS INVESTMENT TRUST 2015 PRIVATE ASSETS PORTFOLIO EIN 47-3393740 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 PHS INVESTMENT TRUST 2016 PRIVATE ASSETS PORTFOLIO EIN 81-1532735 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 PHS INVESTMENT TRUST 2016 PRIVATE REAL ESTATE PORTFOLIO EIN 81-2960145 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 PHS INVESTMENT TRUST BANK LOANS PORTFOLIO EIN 47-2357735 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 PHS INVESTMENT TRUST COMMODITIES PORTFOLIO EIN 47-2269004 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 PHS INVESTMENT TRUST HEDGE FUND PORTFOLIO EIN 47-2293255 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 PHS INVESTMENT TRUST LDI PORTFOLIO EIN 47-2392060 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 PHS INVESTMENT TRUST LONG TREASURIES PORTFOLIO EIN 47-2385238 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 PHS INVESTMENT TRUST MLP PORTFOLIO EIN 47-2367538 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 PHS INVESTMENT TRUST PUBLIC DEBT PORTFOLIO EIN 47-2353569 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 PHS INVESTMENT TRUST PUBLIC EQUITY PORTFOLIO EIN 47-2283974 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 PHS INVESTMENT TRUST RELATIVE VALUE PORTFOLIO EIN 47-2314743 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 PHS INVESTMENT TRUST RISK PARITY PORTFOLIO EIN 47-2336377 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 PHS INVESTMENT TRUST SHORT TERM INVESTMENT PORTFOLIO EIN 81-2701056 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 PHS INVESTMENT TRUST TACTICAL TRADING PORTFOLIO EIN 47-2327491 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 PHS INVESTMENT TRUST TIPS PORTFOLIO EIN 47-2402609 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 PORTLAND MEDICAL IMAGING, LLC EIN 20-1054971 ADDRESS 4400 NE HALSEY, #495 PORTLAND, OR 97213 PROV RADIATION ONCOLOGY DEVELOP ASSN , LLC EIN 26-0682491 ADDRESS 4400 NE HALSEY, #495 PORTLAND, OR 97213 PROVIDENCE CHILDREN'S NEONATAL SERVICES EIN 47-0918549 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 PROVIDENCE IMAGING CENTER JOINT VENTURE EIN 92-0118807 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 PROVIDENCE PARTNERS FOR HEALTH, LLC EIN 45-4041798 ADDRESS 501 S BUENA VISTA ST BURBANK, CA 91505 PROVIDENCE ST JOSEPH HEALTH LONG TERM PORTFOLIO EIN 82-3190634 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 PROVIDENCE SURGERY CENTER, LLC EIN 84-1401625 ADDRESS 902 N ORANGE ST MISSOULA, MT 59802 PROVIDENCE/SILVERTON REHAB, LLC EIN 48-1287267 ADDRESS 4400 NE HALSEY #425, PORTLAND, OR 97213 PROVIDENCE/USP SANTA CLARITA GP, LLC EIN 20-2829660 ADDRESS 11550 INDIAN HILLS ROAD #160, MISSION HILLS, CA 91345 PROVIDENCE/USP SURGERY CENTERS, LLC EIN 20-0905938 ADDRESS 11550 INDIAN HILLS ROAD #160, MISSION HILLS, CA 91345 SHA, LLC EIN 75-2569094 ADDRESS 12940 NORTH HIGHWAY 183, AUSTIN, TX 78750 SJO ASC HOLDINGS LLC EIN 82-1655501 ADDRESS 1140 W LA VETA AVE ORANGE, CA 92868 ST JOSEPH PHYSICIAN VENTURES I, LLC EIN 45-4521884 ADDRESS 1100 WEST STEWART DRIVE, ORANGE, CA 92868 ST JOSEPH/SATELLITE DIALYSIS CENTERS, LLC EIN 81-4657391 ADDRESS 300 SANTANA ROW, SUITE 300 SAN JOSE, CA 95128 ST JUDE SURGICAL CENTERS, LLC EIN 82-3352570 ADDRESS 1801 LIND AVE SW, ATTN TAX DEPARTMENT, RENTON, WA 98057-9016 SURGERY CENTER AT TANASBOURNE, LLC EIN 20-8187971 ADDRESS 11221 ROE AVE , STE 300, LEAWOOD, KS 66211 TARZANA PEDIATRIC VENTURES LLC EIN 82-1308306 ADDRESS 18321 CLARK ST, TARZANA, CA 91356 THE MADISON SPOKANE INN, LLC EIN 84-1606484 ADDRESS 15 WEST ROCKWOOD BLVD SPOKANE, WA 99204

Additional Data

Software ID:
