efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318093020

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

2019

Open to Public Inspection

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

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

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 98057

D Employer identification number
81-4791043

E Telephone number
(707) 525-5300

G Gross receipts $ 1,267,389,859

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:
SEE SCHEDULE OAS 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 2019 (Part V, line 2a)	**5**	5,270
6	Total number of volunteers (estimate if necessary)	**6**	557
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	202,827
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	57,174

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	14,377,534	14,189,723
9	Program service revenue (Part VIII, line 2g)	938,430,441	1,235,158,954
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,835,074	17,166,498
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,845,742	708,910
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	968,488,791	1,267,224,085
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,081,600	6,108,600
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	455,397,350
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶4,462,964		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	838,654,870	772,630,114
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	845,736,470	1,234,136,064
19	Revenue less expenses. Subtract line 18 from line 12	122,752,321	33,088,021

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,280,829,488	1,359,575,117
21	Total liabilities (Part X, line 26)	512,096,145	517,210,669
22	Net assets or fund balances. Subtract line 21 from line 20	768,733,343	842,364,448

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2020-11-13

PATTI PILGRIM 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
		2020-11-06		P01286320

Firm's name ▶ ERNST & YOUNG US LLP — Firm's EIN ▶ 34-6565596

Firm's address ▶ 560 MISSION STREET SUITE 1600
SAN FRANCISCO, CA 94105 — Phone no. (415) 894-8000

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

Part III Statement of Program Service Accomplishments

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

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 $ 1,161,925,588 including grants of $ 6,108,600) (Revenue $ 1,235,993,338)

See Additional Data

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

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

(Code:) (Expenses $ 0 including grants of $ 0) (Revenue $ 0)

4d Other program services (Describe in Schedule O.)

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

4e **Total program service expenses** ▶ 1,161,925,588

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	Yes	
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	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
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
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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *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, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
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	

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

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	5,270		
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**	Yes
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**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KEVIN KLOCKENGA REGIONAL CHIEF EXECUTIVE - NO CA	9.00 41.00			X				0	1,144,038	231,217
(2) ROBERTA LUSKIN-HAWK MD CHIEF EXEC EUREKA	2.00 48.00				X			0	673,993	181,655
(3) LARRY COOMES CHIEF EXEC QVMC	2.00 52.00				X			0	648,340	199,798
(4) CHAD KRILICH CMO-CHIEF MEDICAL OFFICER	40.00 10.00					X		549,953	0	56,067
(5) CAROL KOEBLE CHIEF MEDICAL OFFICER - N. CA REGION	40.00 10.00					X		566,793	0	81,811
(6) OLUYEMI ADEYANJU ESQ GENERAL COUNSEL	2.00 48.00			X				0	544,043	101,971
(7) WILLIAM PARKS CHIEF MEDICAL AFFAIRS/CMO	36.00 14.00					X		519,338	0	56,621
(8) KIM BROWN SIMS CHIEF NURSING OFFICER (PART YEAR)	40.00 0.00					X		536,760	0	21,568
(9) VICKI WHITE CNO-CHIEF NURSING OFCR	25.00 25.00					X		494,128	0	37,692
(10) TYLER HEDDEN CEO-CHIEF EXEC OFFICER-SONOMA	2.00 48.00				X			479,748	0	45,798
(11) CON HEWITT BOARD MEMBER	2.00 2.00	X						0	0	0
(12) GEORGE W BO-LINN MD BOARD MEMBER	2.00 0.00	X						0	0	0
(13) JAMES DEVORE MD BOARD MEMBER	2.00 0.00	X						0	0	0
(14) RITA SCARDACI BOARD MEMBER	2.00 0.00	X						0	0	0
(15) SISTER MARY BERNADETTE MCNULTY BOARD MEMBER	2.00 0.00	X						0	0	0
(16) JIM HOUSER BOARD CHAIR	2.00 0.00	X						0	0	0
(17) JOHN PETERS INTERIM REGIONAL CFO, TREASURER	0.00 50.00			X				0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								3,146,720	3,010,414	1,014,198

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 ▶ 1,652

			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
KRITERION CONSTRUCTION SERVICES PO BOX 722 FORTUNA, CA 95540	CONSTRUCTION SVCS	5,769,503
INPATIENT SERVICES OF CALIFORNIA INC 7032 COLLECTION CENTER DR CHICAGO, IL 60693	HEALTH CARE SERVICES	5,055,470
CROSS COUNTRY STAFFING FILE NO 50941 LOS ANGELES, CA 90074	HEALTH CARE SERVICES	1,354,597
MICHAEL W HARMON MD INC 2700 DOLBEER ST EUREKA, CA 95501	HEALTH CARE SERVICES	743,904
SRS TELEMEDICINE PO BOX 198813 NASHVILLE, TN 37219	HEALTH CARE SERVICES	576,390

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 ▶ 37

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	637,835			
	d Related organizations	1d	7,734,820			
	e Government grants (contributions)	1e	536,497			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	5,280,571			
	g Noncash contributions included in lines 1a - 1f: $	1g				
	h **Total.** Add lines 1a-1f		14,189,723			
Program Service Revenue		Business Code				
	2a NET PATIENT REVENUE	622110	1,226,570,853	1,226,570,853		
	b MOB REVENUE	531120	4,440,238	4,440,238		
	c CAFETERIA REVENUE	722514	2,395,280	2,395,280		
	d 340B DRUG DISCOUNT PRG	622110	464,165	464,165		
	e PATHOLOGY & LABORATORY	621500	202,827		202,827	
	f All other program service revenue.		1,085,591	1,085,591		
	g **Total.** Add lines 2a–2f.	1,235,158,954				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		17,166,498			17,166,498
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
			(i) Real	(ii) Personal		
	6a Gross rents	6a				
	b Less: rental expenses	6b				
	c Rental income or (loss)	6c				
	d Net rental income or (loss)					
			(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory	7a				
	b Less: cost or other basis and sales expenses	7b				
	c Gain or (loss)	7c				
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including $ 637,835 of contributions reported on line 1c). See Part IV, line 18	8a	40,300			
	b Less: direct expenses	8b	165,774			
	c Net income or (loss) from fundraising events		-125,474			-125,474
	9a Gross income from gaming activities. See Part IV, line 19	9a				
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	10a				
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a ALL OTHER REVENUE	900099	434,220	434,220		
	b CASH PURCH & DISCOUNTS	900099	400,164	400,164		
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d		834,384			
	12 **Total revenue.** See instructions		1,267,224,085	1,235,790,511	202,827	17,041,024

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,108,600	6,108,600		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	525,546		525,546	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	399,978,085	372,590,214	24,842,154	2,545,717
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	19,364,305	18,749,225	491,276	123,804
9 Other employee benefits	5,912,848	4,311,488	1,600,715	645
10 Payroll taxes	29,616,566	27,222,717	2,210,897	182,952
11 Fees for services (non-employees):				
a Management	4,934,779	4,922,047	12,732	
b Legal	3,502,627		3,500,577	2,050
c Accounting	52,281	4,705	47,576	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	882,823		882,823	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	190,906,990	185,883,097	4,674,404	349,489
12 Advertising and promotion	218,860	45,988	100,430	72,442
13 Office expenses	19,263,823	17,308,195	1,891,456	64,172
14 Information technology				
15 Royalties				
16 Occupancy	16,350,337	15,844,562	454,587	51,188
17 Travel	2,774,065	1,676,186	1,036,394	61,485
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	341,418	275,709	51,156	14,553
20 Interest	12,159,440	12,159,440		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	45,078,621	42,346,128	2,728,324	4,169
23 Insurance				
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 SYSTEM COST ALLOCATION	224,793,726	211,640,831	12,339,981	812,914
b MEDICAL SUPPLIES	166,843,203	165,028,043	1,793,837	21,323
c HOSPITAL FEE	54,159,465	54,159,465		
d REPAIRS & MAINTENANCE	14,950,172	14,819,686	128,444	2,042
e All other expenses	15,417,484	6,829,262	8,434,203	154,019
25 **Total functional expenses.** Add lines 1 through 24e	1,234,136,064	1,161,925,588	67,747,512	4,462,964
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).				

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		18,621	1	16,721
	2	Savings and temporary cash investments		22,568,720	2	14,739,913
	3	Pledges and grants receivable, net		2,210,000	3	2,528,463
	4	Accounts receivable, net		133,828,136	4	136,288,823
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net		1,092,854	7	850,552
	8	Inventories for sale or use		20,639,882	8	20,716,911
	9	Prepaid expenses and deferred charges		13,988,914	9	8,023,736
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,425,102,546			
	b	Less: accumulated depreciation	10b 730,405,955	647,274,751	10c	694,696,591
	11	Investments—publicly traded securities		386,179,229	11	375,819,356
	12	Investments—other securities. See Part IV, line 11		3,880,007	12	3,660,128
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets		410,650	14	410,650
	15	Other assets. See Part IV, line 11		48,737,724	15	101,823,273
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,280,829,488	16	1,359,575,117
Liabilities	17	Accounts payable and accrued expenses		86,220,254	17	100,138,008
	18	Grants payable			18	
	19	Deferred revenue			19	1,245,075
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	2,050,000
	24	Unsecured notes and loans payable to unrelated third parties			24	
	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		425,875,891	25	413,777,586
	26	**Total liabilities.** Add lines 17 through 25		512,096,145	26	517,210,669
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		735,928,612	27	808,076,272
	28	Net assets with donor restrictions		32,804,731	28	34,288,176
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		768,733,343	32	842,364,448
	33	Total liabilities and net assets/fund balances		1,280,829,488	33	1,359,575,117

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	1,267,224,085
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,234,136,064
3	Revenue less expenses. Subtract line 2 from line 1	3	33,088,021
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	768,733,343
5	Net unrealized gains (losses) on investments	5	40,749,789
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-206,705
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	842,364,448

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 (2019)

Form 990, Part III, Line 4a:

SEE SCHEDULE OPROVIDENCEON JULY 1, 2016, PROVIDENCE HEALTH & SERVICES (PHS) AND ST. JOSEPH HEALTH SYSTEM (SJHS) ENTERED INTO A BUSINESS COMBINATION AGREEMENT TO FORM PROVIDENCE ST. JOSEPH HEALTH (PROVIDENCE). BY COMING TOGETHER, PROVIDENCE 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, 1,085 CLINICS ACROSS ALASKA, CALIFORNIA, MONTANA, NEW MEXICO, OREGON, TEXAS AND WASHINGTON.THE FOUNDERS OF BOTH ORGANIZATIONS WERE COURAGEOUS WOMEN AHEAD OF THEIR 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 FRONTIER. NOW, AS WE FACE A DIFFERENT LANDSCAPE A CHANGING HEALTH CARE ENVIRONMENT WE DRAW UPON THEIR PIONEERING AND COMPASSIONATE SPIRIT TO PLAN FOR THE NEXT CENTURY OF HEALTH CARE.PROVIDENCE HEALTH & SERVICESIN 1856, MOTHER JOSEPH AND FOUR SISTERS OF PROVIDENCE ESTABLISHED HOSPITALS, SCHOOLS AND ORPHANAGES ACROSS THE NORTHWEST. OVER THE YEARS, OTHER CATHOLIC SISTERS TRANSFERRED SPONSORSHIP OF THEIR MINISTRIES TO PROVIDENCE, INCLUDING THE LITTLE COMPANY OF MARY, DOMINICANS AND CHARITY OF LEAVENWORTH. RECENTLY, SWEDISH HEALTH SERVICES, KADLEC REGIONAL MEDICAL CENTER AND PACIFIC MEDICAL CENTERS HAVE JOINED PROVIDENCE AS SECULAR PARTNERS WITH A COMMON COMMITMENT TO SERVING ALL MEMBERS OF THE COMMUNITY. ST. JOSEPH HEALTH SYSTEMIN 1912, A SMALL GROUP OF SISTERS OF ST. JOSEPH LANDED ON THE RUGGED SHORES OF EUREKA, CALIFORNIA TO PROVIDE EDUCATION AND HEALTH CARE. THEY LATER ESTABLISHED ROOTS IN ORANGE, CALIFORNIA, AND EXPANDED TO SERVE SOUTHERN CALIFORNIA, NORTHERN CALIFORNIA AND TEXAS. THE HEALTH SYSTEM ESTABLISHED MANY KEY PARTNERSHIPS, INCLUDING A MERGER BETWEEN LUBBOCK METHODIST HOSPITAL SYSTEM AND ST. MARY HOSPITAL TO FORM COVENANT HEALTH IN LUBBOCK, TEXAS. RECENTLY, AN AFFILIATION WAS ESTABLISHED WITH HOAG HEALTH TO INCREASE ACCESS TO SERVICES IN ORANGE COUNTY, CALIFORNIA.PROGRAM SERVICE ACCOMPLISHMENTS:CARE NETWORK:CARE (CARE MANAGEMENT, ADVOCACY, RESOURCES, AND EDUCATION) NETWORK IS A NATIONALLY RECOGNIZED, AWARD WINNING COMMUNITY-BASED PROGRAM THAT PROMOTES CHRONIC DISEASE SELF-MANAGEMENT UTILIZING AN INTERDISCIPLINARY RN, SOCIAL WORK, BEHAVIORAL AND SPIRITUAL APPROACH. SERVICES ARE PROVIDED IN THE CLIENT'S HOME OR AS NEEDED IN A HEALTH PROVIDER OFFICE OR OTHER COMMUNITY SERVICE LOCATION. THE PROGRAM IS AIMED AT CARE COORDINATION AND IMPROVING DISEASE MANAGEMENT AND QUALITY OF LIFE WHILE REDUCING OVERALL GOVERNMENT BURDEN OF HEALTHCARE COSTS. CARE NETWORK SERVED OVER 8,000 PATIENTS PROVIDING OVER 15,000 ENCOUNTERS.CONTINUUM OF ORAL HEALTH SERVICES:ST. JOSEPH HEALTH NORTHERN CALIFORNIA OFFERS A CONTINUUM 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 MIGHTY MOUTH SCHOOL-BASED DENTAL DISEASE PREVENTION PROGRAM, AND MOMMY AND ME, WHICH TEACHES GOOD DENTAL HEALTH PRACTICES TO VERY YOUNG CHILDREN ZERO TO FIVE YEARS OLD AND THEIR MOTHERS. THE CLINICS PRIORITIZE SERVICE TO CHILDREN AGES 0-16 YEARS, BUT ALSO SERVE ADULTS WITH URGENT NEEDS. THEY PROVIDE BASIC, PREVENTIVE, EMERGENCY AND COMPREHENSIVE DENTAL CARE WITH A STRONG FOCUS ON PREVENTION AND EDUCATION. MOBILE MEDICAL CLINIC:OUR MOBILE MEDICAL CLINIC SERVES PATIENTS IN THEIR COMMUNITIES AT NO COST. THE PROGRAM SEEKS TO PROVIDE CARE TO THOSE 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, TREATMENT OF MINOR MEDICAL PROBLEMS, HEALTH AND NUTRITIONAL EDUCATION, AND INFORMATION AND REFERRALS. THE MOBILE HEALTH TEAM ALSO SERVED SEVERAL LOCAL HOMELESS SHELTERS, PROVIDING DIRECT PATIENT CARE IN THE SHELTERS. FOR MORE INFORMATION ABOUT ST. JOSEPH HEALTH NORTHERN CALIFORNIA, LLC, PLEASE VISITWWW.STJOSEPHHEALTH.ORGFOR MORE INFORMATION ABOUT ST. JOSEPH HEALTH, PLEASE VISITWWW.STJHS.ORGFOR MORE INFORMATION ABOUT PROVIDENCE ST. JOSEPH HEALTH, PLEASE VISITWWW.PSJHEALTH.ORG

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318093020

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 instructions and the latest information.**

OMB No. 1545-0047

2019

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) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . . **15**

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

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

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

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

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

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

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
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)

2 Activities Test. **Answer (a) and (b) below.**

			Yes	No
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 2019 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-2019**	**(iii) Distributable Amount for 2019**
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in **Part VI**. See instructions.			
6 Remaining underdistributions for 2019. 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 2020.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318093020

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

2019

Open to Public Inspection

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

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

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

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

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

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

Name of 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.		

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.

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-.		

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)** 2016	**(b)** 2017	**(c)** 2018	**(d)** 2019	**(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	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		109,299
j	Total. Add lines 1c through 1i			109,299
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
PART II-B, LINE 1:	SCHEDULE C, PART II-B THE LOBBYING EXPENDITURES REPORTED REPRESENTS THE PORTION OF DUES ALLOCATED TO ST. JOSEPH HEALTH NORTHERN CALIFORNIA, LLC.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318093020

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 instructions and the latest information.

OMB No. 1545-0047

2019

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	1,446,786				
b Contributions	8,019,532	1,440,138			
c Net investment earnings, gains, and losses	955,593	6,648			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	36,816				
g End of year balance	10,385,095	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		674,282,245	293,598,185	380,684,060
c Leasehold improvements		131,874,805	79,151,452	52,723,353
d Equipment		431,195,480	357,656,318	73,539,162
e Other		163,145,591		163,145,591
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				694,696,591

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)HOSPITAL FEE/PROVIDER TAX RECEIVABLE	60,914,848
(2)OTHER ASSETS	40,908,425
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	101,823,273

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	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	413,777,586

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
PART V, LINE 4:	INTENDED USE OF ENDOWMENT FUNDS THE INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS INC LUDES SCHOLARSHIPS FOR EMPLOYEES WHO WISH TO RETURN TO SCHOOL TO BECOME NURSES AND MEET TH E CRITICAL NEEDS OF THE HOSPITAL, AS WELL AS THE COMMUNITY'S NEEDIEST INDIVIDUALS.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318093020

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

2019

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 10 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
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 GALA (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	94,812	583,323		678,135
	2 Less: Contributions	80,912	556,923		637,835
	3 Gross income (line 1 minus line 2)	13,900	26,400		40,300
Direct Expenses	4 Cash prizes	0	0		
	5 Noncash prizes	0	26,400		26,400
	6 Rent/facility costs	0	8,000		8,000
	7 Food and beverages	17,677	44,768		62,445
	8 Entertainment	5,963	5,500		11,463
	9 Other direct expenses	7,767	49,699		57,466
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				165,774
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-125,474

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318093020

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

2019

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: ☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %	3a	Yes	
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: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other 50000.0000000000 %	3b	Yes	
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)			12,549,563	0	12,549,563	1.240 %
b Medicaid (from Worksheet 3, column a)			287,029,027	297,532,722	0	0 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			9,500,243	5,671,204	3,829,039	0.380 %
d **Total** Financial Assistance and Means-Tested Government Programs			309,078,833	303,203,926	16,378,602	1.620 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			19,281,686	2,399,017	16,882,669	1.670 %
f Health professions education (from Worksheet 5)			570,844	0	570,844	0.080 %
g Subsidized health services (from Worksheet 6)			3,783,662	2,597,705	1,185,957	0.120 %
h Research (from Worksheet 7)			0	0		0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			6,041,427	620,644	5,420,783	0.540 %
j **Total.** Other Benefits			29,677,619	5,617,366	24,060,253	2.410 %
k **Total.** Add lines 7d and 7j			338,756,452	308,821,292	40,438,855	4.030 %

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						
4 Environmental improvements			34,374	0	34,374	0 %
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			34,374		34,374	0 %

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 Healthcare 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		
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	408,654,839
6	Enter Medicare allowable costs of care relating to payments on line 5	6	489,854,396
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-81,199,557
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	2 CENTER MATERNAL & CHILD HEALTH	CLINICAL HOSPITAL SERVICES	50.000 %		50.000 %
2					
3					
4					
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)

GROUP A - 1 3 & 4

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):

		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 19			
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	
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)

GROUP A - 1 3 & 4

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 200.000000000000 % and FPG family income limit for eligibility for discounted care of 500.000000000000 %			
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

GROUP A - 1 3 & 4

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 (if not, describe in Section C)			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c ☑ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d ☑ Made presumptive eligibility determinations (if not, describe in Section C)			
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)