Software Version:
EIN: 81-4791043
Name: ST JOSEPH HEALTH NORTHERN CALIFORNIA LLC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 61-1573313	HEALTHCARE	TX	501(C)(3)	12, I	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 46-1259908	HEALTHCARE	CA	501(C)(3)	12, III	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 46-3516417	HEALTHCARE	TX	501(C)(3)	12, I	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 75-2765566	HEALTHCARE	TX	501(C)(3)	3	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 75-2897026	HEALTHCARE	TX	501(C)(3)	7	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 82-2913146	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 75-2743883	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1082119	UNEMPLOYMENT	WA	501(C)(3)	12, I	PHS WA	Yes	
PO BOX 5128 EVERETT, WA 982065128 94-3264605	TRANS CARE	WA	501(C)(3)	10	NA		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-4322584	SUPPORT	CA	501(C)(3)	7	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 20-1910170	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
2800 SOUTH 192ND ST 104 SEATAC, WA 98188 27-3133200	HEALTHCARE	WA	501(C)(3)	7	SHS	Yes	
1 HOAG DRIVE PO BOX 6100 NEWPORT BEACH, CA 92658 45-3583707	HEALTHCARE	CA	501(C)(3)	12, I	HMHP	Yes	
2081 BUSINESS CTR DR STE 195 IRVINE, CA 92612 45-2982422	SUPPORT	CA	501(C)(3)	7	HHF	Yes	
1 HOAG DRIVE PO BOX 6100 NEWPORT BEACH, CA 92658 33-0676831	HEALTHCARE	CA	501(C)(3)	10	HMHP	Yes	
330 PLACENTIA AVE NEWPORT BEACH, CA 92663 95-3222343	FUNDRAISING	CA	501(C)(3)	7	HMHP	Yes	
1 HOAG DRIVE PO BOX 6100 NEWPORT BEACH, CA 92658 95-1643327	HEALTHCARE	CA	501(C)(3)	3	CHN	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 75-2133781	HEALTHCARE	TX	501(C)(3)	10	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1307555	HEALTHCARE	WA	501(C)(3)	3	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 81-4260130	HEALTHCARE	WA	501(C)(3)	7	PHSSJHS	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-2003593	HEALTHCARE	WA	501(C)(3)	7	WHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-4291515	HEALTHCARE	CA	501(C)(3)	4	PSJHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-6033089	SUPPORT	WA	501(C)(3)	12, III	KRMC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 23-7005501	SUPPORT	WA	501(C)(3)	12, I	KRMC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-0655392	HEALTHCARE	WA	501(C)(3)	3	WHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 33-0844408	IMAGING SVCS	CA	501(C)(3)	10	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 75-2220963	HEALTHCARE	TX	501(C)(3)	7	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1562797	SUPPORT	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-2054035	RESEARCH	WA	501(C)(3)	7	SHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 75-2428911	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 75-2246348	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 75-2426010	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-1643360	HEALTHCARE	CA	501(C)(3)	3	CHN	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 56-2290878	HEALTHCARE	WA	501(C)(3)	10	WHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-3544877	HEALTHCARE	CA	501(C)(3)	7	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 92-0093565	HEALTHCARE	AK	501(C)(3)	12, I	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1940286	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1789266	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 93-0800140	SUPPORT	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 93-0692907	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