GROUP A - 1 3 & 4

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 (2)

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 19			
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 (2)

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 200.000000000000 % and FPG family income limit for eligibility for discounted care of 500.000000000000 %			
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 (2)

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 (if not, describe in Section C)			
b ☑ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)			
c ☑ Processed incomplete and complete FAP applications (if not, describe in Section C)			
d ☑ Made presumptive eligibility determinations (if not, describe in Section C)			
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 (2)

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, 20a, 20b, 20c, 20d, 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 ASANTA ROSA MEMORIAL HOSPITALIN 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 CENTERIN 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 AREDWOOD MEMORIAL HOSPITALIN 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 AST. JOSEPH HOSPITAL OF EUREKAIN 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 ASANTA ROSA MEMORIAL HOSPITALSANTA 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 CENTERQUEEN 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 AREDWOOD MEMORIAL HOSPITALREDWOOD MEMORIAL HOSPITAL PREPARES AN ANNUAL REPORT AND IT IS PUBLICLY AVAILABLE AT:HTTPS://WWW.STJOEHUMBOLDT.ORG/FOR-COMMUNITY/COMMUNITY-BENEFIT/FACILITY REPORTING GROUP AST. JOSEPH HOSPITAL OF EUREKAST. 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 ASANTA ROSA MEMORIAL HOSPITALTHE 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 CENTERTHE 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 AREDWOOD MEMORIAL HOSPITAL THE AMOUNTS REPORTED IN THE TABLE WERE CALCULATED USING WORKSHEET 2, A COST-TO-CHARGE RATIO AND GENERAL LEDGER.FACILITY REPORTING GROUP AST. JOSEPH HOSPITAL OF EUREKATHE 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 ASANTA ROSA MEMORIAL HOSPITALTHE 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 ASANTA ROSA MEMORIAL HOSPITALNO COSTS ATTRIBUTED TO PHYSICIAN CLINICS WERE INCLUDED.QUEEN OF THE VALLEY MEDICAL CENTERNO COSTS ATTRIBUTABLE TO PHYSICIAN CLINICS WERE INCLUDED.FACILITY REPORTING GROUP AREDWOOD MEMORIAL HOSPITALNO COSTS ATTRIBUTABLE TO PHYSICIAN CLINICS WERE INCLUDED.FACILITY REPORTING GROUP AST. JOSEPH HOSPITAL OF EUREKANO COSTS ATTRIBUTABLE TO PHYSICIAN CLINICS WERE INCLUDED.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART II	FACILITY REPORTING GROUP ASANTA ROSA MEMORIAL HOSPITALCOMMUNITY 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 AST. JOSEPH HOSPITAL OF EUREKACOMMUNITY BUILDING ACTIVITIESTHE 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 ASANTA ROSA MEMORIAL HOSPITALMETHODOLOGY FOR CALCULATING BAD DEBTTHE 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 CENTERMETHODOLOGY FOR CALCULATING BAD DEBTTHE 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 AREDWOOD MEMORIAL HOSPITALMETHODOLOGY FOR CALCULATING BAD DEBTTHE 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 AST. JOSEPH HOSPITAL OF EUREKAMETHODOLOGY FOR CALCULATING BAD DEBTTHE 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 ASANTA ROSA MEMORIAL HOSPITALTHE 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 CENTERTHE 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 AREDWOOD MEMORIAL HOSPITALCRITERIA 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 AST. JOSEPH HOSPITAL OF EUREKATHE 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 EUREKAFOOTNOTE FROM THE PROVIDENCE ST. JOSEPH HEALTH COMBINED FINANCIAL STATEMENTS FOR YEAR ENDED 12/31/19AS A RESULT OF ADOPTING ASU 2014-09 , THE HEALTH SYSTEM CONTINUED TO MAINTAIN AN ALLOWANCE FOR BAD DEBTS RELATED TO PERFORMANCE OBLIGATIONS SATISFIED PRIOR TO JANUARY 1, 2018. THESE ACCOUNTS HAVE ALL BEEN FULLY RESOLVED, THEREFORE THE ALLOWANCE FOR BAD DEBTS HAS DECLINED TO $0 AS OF DECEMBER 31, 2019.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 ASANTA ROSA MEMORIAL HOSPITALCOMMUNITY BENEFITSTHE ORGANIZATION DOES NOT REPORT MEDICARE REVENUES AND EXPENSES AS COMMUNITY BENEFIT.QUEEN OF THE VALLEY MEDICAL CENTERCOMMUNITY BENEFITSTHE ORGANIZATION DOES NOT REPORT MEDICARE REVENUES AND EXPENSES AS COMMUNITY BENEFIT.FACILITY REPORTING GROUP AREDWOOD MEMORIAL HOSPITALCOMMUNITY BENEFITS THE ORGANIZATION DOES NOT REPORT MEDICARE REVENUES AND EXPENSES AS COMMUNITY BENEFIT.FACILITY REPORTING GROUP AST. JOSEPH HOSPITAL OF EUREKACOMMUNITY BENEFITSTHE 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 ASANTA ROSA MEMORIAL HOSPITALCOLLECTION ACTIVITYPATIENT 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 CENTERCOLLECTION ACTIVITYPATIENT 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 AREDWOOD MEMORIAL HOSPITALCOLLECTION ACTIVITYPATIENT 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 AST. JOSEPH HOSPITAL OF EUREKACOLLECTION ACTIVITYPATIENT 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 ASANTA ROSA MEMORIAL HOSPITALNEEDS ASSESSMENT:THE GOAL OF THE CHN A 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 CONDITION S WHICH IMPACT THEIR HEALTH, HEALTHY DEVELOPMENT AND QUALITY OF LIFE. TO ACCOMPLISH THIS, THE CHNA PARTNERS DEVELOPED AND UTILIZED BOTH PRIMARY AND SECONDARY DATA SOURCES. THE PART NERS CONDUCTED THE FOLLOWING ACTIVITIES TO CREATE THE FY17 SONOMA COUNTY CHNA:- DEMOGRAPHI C SUMMARY: DEVELOPED A DEMOGRAPHIC SUMMARY OF SONOMA COUNTY'S CURRENT POPULATION ALONG WIT H POPULATION GROWTH PROJECTIONS WHEN AVAILABLE. INFORMATION IS PROVIDED ON A VARIETY OF DE MOGRAPHIC INDICATORS INCLUDING POPULATION DISTRIBUTION, AGE, ETHNICITY, INCOME, HEALTHCARE COVERAGE, EDUCATION AND EMPLOYMENT.- SECONDARY SOURCES: ASSEMBLED SUMMARY DATA FROM A VAR IETY 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, INFORMATI ON ON CONTRIBUTING FACTORS IS PRESENTED ALONG WITH EACH HEALTH INDICATOR. HEALTH DISPARITI ES ARE HIGHLIGHTED.- KEY INFORMANT INTERVIEWS AND FOCUS GROUPS: CONDUCTED KEY INFORMANT IN TERVIEWS, 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 CONCE RN AND PERSPECTIVES ON LOCAL OPPORTUNITIES TO IMPROVE POPULATION HEALTH AND/OR THE HEALTHC ARE DELIVERY SYSTEM.PRIORITY COMMUNITY HEALTH NEEDS:THE PRIORITIZED COMMUNITY HEALTH NEEDS IDENTIFIED THROUGH THE FY17 CHNA PROCESS INCLUDE THE FOLLOWING.1. HEALTHY EATING AND PHYS ICAL FITNESS2. GAPS IN ACCESS TO PRIMARY CARE3. ACCESS TO SERVICES FOR SUBSTANCE USE DISOR DERS4. BARRIERS TO HEALTHY AGING5. ACCESS TO MENTAL HEALTH SERVICES6. DISPARITIES IN EDUCA TIONAL ATTAINMENT7. CARDIOVASCULAR DISEASE8. ADVERSE CHILDHOOD EXPERIENCES OR EXPOSURE TO STRESS (ACES)9. ACCESS TO HEALTH CARE COVERAGE10. TOBACCO USE11. COORDINATION AND INTEGRAT ION OF LOCAL HEALTH CARE SYSTEM12. DISPARITIES IN ORAL HEALTH13. LUNG, BREAST, AND COLOREC TAL CANCERNEEDS BEYOND THE HOSPITAL'S SERVICE PROGRAM:NO HOSPITAL FACILITY CAN ADDRESS ALL OF THE HEALTH NEEDS PRESENT IN ITS COMMUNITY. WE ARE COMMITTED TO CONTINUE OUR MISSION TH ROUGH COMMUNITY BENEFIT PROGRAMMING AND BY FUNDING OTHER NONPROFIT ORGANIZATIONS THROUGH O UR CARE FOR THE POOR PROGRAM MANAGED BY SRMH.FURTHERMORE, SANTA ROSA MEMORIAL HOSPITAL WIL L ENDORSE LOCAL NONPROFIT ORGANIZATION PARTNERS TO APPLY FOR FUNDING THROUGH THE ST. JOSEP H HEALTH COMMUNITY PARTNERSHIP FUND. ORGANIZATIONS THAT RECEIVE FUNDING PROVIDE SPECIFIC S ERVICES, RESOURCES TO MEET THE IDENTIFIED NEEDS OF UNDERSERVED COMMUNITIES THROUGH ST. JOS EPH HEALTH COMMUNITIES.QUEEN OF THE VALLEY MEDICAL CENTERNEEDS ASSESSMENTIN ADDITION TO TH E 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 CONSISTS OF OVER 40 AGENCIES. LH NC MEETS REGULARLY, HAS A WEB SITE AND SENDS ELECTRONIC NEWSLETTERS AND UPDATES FOR ANY UR GENT COMMUNITY NEEDS THAT ARISE BETWEEN MEETINGS. IN ADDITION TO LHNC, QUEEN OF THE VALLEY STRATEGIC SERVICES CONDUCT ANALYSIS AND REPORT ON COMMUNITY NEEDS AND TRENDS.FACILITY REP ORTING GROUP AREDWOOD MEMORIAL HOSPITALNEEDS ASSESSMENTIN ADDITION TO THE CHNA, ADDITIONAL COMMUNITY NEEDS EMERGE OVER TIME. TO ENSURE A CONTINUOUS CONNECTION TO EMERGING COMMUNITY NEEDS, REDWOOD MEMORIAL HOSPITAL COMMUNITY BENEFIT STAFF ARE CORE MEMBERS OF MULTIPLE CRO SS-SECTOR COLLABORATIVES INCLUDING LIVE WELL HUMBOLDT (LWH). HUMBOLDT COUNTY PUBLIC HEALTH SERVES AS THE BACKBONE ORGANIZATION OF LWH, AND THIS PUBLIC AND PRIVATE SECTOR COLLABORAT IVE CONSISTS OF OVER 20 AGENCIES.FRONTLINE CB CAREGIVERS ALSO PROVIDE ONGOING INFORMATION AND FEEDBACK ABOUT NEEDS THEIR CLIENTS FACE IN REAL TIME. THE ORGANIZATION ALSO PARTNERS W ITH HUMBOLDT STATE UNIVERSITY AND OTHER NONPROFITS TO CONDUCT SURVEYS OF VULNERABLE POPULA TIONS. IN ADDITION TO LWH, REDWOOD MEMORIAL HOSPITAL STRATEGIC SERVICES CONDUCT ANALYSIS A ND REPORT ON COMMUNITY NEEDS AND TRENDS.FACILITY REPORTING GROUP AST. JOSEPH HOSPITAL OF E UREKANEEDS ASSESSMENTIN ADDITION TO THE CHNA, ADDITIONAL COMMUNITY NEEDS EMERGE OVER TIME. TO ENSURE A CONTINUOUS CONNECTION TO EMERGING COMMUNITY NEEDS, ST. JOSEPH HOSPITAL COMMUN ITY BENEFIT STAFF ARE 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 PUBLIC AND PRIVATE SECTOR COLLABORATIVE CONSISTS OF OVER 20 AGENCIES. FRONTL INE CB CAREGIVERS ALSO PROVIDE ONGOING INFORMATION

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 2	AND FEEDBACK ABOUT NEEDS THEIR CLIENTS FACE IN REAL TIME. THE ORGANIZATION ALSO PARTNERS WITH HUMBOLDT STATE UNIVERSITY AND OTHER NONPROFITS TO CONDUCT SURVEYS OF VULNERABLE POPUL ATIONS. IN ADDITION TO LWH, ST. JOSEPH HOSPITAL STRATEGIC SERVICES CONDUCT ANALYSIS AND RE PORT ON COMMUNITY NEEDS AND TRENDS.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 3	FACILITY REPORTING GROUP ASANTA ROSA MEMORIAL HOSPITALPATIENT 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 AREDWOOD MEMORIAL HOSPITALPATIENT 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 AST. JOSEPH HOSPITAL OF EUREKAPATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCEONE 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 ASANTA ROSA MEMORIAL HOSPITALCOMMUNITY INFORMATION:SANTA ROSA MEM ORIAL HOSPITAL (SRMH), FOUNDED BY THE SISTERS OF ST. JOSEPH OF ORANGE, HAS BEEN SERVING TH E HEALTHCARE NEEDS OF FAMILIES IN THE COMMUNITY FOR MORE THAN 60 YEARS. DURING THIS TIME, ITS MISSION HAS REMAINED THE SAME: TO CONTINUALLY IMPROVE THE HEALTH AND QUALITY OF LIFE O F PEOPLE IN THE COMMUNITIES SERVED. PART OF A LARGER HEALTHCARE SYSTEM KNOWN AS PROVIDENCE ST. JOSEPH HEALTH (PSJH), SRMH IS PART OF A COUNTYWIDE MINISTRY THAT INCLUDES TWO HOSPITA LS, URGENT CARE FACILITIES, HOSPICE, HOME HEALTH SERVICES, AND OTHER FACILITIES FOR TREATI NG THE HEALTHCARE NEEDS OF THE COMMUNITY IN SONOMA COUNTY AND THE REGION. THE MINISTRY'S C ORE FACILITIES ARE PETALUMA VALLEY HOSPITAL (PVH), AN 80-BED ACUTE CARE HOSPITAL, AND SRMH , A FULL SERVICE, STATE OF THE ART 330-BED ACUTE CARE HOSPITAL THAT INCLUDES A LEVEL II TR AUMA CENTER FOR THE COASTAL REGION FROM SAN FRANCISCO TO THE OREGON BORDER. MAJOR PROGRAMS AND SERVICES INCLUDE CRITICAL CARE, CARDIOVASCULAR CARE, STROKE CARE, WOMEN'S AND CHILDRE N'S SERVICES, CANCER CARE, AND ORTHOPEDICS. SRMH IS HOME TO THE NORMA & EVERT PERSON HEART & VASCULAR INSTITUTE AND THE UCSF NEONATAL INTENSIVE CARE NURSERY.SRMH PROVIDES SOUTHERN MENDOCINO, NORTHERN MARIN, AND SONOMA COUNTIES' COMMUNITIES WITH ACCESS TO ADVANCED CARE A ND ADVANCED CARING. THE HOSPITAL'S SERVICE AREA EXTENDS FROM UKIAH IN THE NORTH, MARSHALL IN THE SOUTH, SONOMA VALLEY IN THE EAST AND BODEGA BAY IN THE WEST. SRMH'S TOTAL SERVICE A REA (TSA) INCLUDES THE CITIES OF SANTA ROSA, PETALUMA, SEBASTOPOL, WINDSOR, HEALDSBURG, RO HNERT PARK, COTATI, SONOMA, CLOVERDALE, UKIAH, AND POINT ARENA.DEFINING THE COMMUNITY:SONO MA COUNTY IS A LARGE, URBAN-RURAL COUNTY ENCOMPASSING 1,575 SQUARE MILES. SONOMA COUNTY RE SIDENTS INHABIT NINE CITIES AND A LARGE UNINCORPORATED AREA, INCLUDING MANY GEOGRAPHICALLY 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 T HE CITIES OF SONOMA, SANTA ROSA AND WINDSOR EXPERIENCING THE FASTEST GROWTH RATES. ACCORDI NG TO PROJECTIONS FROM THE CALIFORNIA DEPARTMENT OF FINANCE, THE COUNTY POPULATION IS PROJ ECTED TO GROW BY 8.3% TO 546,204 IN 2020. THIS RATE OF GROWTH IS LESS THAN THAT PROJECTED FOR CALIFORNIA AS A WHOLE (10.1%).THE MAJORITY OF THE COUNTY'S POPULATION RESIDES WITHIN I TS CITIES, THE LARGEST OF WHICH ARE CLUSTERED ALONG THE HIGHWAY 101 CORRIDOR. SANTA ROSA I S THE LARGEST CITY WITH A POPULATION ESTIMATED TO BE NEARLY 171,000 IN 2012 AND IS THE SER VICE HUB FOR THE ENTIRE COUNTY AND THE LOCATION OF THE COUNTY'S THREE MAJOR HOSPITALS. AT LEAST PART OF SONOMA COUNTY, CALIFORNIA, IS DESIGNATED AS A MEDICALLY UNDERSERVED AREA (MU A). THE AREA IS 0.8 SQUARE MILES AND IS LOCATED NEAR DOWNTOWN SANTA ROSA. THE CLOVERDALE A REA IN SONOMA COUNTY IS A DESIGNATED PRIMARY CARE HEALTH PROFESSIONAL SHORTAGE AREA (PC-HS PA). THERE ARE 6,888 CIVILIAN RESIDENTS IN THIS AREA, WHICH IS 307.5 TOTAL SQUARE MILES.SR MH PROVIDES SONOMA COUNTY COMMUNITIES WITH ACCESS TO ADVANCED CARE AND ADVANCED CARING. TH E HOSPITAL IS LOCATED IN DOWNTOWN SANTA ROSA, ABOUT 55 MILES NORTH OF SAN FRANCISCO JUST O FF THE HIGHWAY 101 CORRIDOR IN CENTRAL SONOMA COUNTY. SRMH'S PRIMARY SERVICE AREA IS LIMIT ED TO A TIGHT RADIUS, BUT ITS SECONDARY SERVICE AREA COMPRISES THE ENTIRE COUNTY, PLUS NOR THERN MARIN COUNTY AND SOUTHERN MENDOCINO COUNTY. THE CHNA PROCESS AND DATA GATHERING ADDR ESSES SONOMA COUNTY. FOR A COMPLETE COPY OF THE 2017 SRMH CHNA SEE: HTTPS://WWW.STJOESONOMA.ORG/DOCUMENTS/COMMUNITY-BENEFIT/SRMH-CHNA-FY17.PDFSONOMA COUNTY'S UNINCORPORATED AREAS A RE 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. RESIDENTS OF THESE AREAS MAY EXPERIENCE SOCIAL ISOLATION AND SIGNIFICANT BARRIERS IN ACCESSING BASIC S ERVICES AND SUPPORTS SUCH AS TRANSPORTATION, HEALTH CARE, NUTRITIOUS FOOD AND OPPORTUNITIE S 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 SENIOR POPULAT ION, AGE 60 AND OLDER, 12,144 (12%) ARE CONSIDERED "GEOGRAPHICALLY ISOLATED" AS DEFINED BY THE OLDER AMERICANS ACT.SRMH TOTAL SERVICE AREA:THE COMMUNITY SERVED BY SRMH IS DEFINED B ASED ON THE GEOGRAPHIC ORIGINS OF SRMH'S INPATIENTS. THE SRMH TOTAL SERVICE AREA IS COMPRI SED OF BOTH THE PRIMARY SERVICE AREA (PSA) AS WELL AS THE SECONDARY SERVICE AREA (SSA) AND IS ESTABLISHED BASED ON THE FOLLOWING CRITERIA:- PSA: 70% OF DISCHARGES (EXCLUDING NORMAL NEWBORNS)- SSA: 71%-85% OF DISCHARGES (DRAW RATES PER ZIP CODE ARE CONSIDERED AND PSA/SSA ARE MODIFIED ACCORDINGLY)- INCLUDES ZIP CODES FOR CONTINUITY- NATURAL BOUNDARIES ARE CONS IDERED (I.E., FREEWAYS, MOUNTAIN RANGES, ETC.)- CITIES ARE PLACED IN PSA OR SSA, BUT NOT B OTH.THE PSA IS THE GEOGRAPHIC AREA FROM WHICH THE

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4	MAJORITY OF SRMH'S PATIENTS ORIGINATE. THE CITIES AND TOWNS IN THE SRMH PSA INCLUDE SANTA ROSA, SEBASTOPOL, WINDSOR, FORESTVILLE, ROHNERT PARK AND COTATI/PENNGROVE. THE SSA IS WHER E AN ADDITIONAL POPULATION OF THE HOSPITAL'S INPATIENTS RESIDE. THE SSA INCLUDES ALL OF SO NOMA COUNTY, UKIAH TO THE NORTH IN MENDOCINO COUNTY, AND NORTHERN MARIN COUNTY TO THE SOUT H. 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 NATIONAL NEED:THE COM MUNITY NEED INDEX (CNI) WAS DEVELOPED BY DIGNITY HEALTH AND TRUVEN HEALTH ANALYTICS. THE C NI IDENTIFIES THE SEVERITY OF HEALTH DISPARITY FOR EVERY ZIP CODE IN THE UNITED STATES AND DEMONSTRATES THE LINK BETWEEN COMMUNITY NEED, ACCESS TO CARE, AND PREVENTABLE HOSPITALIZA TIONS.CNI AGGREGATES FIVE SOCIOECONOMIC INDICATORS THAT CONTRIBUTE TO HEALTH DISPARITY (AL SO KNOWN AS BARRIERS):- INCOME BARRIERS (ELDER POVERTY, CHILD POVERTY AND SINGLE PARENT PO VERTY)- CULTURE BARRIERS (NON-CAUCASIAN LIMITED ENGLISH);- EDUCATIONAL BARRIERS (% POPULAT ION WITHOUT HS DIPLOMA);- INSURANCE BARRIERS (INSURANCE, UNEMPLOYED AND UNINSURED);- HOUSI NG BARRIERS (HOUSING, RENTING PERCENTAGE).THIS OBJECTIVE MEASURE IS THE COMBINED EFFECT OF FIVE SOCIOECONOMIC BARRIERS (INCOME, CULTURE, EDUCATION, INSURANCE AND HOUSING). A SCORE OF 1.0 INDICATES A ZIP CODE WITH THE FEWEST SOCIOECONOMIC BARRIERS, WHILE A SCORE OF 5.0 R EPRESENTS A ZIP CODE WITH THE MOST SOCIOECONOMIC BARRIERS. RESIDENTS OF COMMUNITIES WITH T HE HIGHEST CNI SCORES WERE SHOWN TO BE TWICE AS LIKELY TO EXPERIENCE PREVENTABLE HOSPITALI ZATIONS FOR MANAGEABLE CONDITIONS SUCH AS EAR INFECTIONS, PNEUMONIA OR CONGESTIVE HEART FA ILURE COMPARED TO COMMUNITIES WITH THE LOWEST CNI SCORES. (REF ROTH R, BARSI E., HEALTH PR OG. 2005 JUL-AUG; 86(4):32-8.) THE CNI IS USED TO A DRAW ATTENTION TO AREAS THAT NEED ADDI TIONAL INVESTIGATION SO THAT HEALTH POLICY AND PLANNING EXPERTS CAN MORE STRATEGICALLY ALL OCATE 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 REGION AL HOSPITAL AND KAISER PERMANENTE SANTA ROSA MEDICAL CENTER AND MEDICAL OFFICES.QUEEN OF T HE VALLEY MEDICAL CENTERCOMMUNITY INFORMATIONQUEEN OF THE VALLEY MEDICAL CENTER'S TOTAL HO SPITAL SERVICE AREA (TSA) INCLUDES APPROXIMATELY 167,000 PEOPLE AND PORTIONS OF NAPA AND S ONOMA COUNTIES. THE PRIMARY 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 CA NYON, ST. HELENA, AND BOYES HOT SPRINGS IN SONOMA. OVER 75% OF THE POPULATION OF THE TSA I S IN NAPA COUNTY, AND APPROXIMATELY 90% OF NAPA COUNTY'S POPULATION IS WITHIN THE TSA.A PR EMIUM WINE PRODUCING REGION, THERE IS A LARGE AGRICULTURE AND HOSPITALITY INDUSTRY. ALTHOU GH OFTEN VIEWED AS A COMMUNITY OF WEALTH, THE LARGE NUMBER OF LOW WAGE EARNERS IN THESE IN DUSTRIES COMBINED WITH THE HIGH COST OF LIVING LEND TO POCKETS OF POVERTY AND INDIVIDUALS AND FAMILIES HAVING DIFFICULTY MEETING BASIC NEEDS.ETHNIC DIVERSITY OF THE TSA INCLUDE 33. 5% LATINO, 54.8% NON-LATINO WHITE WITH 7.2% ASIAN/PACIFIC ISLANDER AND 1.7% BLACK. 16.2% O F 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.

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4 (CONTINUED)	15.4% OF CHILDREN AND 7.1% OF OLDER ADULTS LIVE 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 UNDERSERVED AREAS AND MEDICALLY UNDERSERVED POPULATIO NS ARE DEFINED BY THE FEDERAL GOVERNMENT TO INCLUDE AREAS OR POPULATION GROUPS THAT DEMONS TRATE A SHORTAGE OF HEALTHCARE SERVICES. THIS DESIGNATION PROCESS WAS ORIGINALLY ESTABLISH ED TO ASSIST THE GOVERNMENT IN ALLOCATING COMMUNITY HEALTH CENTER GRANT FUNDS TO THE AREAS OF GREATEST NEED.MEDICALLY UNDERSERVED AREAS ARE IDENTIFIED BY CALCULATING A COMPOSITE IN DEX OF NEED INDICATORS COMPILED AND COMPARED WITH NATIONAL AVERAGES TO DETERMINE AN AREA'S LEVEL OF MEDICAL "UNDER SERVICE". MEDICALLY UNDERSERVED POPULATIONS ARE IDENTIFIED BASED ON DOCUMENTATION OF UNUSUAL LOCAL CONDITIONS THAT RESULT IN ACCESS BARRIERS TO MEDICAL SER VICES. MEDICALLY UNDERSERVED AREAS AND MEDICALLY UNDERSERVED POPULATIONS ARE PERMANENTLY S ET, AND NO RENEWAL PROCESS IS NECESSARY. QUEEN OF THE VALLEY, ALONG WITH THE MAJORITY OF T HE TSA IS LOCATED IN A MEDICALLY UNDERSERVED POPULATIONS AREA, SIGNIFYING THE IMPORTANCE O F THE MEDICAL CENTER TO THE COMMUNITY IT SERVES STATE.THERE IS ONE OTHER HOSPITAL IN THE C OMMUNITY: ST. HELENA HOSPITAL.HEALTH PROFESSIONS SHORTAGE AREA - MENTAL, DENTAL, OTHER THE FEDERAL HEALTH RESOURCES AND SERVICES ADMINISTRATION DESIGNATES HEALTH PROFESSIONAL SHORT AGE AREAS AS AREAS WITH A SHORTAGE OF PRIMARY MEDICAL CARE, DENTAL CARE, OR MENTAL HEALTH PROVIDERS. THEY ARE DESIGNATED ACCORDING TO GEOGRAPHY (I.E., SERVICE AREA), DEMOGRAPHICS (I.E., LOW-INCOME POPULATION), OR INSTITUTIONS (I.E., COMPREHENSIVE HEALTH CENTERS).ALTHOUG H QUEEN OF THE VALLEY IS NOT LOCATED IN A HEALTH PROFESSIONS SHORTAGE AREA, LARGE PORTIONS OF THE SERVICE AREA TO THE WEST AND NORTH ARE DESIGNATED SHORTAGE AREAS. FACILITY REPORTI NG GROUP AREDWOOD MEMORIAL HOSPITALCOMMUNITY INFORMATIONREDWOOD MEMORIAL HOSPITAL PROVIDES THE RURAL NORTH COAST AND EEL RIVER VALLEY COMMUNITIES WITH ACCESS TO ADVANCED CARE AND A DVANCED CARING. THE HOSPITAL'S SERVICE AREA EXTENDS FROM EUREKA IN THE NORTH, REDWAY IN TH E SOUTH, BRIDGEVILLE IN THE EAST AND IS BORDERED BY THE PACIFIC OCEAN IN THE WEST. OUR HOS PITAL TOTAL SERVICE AREA INCLUDES THE CITIES OF EUREKA, FORTUNA, FERNDALE, RIO DELL AND TH E UNINCORPORATED COMMUNITIES OF LOLETA, HYDESVILLE, CARLOTTA, BRIDGEVILLE, SCOTIA, REDCRES T, MYERS FLAT, MIRANDA AND REDWAY. THIS INCLUDES A POPULATION OF APPROXIMATELY 78,428 PEOP LE.HOSPITAL TOTAL SERVICE AREA:THE COMMUNITY SERVED BY THE HOSPITAL IS DEFINED BASED ON TH E GEOGRAPHIC ORIGINS OF THE HOSPITAL'S INPATIENTS. THE HOSPITAL TOTAL SERVICE AREA IS THE COMPRISED OF BOTH THE PRIMARY SERVICE AREA (PSA) AS WELL AS THE SECONDARY SERVICE AREA (SS A) AND IS ESTABLISHED BASED ON THE FOLLOWINGCRITERIA:- PSA: 70% OF DISCHARGES (EXCLUDING N ORMAL NEWBORNS)- SSA: 71%-85% OF DISCHARGES (DRAW RATES PER ZIP CODE ARE CONSIDERED AND PS A/SSA ARE MODIFIED ACCORDINGLY)- INCLUDES ZIP CODES FOR CONTINUITY- NATURAL BOUNDARIES ARE CONSIDERED (I.E., FREEWAYS, MOUNTAIN RANGES, ETC.)- CITIES ARE PLACED IN PSA OR SSA, BUT NOT BOTHTHE PRIMARY SERVICE AREA ("PSA") IS THE GEOGRAPHIC AREA FROM WHICH THE MAJORITY OF THE HOSPITAL'S PATIENTS ORIGINATE. THE SECONDARY SERVICE AREA ("SSA") IS WHERE AN ADDITIO NAL POPULATION OF THE HOSPITAL'S INPATIENTS RESIDE. THE PSA IS COMPRISED OF FORTUNA, RIO D ELL, EUREKA, FERNDALE AND LOLETA. THE SSA IS COMPRISED OF HYDESVILLE, SCOTIA, CARLOTTA, RE DWAY, MYERS FLAT, BRIDGEVILLE, MIRANDA AND REDCREST.THE TOTAL SERVICE AREA (TSA) OF REDWOO D MEMORIAL HOSPITAL INCLUDES APPROXIMATELY 78,000 PEOPLE, OF WHICH 91% IS IN THE PRIMARY S ERVICE AREA (PSA). THE SECONDARY SERVICE AREA CONSISTS ENTIRELY OF SMALLER INLAND COMMUNIT IES. THE TSA COMPRISES 57% OF THE POPULATION OF HUMBOLDT COUNTY, INCLUDING THE POPULATION CENTERS OF EUREKA AND FORTUNA, BUT EXCLUDING ARCATA AND MCKINLEYVILLE. THERE ARE NOT SUBST ANTIAL DIFFERENCES BETWEEN THE TSA AND COUNTY, BUT THERE ARE MANY COMPARED TO THE STATE. T HE TSA IS WORSE THAN CALIFORNIA ON MEDIAN INCOME, $41,192, BUT SIMILAR TO OR SLIGHTLY BETT ER ON POVERTY METRICS. THIS MAY INDICATE THAT REVENUE IS MORE EVENLY DISTRIBUTED ACROSS TH E SERVICE AREA. THERE ARE HIGHER PERCENTAGES OF OLDER ADULTS, LOWER PERCENTAGES OF CHILDRE N, AND FAR MORE NON-LATINO WHITES IN THE SERVICE AREA THAN IN CALIFORNIA (74% IN HUMBOLDT COUNTY COMPARED TO 37% ACROSS CALIFORNIA).THE RACE/ETHNICTY DATA FOR THE TSA IS PRIMARILY NON-LATINO WHITE AT 74.4%. 12.8% ARE LATINO AND 3.1% ARE AMERICAN INDIAN. THE TSA HAS 9 FE DERALLY RECOGNIZED TRIBAL ENTITIES.THE TSA HAS MANY POCKETS OF HIGH NEED AS IDENTIFIED AS A COMMUNITY NEEDS INDEX SCORE OF BETWEEN 4.2 AND 5.0. THE COMMUNITIES OF EUREKA 95501 AND 95503, RIO DELL 95562, LOLETA 95551, AND FORTUNA 95540 ARE ALL IN THIS HIGHEST NEED CATEGO RY.OTHER HOSPITALS IN HUMBOLDT COUNTY INCLUDE ST. JOSEPH HOSPITAL IN EUREKA, MAD RIVER COM MUNITY HOSPITAL IN ARCATA AND JEROLD PHELPS COMMUN

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4 (CONTINUED)	ITY HOSPITAL IN GARBERVILLE.HEALTH PROFESSIONS SHORTAGE AREA - PRIMARY, MENTAL, AND OTHER: THE FEDERAL HEALTH RESOURCES AND SERVICES ADMINISTRATION DESIGNATES HEALTH PROFESSIONAL SH ORTAGE AREAS AS AREAS WITH A SHORTAGE OF PRIMARY MEDICAL CARE, DENTAL CARE, OR MENTAL HEAL TH PROVIDERS. THEY ARE DESIGNATED ACCORDING TO GEOGRAPHY (I.E., SERVICE AREA), DEMOGRAPHIC S (I.E., LOW-INCOME POPULATION), OR INSTITUTIONS (I.E., COMPREHENSIVE HEALTH CENTERS). RED WOOD MEMORIAL HOSPITAL AND ITS SERVICE AREA ARE BOTH LOCATED IN A PRIMARY AND MENTAL HEALT HCARE SHORTAGE AREA.MEDICAL UNDERSERVED AREA/MEDICAL PROFESSIONAL SHORTAGE AREA:MEDICALLY UNDERSERVED AREAS AND MEDICALLY UNDERSERVED POPULATIONS ARE DEFINED BY THE FEDERAL GOVERNM ENT TO INCLUDE AREAS OR POPULATION GROUPS THAT DEMONSTRATE A SHORTAGE OF HEALTHCARE SERVIC ES. THIS DESIGNATION PROCESS WAS ORIGINALLY ESTABLISHED TO ASSIST THE GOVERNMENT IN ALLOCA TING COMMUNITY HEALTH CENTER GRANT FUNDS TO THE AREAS OF GREATEST NEED. MEDICALLY UNDERSER VED AREAS ARE IDENTIFIED BY CALCULATING A COMPOSITE INDEX OF NEED INDICATORS COMPILED AND COMPARED WITH NATIONAL AVERAGES TO DETERMINE AN AREA'S LEVEL OF MEDICAL "UNDER SERVICE." M EDICALLY UNDERSERVED POPULATIONS ARE IDENTIFIED BASED ON DOCUMENTATION OF UNUSUAL LOCAL CO NDITIONS THAT RESULT IN ACCESS BARRIERS TO MEDICAL SERVICES. MEDICALLY UNDERSERVED AREAS A ND MEDICALLY UNDERSERVED POPULATIONS ARE PERMANENTLY SET, AND NO RENEWAL PROCESS IS NECESS ARY.ALTHOUGH REDWOOD MEMORIAL HOSPITAL IS NOT LOCATED IN A MEDICALLY UNDERSERVED AREA/MEDI CALLY UNDERSERVED POPULATIONS AREA, LARGE PORTIONS OF THE SERVICE AREA TO THE NORTH, SOUTH AND WEST OF REDWOOD MEMORIAL HOSPITAL ARE DESIGNATED AS SHORTAGE AREAS; AND THERE ARE ALS O 14 FEDERALLY QUALIFIED HEALTH CENTERS WITHIN A 50 MILE RADIUS OF REDWOOD MEMORIAL HOSPIT AL.FEDERALLY QUALIFIED HEALTH CENTERS ARE HEALTH CLINICS THAT QUALIFY FOR ENHANCED REIMBUR SEMENT FROM MEDICARE AND MEDICAID. THEY MUST PROVIDE PRIMARY CARE SERVICES TO AN UNDERSERV ED AREA OR POPULATION, OFFER A SLIDING FEE SCALE, HAVE AN ONGOING QUALITY ASSURANCE PROGRA M, AND HAVE A GOVERNING BOARD OF DIRECTORS. THE ACA INCLUDED PROVISIONS THAT INCREASED FED ERAL FUNDING TO FEDERALLY QUALIFIED HEATH CENTERS TO HELP MEET THE ANTICIPATED DEMAND FOR HEALTHCARE SERVICES BY THOSE INDIVIDUALS WHO GAINED HEALTHCARE COVERAGE THROUGH THE VARIOU S HEALTH EXCHANGES. A LARGE PERCENTAGE OF AREA RESIDENTS DEPEND ON THE FEDERALLY QUALIFIED HEALTH CENTERS TO RECEIVE THEIR HEALTHCARE SERVICES. ADDITIONALLY, MANY OF THE FEDERALLY QUALIFIED HEALTH CENTERS' PATIENTS UTILIZE THE SERVICES OF REDWOOD MEMORIAL HOSPITAL. ALTH OUGH REDWOOD MEMORIAL HOSPITAL IS NOT LOCATED IN A MEDICALLY UNDERSERVED AREA/MEDICALLY UN DERSERVED POPULATIONS AREA, LARGE PORTIONS OF THE SERVICE AREA TO THE NORTH, SOUTH AND WES T OF REDWOOD MEMORIAL HOSPITAL ARE DESIGNATED AS SHORTAGE AREAS; AND THERE ARE ALSO 14 FED ERALLY QUALIFIED HEALTH CENTERS WITHIN A 50 MILE RADIUS OF REDWOOD MEMORIAL HOSPITAL.FEDER ALLY QUALIFIED HEALTH CENTERS ARE HEALTH CLINICS THAT QUALIFY FOR ENHANCED REIMBURSEMENT F ROM MEDICARE AND MEDICAID. THEY MUST PROVIDE PRIMARY CARE SERVICES TO AN UNDERSERVED AREA OR POPULATION, OFFER A SLIDING FEE SCALE, HAVE AN ONGOING QUALITY ASSURANCE PROGRAM, AND H AVE A GOVERNING BOARD OF DIRECTORS. THE ACA INCLUDED PROVISIONS THAT INCREASED FEDERAL FUN DING TO FEDERALLY QUALIFIED HEATH CENTERS TO HELP MEET THE ANTICIPATED DEMAND FOR HEALTHCA RE SERVICES BY THOSE INDIVIDUALS WHO GAINED HEALTHCARE COVERAGE THROUGH THE VARIOUS HEALTH EXCHANGES. A LARGE PERCENTAGE OF AREA RESIDENTS DEPEND ON THE FEDERALLY QUALIFIED HEALTH CENTERS TO RECEIVE THEIR HEALTHCARE SERVICES. ADDITIONALLY, MANY OF THE FEDERALLY QUALIFIE D HEALTH CENTERS' PATIENTS UTILIZE THE SERVICES OF REDWOOD MEMORIAL HOSPITAL.