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						Yes	No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-3385506	SUPPORT	WA	501(C)(3)	7	NA		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 31-1744654	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1549796	HEALTHCARE	WA	501(C)(3)	12, II	PSJH		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 81-0231793	HEALTHCARE	MT	501(C)(3)	3	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 51-0216587	HEALTHCARE	OR	501(C)(3)	3	PHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 51-0216586	HEALTHCARE	WA	501(C)(3)	3	PHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1303277	HEALTHCARE	WA	501(C)(3)	3	PMWHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 55-0828701	MEDICAID	OR	501(C)(4)	N/A	PHP	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 32-0014330	HEALTHCARE	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1433382	HEALTHCARE	WA	501(C)(3)	7	PHS W WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 93-0863097	HEALTHCARE	OR	501(C)(4)	N/A	PPP	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 51-0216589	HEALTHCARE	CA	501(C)(3)	3	PHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 93-0921990	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 27-2552749	HEALTHCARE	WA	501(C)(3)	7	PHS W WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-2077378	HEALTHCARE	WA	501(C)(3)	7	PHS W WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 51-0224944	HEALTHCARE	CA	501(C)(3)	7	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 93-1554288	HEALTHCARE	WA	501(C)(3)	12, I	PHS W WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 33-0283773	HEALTHCARE	CA	501(C)(3)	12, I	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 94-3079515	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016	RELIGIOUS ORG	WA	501(C)(3)	1	NA		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1188119	HEALTHCARE	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 93-0889144	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 31-1629656	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1861964	HEALTHCARE	WA	501(C)(4)	N/A	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 93-1231494	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 31-1584166	SUPPORT	WA	501(C)(3)	10	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-1684082	HEALTHCARE	CA	501(C)(3)	3	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 81-4542216	HEALTHCARE	CA	501(C)(3)	3	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 93-0927320	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-2171539	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 94-3244854	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 81-1244422	HEALTHCARE	WA	501(C)(3)	12, III	NA		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 94-3078543	HEALTHCARE	WA	501(C)(3)	12, I	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 81-0463482	HEALTHCARE	MT	501(C)(3)	3	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 45-2841492	HEALTHCARE	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1097056	SUPPORT	WA	501(C)(3)	7	PHS W WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 93-0575982	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-3264139	HEALTHCARE	CA	501(C)(3)	10	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 33-0261016	HEALTHCARE	CA	501(C)(3)	7	PTCH	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 93-1003750	HEALTHCARE	OR	501(C)(3)	12, I	PHS OR	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 94-1243669	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 94-2779313	HEALTHCARE	CA	501(C)(3)	7	RMH	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 94-1384665	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-6100079	SUPPORT	CA	501(C)(3)	7	PSJHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 94-1231005	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 61-1502822	PHYSN COLLAB	WA	501(C)(3)	7	WHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 26-2612415	SHELL CORP	MT	501(C)(3)	1	PHS WA		No