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4 (CONTINUED)	FACILITY REPORTING GROUP AST. JOSEPH HOSPITAL OF EUREKACOMMUNITY INFORMATIONST. JOSEPH HOS PITAL EUREKA PROVIDES RURAL NORTH COAST COMMUNITIES WITH ACCESS TO ADVANCED CARE AND ADVAN CED CARING. THE HOSPITAL'S SERVICE AREA EXTENDS FROM CRESCENT CITY IN THE NORTH, RIO DELL IN THE SOUTH, WILLOW CREEK/ HOOPA IN THE EAST AND IS BORDERED BY THE PACIFIC OCEAN IN THE WEST. OUR HOSPITAL TOTAL SERVICE AREA INCLUDES THE CITIES AND OF EUREKA, ARCATA, FORTUNA, TRINIDAD, BLUE LAKE, FERNDALE, RIO DELL, CRESCENT CITY AND THE UNINCORPORATED COMMUNITIES OF MCKINLEYVILLE, FIELDS LANDING, BAYSIDE, SAMOA, HOOPA, WILLOW CREEK, LOLETA, KLAMATH, OR ICK AND KNEELAND; AS WELL AS NINE FEDERALLY RECOGNIZED TRIBES: RESIGHINI RANCHERIA, BEAR R IVER BAND OF ROHNERVILLE RANCHERIA, BIG LAGOON RANCHERIA, BLUE LAKE RANCHERIA, HOOPA VALLE Y TRIBE, KARUK TRIBE, TABLE BLUFF RANCHERIA, TRINIDAD RANCHERIA AND THE YUROK TRIBE. THIS INCLUDES A POPULATION OF APPROXIMATELY 148,828 PEOPLE.HOSPITAL TOTAL SERVICE AREA:THE COMM UNITY SERVED BY THE HOSPITAL IS DEFINED BASED ON THE GEOGRAPHIC ORIGINS OF THE HOSPITAL'S INPATIENTS. THE HOSPITAL TOTAL SERVICE AREA IS THE COMPRISED OF BOTH THE PRIMARY SERVICE A REA (PSA) AS WELL AS THE SECONDARY SERVICE AREA (SSA) AND IS ESTABLISHED BASED ON THE FOLL OWINGCRITERIA:- PSA: 70% OF DISCHARGES (EXCLUDING NORMAL NEWBORNS)- SSA: 71%-85% OF DISCHA RGES (DRAW RATES PER ZIP CODE ARE CONSIDERED AND PSA/SSA ARE MODIFIED ACCORDINGLY)- INCLUD ES ZIP CODES FOR CONTINUITY- NATURAL BOUNDARIES ARE CONSIDERED (I.E., FREEWAYS, MOUNTAIN R ANGES, ETC.)- CITIES ARE PLACED IN PSA OR SSA, BUT NOT BOTHTHE PRIMARY SERVICE AREA ("PSA") IS THE GEOGRAPHIC AREA FROM WHICH THE MAJORITY OF THE HOSPITAL'S PATIENTS ORIGINATE. THE SECONDARY SERVICE AREA ("SSA") IS WHERE AN ADDITIONAL POPULATION OF THE HOSPITAL'S INPATI ENTS RESIDE. THE PSA IS COMPRISED OF EUREKA, ARCATA, MCKINLEYVILLE, BAYSIDE, SAMOA, FIELDS LANDING, AND FORTUNA. THE SSA IS COMPRISED OF CRESCENT CITY, KLAMATH, ORICK, HOOPA, WILLO W CREEK, TRINIDAD, BLUE LAKE, KNEELAND, LOLETA, FERNDALE AND RIO DELL.THE TOTAL SERVICE AR EA (TSA) OF ST. JOSEPH HOSPITAL EUREKA INCLUDES APPROXIMATELY 150,000 PEOPLE, WITH ABOUT 1 24,000 (84%) IN HUMBOLDT COUNTY. 90% OF THE POPULATION OF BOTH HUMBOLDT AND DEL NORTE COUN TIES LIVE IN THE TSA, SO COMPARISONS TO COUNTY DATA ARE ONLY OF LIMITED UTILITY. THE TSA H AS A MEDIAN HOUSEHOLD INCOME OF $40,053, 31.3% OF THIS POPULATION HAS A HOUSEHOLD INCOME B ELOW 200% OF FEDERAL POVERTY LEVEL, AND 25.0% OF CHILDREN AND 7.4% OF OLDER ADULTS LIVE BE LOW 100% OF FPL.THE RACE/ETHNICTY DATA FOR THE TSA IS PRIMARILY NON-LATINO WHITE AT 71.6%. 12.9% ARE LATINO AND 5.5% ARE AMERICAN INDIAN. THE TSA HAS 9 FEDERALLY RECOGNIZED TRIBAL ENTITIES.THE TSA HAS MANY POCKETS OF HIGH NEED AS IDENTIFIED AS A COMMUNITY NEEDS INDEX SC ORE OF BETWEEN 4.2 AND 5.0. THE COMMUNITIES OF EUREKA 95501 AND 95503, HOOPA 95546, ORICK 95555 AND ARCATA 95521 ARE ALL IN THIS HIGHEST NEED CATEGORY.OTHER HOSPITALS IN HUMBOLDT C OUNTY INCLUDE REDWOOD MEMORIAL IN FORTUNA AND MAD RIVER COMMUNITY HOSPITAL IN ARCATA.HEALT H PROFESSIONS SHORTAGE AREA - PRIMARY, MENTAL, AND OTHER:THE FEDERAL HEALTH RESOURCES AND SERVICES ADMINISTRATION DESIGNATES HEALTH PROFESSIONAL SHORTAGE AREAS AS AREAS WITH A SHOR TAGE OF PRIMARY MEDICAL CARE, DENTAL CARE, OR MENTAL HEALTH PROVIDERS. THEY ARE DESIGNATED ACCORDING TO GEOGRAPHY (I.E., SERVICE AREA), DEMOGRAPHICS (I.E., LOW-INCOME POPULATION), OR INSTITUTIONS (I.E., COMPREHENSIVE HEALTH CENTERS). ST. JOSEPH HOSPITAL AND ITS SERVICE AREA ARE BOTH LOCATED IN A PRIMARY AND MENTAL HEALTHCARE SHORTAGE AREA.MEDICAL UNDERSERVED AREA/MEDICAL PROFESSIONAL SHORTAGE AREA:MEDICALLY UNDERSERVED AREAS AND MEDICALLY UNDERSE RVED POPULATIONS ARE DEFINED BY THE FEDERAL GOVERNMENT TO INCLUDE AREAS OR POPULATION GROU PS THAT DEMONSTRATE A SHORTAGE OF HEALTHCARE SERVICES. THIS DESIGNATION PROCESS WAS ORIGIN ALLY ESTABLISHED TO ASSIST THE GOVERNMENT IN ALLOCATING COMMUNITY HEALTH CENTER GRANT FUND S TO THE AREAS OF GREATEST NEED. MEDICALLY UNDERSERVED AREAS ARE IDENTIFIED BY CALCULATING A COMPOSITE INDEX OF NEED INDICATORS COMPILED AND COMPARED WITH NATIONAL AVERAGES TO DETE RMINE AN AREA'S LEVEL OF MEDICAL "UNDER SERVICE". MEDICALLY UNDERSERVED POPULATIONS ARE ID ENTIFIED BASED ON DOCUMENTATION OF UNUSUAL LOCAL CONDITIONS THAT RESULT IN ACCESS BARRIERS TO MEDICAL SERVICES. MEDICALLY UNDERSERVED AREAS AND MEDICALLY UNDERSERVED POPULATIONS AR E PERMANENTLY SET, AND NO RENEWAL PROCESS IS NECESSARY. THE MAP BELOW DEPICTS THE MEDICALL Y UNDERSERVED AREAS/MEDICALLY UNDERSERVED WITHIN A 50 MILE RADIUS FROM ST. JOSEPH HOSPITAL .ALTHOUGH ST. JOSEPH HOSPITAL IS NOT LOCATED IN A MEDICALLY UNDERSERVED AREA/ MEDICALLY UN DERSERVED POPULATIONS AREA, LARGE PORTIONS OF THE SERVICE AREA TO THE NORTH, SOUTH AND WES T OF ST. JOSEPH HOSPITAL ARE DESIGNATED AS SHORTAGE AREAS; AND THERE ARE ALSO 14 FEDERALLY QUALIFIED HEALTH CENTERS WITHIN A 50 MILE RADIUS OF ST. JOSEPH HOSPITAL EUREKA.FEDERALLY QUALIFIED HEALTH CENTERS ARE HEALTH CLINICS THAT Q

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 4 (CONTINUED)	UALIFY FOR ENHANCED REIMBURSEMENT FROM MEDICARE AND MEDICAID. THEY MUST PROVIDE PRIMARY CA RE SERVICES TO AN UNDERSERVED AREA OR POPULATION, OFFER A SLIDING FEE SCALE, HAVE AN ONGOI NG QUALITY ASSURANCE PROGRAM, AND HAVE A GOVERNING BOARD OF DIRECTORS. THE ACA INCLUDED PR OVISIONS THAT INCREASED FEDERAL FUNDING TO FEDERALLY QUALIFIED HEATH CENTERS TO HELP MEET THE ANTICIPATED DEMAND FOR HEALTHCARE SERVICES BY THOSE INDIVIDUALS WHO GAINED HEALTHCARE COVERAGE THROUGH THE VARIOUS HEALTH EXCHANGES. A LARGE PERCENTAGE OF AREA RESIDENTS DEPEND ON THE FEDERALLY QUALIFIED HEALTH CENTERS TO RECEIVE THEIR HEALTHCARE SERVICES. ADDITIONA LLY, MANY OF THE FEDERALLY QUALIFIED HEALTH CENTERS' PATIENTS UTILIZE THE SERVICES OF ST. JOSEPH HOSPITAL-EUREKA.JOSEPH HOSPITAL-EUREKA.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	FACILITY REPORTING GROUP ASANTA ROSA MEMORIAL HOSPITALPROMOTION OF COMMUNITY HEALTHSANTA 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 TRUSTEES2) OPEN MEDICAL STAFF3) ROBUST COMMUNITY BENEFIT PROGRAMS THAT ADDRESS COMMUNITY HEALTH NEEDS.SEE STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS.QUEEN OF THE VALLEY MEDICAL CENTERPROMOTION OF COMMUNITY HEALTHQUEEN 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 AREDWOOD MEMORIAL HOSPITALPROMOTION OF COMMUNITY HEALTHREDWOOD MEMORIAL HOSPITAL PROVIDES VITAL COMMUNITY HEALTH SERVICES AND ADDRESSES THE NEEDS OF THE UNINSURED AND UNDERINSURED 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 TRUSTEES2) OPEN MEDICAL STAFF3) ROBUST COMMUNITY BENEFIT PROGRAMS THAT ADDRESS COMMUNITY HEALTH NEEDS.SEE STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS.FACILITY REPORTING GROUP AST. JOSEPH HOSPITAL OF EUREKAPROMOTION OF COMMUNITY HEALTHST. 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 TRUSTEES2) OPEN MEDICAL STAFF3) 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 SYSTEMON 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 ASANTA ROSA MEMORIAL HOSPITALSTATE FILING OF COMMUNITY BENEFIT REPORTCALIFORNIAQUEEN OF THE VALLEY MEDICAL CENTERSTATE FILING OF COMMUNITY BENEFIT REPORTCALIFORNIAFACILITY REPORTING GROUP AREDWOOD MEMORIAL HOSPITALSTATE FILING OF COMMUNITY BENEFIT REPORTCALIFORNIAFACILITY REPORTING GROUP AST. JOSEPH HOSPITAL OF EUREKASTATE FILING OF COMMUNITY BENEFIT REPORTCALIFORNIA

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		DESIGNATED TRAUMA CENTER, LEVEL III	
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 ASANTA ROSA MEMORIAL HOSPITALOVERVIEW AND SUMMARY OF THE HEALTH F RAMEWORK GUIDING THE CHNA:THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS WAS GUIDED BY THE FUNDAMENTAL UNDERSTANDING THAT MUCH OF A PERSON AND COMMUNITY'S HEALTH IS DETERMINE D BY THE CONDITIONS IN WHICH THEY LIVE, WORK, PLAY AND PRAY. IN GATHERING INFORMATION ON T HE COMMUNITIES WE SERVED BY THE HOSPITAL, WE LOOKED NOT ONLY AT THE HEALTH CONDITIONS OF T HE POPULATION, BUT ALSO AT SOCIOECONOMIC FACTORS, THE PHYSICAL ENVIRONMENT, HEALTH BEHAVIO RS, AND THE AVAILABILITY OF CLINICAL CARE. THIS FRAMEWORK FOCUSES ATTENTION ON THE SOCIAL DETERMINANTS OF HEALTH TO LEARN MORE ABOUT OPPORTUNITIES FOR INTERVENTION THAT WILL HELP P EOPLE BECOME AND STAY HEALTH WITHIN THEIR COMMUNITY.IN ADDITION, WE RECOGNIZED THAT WHERE PEOPLE LIVE TELLS US A LOT ABOUT THEIR HEALTH AND HEALTH NEEDS, AND THAT THERE CAN BE POCK ETS WITHIN COUNTIES AND CITIES WHERE THE CONDITIONS FOR SUPPORTING HEALTH ARE SUBSTANTIALL Y WORSE THAN NEARBY AREAS. WHEN DATA WAS PUBLICLY AVAILABLE, IT WAS COLLECTED AT THE ZIP C ODE LEVEL TO SHOW THE DISPARITIES IN HEALTH AND THE SOCIAL DETERMINANTS OF HEALTH THAT OCC UR 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 COMMU NITY TRANSFORMATION. BASED IN SANTA ANA, CALIFORNIA, THE OLIN GROUP HAS 15 YEARS OF EXPERI ENCE WORKING ON EVALUATION, PLANNING, ASSESSMENT, FUNDRAISING, COMMUNICATION, AND OTHER SE RVICES FOR NONPROFIT ORGANIZATIONS, AND HAD PREVIOUSLY SUPPORTED THE CHNA PROCESS OF MULTI PLE HOSPITALS IN THE ST. JOSEPH HEALTH SYSTEM. THE OLIN GROUP SERVED AS THE LEAD CONSULTAN T IN THE CHNA PROCESSES AND ASSISTING IN THE PRIORITIZATION AND SELECTION OF HEALTH NEEDS. COMMUNITY INPUT:THE PROCESS OF COLLECTING QUALITATIVE COMMUNITY INPUT TOOK THREE MAIN FORM S: COMMUNITY RESIDENT FOCUS GROUPS, A NONPROFIT AND GOVERNMENT STAKEHOLDER FOCUS GROUP, AN D A COMMUNITY FORUM. EACH GROUP WAS DESIGNED TO CAPTURE THE COLLECTED KNOWLEDGE AND OPINIO NS OF PEOPLE WHO LIVE AND WORK IN THE COMMUNITIES SERVED BY OUR MINISTRY. IN ADDITION, THE FINDINGS FROM THE RECENT SONOMA COUNTY COLLABORATIVE CHNA CONDUCTED IN 2016 AND FROM THE ONGOING COMMUNITY BUILDING INITIATIVE IN THE ROSELAND NEIGHBORHOOD OF SOUTHWEST SANTA ROSA WERE CONSIDERED AS ADDITIONAL SOURCES.RESIDENT FOCUS GROUPS:FOR COMMUNITY RESIDENT GROUPS , HOSPITAL COMMUNITY BENEFIT STAFF, IN COLLABORATION WITH THEIR COMMUNITY BENEFIT COMMITTE ES AND THE ST. JOSEPH HEALTH COMMUNITY PARTNERSHIPS DEPARTMENT, IDENTIFIED GEOGRAPHIC AREA S WHERE DATA SUGGESTED THERE WERE SIGNIFICANT HEALTH, PHYSICAL ENVIRONMENT, AND SOCIOECONO MIC CONCERNS. THIS PROCESS ALSO IDENTIFIED THE LANGUAGE NEEDS OF THE COMMUNITY, WHICH DETE RMINED THE LANGUAGE IN WHICH EACH FOCUS GROUP WAS CONDUCTED. COMMUNITY BENEFIT STAFF THEN PARTNERED WITH COMMUNITY-BASED ORGANIZATIONS THAT SERVE THOSE AREAS TO RECRUIT FOR AND HOS T THE FOCUS GROUPS. THE COMMUN

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	ITY-BASED ORGANIZATION DEVELOPED AN INVITATION LIST USING THEIR CONTACTS AND KNOWLEDGE OF THE AREA, AND PARTICIPANTS WERE PROMISED A SMALL INCENTIVE FOR THEIR TIME. TWO CONSULTANTS STAFFED EACH FOCUS GROUP, SERVING AS FACILITATORS AND NOTE TAKERS. THESE CONSULTANTS WERE NOT DIRECTLY AFFILIATED WITH THE MINISTRY TO ENSURE CANDOR FROM THEIR PARTICIPANTS.NONPRO FIT AND GOVERNMENT STAKEHOLDER FOCUS GROUP:FOR THE NONPROFIT AND GOVERNMENT STAKEHOLDER FO CUS GROUP, COMMUNITY BENEFIT STAFF DEVELOPED A LIST OF LEADERS FORM ORGANIZATIONS THAT SER VE DIVERSE CONSTITUENCIES WITHIN THE HOSPITAL'S SERVICE AREA. MINISTRY STAFF SOUGHT TO INV ITE ORGANIZATIONS WITH WHICH THEY HAD EXISTING RELATIONSHIPS, BUT ALSO USED THE FOCUS GROU P AS AN OPPORTUNITY TO BUILD NEW RELATIONSHIPS WITH STAKEHOLDERS. PARTICIPANTS WERE NOT GI VEN 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 CO MMUNITY FORUM:RECRUITMENT FOR THE COMMUNITY RESIDENT FORUM WAS MUCH BROADER TO ENCOURAGE A S MANY PEOPLE AS POSSIBLE TO ATTEND THE SESSION. COMMUNITY BENEFIT STAFF PUBLICIZED THE EV ENT THROUGH FLYERS AND EMAILS USING THEIR EXISTING OUTREACH NETWORKS, AND ALSO ASKED THEIR PARTNER ORGANIZATIONS TO INVITE AND RECRUIT PARTICIPANTS. NO FORMAL INVITATION LIST WAS U SED 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 TRANSLATION FOR ANYO NE WHO REQUESTED IT. WHILE THE FOCUS GROUPS FOLLOWED A SIMILAR PROTOCOL TO EACH OTHER IN W HICH FIVE TO SIX QUESTIONS WERE ASKED OF THE GROUP, THE FORUM FOLLOWED A DIFFERENT PROCESS . THE LEAD FACILITATOR SHARED THE HEALTH NEEDS THAT HAD EMERGED FROM THE CHNA PROCESS SO F AR AND ASKED THE PARTICIPANTS TO COMMENT ON THEM AND ADD ANY OTHER CONCERNS. ONCE THE DISC USSION WAS COMPLETE, THE PARTICIPANTS ENGAGED IN A CUMULATIVE VOTING PROCESS USING DOTS TO INDICATE THEIR GREATEST CONCERNS. THROUGH THIS PROCESS, THE FORUM SERVED AS SOMETHING OF A "CAPSTONE" TO THE COMMUNITY INPUT PROCESS.COMMUNITY BUILDING INITIATIVE: ROSELAND:IN 201 6, THE MINISTRY COLLABORATED WITH THE ST. JOSEPH HEALTH COMMUNITY PARTNERSHIP FUND IN A PR OCESS TO IDENTIFY PRESSING COMMUNITY NEEDS IN THE ROSELAND NEIGHBORHOOD OF SANTA ROSA. BEC AUSE THIS PROCESS ALSO INVOLVED COMMUNITY MEETINGS, THE HOSPITAL INCORPORATED THE COMMUNIT Y INPUT FROM THIS PROCESS INTO THE OVERALL DATA CONSIDERATION FOR THIS CHNA.DATA LIMITATIO NS AND INFORMATION GAPS:WHILE CARE WAS TAKEN TO SELECT AND GATHER DATA THAT WOULD TELL THE STORY OF THE HOSPITAL'S SERVICE AREA, IT IS IMPORTANT TO RECOGNIZE THE LIMITATIONS AND GA PS IN INFORMATION THAT NATURALLY OCCUR.- NOT ALL DESIRED HEALTH-RELATED DATA WAS AVAILABLE . AS A RESULT PROXY MEASURES WERE USED WHEN AVAILABLE. FOR EXAMPLE, THERE IS LIMITED COMMU NITY OR ZIP CODE LEVEL DATA ON THE INCIDENCE OF MENTAL HEALTH, OR MANY HEALTH BEHAVIORS SU CH AS SUBSTANCE ABUSE.- DATA 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	HAT IS GATHERED THROUGH INTERVIEWS AND SURVEYS MAY BE BIASED DEPENDING ON WHO IS WILLING T O RESPOND TO THE QUESTIONS AND WHETHER THEY ARE REPRESENTATIVE OF THE POPULATION AS A WHOL E.- THE ACCURACY OF DATA GATHERED THROUGH INTERVIEWS AND SURVEYS DEPENDS ON HOW CONSISTENT LY THE QUESTIONS ARE INTERPRETED ACROSS ALL RESPONDENTS AND HOW HONEST PEOPLE ARE IN PROVI DING THEIR ANSWERS.- WHILE MOST INDICATORS ARE RELATIVELY CONSISTENT FROM YEAR TO YEAR, OT HER INDICATORS ARE CHANGING QUICKLY (SUCH AS RATES OF UNINSURED) AND THE MOST RECENT DATA AVAILABLE IS NOT A GOOD REFLECTION OF THE CURRENT STATE.- ZIP CODE AREAS ARE THE SMALLEST GEOGRAPHIC REGIONS FOR WHICH MANY HEALTH OUTCOMES AND HEALTH BEHAVIOR INDICATORS ARE PUBLI CLY AVAILABLE. IT IS RECOGNIZED THAT EVEN WITHIN ZIP CODES, THERE CAN BE POPULATIONS THAT ARE DISPROPORTIONATELY WORSE OFF. FOR EXAMPLE, WITHIN SMALLER GEOGRAPHIC AREAS, SUCH AS CE NSUS TRACTS, SOCIO-ECONOMIC DATA PROVIDES A MORE GRANULAR UNDERSTANDING OF DISPARITY AT TH E NEIGHBORHOOD LEVEL. AS PREVIOUSLY MENTIONED, CENSUS TRACT HEALTH OUTCOME AND HEALTH BEHA VIOR DATA WAS NOT PUBLICLY AVAILABLE TO PAINT A COMPLETE PICTURE OF COMMUNITY LEVEL NEED.- DATA FOR ZIP CODES WITH SMALL POPULATIONS (BELOW 2,000) IS OFTEN UNRELIABLE, ESPECIALLY W HEN THE DATA IS ESTIMATED FROM A SMALL SAMPLE OF THE POPULATION. IN THE TOTAL SERVICE AREA , ANNAPOLIS, BODEGA, BODEGA BAY, CAZADERO, FULTON, GEYSERVILLE, GRATON, HOPLAND, JENNER, K ENWOOD, MONTE RIO, OCCIDENTAL, POINT AREA, STEWARTS POINT, AND THE SEA RACH EACH HAD FEWER THAN 2,000 PEOPLE.- INFORMATION GATHER DURING FOCUS GROUPS AND COMMUNITY FORUMS IS DEPEND ENT ON WHO WAS INVITED AND WHO SHOWED UP FOR THE EVENT. EFFORTS WERE MADE TO INCLUDE PEOPL E WHO COULD REPRESENT THE BROAD INTERESTS OF THE COMMUNITY AND/OR WERE MEMBERS OF COMMUNIT IES OF GREATEST NEED.- FEARS ABOUT DEPORTATION KEPT MANY UNDOCUMENTED IMMIGRANTS FROM PART ICIPATING IN THE FOCUS GROUPS AND COMMUNITY FORUM AND MADE IT MORE DIFFICULT FOR THEIR VOI CE TO BE HEARD.QUEEN OF THE VALLEY MEDICAL CENTERCOMMUNITY INPUTTHE PROCESS OF COLLECTING QUALITATIVE COMMUNITY INPUT TOOK THREE MAIN FORMS: COMMUNITY RESIDENT FOCUS GROUP, A NONPR OFIT AND GOVERNMENT STAKEHOLDER FOCUS GROUP, AND A COMMUNITY FORUM. EACH GROUP WAS DESIGNE D TO CAPTURE THE COLLECTED KNOWLEDGE AND OPINIONS OF PEOPLE WHO LIVE AND WORK IN THE COMMU NITIES SERVED BY QUEEN OF THE VALLEY MEDICAL CENTER. WE DEVELOPED A PROTOCOL (NOTED IN APP ENDIX 3B OF THE CHNA) FOR EACH GROUP TO ENSURE CONSISTENCY ACROSS 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. APPENDI X 3 OF THE CHNA INCLUDES A FULL REPORT OF THE COMMUNITY INPUT PROCESS AND FINDINGS ALONG W ITH DESCRIPTIONS OF THE PARTICIPANTS.

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 (CONTINUED)	RESIDENT FOCUS GROUPSFOR COMMUNITY RESIDENT GROUPS, COMMUNITY BENEFIT STAFF, IN COLLABORAT ION WITH THEIR COMMITTEES AND THE SYSTEM OFFICE, IDENTIFIED GEOGRAPHIC AREAS WHERE DATA SU GGESTED THERE WERE SIGNIFICANT HEALTH, PHYSICAL ENVIRONMENT, AND SOCIOECONOMIC CONCERNS. T HIS PROCESS ALSO IDENTIFIED THE LANGUAGE NEEDS OF THE COMMUNITY, WHICH DETERMINED THE LANG UAGE IN WHICH EACH FOCUS GROUP WAS CONDUCTED. COMMUNITY BENEFIT STAFF THEN PARTNERED WITH COMMUNITY-BASED ORGANIZATIONS THAT SERVE THOSE AREAS TO RECRUIT FOR AND HOST THE FOCUS GRO UPS. THE COMMUNITY BASED ORGANIZATION DEVELOPED AN INVITATION LIST USING THEIR CONTACTS AN D KNOWLEDGE OF THE AREA, AND PARTICIPANTS WERE PROMISED A SMALL INCENTIVE FOR THEIR TIME. TWO CONSULTANTS STAFFED EACH FOCUS GROUP, SERVING AS FACILITATORS AND NOTE TAKERS. THESE C ONSULTANTS WERE NOT DIRECTLY AFFILIATED WITH THE MINISTRY TO ENSURE CANDOR FROM THE PARTIC IPANTS. TWO RESIDENT FOCUS GROUPS WERE CONDUCTED, ONE CONDUCTED ON 3/16/17 IN THE CITY OF SONOMA IN SPANISH WITH 20 PARTICIPANTS AND THE OTHER CONDUCTED ON 3/22/17 IN THE CITY OF A MERICAN CANYON WITH 16 PARTICIPANTS. THE COMMUNITY RESIDENT FOCUS GROUP ATTENDEES WERE 83% FEMALE AND 17% MALE. 70% OF ATTENDEES IDENTIFIED AS HISPANIC/LATINO, 13% AS NON-LATINO WH ITE, 10% AS FILIPINO, AND 7% AS BLACK/AFRICAN-AMERICAN. OF THOSE WHO RESPONDED, 45% SAID T HEY EARNED LESS THAN $35,000 ANNUALLY; THE AMERICAN CANYON GROUP WAS CONSIDERABLY MORE AFF LUENT THAN THE GROUP IN SONOMA. MORE DETAILED DEMOGRAPHIC INFORMATION IS LISTED IN APPENDI X 3A OF THE CHNA.NONPROFIT AND GOVERNMENT STAKEHOLDER FOCUS GROUPFOR THE NONPROFIT AND GOV ERNMENT STAKEHOLDER FOCUS GROUP, COMMUNITY BENEFIT STAFF DEVELOPED A LIST OF LEADERS FROM ORGANIZATIONS THAT SERVE DIVERSE CONSTITUENCIES WITHIN THE HOSPITAL'S SERVICE AREA. MINIST RY STAFF SOUGHT TO INVITE ORGANIZATIONS WITH WHICH THEY HAD EXISTING RELATIONSHIPS, BUT AL SO USED THE FOCUS GROUP AS AN OPPORTUNITY TO BUILD NEW RELATIONSHIPS WITH STAKEHOLDERS. TH E GROUP WAS CONDUCTED ON 3/23/17. PARTICIPANTS WERE NOT GIVEN A MONETARY INCENTIVE FOR ATT ENDANCE. AS WITH THE RESIDENT FOCUS GROUPS, THIS GROUP WAS FACILITATED BY OUTSIDE CONSULTA NTS WITHOUT A DIRECT LINK TO ST. JOSEPH HEALTH. THE GROUP INCLUDED 21 PARTICIPANTS REPRESE NTING DIVERSE POPULATIONS INCLUDING LOW INCOME, CHRONICALLY ILL, MEDICALLY UNDERSERVED, LA TINO AND FILIPINO POPULATIONS. A FULL LIST OF PARTICIPANTS AND ORGANIZATIONS IS IN APPENDI X 3B OF THE CHNA.RESIDENT COMMUNITY FORUMRECRUITMENT FOR THE COMMUNITY RESIDENT FORUM WAS MUCH BROADER TO ENCOURAGE AS MANY PEOPLE AS POSSIBLE TO ATTEND THE SESSION. COMMUNITY BENE FIT STAFF PUBLICIZED THE EVENT THROUGH FLYERS AND EMAILS USING THEIR EXISTING OUTREACH NET WORKS, AND ALSO ASKED THEIR PARTNER ORGANIZATIONS TO INVITE AND RECRUIT PARTICIPANTS. NO F ORMAL INVITATION LIST WAS USED FOR THE FORUM AND ANYONE WHO WISHED TO ATTEND WAS WELCOMED. THE FORUM WAS CONDUCTED ON 3/27/17 BY AN OUTSIDE CONSULTANT IN ENGLISH, WITH SIMULTANEOUS SPANISH LANGUAGE TRANSLATION

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 (CONTINUED)	FOR ANYONE WHO REQUESTED IT. WHILE THE FOCUS GROUPS FOLLOWED A SIMILAR PROTOCOL TO EACH OT HER IN WHICH FIVE TO SIX QUESTIONS WERE ASKED OF THE GROUP, THE FORUM FOLLOWED A DIFFERENT PROCESS. THE LEAD FACILITATOR SHARED THE HEALTH NEEDS THAT HAD EMERGED FROM THE CHNA PROC ESS SO FAR AND ASKED THE PARTICIPANTS TO COMMENT ON THEM AND ADD ANY OTHER CONCERNS. ONCE THE DISCUSSION WAS COMPLETE, THE PARTICIPANTS ENGAGED IN A CUMULATIVE VOTING PROCESS USING DOTS TO INDICATE THEIR GREATEST CONCERNS. THROUGH THIS PROCESS, THE FORUM SERVED AS SOMET HING OF A "CAPSTONE" TO THE COMMUNITY INPUT PROCESS.FACILITY REPORTING GROUP AREDWOOD MEMO RIAL HOSPITALCOLLECTING COMMUNITY INPUT IS AN INTEGRAL PART OF THE NEEDS ASSESSMENT PROCES S. QUANTITATIVE DATA ONLY TELLS PART OF THE STORY, BUT HEARING DIRECTLY FROM RESIDENTS AND STAKEHOLDERS WORKING IN HEALTH-RELATED FIELDS PROVIDES CONTEXT AND FIRST-HAND EXPERIENCE OF THE NEEDS OCCURRING WHERE PEOPLE LIVE, WORK AND PLAY.OVER A TWO WEEK PERIOD IN FEBRUARY 2017 WE HELD THREE RESIDENT FOCUS GROUPS IN DIFFERENT GEOGRAPHIC LOCATIONS OF OUR SERVICE AREA AND WITH POPULATIONS WHO HAVE KNOWN HEALTH DISPARITIES. IN TOTAL, MORE THAN 30 PEOPL E PARTICIPATED. THE FOCUS GROUPS WERE HELD IN FORTUNA AND EUREKA AND INCLUDED SENIORS LIVI NG IN THE EEL RIVER VALLEY AS WELL AS ELDERS FROM THE TABLE BLUFF RANCHERIA, LOW-INCOME FA MILIES AND SPANISH-SPEAKING COMMUNITY MEMBERS.A FOURTH FOCUS GROUP WITH GOVERNMENT AND NON -PROFIT STAKEHOLDERS WAS ALSO HELD IN EUREKA. ELEVEN REPRESENTATIVES FROM NINE ENTITIES AT TENDED. AT EACH FOCUS GROUP PARTICIPANTS WERE PROVIDED WITH SUMMARY SECONDARY AND PUBLICAL LY AVAILABLE DATA HIGHLIGHTING AREAS OF NEED AND ASKED TO PROVIDE FEEDBACK. FOR CONSISTENC Y PURPOSES, THE SAME QUESTIONS WERE ASKED AT EACH OF THE FOCUS GROUPS BUT PARTICIPANTS WER E ENCOURAGED TO SHARE THEIR PERSONAL EXPERIENCES ABOUT THE VARIOUS FACTORS INFLUENCING THE IR HEALTH AND THE HEALTH OF THEIR COMMUNITY. THEY WERE ALSO ASKED TO IDENTIFY ANY GAPS OR MISSING INFORMATION.AFTER GATHERING INPUT FROM FOCUS GROUPS, A RESIDENT COMMUNITY FORUM WA S HELD AT THE SEQUOIA CONFERENCE CENTER IN EUREKA. THE FORUM WAS OPEN TO ALL COMMUNITY MEM BERS. CALIFORNIA CENTER FOR RURAL POLICY FACILITATED THE FORUM AND SHARED THE HEALTH NEEDS THAT HAD EMERGED FROM THE CHNA PROCESS SO FAR. AFTER ROBUST DISCUSSION, PARTICIPANTS ENGA GED IN A CUMULATIVE VOTING PROCESS USING DOTS TO INDICATE THEIR GREATEST CONCERNS. THROUGH THIS DESIGN, THE FORUM SERVED AS SOMETHING OF A "CAPSTONE" TO THE COMMUNITY INPUT.FACILIT Y REPORTING GROUP AST. JOSEPH HOSPITAL OF EUREKACOLLECTING COMMUNITY INPUT IS AN INTEGRAL PART OF THE NEEDS ASSESSMENT PROCESS. QUANTITATIVE DATA ONLY TELLS PART OF THE STORY, BUT HEARING DIRECTLY FROM RESIDENTS AND STAKEHOLDERS WORKING IN HEALTH-RELATED FIELDS PROVIDES CONTEXT AND FIRST-HAND EXPERIENCE OF THE NEEDS OCCURRING WHERE PEOPLE LIVE, WORK AND PLAY .OVER A TWO WEEK PERIOD IN FEBRUARY 2017 WE HELD THREE RESIDENT FOCUS GROUPS IN DIFFERENT GEOGRAPHIC LOCATIONS OF OUR SE

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 (CONTINUED)	RVICE AREA AND WITH POPULATIONS WHO HAVE KNOWN HEALTH DISPARITIES. IN TOTAL, MORE THAN 30 PEOPLE PARTICIPATED. THE FOCUS GROUPS WERE HELD IN FORTUNA AND EUREKA AND INCLUDED SENIORS LIVING IN THE EEL RIVER VALLEY AS WELL AS ELDERS FROM THE TABLE BLUFF RANCHERIA, LOW-INCO ME FAMILIES AND SPANISH-SPEAKING COMMUNITY MEMBERS.A FOURTH FOCUS GROUP WITH GOVERNMENT AN D NON-PROFIT STAKEHOLDERS WAS ALSO HELD IN EUREKA. ELEVEN REPRESENTATIVES FROM NINE ENTITI ES ATTENDED. AT EACH FOCUS GROUP PARTICIPANTS WERE PROVIDED WITH SUMMARY SECONDARY AND PUB LICALLY AVAILABLE DATA HIGHLIGHTING AREAS OF NEED AND ASKED TO PROVIDE FEEDBACK. FOR CONSI STENCY PURPOSES, THE SAME QUESTIONS WERE ASKED AT EACH OF THE FOCUS GROUPS BUT PARTICIPANT S WERE ENCOURAGED TO SHARE THEIR PERSONAL EXPERIENCES ABOUT THE VARIOUS FACTORS INFLUENCIN G THEIR HEALTH AND THE HEALTH OF THEIR COMMUNITY. THEY WERE ALSO ASKED TO IDENTIFY ANY GAP S OR MISSING INFORMATION.AFTER GATHERING INPUT FROM FOCUS GROUPS, A RESIDENT COMMUNITY FOR UM WAS HELD AT THE SEQUOIA CONFERENCE CENTER IN EUREKA. THE FORUM WAS OPEN TO ALL COMMUNIT Y MEMBERS. CALIFORNIA CENTER FOR RURAL POLICY FACILITATED THE FORUM AND SHARED THE HEALTH NEEDS THAT HAD EMERGED FROM THE CHNA PROCESS SO FAR. AFTER ROBUST DISCUSSION, PARTICIPANTS ENGAGED IN A CUMULATIVE VOTING PROCESS USING DOTS TO INDICATE THEIR GREATEST CONCERNS. TH ROUGH THIS DESIGN, THE FORUM SERVED AS SOMETHING OF A "CAPSTONE" TO THE COMMUNITY INPUT.