480 S BATAVIA ORANGE, CA 92868 95-1643383	RELIGIOUS ORG	CA	501(C)(3)	1	NA		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 68-0395200	HEALTHCARE	CA	501(C)(3)	3	SRMH	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 27-1666576	RELIGIOUS ORG	CA	501(C)(3)	1	SSJO		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-3589356	HEALTHCARE	CA	501(C)(3)	12, I	PSJH		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 33-0143024	HEALTHCARE	CA	501(C)(3)	7	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 33-0185031	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 68-0331084	HEALTHCARE	CA	501(C)(3)	10	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 94-1156596	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-1643359	HEALTHCARE	CA	501(C)(3)	3	CHN	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-1643324	HEALTHCARE	CA	501(C)(3)	3	CHN	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 94-3176618	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-1914489	HEALTHCARE	CA	501(C)(3)	3	CHN	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 75-1653181	HEALTHCARE	TX	501(C)(3)	7	CHS	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 23-7056976	HEALTHCARE	MT	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 81-0233495	EDUCATION	MT	501(C)(3)	10	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 27-2305304	HEALTHCARE	WA	501(C)(3)	3	WHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-0433740	HEALTHCARE	WA	501(C)(3)	3	WHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-0983214	HEALTHCARE	WA	501(C)(3)	7	SHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 27-3139262	HOLDING CO	WA	501(C)(3)	12, I	SHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1180824	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1293869	SUPPORT	CA	501(C)(3)	10	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1214491	SUPPORT	OR	501(C)(3)	10	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 81-0231777	EDUCATION	MT	501(C)(3)	2	PHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 45-4171900	SHELL CORP	WA	501(C)(3)	12, II	PHS W WA	Yes	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) 20TH STREET SURGERY LLC 1301 20TH STREET STE 140 SANTA MONICA, CA 90404 73-1735618	AMBULATORY SURG	CA	NA	N/A								
(1) BROADWAY IMAGING LLC 500 W BROADWAY MISSOULA, MT 59802 52-2405971	MEDICAL IMAGING	MT	NA	N/A								
(2) CENTER FOR SPECIALTY SURGERY LLC 11782 SW BARNES RD PORTLAND, OR 97225 26-3638838	AMBULATORY SURG	OR	NA	N/A								
(3) CLACKAMAS RADIATION ONCOLOGY CENTER LLC 4400 NE HALSEY ST BLDG II 495 PORTLAND, OR 97213 26-0381897	RADIATION ONCOL	OR	NA	N/A								
(4) COASTAL ASC HOLDINGS LLC ONE HOAG DRIVE PO BOX 6100 NEWPORT BEACH, CA 926586100 81-0986844	HEALTHCARE	CA	NA	N/A								
(5) COVENANT LONG-TERM CARE LP 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 20-5033419	HEALTHCARE	TX	NA	N/A								
(6) CTR FOR MED IMAGING-BRIDGEPORT LLC 4400 NE HALSEY 495 PORTLAND, OR 97213 26-0796953	IMAGING DIAG	OR	NA	N/A								
(7) CTR FOR MED IMAGING-TANASBOURNE LLC 4400 NE HALSEY 495 PORTLAND, OR 97213 20-0477972	IMAGING DIAG	OR	NA	N/A								
(8) FULLERTON SURGICAL CENTER LP 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-0927394	AMBULATORY SURG	CA	NA	N/A								
(9) GREATER VALLEY MEDICAL BUILDING LP 501 S BUENA VISTA ST BURBANK, CA 91505 95-4570858	REAL ESTATE - MOB	CA	NA	N/A								