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 ASANTA ROSA MEMORIAL HOSPITALCHNA OTHER HOSPITAL FACILITIES:-SUTTER HEALTH- KAISER PERMANENTE- SONOMA WEST MEDICAL CENTERFACILITY REPORTING GROUP AREDWOOD MEMORIAL HOSPITALCHNA OTHER HOSPITAL FACILITIES:ST. JOSEPH HOSPITAL OF EUREKAFACILITY REPORTING GROUP AST. JOSEPH HOSPITAL OF EUREKACHNA 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 ASANTA ROSA MEMORIAL HOSPITALMANY LOCAL GOVERNMENT AGENCIES AND N OT-FOR-PROFIT ORGANIZATIONS COLLABORATED WITH ST. JOSEPH HEALTH IN THE CHNA PROCESS. AMONG THESE ARE THE FOLLOWING ORGANIZATIONS OTHER THAN HOSPITAL FACILITIES:- SONOMA COUNTY DEPA RTMENT OF HEALTH SERVICES- COMMUNITY CHILD CARE COUNCIL (4CS) OF SONOMA COUNTY- FIRST 5 SO NOMA COUNTY- BURBANK HOUSING- COMMUNITY FOUNDATION SONOMA COUNTY- SONOMA COUNTY SHERIFF'S OFFICE- CITY OF SANTA ROSA VIOLENCE PREVENTION PARTNERSHIP- COMMUNITY ACTION PARTNERSHIP O F SONOMA- SONOMA COUNTY ACES CONNECTION- SONOMA COUNTY ECONOMIC DEVELOPMENT BOARD- SONOMA COUNTY PERMIT & RESOURCE MANAGEMENT DEPARTMENT- SONOMA COUNTY ENVIRONMENTAL HEALTH & SAFET Y- BUCKELEW PROGRAMS- SONOMA COUNTY OFFICE OF EDUCATION- SONOMA COUNTY COMMUNITY DEVELOPME NT COMMISSION- LA LUZ COMMUNITY CENTER- PETALUMA PEOPLE SERVICES CENTER- SANTA ROSA COMMUN ITY HEALTH CENTERS- WEST COUNTY HEALTH CENTERS- PETALUMA HEALTH CARE DISTRICT- PETALUMA HE ALTH CENTER- ALLIANCE MEDICAL CENTER- PALM DRIVE HEALTH CARE DISTRICT- NORTH SONOMA COUNTY HEALTH CARE DISTRICT- SONOMA VALLEY HEALTH CARE DISTRICT- RUSSIAN RIVER ARE RESOURCES AND ADVOCATES- COMMUNITY HEALTH INITIATIVE OF THE PETALUMA AREA- LATINO SERVICE PROVIDERS- SO NOMA COUNTY HUMAN SERVICES DEPARTMENT- SONOMA COUNTY TASK FORCE ON THE HOMELESS- SONOMA CO UNTY HEALTH CARE FOR THE HOMELESS COALITION- MENDOCINO COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES-HEALTH MENDOCINOQUEEN OF THE VALEEY MEDICAL CENTERQUEEN OF THE VALLEY MEDICAL C ENTER COLLABORATED WITH ON THE MOVE BAY AREA IN THE CHNA PROCESS.FACILITY REPORTING GROUP AREDWOOD MEMORIAL HOSPITALCHNA OTHER ORGANIZATIONS INCLUDING COLLABORATIVE AND COMMUNITY P ARTNERS:- THE OLIN GROUP- CALIFORNIA CENTER FOR RURAL POLICY- HUMBOLDT COUNTY DEPARTMENT O F HEALTH AND HUMAN SERVICES, PUBLIC HEALTH BRANCH- LIVE WELL HUMBOLDT, COMMUNITY STRATEGIE S TEAM- MULTIGENERATIONAL CENTER AND THE FORTUNA SENIOR CENTER- BETTY KWAN CHINN HOMELESS FOUNDATION AND DAY CENTER- ENGLISH EXPRESS-HUMBOLDT COUNTY OFFICE OF EDUCATION- HUMBOLDT SENIOR RESOURCE CENTER- FORTUNA SENIOR CENTER- WESTSIDE COMMUNITY IMPROVEMENT ASSOCIATION AND THE JEFFERSON COMMUNITY CENTER- HUMBOLDT DEL-NORTE MEDICAL SOCIETY- LATINONET AND HUMB OLDT PROMOTORES DE SALUD- REDWOOD COMMUNITY ACTION AGENCY- ALCOHOL AND DRUG CARE SERVICES- EUREKA RESCUE MISSIONFACILITY REPORTING GROUP AST. JOSEPH HOSPITAL OF EUREKAST. JOSEPH HO SPITAL EUREKA, ALONG WITH REDWOOD MEMORIAL HOSPITAL, COLLOBORATED ON THE CHNA PROCESS WITH THE FOLLOWING ORGANIZATIONS:- THE OLIN GROUP-CALIFORNIA CENTER FOR RURAL POLICY- HUMBOLD T COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES, PUBLIC HEALTH BRANCH- LIVE WELL HUMBOLDT , COMMUNITY STRATEGIES TEAM-MULTIGENERATIONAL CENTER AND THE FORTUNA SENIOR CENTER- BETTY KWAN CHINN HOMELESS FOUNDATION AND DAY CENTER- ENGLIGH EXPRESS- HUMBOLDT COUNTY OFFICE OF EDUCATION-HUMBOLDT SENIOR RESOURCE CENTER- FORTUNA SENIOR CENTER- WESTSIDE COMMUNITY IMP ROVEMENT ASSOCIATION AND THE J

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	EFFERSON COMMUNITY CENTER- HUMBOLDT DEL-NORTE MEDICAL SOCIETY- LATINONET AND HUMBOLDT PROM OTORES DE SALUD- REDWOOD COMMUNITY ACTION AGENCY- ALCOHOL AND DRUG CARE SERVICES- EUREKA R ESCUE 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 WEBSITEFACILITY REPORTING GROUP ASANTA ROSA MEMORIAL HOSPITALHTTPS://WWW.STJOESONOMA.ORG/COMMUNITY-OUTREACH/COMMUNITY-BENEFIT/QUEEN OF THE VALLEY MEDICAL CENTERHTTPS://WWW.THEQUEEN.ORG/FOR-COMMUNITY/COMMUNITY-BENEFIT/FACILITY REPORTING GROUP AREDWOOD MEMORIAL HOSPITALHTTPS://WWW.STJOEHUMBOLDT.ORG/FOR-COMMUNITY/COMMUNITY-BENEFIT/FACILITY REPORTING GROUP AST. JOSEPH HOSPITAL OF EUREKAHTTPS://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 WEBSITEFACILITY REPORTING GROUP ASANTA ROSA MEMORIAL HOSPITALHTTPS://WWW.STJOESONOMA.ORG/COMMUNITY-OUTREACH/COMMUNITY-BENEFIT/QUEEN OF THE VALLEY MEDICAL CENTERHTTPS://WWW.THEQUEEN.ORG/FOR-COMMUNITY/COMMUNITY-BENEFIT/FACILITY REPORTING GROUP AREDWOOD MEMORIAL HOSPITALHTTPS://WWW.STJOEHUMBOLDT.ORG/FOR-COMMUNITY/COMMUNITY-BENEFIT/FACILITY REPORTING GROUP AST. JOSEPH HOSPITAL OF EUREKAHTTPS://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 ASANTA ROSA MEMORIAL HOSPITALCOMMUNITY HEALTH NEEDS PRIORITIZED:A CCESS TO RESOURCES:ENSURING ACCESS TO AFFORDABLE, QUALITY HEALTH CARE SERVICES IS IMPORTAN T TO PROTECTING BOTH INDIVIDUAL AND POPULATION HEALTH, ELIMINATING HEALTH DISPARITIES AND PROMOTING OVERALL QUALITY OF LIFE IN THE COMMUNITY. THIS INCLUDES MOST BARRIERS TO ACCESSI NG HEALTH CARE SERVICES AND OTHER NECESSARY RESOURCES, SUCH AS INCOME, LACK OF ADEQUATE IN SURANCE, IMMIGRATION STATUS, TRANSPORTATION, A SHORTAGE OF PROVIDERS AND SPECIALISTS, LANG UAGE BARRIERS, AND RESOURCES BEING UNAVAILABLE OUTSIDE OF WORKING HOURS.THE COMMUNITY BENE FIT COMMITTEE (CBC) NOTED THAT WHILE MANY ADULTS IN SONOMA COUNTY ARE ABLE TO OBTAIN INSUR ANCE COVERAGE AND ACCESS REGULAR HEALTHCARE IN THE WAKE OF THE IMPLEMENTATION OF THE AFFOR DABLE CARE ACT (ACA), DISPARITIES PERSIST. SPECIFICALLY, LOWER INCOME RESIDENTS HAVE DIFFI CULTY ACCESSING CARE, AS MANY REMAIN UNINSURED DUE TO HIGH PREMIUM COSTS AND THOSE WITH PU BLIC INSURANCE FACE BARRIERS TO FINDING PROVIDERS WHO ACCEPT MEDI-CAL.FOREIGN-BORN RESIDEN TS WHO ARE NOT U.S. CITIZENS ALSO FACE STARK BARRIERS IN OBTAINING INSURANCE COVERAGE 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 PROVIDER S IN SONOMA COUNTY TO MEET THE HIGH DEMAND. THE CBC RECOGNIZES THIS IS AN ONGOING, HIGH-PR IORITY NEED, AND ONE WHICH, GIVEN THE EXISTING SRMH COMMUNITY BENEFIT PROGRAMS (MOBILE HEA LTH AND DENTAL CLINICS, FIXED-SITE DENTAL CLINIC, AND IN-HOME CARE), WE ARE UNIQUELY QUALI FIED WITH APPROPRIATE CAPACITY TO ADDRESS.CARE NETWORK, OUR NEWEST PROGRAM, PROVIDES A COM PREHENSIVE TEAM APPROACH TO PROVIDE MEDICAL CARE, CARE COORDINATION, SOCIAL WORK SUPPORTS, AND RESOURCE NAVIGATION TO THE MOST VULNERABLE PATIENT POPULATION. WE ALSO BEGAN TO STREN GTHEN OUR PARTNERSHIPS WITH SANTA ROSA COMMUNITY HEALTH, CATHOLIC CHARITIES, REDWOOD GOSPE L MISSION, THE PALMS AND SAM JONES SHELTER TO PROVIDE SUPPORT SERVICES IN THE COMMUNITY FO R OUR MOST VULNERABLE PATIENTS. THE PROGRAM HAS ALSO INTEGRATED WITH PSYCHIATRIC LIAISONS IN THE EMERGENCY DEPARTMENT TO PROVIDE SERVICES TO BEHAVIORAL HEALTH PATIENTS REQUIRING PS YCHIATRIC CARE OR REFERRALS TO CARE.HOMELESSNESS AND HOUSING CONCERNS:THESE TWO NEEDS WERE COMBINED BY THE CBC IN RECOGNITION OF THE FACT THAT THE TWO ISSUES, WHILE IDENTIFIED SEPA RATELY IN THE DATA COLLECTION PROCESS, ARE INEXTRICABLE LINKED AND CANNOT BE EFFECTIVELY A DDRESSED SEPARATELY, AND THAT WHILE HOMELESSNESS IS THE MORE VISIBLE PROBLEM, THE STRESS O F HOUSING INSECURITY AND THE THREAT OF HOMELESSNESS ARE EQUALLY INJURIOUS TO COMMUNITY 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 ADVERSE HEAL TH CONDITIONS.STAKEHOLDERS NOTED THAT 2,835 HOMELESS PERSONS WERE FOUND DURING THE JANUARY 26, 2017 SONOMA COUNTY HOMELE

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	SS COUNT. WHILE THIS NUMBER REFLECTS A DECLINING TREND IN HOMELESSNESS IN SONOMA COUNTY OV ER 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 LOCATIONS TH AN IN PREVIOUS YEARS' COUNTS. THE CBC BELIEVES IT IS IMPERATIVE THAT WE JOIN IN OUR COMMUN ITY'S EFFORTS TO COMBAT THESE TRENDS AS WE SEE THIS AS THE MOST PROMINENT SOCIAL DETERMINA NT OF HEALTH THAT WE MUST ADDRESS. OUR PRIMARY FOCUS IS ON THE CONDITION OF HOMELESSNESS, INCLUDING THE DEVELOPMENT OF PERMANENT SUPPORTIVE HOUSING, PROVIDING HEALTHCARE TO HOMELES S INDIVIDUALS, PREVENTION OF HOMELESSNESS, AND MITIGATING ITS IMPACT ON COMMUNITIES. WE CO NTINUED TO PARTNER WITH OTHER COMMUNITY ORGANIZATIONS TO ADDRESS ISSUES OF HOUSING AFFORDA BILITY, AVAILABILITY, OVERCROWDING, AND QUALITY.OUR INTERSECTIONS COALITION LAUNCHED THIS YEAR AND WILL FOCUS ON THE ISSUE OF HOUSING EQUITY. IT CONTAINS AN IMPORTANT COMMUNITY ENG AGEMENT ELEMENT THAT WILL INCLUDE RECRUITMENT AND LEADERSHIP DEVELOPMENT FOR RESIDENTS OF THE MOST VULNERABLE NEIGHBORHOODS IN OUR COMMUNITY. ONE OF THE PRIMARY FOCI OF THE COALITI ON IS ADVOCACY BY THESE RESIDENTS FOR HOUSING POLICIES THAT WILL PROMOTE EQUITY. WE ARE AL SO A LEADING MEMBER OF THE HEALTH CARE FOR THE HOMELESS COLLABORATIVE FOCUSED ON COORDINAT ING EXISTING SERVICES AND DEVELOPING NEW HOMELESS HEALTH CARE SERVICES. OUR MOBILE HEALTH CLINIC TEAM HAS ADDED SANTA ROSA HOMELESS SHELTERS TO THEIR ROSTER AND BEGAN PROVIDING SER VICES INSIDE THE SHELTERS, CONTRIBUTING TO A REDUCTION IN UNNECESSARY ER VISITS. WE HAVE A LSO PROVIDED FUNDING TO THE COMMITTEE ON THE SHELTERLESS FOR THE CREATION OF 11 PERMANENT SUPPORTIVE HOUSING UNITS IN THE MARY ISAAC CENTER IN PETALUMA AND PROVIDED FUNDING TO SANT A ROSA COMMUNITY HEALTH IN SUPPORT OF THEIR HOMELESS CARE TRANSITIONS PROGRAM WHICH CONNEC TS PATIENTS WITH NEEDED SOCIAL SERVICES.BEHAVIORAL HEALTH:MENTAL HEALTH AND SUBSTANCE USE WERE COMBINED BY THE CBC IN RECOGNITION OF THE FACT THAT MENTAL HEALTH AND SUBSTANCE USE D ISORDERS OFTEN GO HAND-IN-HAND AND MORE MANY PATIENTS ARE CO-OCCURRING CONDITIONS. WE PREF ER THE TERM BEHAVIORAL HEALTH TO REFER TO THESE CONDITIONS COLLECTIVELY. IN ADDITION, THE CBC NOTED THAT AT THE CONCLUSION OF STEP 3 OF THE PRIORITIZATION PROCESS, THESE WERE THE F IRST AND SECOND HIGHEST RANKED CONCERNS. BOTH CONCERNS WERE RAISED THROUGHOUT THE COMMUNIT Y INPUT PROCESS AND RECEIVED A HIGH NUMBER OF VOTES AT THE COMMUNITY FORUM.ALTHOUGH THE DA TA SHOWS A BETTER RATIO OF POPULATION TO MENTAL HEALTH PROVIDERS IN SONOMA AND MENDOCINO C OUNTIES THAT THE STATE, FOCUS GROUP PARTICIPANTS SPOKE OF SHORTAGES OF PROVIDERS AND SERVI CES FOR MENTAL HEALTH AND SUBSTANCE USE. IN SONOMA COUNTY, FOR INSTANCE, MANY LOW-INCOME I NDIVIDUALS WITH MENTAL HEALTH CONCERNS DO NOT HAVE ACCESS TO THE TREATMENT THEY NEED. INSU FFICIENT PRIVATE INSURANCE COVERAGE FOR MENTAL HEALTH SERVICES AND INSUFFICIENT AVAILABILI TY OF PUBLICLY FUNDED TREATMEN

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	T SERVICES ARE SIGNIFICANT BARRIERS FOR MANY. FURTHERMORE, LIMITED INTEGRATION OF MENTAL H EALTH SERVICES WITHIN THE HEALTH CARE SYSTEM ALSO LEADS TO MISSED OPPORTUNITIES FOR EARLY PROBLEM IDENTIFICATION AND PREVENTION. MENTAL HEALTH INCLUDES EMOTIONAL, BEHAVIORAL, AND S OCIAL WELL-BEING. POOR MENTAL HEALTH, INCLUDING THE PRESENCE OF CHRONIC TOXIC STRESS OR PS YCHOLOGICAL CONDITIONS SUCH AS ANXIETY, DEPRESSION OR POST-TRAUMATIC STRESS DISORDER, HAS PROFOUND CONSEQUENCES ON HEALTH BEHAVIOR CHOICES AND PHYSICAL HEALTH. AS A RESULT, THE CBC FELT THAT THE FOCUS ON MENTAL HEALTH AND SUBSTANCE USE, I.E. BEHAVIORAL HEALTH, WITH A PA RTICULAR FOCUS ON TRAUMA-INFORMED COMMUNITY-BASED PREVENTION AND RESILIENCE IN THE FACE OF ADVERSE COMMUNITY EXPERIENCES, WAS OF PARAMOUNT IMPORTANCE TO OUR MINISTRY AND OUR COMMUN ITY.WE ARE A LEADING MEMBER OF THE BEHAVIORAL HEALTH COALITION FOCUSED ON IDENTIFYING, DEV ELOPING AND IMPLEMENTING POLICIES AND PRACTICES TO IMPROVE THE COUNTYWIDE BEHAVIORAL HEALT H SYSTEM OF CARE, SOMETHING THAT WAS IDENTIFIED BY SRMH AS THE MOST PRESSING NEED IN THE L OCAL BEHAVIORAL HEALTH COMMUNITY. OUR HEALTHY FOR LIFE PROGRAM IS PARTNERING WITH SCOE, TH E SCHOOL DISTRICTS AND OTHER COMMUNITY GROUPS TO PLAN AND IMPLEMENT MORE EXPLICITLY BEHAVI ORAL HEALTH ELEMENTS INTO ITS CURRICULA, IN ADDITION TO CONTINUING ITS PHYSICAL FITNESS AN D MINDFULNESS EDUCATION. WE ALSO PROVIDED FUNDING TO SANTA ROSA COMMUNITY HEALTH IN SUPPOR T OF MENTAL HEALTH SERVICES FOR THEIR LOW-INCOME PATIENTS.NEEDS BEYOND THE HOSPITAL'S SERV ICE PROGRAM:NO HOSPITAL FACILITY CAN ADDRESS ALL OF THE HEALTH NEEDS PRESENT IN ITS COMMUN ITY. 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 OUR COMMUNITY, AND THAT HEART DISEASE, OBESITY, AND DIABETES WERE ALL AMONG THE HIGHEST PRIORITY COMMUNIT Y HEALTH NEEDS IDENTIFIED IN OUR CHNA PROCESS. IN NOT SELECTING ANY OF THESE CHRONIC CONDI TIONS AS ONE OF OUR COMMUNITY BENEFIT PRIORITY AREAS, WE ARE AWARE THAT OTHER ONGOING PROG RAMS IN OUR MINISTRY AND IN OUR COMMUNITY ARE FULLY ENGAGED IN ADDRESSING THEM. WE ARE COM MITTED TO CONTINUE OUR INVOLVEMENT WITH COMMUNITY INITIATIVES SUCH AS HEARTS OF SONOMA AND THE CALIFORNIA ACCOUNTABLE COMMUNITIES FOR HEALTH INITIATIVE, FINANCIAL SUPPORT FOR NONPR OFIT ORGANIZATIONS SUCH AS THE NORTHERN CALIFORNIA CENTER FOR WELL-BEING, AND THE HEART WO RKS CARDIAC REHAB PROGRAM.