(10) HCSA PROPERTIES LLC 1600 M STREET NW AUBURN, WA 98001 46-0620892	REAL ESTATE RENT	WA	NA	N/A								
(11) HERITAGE INVESTMENT GROUP I LLC 500 S MAIN STREET STE 1000 ORANGE, CA 92868 27-1000061	INVESTMENTS	CA	NA	N/A								
(12) HOAG ORTHOPEDIC INSTITUTE ONE HOAG DRIVE PO BOX 6100 NEWPORT BEACH, CA 926586100 61-1588294	HEALTHCARE	CA	NA	N/A								
(13) HOAG OUTPATIENT CENTERS LLC 27271 LAS RAMBLAS 350 MISSION VIEJO, CA 92691 45-3587572	HEALTHCARE	CA	NA	N/A								
(14) INLAND IMAGING LLC 801 S STEVENS ST SPOKANE, WA 99204 91-1855796	MEDICAL IMAGING	WA	NA	N/A								

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(16) LSC REAL PROPERTY LLC 2301 QUAKER AVENUE LUBBOCK, TX 79410 47-4646059	REAL ESTATE	TX	NA	N/A								
(1) METHODIST DIAGNOSTIC IMAGING 4005 24TH STREET LUBBOCK, TX 79410 75-2343261	HEALTHCARE	TX	NA	N/A								
(2) NEWPORT BAY SURGERY CENTER LLC 3333 W PACIFIC COAST HWY 100 NEWPORT BEACH, CA 92663 56-2518360	HEALTHCARE	CA	NA	N/A								
(3) NEWPORT BEACH ENDOSCOPY CENTER LLC 27271 LAS RAMBLAS 350 MISSION VIEJO, CA 92691 77-0368744	HEALTHCARE	CA	NA	N/A								
(4) NEWPORT IMAGING CENTER 360 SN MIGUEL NEWPORT BEACH, CA 92660 33-0191776	HEALTHCARE	CA	NA	N/A								
(5) NEWPORT SURGICAL PARTNERS LLC 27271 LAS RAMBLAS 350 MISSION VIEJO, CA 92691 39-2060266	HEALTHCARE	CA	NA	N/A								
(6) NORTH BAY ENDOSCOPY CENTER 1383 N MCDOWELL BLVD STE 110 PETALUMA, CA 94954 61-1559876	HEALTHCARE	CA	NA	N/A								
(7) OREGON ADVANCED IMAGING LLC 881 OHARE PARKWAY MEDFORD, OR 97504 45-0471748	MEDICAL IMAGING	OR	NA	N/A								
(8) OREGON OUTPATIENT SURGERY CENTER 7300 SW CHILDS RD TIGARD, OR 97224 22-3883387	AMBULATORY SURG	OR	NA	N/A								
(9) PETCT IMAGING AT SWEDISH CANCER INSTITU 1221 MADISON STREET SEATTLE, WA 98104 20-3132044	MEDICAL IMAGING	WA	NA	N/A								
(10) PHS INVESTMENT TRANSITION PORTFOLIO 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-2279711	INVESTMENTS	WA	NA	N/A								
(11) PHS INVESTMENT TRUST 2015 PRIVATE ASSETS 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-3393740	INVESTMENTS	WA	NA	N/A								
(12) PHS INVESTMENT TRUST 2016 PRIVATE ASSETS 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 81-1532735	INVESTMENTS	WA	NA	N/A								
(13) PHS INVESTMENT TRUST 2016 PRIVATE REAL E 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 81-2960145	INVESTMENTS	WA	NA	N/A								
(14) PHS INVESTMENT TRUST BANK LOANS PORTFOLI 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-2357735	INVESTMENTS	WA	NA	N/A								

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							Yes	No		Yes	No	
(31) PHS INVESTMENT TRUST COMMODITIES PORTFOL 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-2269004	INVESTMENTS	WA	NA	N/A								
(1) PHS INVESTMENT TRUST HEDGE FUND PORTFOLI 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-2293255	INVESTMENTS	WA	NA	N/A								
(2) PHS INVESTMENT TRUST LDI PORTFOLIO 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-2392060	INVESTMENTS	WA	NA	N/A								
(3) PHS INVESTMENT TRUST LONG TREASURIES POR 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-2385238	INVESTMENTS	WA	NA	N/A								
(4) PHS INVESTMENT TRUST MLP PORTFOLIO 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-2367538	INVESTMENTS	WA	NA	N/A								
(5) PHS INVESTMENT TRUST PUBLIC DEBT PORTFOL 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-2353569	INVESTMENTS	WA	NA	N/A								
(6) PHS INVESTMENT TRUST PUBLIC EQUITY PORTF 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-2283974	INVESTMENTS	WA	NA	N/A								
(7) PHS INVESTMENT TRUST RELATIVE VALUE PORT 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-2314743	INVESTMENTS	WA	NA	N/A								
(8) PHS INVESTMENT TRUST RISK PARITY PORTFOL 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-2336377	INVESTMENTS	WA	NA	N/A								
(9) PHS INVESTMENT TRUST SHORT TERM INVESTME 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 81-2701056	INVESTMENTS	WA	NA	N/A								
(10) PHS INVESTMENT TRUST TACTICAL TRADING PO 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-2327491	INVESTMENTS	WA	NA	N/A								
(11) PHS INVESTMENT TRUST TIPS PORTFOLIO 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-2402609	INVESTMENTS	WA	NA	N/A								
(12) PORTLAND MEDICAL IMAGING LLC 4400 NE HALSEY 495 PORTLAND, OR 97213 20-1054971	IMAGING DIAG	OR	NA	N/A								
(13) PROV RADIATION ONCOLOGY DEVELOP ASSN 4400 NE HALSEY 495 PORTLAND, OR 97213 26-0682491	REAL ESTATE - MOB	OR	NA	N/A								
(14) PROVIDENCE CHILDREN'S NEONATAL SERVICES 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-0918549	NEONATAL CARE	WA	NA	N/A								

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							Yes	No		Yes	No	
(46) PROVIDENCE IMAGING CENTER JOINT VENTURE 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 92-0118807	MEDICAL IMAGING	AK	NA	N/A								
(1) PROVIDENCE PARTNERS FOR HEALTH LLC 501 S BUENA VISTA ST BURBANK, CA 91505 45-4041798	CLIN QUALITY/INT	CA	NA	N/A								
(2) PROVIDENCE ST JOSEPH HEALTH LONG TERM P 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 82-3190634	INVESTMENTS	WA	NA	N/A								
(3) PROVIDENCE SURGERY CENTER LLC 902 N ORANGE ST MISSOULA, MT 59802 84-1401625	AMBULATORY SURG	MT	NA	N/A								
(4) PROVIDENCESILVERTON REHAB LLC 4400 NE HALSEY 425 PORTLAND, OR 97213 48-1287267	REHAB SERVICES	OR	NA	N/A								
(5) PROVIDENCEUSP SANTA CLARITA GP LLC 11550 INDIAN HILLS ROAD 160 MISSION HILLS, CA 91345 20-2829660	AMBULATORY SURG	CA	NA	N/A								
(6) PROVIDENCEUSP SURGERY CTRS LLC 11550 INDIAN HILLS ROAD 160 MISSION HILLS, CA 91345 20-0905938	AMBULATORY SURG	CA	NA	N/A								
(7) SHA LLC 12940 NORTH HIGHWAY 183 AUSTIN, TX 78750 75-2569094	HEALTHCARE	TX	NA	N/A								
(8) SJO ASC HOLDINGS LLC 1140 W LA VETA AVE ORANGE, CA 92868 82-1655501	HEALTHCARE	CA	NA	N/A								
(9) ST JOSEPH PHYSICIAN VENTURES I LLC 1100 WEST STEWART DRIVE ORANGE, CA 92868 45-4521884	REAL ESTATE	CA	NA	N/A								
(10) ST JOSEPHSATELLITE DIALYSIS CENTERS L 300 SANTANA ROW SUITE 300 SAN JOSE, CA 95128 81-4657391	HEALTHCARE	CA	NA	N/A								
(11) ST JUDE SURGICAL CENTERS LLC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 82-3352570	AMBULATORY SURG	CA	NA	N/A								
(12) SURGERY CENTER AT TANASBOURNE LLC 11221 ROE AVE STE 300 LEAWOOD, KS 66211 20-8187971	AMBULATORY SURG	KS	NA	N/A								
(13) TARZANA PEDIATRIC VENTURES LLC 18321 CLARK ST TARZANA CA 91356 TARZANA, CA 91356 82-1308306	HEALTHCARE	CA	NA	N/A								
(14) THE MADISON SPOKANE INN LLC 15 WEST ROCKWOOD BLVD SPOKANE, WA 99204 84-1606484	HOTEL SERVICES	WA	NA	N/A								

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) AMERICAN UNITY GROUP LTD 90 PITTS BAY ROAD PEMBROKE HM08 BD	CAPTIVE INSURANCE	BD	NA	C-CORP					
(1) 1221 MADISON STREET OWNERS ASSOC 747 BROADWAY SEATTLE, WA 98122 20-1954319	OWNERS' ASSOC	WA	NA	C-CORP					
(2) AYIN HEALTH SOLUTIONS INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 83-3037172	HEALTHCARE	DE	NA	C-CORP					
(3) BOURGET HEALTH SERVICES INC PO BOX 2687 SPOKANE, WA 99220 91-1354431	CLIN/MED LAB	WA	NA	C-CORP					
(4) CARON HEALTH CORPORATION 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 81-0486082	MED PHYS SVCS	MT	NA	C-CORP					
(5) DATU HEALTH INC AND SUBSIDIARIES 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 46-3070062	IT SVCS	DE	NA	C-CORP					