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 (CONTINUED)	WITH RESPECT TO SOME OF THE OTHER NEEDS IDENTIFIED IN THE CHNA PROCESS THAT WERE NOT PRIOR ITIZED FOR ACTION THROUGH THIS PLAN, WE INTEND TO REMAIN ENGAGED IN ADDRESSING: ORAL HEALT H NEEDS THROUGH OUR ONGOING ST. JOSEPH HEALTH COMMUNITY DENTAL CLINIC AND MOBILE DENTAL CL INIC; CRIME AND SAFETY THROUGH OUR CONTINUED INVOLVEMENT ON THE SANTA ROSA VIOLENCE PREVEN TION PARTNERSHIP; AND INSURANCE AND COST OF CARE THROUGH OUR CONTINUED INVOLVEMENT ON THE COVERED SONOMA AND SONOMA HEALTH ACTION COMMUNITY HEALTH IMPROVEMENT COMMITTEES. WE ALSO I NTEND TO INCORPORATE OTHER ISSUES SUCH AS EARLY CHILDHOOD DEVELOPMENT IN OUR BEHAVIORAL HE ALTH STRATEGY AS IT IS SUCH A FUNDAMENTAL DETERMINANT OF MENTAL HEALTH LATER IN LIFE AND E CONOMIC INSECURITY IN OUR HOUSING CONCERNS STRATEGY AS IT IS A NECESSARY INGREDIENT IN HOU SING AFFORDABILITY. SIMILARLY, WITH RESPECT TO IMMIGRATION, WE LACK APPROPRIATE EXPERTISE OR COMPETENCY TO OFFER A PROGRAM, BUT WE INTEND TO DEVELOP A MEDICAL LEGAL PARTNERSHIP WIT H A LOCAL LEGAL AID ORGANIZATION THAT WILL ASSIST RESIDENTS AND PATIENTS WITH IMMIGRATION ISSUES, AMONG OTHERS. AND WHILE FOOD AND NUTRITION IS NOT TO BE DIRECTLY ADDRESSED BY OUR OWN PROGRAMMING, WE ANTICIPATE THAT OUR ONGOING SUPPORT OF LOCAL INITIATIVES AND ORGANIZAT IONS INVOLVED IN CARDIOVASCULAR DISEASE PREVENTION WILL INCLUDES A CONSIDERATION AND INCLU SION OF STRATEGIES TO ADDRESS THIS NEED. FURTHERMORE, WE WILL CONTINUE FUNDING OTHER LOCAL NONPROFIT ORGANIZATIONS THROUGH GRANTS FROM OUR CARE FOR THE POOR PROGRAM MANAGED BY THE SRMH COMMUNITY BENEFIT DEPARTMENT, AND WE WILL ENCOURAGE AND ENDORSE LOCAL NONPROFIT ORGAN IZATION PARTNERS TO APPLY FOR FUNDING THROUGH THE ST. JOSEPH HEALTH COMMUNITY PARTNERSHIP FUND. ORGANIZATIONS THAT RECEIVE FUNDING PROVIDE SPECIFIC SERVICES AND RESOURCES TO MEET T HE IDENTIFIED NEEDS OF UNDERSERVED COMMUNITIES THROUGHOUT THE SRMH SERVICE AREAS.QUEEN OF THE VALLEY MEDICAL CENTERQUEEN OF THE VALLEY IS WORKING BOTH INTERNALLY AND WITH COMMUNITY PARTNERS TO ADDRESS SIGNIFICANT HEALTH NEEDS IDENTIFIED BY THE FY17 COMMUNITY HEALTH NEED S ASSESSMENT. QUEEN OF THE VALLEY'S FY18-FY20 COMMUNITY BENEFIT PLAN/IMPLEMENTATION STRATE GY REPORT FOCUSES ON THREE BROAD CATEGORIES OF HEALTH NEEDS: MENTAL HEALTH, SUBSTANCE ABUS E, AND SOCIAL DETERMINANTS OF HEALTH WHICH INCLUDE HOUSING, ECONOMIC ISSUES AND ACCESS TO HEALTH CARE.MENTAL HEALTH: THIS INITIATIVE IS FOCUSED ON IMPROVING MENTAL HEALTH AND WELLB EING OF 200 VULNERABLE LOW-INCOME OLDER ADULTS, INDIVIDUALS WITH ACUTE MEDICAL CONDITIONS AND PREGNANT AND POSTPARTUM WOMEN ANNUALLY. ACCESS TO MENTAL HEALTH SERVICES FOR LOW-INCOM E INDIVIDUALS IS LIMITED. OLDER ADULTS, POSTPARTUM WOMEN AND THOSE WITH COMPLEX MEDICAL CO NDITIONS ARE MORE LIKELY TO SUFFER FROM DEPRESSION THAT CAN CONTRIBUTE TO POOR QUALITY OF LIFE AND PLACE THEM AT HIGHER RISK FOR SUICIDE. GOAL: REDUCE DEPRESSION AND IMPROVE QUALIT Y OF LIFE AMONG 200 LOW-INCOME OLDER ADULTS, INDIVIDUALS WITH ACUTE MEDICAL CONDITIONS AND PREGNANT AND POSTPARTUM WOMEN

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 (CONTINUED)	ANNUALLY. THE OUTCOME MEASURE IS PERCENTAGE OF CLIENTS THAT IMPROVE DEPRESSION INDICTORS AS MEASURED THROUGH VALIDATED TOOLS (PHQ9).SUBSTANCE ABUSE: PERINATAL SUBSTANCE USE HAS SE RIOUS CONSEQUENCES FOR BOTH MOTHER AND CHILD. OBSTETRICAL COMPLICATIONS FROM SUBSTANCE USE INCLUDE AN INCREASED RISK OF MISCARRIAGE, INTRAUTERINE GROWTH RESTRICTION, PREMATURE LABO R, AND EVEN FETAL DEMISE. RISKS EXTEND BEYOND PREGNANCY TO THE NEWBORN. ALCOHOL USE CAN LE AD TO FETAL ALCOHOL SPECTRUM DISORDER (FASD) ASSOCIATED WITH NUMEROUS DISABILITIES. OPIOID USE IS ASSOCIATED WITH NEONATAL WITHDRAWAL SYNDROME (NAS). RECENT ESTIMATES IDENTIFIED AN INCREASE IN THE RATE OF NEONATAL INTENSIVE CARE UNIT (NICU) ADMISSIONS IN THE UNITED STAT ES FOR NAS FROM 7 CASES TO 27 CASES PER 1000 ADMISSIONS LEADING TO AN INCREASE FROM 0.6% T O 4% OF ALL NICU DAYS BEING ATTRIBUTED TO NAS. INTERVENING WITH HIGH RISK WOMEN CAN ALSO P REVENT CHILDHOOD TRAUMA ASSOCIATED WITH PARENTAL SUBSTANCE ABUSE. IN NAPA, A SCREENING PIL OT CONDUCTED FROM OCTOBER 2015-MAY 2017 USING THE VALIDATED 4PS PLUS TOOL TO ASSESS USE OF ALCOHOL, TOBACCO AND OTHER DRUGS BY PREGNANT WOMEN IN NAPA HAD THE FOLLOWING RESULTS: WIT H A TOTAL OF 1,094 WOMEN SCREENED, THERE WERE A TOTAL OF 369 POSITIVE SCREENS FOR SUBSTANC E USE, OR ABOUT 33.7% OF THE TOTAL NUMBER OF SCREENS. GOAL: PREVENT ADVERSE CHILDHOOD EXPE RIENCES THROUGH A COMPREHENSIVE SET OF ACTIVITIES TO REDUCE PERINATAL SUBSTANCE USE AND AB USE SERVING APPROXIMATELY 500 WOMEN ANNUALLY. OUTCOME MEASURE: TO BE DEVELOPED BASED ON PL ANNING COALITION RESEARCH OF APPROPRIATE MEASURES. ACTIVITIES INCLUDE DEVELOPING A BROAD B ASED COALITION OF COMMUNITY AND PUBLIC AGENCY PARTNERS TO ADDRESS ISSUES OF PERINATAL SUBS TANCE USE AND ABUSE, EDUCATION PROFESSIONALS AND THE PUBLIC ON PERINATAL SUBSTANCE ABUSE I MPACTS AND SERVICES AVAILABLE, IMPLEMENT INTEGRATED PATIENT EDUCATION, SCREENING AND INTER VENTION TO CHANGE PATIENT SUBSTANCE ABUSE BEHAVIORS.SOCIAL DETERMINANTS OF HEALTH: THIS IN ITIATIVE ADDRESSES THE GAP IN HOUSING THAT IS AVAILABLE AND AFFORDABLE FOR CHRONICALLY HOM ELESS AND LOW INCOME COMMUNITY MEMBERS, IMPROVING ECONOMIC STABILITY FOR LOW INCOME VULNER ABLE ADULTS, AND ENSURING ACCESS TO QUALITY ORAL HEALTH CARE FOR LOW INCOME CHILDREN. GOAL S INCLUDE SUPPORTING SUSTAINABLE, COLLECTIVE EFFORTS TO REDUCE HOMELESSNESS AND IMPROVE AV AILABILITY AND ACCESSIBILITY OF HOUSING THAT IS AFFORDABLE FOR LOW INCOME AND OTHER VULNER ABLE POPULATIONS, ENSURE ACCESS TO BASIC NEEDS AND HEALTH MANAGEMENT OF LOW INCOME VULNERA BLE ADULTS WITH COMPLEX MEDICAL AND SOCIO-ECONOMIC CONDITIONS INCLUDING HOMELESSNESS AND L ACK OF ACCESS TO ESSENTIAL MEDICAL AND SOCIAL SERVICE RESOURCES, AND TO REDUCE THE ECONOMI C BURDEN ON FAMILIES AND IMPROVE ORAL HEALTH STATUS OF CHILDREN 6 MONTHS TO 26 YEARS OF AG E WHO ARE UNINSURED OR UNDERINSURED. OUTCOME MEASURES FOR THE SOCIAL DETERMINANTS OF HEALT H INITIATIVE INCLUDE COMMUNITY-WIDE COLLABORATIVE EFFORTS EXPANDING NUMBER OF INDIVIDUALS (TBD) HOUSED WHO WERE HOMELESS

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 (CONTINUED)	OR PRECARIOUSLY HOUSED, PERCENTAGE IMPROVEMENT IN QUALITY OF LIFE MEASURES ON VALIDATED S F12 SURVEY FROM ENROLLMENT TO DISCHARGE OF LOW INCOME, VULNERABLE CLIENTS, AND PERCENTAGE OF LOW INCOME PATIENTS WHO DEMONSTRATE ORAL HEALTH STATUS IMPROVEMENT AT RECALL VISIT BASE D ON A SET OF CLINICAL CRITERIA. FOR MORE INFORMATION ON THE KEY STRATEGIES FOR ADDRESSING THESE HEALTH NEEDS GO TO THE QUEEN OF THE VALLEY MEDICAL CENTER FY18-FY20 CB PLAN LOCATED AVAILABLE ONLINE AT HTTPS://WWW.THEQUEEN.ORG/FOR-COMMUNITY/ NO HOSPITAL FACILITY CAN ADDR ESS ALL OF THE HEALTH NEEDS PRESENT IN ITS COMMUNITY. WE ARE COMMITTED TO CONTINUE OUR MIS SION THROUGH QUEEN OF THE VALLEY AND BY FUNDING OTHER NON-PROFITS THROUGH OUR CARE FOR THE POOR PROGRAM MANAGED BY THE QUEEN OF THE VALLEY.FURTHERMORE, QUEEN OF THE VALLEY WILL END ORSE LOCAL NON-PROFIT ORGANIZATION PARTNERS TO APPLY FOR FUNDING THROUGH THE ST. JOSEPH HE ALTH COMMUNITY PARTNERSHIP FUND. ORGANIZATIONS THAT RECEIVE FUNDING PROVIDE SPECIFIC SERVI CES AND RESOURCES TO MEET THE IDENTIFIED NEEDS OF UNDERSERVED COMMUNITIES THROUGHOUT QUEEN OF THE VALLEY SERVICE AREAS.

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 (CONTINUED)	HE FOLLOWING COMMUNITY HEALTH NEEDS IDENTIFIED IN THE MINISTRY CHNA WILL NOT BE ADDRESSED WITH THE FOLLOWING EXPLANATION: SJH QUEEN OF THE VALLEY DOES NOT DIRECTLY ADDRESS IMMIGRAT ION STATUS. HOWEVER, COMMUNITY BENEFIT SERVICES ARE PROVIDED WITHOUT CONSIDERATION OF IMMI GRATION STATUS AND THE MEDICAL CENTER PROVIDES CHARITY MEDICAL CARE. IN ADDITION, QUEEN OF THE VALLEY MEDICAL CENTER AND COMMUNITY BENEFIT PROGRAMS PARTNERS WITH MULTIPLE COMMUNITY -BASED ORGANIZATIONS TO ADDRESS THE NEEDS OF THE UNDOCUMENTED. WHILE CANCER, HEART DISEASE , DIABETES AND ASTHMA ARE NOT A PRIMARY FOCUS OF THE PLAN, THE SERVICE AREA INCLUDES QUEEN OF THE VALLEY MEDICAL CENTER, ST. HELENA HOSPITAL, KAISER CLINIC AND OLE HEALTH THAT PROV IDE MEDICAL SERVICES TO INDIVIDUALS WITH THESE CONDITIONS. ALSO, QUEEN OF THE VALLEY'S CAR E NETWORK PROVIDES CARE COORDINATION AND CARE MANAGEMENT FOR LOW INCOME PERSONS WITH COMPL EX MEDICAL CONDITIONS INCLUDING CHRONIC DISEASES SUCH AS THESE. SJH QUEEN OF THE VALLEY DO ES NOT DIRECTLY ADDRESS ISSUES OF TRANSPORTATION AND TRAFFIC. AS A PARTNER IN LIVE HEALTHY NAPA COUNTY, QUEEN OF THE VALLEY PARTNERS WITH THE COMMUNITY TO IMPROVE CONDITIONS THROUG H ADVOCACY AND PARTNERSHIPS. IN ADDITION, TRANSPORTATION SUPPORT IS PROVIDED TO QUEEN OF T HE VALLEY CARE NETWORK CLIENTS. WHILE ACCESS TO FOOD IS NOT A PRIMARY FOCUS OF THE IMPLEME NTATION STRATEGY, SJH QUEEN OF THE VALLEY COMMUNITY BENEFIT PROVIDES FUNDING SUPPORT TO LO CAL SAFETY FOOD NET ORGANIZATIONS, WORKS DIRECTLY WITH COMMUNITY PARTNERS SUCH AS THE FOOD BANK AND LIVE HEALTHY NAPA COUNTY TO EXPAND ACCESS, AND DIRECTLY ASSISTS LOW-INCOME CHRON ICALLY ILL CARE NETWORK CLIENTS WITH FOOD ACCESS. IN ADDITION, QUEEN OF THE VALLEY WILL CO LLABORATE WITH PUBLIC AGENCIES AND COMMUNITY-BASED ORGANIZATIONS THAT ADDRESS LANGUAGE BAR RIERS AND AFOREMENTIONED COMMUNITY NEEDS, TO COORDINATE CARE AND REFERRAL AND ADDRESS THES E UNMET NEEDS.FACILITY REPORTING GROUP AREDWOOD MEMORIAL HOSPITALAS A RESULT OF THE FINDIN GS OF OUR FY17 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND THROUGH A PRIORITIZATION PROCE SS ALIGNED WITH OUR MISSION, RESOURCES AND HOSPITAL STRATEGIC PLAN, REDWOOD MEMORIAL HOSPI TAL WILL FOCUS ON THE FOLLOWING AREAS FOR ITS FY18-FY20 COMMUNITY BENEFIT FFORTS:- HOUSING - MENTAL HEALTH & SUBSTANCE ABUSE- FOOD AND NUTRITIONCOLLABORATING ORGANIZATIONSREDWOOD ME MORIAL HOSPITAL BELIEVES IN WORKING COLLABORATIVELY TO SOLVE COMMUNITY AND HEALTH-RELATED PROBLEMS. THE SOCIAL AND HEALTH PROBLEMS OUR COMMUNITIES FACE ARE SIGNIFICANT AND COMPLEX; THEY ARE BIGGER THAN ANY ONE ORGANIZATION ALONE. THEREFORE, REDWOOD MEMORIAL HOSPITAL WIL L PARTNER WITH GOVERNMENT ENTITIES, NON-PROFIT ORGANIZATIONS, SCHOOLS, THE INTERFAITH COMM UNITY AND THE BUSINESS COMMUNITY IN ORDER TO ACHIEVE THE GOALS AND STRATEGIES OUTLINED IN THIS PLAN.FLEXIBLE APPROACHDUE TO THE FAST PACE AT WHICH THE COMMUNITY AND HEALTH CARE IND USTRY CHANGE, REDWOOD MEMORIAL HOSPITAL ANTICIPATES THAT IMPLEMENTATION STRATEGIES MAY EVO LVE AND THEREFORE, A FLEXIBLE

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 (CONTINUED)	APPROACH IS BEST SUITED FOR THE DEVELOPMENT OF ITS RESPONSE TO THE REDWOOD MEMORIAL HOSPIT AL CHNA. ON AN ANNUAL BASIS REDWOOD MEMORIAL HOSPITAL EVALUATES ITS CB PLAN, SPECIFICALLY ITS STRATEGIES AND RESOURCES; AND MAKES ADJUSTMENTS AS NEEDED TO ACHIEVE ITS GOALS/OUTCOME MEASURES, AND TO ADAPT TO CHANGES IN RESOURCE AVAILABILITY.FOR DETAILED INFORMATION ON HO W REDWOOD MEMORIAL HOSPITAL IS ADDRESSING THE SIGNIFICANT NEED IDENTIFIED IN OUT FY17 CHNA , PLEASE SEE OUR CB IMPLEMENTATION PLAN POSTED TO OUR WEBSITE.HTTPS://WWW.STJOEHUMBOLDT.OR G/FOR-COMMUNITY/COMMUNITY-BENEFIT/NEEDS BEYOND THE HOSPITAL'S SERVICE PROGRAMNO HOSPITAL F ACILITY CAN ADDRESS ALL OF THE HEALTH NEEDS PRESENT IN ITS COMMUNITY. WE ARE COMMITTED TO CONTINUE OUR MISSION THROUGH CORE COMMUNITY BENEFIT PROGRAMING (CARE TRANSITIONS, COMMUNIT Y RESOURCE CENTERS, PASO A PASO AND HEALTHY KIDS HUMBOLDT) AND BY FUNDING OTHER NON-PROFIT S THROUGH OUR CARE FOR THE POOR COMMUNITY GRANTS PROGRAM MANAGED BY THE REDWOOD MEMORIAL H OSPITAL COMMUNITY BENEFIT DEPARTMENT. FURTHERMORE, REDWOOD MEMORIAL HOSPITAL WILL ENDORSE LOCAL NON-PROFIT ORGANIZATION PARTNERS TO APPLY FOR FUNDING THROUGH THE ST. JOSEPH HEALTH COMMUNITY PARTNERSHIP FUND. ORGANIZATIONS THAT RECEIVE FUNDING PROVIDE SPECIFIC SERVICES A ND RESOURCES TO MEET THE IDENTIFIED NEEDS OF UNDERSERVED COMMUNITIES THROUGHOUT REDWOOD ME MORIAL HOSPITAL SERVICE AREAS.THE FOLLOWING COMMUNITY HEALTH NEEDS IDENTIFIED IN THE MINIS TRY CHNA WILL NOT BE ADDRESSED AND AN EXPLANATION IS PROVIDED BELOW:WHILE WE COULD NOT PRI ORITIZE ALL OF THE NEEDS IDENTIFIED, WE WILL BE ABLE TO EFFECT MANY OF THE NEEDS BY WORKIN G ON ROOT CAUSE. FOR EXAMPLE, HEART DISEASE IS NOT A PRIORITY NEED, BUT WE WILL IMPACT THI S HEALTH OUTCOME BY FOCUSING OUR EFFORTS ON PROMOTING GOOD NUTRITION AND FOOD SECURITY. DE NTAL CARE IS NOT A PRIORITIZED NEED BUT REDWOOD MEMORIAL HOSPITAL IS COMMITTED TO WORKING WITH PARTNERS ON THE MULTI-YEAR DENTAL TRANSFORMATION GRANT OUR PUBLIC HEALTH DEPARTMENT R ECEIVED FROM THE CA DEPARTMENT OF HEALTH CARE SERVICES. ADDITIONALLY, REDWOOD MEMORIAL HOS PITAL DOES NOT HAVE A PROGRAM IN PLACE TO DIRECTLY PREVENT ASTHMA OCCURRENCE IN OUR SERVIC E AREA; HOWEVER, WE PARTNER WITH SEVERAL ENTITIES, INCLUDING THE PUBLIC HEALTH DEPARTMENT THAT DO ADDRESS ASTHMA PREVENTION. FURTHERMORE, OUR EFFORTS TO IMPROVE THE QUALITY OF HOUS ING IN OUR SERVICE HAS THE POTENTIAL TO IMPACT ASTHMA OCCURRENCE.IN ADDITION, REDWOOD MEMO RIAL HOSPITAL WILL COLLABORATE WITH LOCAL ORGANIZATION(S) THAT ADDRESS AFOREMENTIONED COMM UNITY NEEDS, TO COORDINATE CARE AND REFERRAL AND ADDRESS THESE UNMET NEEDS.FACILITY REPORT ING GROUP AST. JOSEPH HOSPITAL OF EUREKAAS A RESULT OF THE FINDINGS OF OUR FY17 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND THROUGH A PRIORITIZATION PROCESS ALIGNED WITH OUR MISSI ON, RESOURCES AND HOSPITAL STRATEGIC PLAN, ST. JOSEPH HOSPITAL OF EUREKA WILL FOCUS ON THE FOLLOWING AREAS FOR ITS FY18-FY20 COMMUNITY BENEFIT EFFORTS:- HOUSING- MENTAL HEALTH & SU BSTANCE ABUSE- FOOD AND NUTRIT