(6) GRACE CLINIC OF LUBBOCK 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 20-3856995	HEALTHCARE	TX	NA	C-CORP					
(7) GRACE CLINIC SERVICES INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 20-3857067	HEALTHCARE	TX	NA	C-CORP					
(8) HOAG CLINIC (FKA COASTAL MGM SVS ORG) 1 HOAG DRIVE PO BOX 6100 NEWPORT BEACH, CA 926586100 33-0676831	HEALTHCARE	CA	NA	C-CORP					
(9) HOAG MANAGEMENT SERVICES INC 1 HOAG DRIVE PO BOX 6100 NEWPORT BEACH, CA 926586100 33-0731587	HEALTHCARE	CA	NA	C-CORP					
(10) LUBBOCK METHODIST HOSP PRACTICE MGMT 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 75-2578995	INACTIVE	TX	NA	C-CORP					
(11) LUBBOCK METHODIST HOSPITAL SVCS 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 75-2118585	HEALTHCARE	TX	NA	C-CORP					
(12) LUMEDIC ACQUISITION CO INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 83-3881097	HEALTHCARE	WA	NA	C-CORP					
(13) MISSION VIEJO MEDICAL VENTURES 27800 MEDICAL CENTER RD 354 MISSION VIEJO, CA 92691 33-0212905	HEALTHCARE	CA	NA	C-CORP					
(14) PHN HOLDINGS 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 46-1814184	STRAT PLAN SVCS	CA	NA	C-CORP					

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

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								Yes	No
(16) PIONEER INNOVATIONS INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 36-4818191	HEALTH INNOVATNS	WA	NA	C-CORP					
(1) PROVIDENCE ASSURANCE INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 20-8194071	CAPTIVE INSURANCE	AZ	NA	C-CORP					
(2) PROVIDENCE HEALTH CARE VENTURES INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 90-0155714	CLIN/MED LAB	WA	NA	C-CORP					
(3) PROVIDENCE HEALTH NETWORK 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 80-0886966	PREPAID HEALTH	CA	NA	C-CORP					
(4) PROVIDENCE HEALTH VENTURES INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 33-0122216	INVESTMENT	CA	NA	C-CORP					
(5) ST JOSEPH HEALTH 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 46-2340232	HOLDING COMPANY	CA	NA	C-CORP					
(6) ST JOSEPH HEALTH SOURCE INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 46-1900168	HEALTHCARE	CA	NA	C-CORP					
(7) ST JOSEPH PROF SVCS ENTERPRSES INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 33-0155323	HEALTHCARE	CA	NA	C-CORP					
(8) VINSERRA INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-3943315	INVESTMENT	CA	NA	C-CORP					
(9) WESTERN HEALTHCONNECT VENTURES INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 80-0953654	INVESTMENT	WA	NA	C-CORP					
(10) YAKIMA MEDICAL ARTS INC 611 N PERRY 100 SPOKANE, WA 99202 91-0787963	RENT REAL ESTATE	WA	NA	C-CORP					

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	ST JOSEPH HERITAGE HEALTHCARE	b	59,209,810	CASH
(1)	ST JOSEPH HERITAGE HEALTHCARE	j	981,355	CASH
(2)	ST JOSEPH HERITAGE HEALTHCARE	l	75,522	CASH
(3)	ST JOSEPH HEALTH SYSTEM FOUNDATION	c	4,103,842	CASH
(4)	ST JOSEPH HEALTH SYSTEM FOUNDATION	b	7,244,100	CASH
(5)	ST JOSEPH HEALTH SYSTEM	p	810,608,568	CASH
(6)	ST JOSEPH HEALTH SYSTEM	r	2,446,950	CASH
(7)	ST JOSEPH HOME CARE NETWORK	p	322,899	ACCRUAL
(8)	ST JOSEPH HOME CARE NETWORK	q	319,429	ACCRUAL
(9)	SRM ALLIANCE HOSPITAL SERVICES	q	5,764,690	ACCRUAL
(10)	REDWOOD MEMORIAL FOUNDATION	q	59,289	ACCRUAL
(11)	SANTA ROSA MEMORIAL HOSPITAL	S	288,349,234	ACCRUAL
(12)	QUEEN OF THE VALLEY MEDICAL CENTER	S	228,467,497	ACCRUAL
(13)	REDWOOD MEMORIAL HOSPITAL	S	5,681,371	ACCRUAL
(14)	ST JOSEPH HOSPITAL OF EUREKA	S	153,078,540	ACCRUAL
(15)	SANTA ROSA MEMORIAL HOSPITAL	P	180,360,148	ACCRUAL
(16)	QUEEN OF THE VALLEY MEDICAL CENTER	P	100,617,556	ACCRUAL
(17)	REDWOOD MEMORIAL HOSPITAL	P	17,828,007	ACCRUAL
(18)	ST JOSEPH HOSPITAL OF EUREKA	P	84,188,079	ACCRUAL