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 (CONTINUED)	IONCOLLABORATING ORGANIZATIONSST. JOSEPH HOSPITAL OF EUREKA BELIEVES IN WORKING COLLABORAT IVELY TO SOLVE COMMUNITY AND HEALTH-RELATED PROBLEMS. THE SOCIAL AND HEALTH PROBLEMS OUR C OMMUNITIES FACE ARE SIGNIFICANT AND COMPLEX; THEY ARE BIGGER THAN ANY ONE ORGANIZATION ALO NE. THEREFORE, ST. JOSEPH HOSPITAL OF EUREKA WILL PARTNER WITH GOVERNMENT ENTITIES, NON-PR OFIT ORGANIZATIONS, SCHOOLS, THE INTERFAITH COMMUNITY AND THE BUSINESS COMMUNITY IN ORDER TO ACHIEVE THE GOALS AND STRATEGIES OUTLINED IN THIS PLAN.FLEXIBLE APPROACHDUE TO THE FAST PACE AT WHICH THE COMMUNITY AND HEALTH CARE INDUSTRY CHANGE, ST. JOSEPH HOSPITAL OF EUREK A ANTICIPATES THAT IMPLEMENTATION STRATEGIES MAY EVOLVE AND THEREFORE, A FLEXIBLE APPROACH IS BEST SUITED FOR THE DEVELOPMENT OF ITS RESPONSE TO THE ST. JOSEPH HOSPITAL OF EUREKA C HNA. ON AN ANNUAL BASIS ST. JOSEPH HOSPITAL OF EUREKA EVALUATES ITS CB PLAN, SPECIFICALLY ITS STRATEGIES AND RESOURCES, AND MAKES ADJUSTMENTS AS NEEDED TO ACHIEVE ITS GOALS/OUTCOME MEASURES, AND TO ADAPT TO CHANGES IN RESOURCE AVAILABILITY.FOR DETAILED INFORMATION ON HO W ST. JOSEPH HOSPITAL OF EUREKA IS ADDRESSING THE SIGNIFICANT NEEDS IDENTIFIED IN OUT FY17 CHNA, PLEASE SEE OUR CB IMPLEMENTATION PLAN POSTED TO OUR WEBSITE.HTTPS://WWW.STJOEHUMBOL DT.ORG/FOR-COMMUNITY/COMMUNITY-BENEFIT/NEEDS BEYOND THE HOSPITAL'S SERVICE PROGRAMNO HOSPI TAL FACILITY CAN ADDRESS ALL OF THE HEALTH NEEDS PRESENT IN ITS COMMUNITY. WE ARE COMMITTE D TO CONTINUING OUR MISSION THROUGH CORE COMMUNITY BENEFIT PROGRAMING (CARE TRANSITIONS, E VERGREEN LODGE, COMMUNITY RESOURCE CENTERS, PASO A PASO AND HEALTHY KIDS HUMBOLDT) AND BY FUNDING OTHER NON-PROFITS THROUGH OUR CARE FOR THE POOR COMMUNITY GRANTS PROGRAM MANAGED B Y THE ST. JOSEPH HOSPITAL OF EUREKA COMMUNITY BENEFIT DEPARTMENT.FURTHERMORE, ST. JOSEPH H OSPITAL OF EUREKA WILL ENDORSE LOCAL NON-PROFIT ORGANIZATION PARTNERS TO APPLY FOR FUNDING THROUGH THE ST. JOSEPH HEALTH COMMUNITY PARTNERSHIP FUND. ORGANIZATIONS THAT RECEIVE FUND ING PROVIDE SPECIFIC SERVICES AND RESOURCES TO MEET THE IDENTIFIED NEEDS OF UNDERSERVED CO MMUNITIES THROUGHOUT ST. JOSEPH HOSPITAL OF EUREKA SERVICEAREAS.THE FOLLOWING COMMUNITY HE ALTH NEEDS IDENTIFIED IN THE MINISTRY CHNA WILL NOT BE ADDRESSED AND AN EXPLANATION IS PRO VIDED BELOW:

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 11 (CONTINUED)	WHILE WE COULD NOT PRIORITIZE ALL OF THE NEEDS IDENTIFIED, WE WILL BE ABLE TO EFFECT MANY OF THE NEEDS BY WORKING ON ROOT CAUSE. FOR EXAMPLE, HEART DISEASE IS NOT A PRIORITY NEED, BUT WE WILL IMPACT THIS HEALTH OUTCOME BY FOCUSING OUR EFFORTS ON PROMOTING GOOD NUTRITION AND FOOD SECURITY. DENTAL CARE IS NOT A PRIORITIZED NEED BUT ST. JOSEPH HOSPITAL OF EUREKA IS COMMITTED TO WORKING WITH PARTNERS ON THE MULTI-YEAR DENTAL TRANSFORMATION GRANT OUR PUBLIC HEALTH DEPARTMENT RECEIVED FROM THE CA DEPARTMENT OF HEALTH CARE SERVICES. ADDITIONALLY, ST. JOSEPH HOSPITAL OF EUREKA DOES NOT HAVE A PROGRAM IN PLACE TO DIRECTLY PREVENT ASTHMA OCCURRENCE IN OUR SERVICE AREA; HOWEVER, WE PARTNER WITH SEVERAL ENTITIES, INCLUDING THE PUBLIC HEALTH DEPARTMENT THAT DO ADDRESS ASTHMA PREVENTION. FURTHERMORE, OUR EFFORTS TO IMPROVE THE QUALITY OF HOUSING IN OUR SERVICE HAS THE POTENTIAL TO IMPACT ASTHMA OCCURRENCE.IN ADDITION, ST. JOSEPH HOSPITAL OF EUREKA WILL COLLABORATE WITH LOCAL ORGANIZATION(S) THAT ADDRESS AFOREMENTIONED COMMUNITY NEEDS, TO COORDINATE CARE AND REFERRAL AND ADDRESS THESE UNMET NEEDS.

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 ASANTA ROSA MEMORIAL HOSPITALTHE 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 CENTERBASIS 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 AREDWOOD MEMORIAL HOSPITALTHE 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 AST. JOSEPH HOSPITAL OF EUREKATHE 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 ASANTA ROSA MEMORIAL HOSPITALFINANCIAL ASSISTANCE POLICYHTTPS://WWW.STJOESONOMA.ORG/PATIENTS-VISITORS/FOR-PATIENTS/PATIENT-FINANCIAL-ASSISTANCE/QUEEN OF THE VALLEY MEDICAL CENTERFINANCIAL ASSISTANCE POLICYHTTPS://WWW.THEQUEEN.ORG/PATIENTS-VISITORS/FOR-PATIENTS/PATIENT-FINANCIALASSISTANCE/FACILITY REPORTING GROUP AREDWOOD MEMORIAL HOSPITALFINANCIAL ASSISTANCE POLICYHTTPS://WWW.STJOEHUMBOLDT.ORG/PATIENTS-VISITORS/FOR-PATIENTS/PATIENT-FINANCIAL-ASSISTANCE/FACILITY REPORTING GROUP AST. JOSEPH HOSPITAL OF EUREKAFINANCIAL ASSISTANCE POLICYHTTPS://WWW.STJOEHUMBOLDT.ORG/PATIENTS-VISITORS/FOR-PATIENTS/PATIENT-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 16B	FACILITY REPORTING GROUP ASANTA ROSA MEMORIAL HOSPITALFINANCIAL ASSISTANCE APPLICATIONHTTPS://WWW.STJOESONOMA.ORG/PATIENTS-VISITORS/FOR-PATIENTS/PATIENT-FINANCIAL-ASSISTANCE/QUEEN OF THE VALLEY MEDICAL CENTERFINANCIAL ASSISTANCE APPLICATIONHTTPS://WWW.THEQUEEN.ORG/PATIENTS-VISITORS/FOR-PATIENTS/PATIENT-FINANCIALASSISTANCE/FACILITY REPORTING GROUP AREDWOOD MEMORIAL HOSPITALFINANCIAL ASSISTANCE APPLICATIONHTTPS://WWW.STJOEHUMBOLDT.ORG/PATIENTS-VISITORS/FOR-PATIENTS/PATIENT-FINAN CIAL-ASSISTANCE/FACILITY REPORTING GROUP AST. JOSEPH HOSPITAL OF EUREKAFINANCIAL ASSISTANCE APPLICATIONHTTPS://WWW.STJOEHUMBOLDT.ORG/PATIENTS-VISITORS/FOR-PATIENTS/PATIENT-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 16C	FACILITY REPORTING GROUP ASANTA ROSA MEMORIAL HOSPITALPLAIN LANGUAGE SUMMARYHTTPS://WWW.STJOESONOMA.ORG/PATIENTS-VISITORS/FOR-PATIENTS/PATIENT-FINANCIAL-ASSISTANCE/QUEEN OF THE VALLEY MEDICAL CENTERPLAIN LANGUAGE SUMMARYHTTPS://WWW.THEQUEEN.ORG/PATIENTS-VISITORS/FOR-PATIENTS/PATIENT-FINANCIALASSISTANCE/FACILITY REPORTING GROUP AREDWOOD MEMORIAL HOSPITALPLAIN LANGUAGE SUMMARYHTTPS://WWW.STJOEHUMBOLDT.ORG/PATIENTS-VISITORS/FOR-PATIENTS/PATIENT-FINANCIAL-ASSISTANCE/FACILITY REPORTING GROUP AST. JOSEPH HOSPITAL OF EUREKAPLAIN LANGUAGE SUMMARYHTTPS://WWW.STJOEHUMBOLDT.ORG/PATIENTS-VISITORS/FOR-PATIENTS/PATIENT-FINANCIAL-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 ASANTA ROSA MEMORIAL HOSPITALTHE ORGANIZATION ADHERES TO STATE RE GULATIONS IN PUBLICIZING ITS FINANCIAL ASSISTANCE POLICY. THESE REGULATIONS INCLUDE THE PO STING OF THE FULL POLICY ON THE OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT (OSHPD) WEBSITE. IN ADDITION, POLICY NOTICES ARE POSTED IN CONSICUOUS AREAS SUCH AS EMERGENCY DE PARTMENTS, BILLING OFFICES, ADMISSIONS OFFICES AND OTHER OUTPATIENT SETTINGS. INDIVIDUAL N OTICES OF FINANCIAL ASSISTANCE ARE INCLUDED WITH BILLINGS FOR PATIENTS WHO HAVE NOT PROVID ED PROOF OF THIRD-PARTY COVERAGE ALONG WITH CONTACT INFORMATION IN THE EVENT OF ADDITIONAL INQUIRIES. NOTICES OF FINANCIAL ASSISTANCE ARE ALSO PROVIDED UPON INQUIRY. WRITTEN NOTICE S ARE PROVIDED IN ALL LANGUAGES SPOKEN BY 5% OR MORE OF THE HOSPITAL'S SERVICE AREA.ADDITI ONALLY, A PATIENT INFORMATION BROCHURE THAT DESCRIBES THE FEATURES OF THE SJH FINANCIAL AS SISTANCE PROGRAM WILL BE MADE AVAILABLE TO PATIENT AND MEMBERS OF THE GENERAL PUBLIC.QUEEN OF THE VALLEY MEDICAL CENTERTHE 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, P OLICY NOTICES ARE POSTED IN CONSICUOUS AREAS SUCH AS EMERGENCY DEPARTMENTS, BILLING OFFICE S, ADMISSIONS OFFICES AND OTHER OUTPATIENT SETTINGS. INDIVIDUAL NOTICES OF FINANCIAL ASSIS TANCE ARE INCLUDED WITH BILLINGS FOR PATIENTS WHO HAVE NOT PROVIDED PROOF OF THIRD-PARTY C OVERAGE ALONG WITH CONTACT INFORMATION IN THE EVENT OF ADDITIONAL INQUIRIES. NOTICES OF FI NANCIAL ASSISTANCE ARE ALSO PROVIDED UPON INQUIRY. WRITTEN NOTICES ARE PROVIDED IN ALL LAN GUAGES SPOKEN BY 5% OR MORE OF THE HOSPITAL'S SERVICE AREA.ADDITIONALLY, A PATIENT INFORMA TION BROCHURE THAT DESCRIBES THE FEATURES OF THE SJH FINANCIAL ASSISTANCE PROGRAM WILL BE MADE AVAILABLE TO PATIENT AND MEMBERS OF THE GENERAL PUBLIC.FACILITY REPORTING GROUP AREDW OOD MEMORIAL HOSPITALTHE ORGANIZATION ADHERES TO STATE REGULATIONS IN PUBLICIZING ITS FINA NCIAL ASSISTANCE POLICY. THESE REGULATIONS INCLUDE THE POSTING OF THE FULL POLICY ON THE O FFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT (OSHPD) WEBSITE. IN ADDITION, POLICY NO TICES ARE POSTED IN CONSPICUOUS AREAS SUCH AS EMERGENCY DEPARTMENTS, BILLING OFFICES, ADMI SSIONS OFFICES AND OTHER OUTPATIENT SETTINGS. INDIVIDUAL NOTICES OF FINANCIAL ASSISTANCE A RE 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 FINANCIAL ASSISTANCE ARE ALSO PROVIDED UPON REQUEST. WRITTEN NOTICES ARE PROVIDED IN ALL LANGUAGES S POKEN BY 5% OR MORE OF THE HOSPITAL'S SERVICE AREA.ADDITIONALLY, A PATIENT INFORMATION BRO CHURE THAT DESCRIBES THE FEATURES OF THE SJH FINANCIAL ASSISTANCE PROGRAM WILL BE MADE AVA ILABLE TO PATIENT AND MEMBERS OF THE GENERAL PUBLIC.FACILITY REPORTING GROUP AST. JOSEPH H OSPITAL OF EUREKATHE ORGANIZAT

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	ION ADHERES TO STATE REGULATIONS IN PUBLICIZING ITS FINANCIAL ASSISTANCE POLICY. THESE REG ULATIONS 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 AR EAS SUCH AS EMERGENCY DEPARTMENTS, BILLING OFFICES, ADMISSIONS OFFICES AND OTHER OUTPATIEN T SETTINGS. INDIVIDUAL NOTICES OF FINANCIAL ASSISTANCE ARE INCLUDED WITH BILLINGS FOR PATI ENTS WHO HAVE NOT PROVIDED PROOF OF THIRD-PARTY 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 ALL LANGUAGES SPOKEN BY 5% OR MORE OF THE HOSPIT AL'S SERVICE AREA.ADDITIONALLY, 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.

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 3E	THE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFIED THROUGH THE CHNA.

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, LINES 4 AND 8	THE FILING ORGANIZATION COMPLETED A CHNA PRIOR TO ITS JUNE 30, 2017 YEAR END. DURING 2017, THE FILING ORGANIZATION CHANGED ITS TAX YEAR END FROM JUNE 30 TO DECEMBER 31 IN 2017. AS A RESULT OF THIS CHANGE, A SHORT PERIOD TAX RETURN WAS FILED FOR THE PERIOD JULY 1, 2017 TO DECEMBER 31, 2017. THE FILING ORGANIZATION ADOPTED A CHNA FOR TAX YEAR 2019 AND WHILE ALL OF THE STEPS WERE COMPLETED PRIOR TO THE FILING OF THIS RETURN, THEY WERE NOT COMPLETED BY DECEMBER 31, 2019. THE COMPLETION OF THE CHNA AFTER DECEMBER 31, 2019 IS NOT AN IRC 501(R) FAILURE PURSUANT TO SECTION 1.501(R)-2(B) OF THE REGULATIONS BECAUSE IT WAS MINOR, INADVERTENT AND DUE TO REASONABLE CAUSE, AND HAS BEEN CORRECTED. IT WAS MINOR BECAUSE IT WAS A SINGLE TIMING ERROR BY A FILING ORGANIZATION OTHERWISE COMPLIANT WITH SECTION 501(R). IT WAS INADVERTENT AND DUE TO REASONABLE CAUSE BECAUSE THE SAME ERROR HAS NOT BEEN MADE PREVIOUSLY AND THE FILING ORGANIZATION HAS AN ESTABLISHED PROCESS FOR COMPLETING CHNAS. THE FILING ORGANIZATION IS AFFILIATED WITH A LARGE HEALTH SYSTEM WHERE THE COMPLETION OF THE CHNA IS COORDINATED ON A SYSTEM-WIDE LEVEL BY A TEAM DEDICATED TO COMMUNITY HEALTH IMPROVEMENT. IT HAS BEEN CORRECTED THROUGH THE COMPLETION OF THE CHNA PRIOR TO FILING THE 2019 FORM 990 AND BY MAKING THE RESULTS OF THE 2019 CHNA WIDELY AVAILABLE.

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	1 - REDWOOD REGIONAL MEDICAL GROUP INC 3555 ROUND BARN CIRCLE SANTA ROSA, CA 95403	ONCOLOGY SERVICES
1	2 - SANTA ROSA AMBULATORY SURGERY CENTER 525 DOYLE PARK DRIVE SANTA ROSA, CA 95401	AMBULATORY SURGERY CENTER
2	3 - OUTPATIENT ONCOLOGY SERVICES 110 LYNCH CREEK WAY SUITE A PETALUMA, CA 94594	ONCOLOGY SERVICES
3	4 - OUTPATIENT IMAGING CENTER 121 SOTOYOME STREET SANTA ROSA, CA 95405	IMAGING SERVICES
4	5 - ADVANCED SURGERY INSTITUTE 1739 4TH STREET SANTA ROSA, CA 95404	SURGERY CENTER
5	6 - OUTPATIENT IMAGING CENTER 2330 BUHNE STREET EUREKA, CA 95501	IMAGING CENTER
6	7 - NORTHCOAST SURGERY CENTER 2705 HARRIS AVENUE EUREKA, CA 95501	SURGERY CENTER
7	8 - SANTA ROSA MEMORIAL OUTPATIENT LAB 500 DOYLE PARK DRIVE SANTA ROSA, CA 95405	LABORATORY SERVICES
8	9 - BEHAVIORAL HEALTH 405 W COLLEGE AVE SUITE F SANTA ROSA, CA 95405	BEHAVIORAL HEALTH SERVICES
9	10 - HUMBOLDT HOME INFUSION PROGRAM 2612 HARRISON AVE EUREKA, CA 95501	AMBULATORY HOME INFUSION
10	11 - PHYSICAL THERAPY 131 STONY CIRCLE SUITE 2000 SANTA ROSA, CA 95401	PHYSICAL THERAPY
11	12 - SYNERGY HEALTH CLUB 1201 REDWOOD HWY PETALUMA, CA 94954	HEALTH CLUB
12	13 - SLEEP DISORDERS CENTER 2367 23RD STREET EUREKA, CA 95501	SLEEP CLINIC
13	14 - OUTPATIENT REHABILITATION CENTER 2024 HARRISON AVENUE EUREKA, CA 95501	REHABILITATION CENTER
14	15 - URGENT CARE - SANTA ROSA 925 CORPORATE CENTER PARKWAY DR STE A 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	16 - SYNERGY HEALTH CLUB 3421 VILLA LANE NAPA, CA 94558	REHABILITATION CENTER
1	17 - WEST COUNTY HAND & PT 968 GRAVENSTEIN HWY S SEBASTOPOL, CA 94572	PHYSICAL THERAPY
2	18 - SLEEP MEDICINE INSTITUTE 585 W COLLEGE AVE SANTA ROSA, CA 95401	SLEEP CLINIC
3	19 - SLEEP MEDICINE INSTITUTE 1476 PROFESSIONAL DR PETALUMA, CA 94954	SLEEP CLINIC
4	20 - URGENT CARE - ROHNERT PARK 1450 MEDICAL CENTER DRIVE ROHNERT PARK, CA 94928	URGENT CARE
5	21 - WOUND CARE CLINIC 500 DOYLE PARK DRIVE SANTA ROSA, CA 95405	WOUND CARE
6	22 - NAPA PROMPT CARE 1621 W IMOLA AVE NAPA, CA 94559	URGENT CARE
7	23 - LAB DRAW STATION 980 TRANCAS STREET SUITE 11 NAPA, CA 94558	LABORATORY SERVICES
8	24 - URGENT CARE - WINDSOR 6580 HEMBREE LANE SUITE 270 WINDSOR, CA 95492	URGENT CARE
9	25 - ORTHOPEDIC PHYSICAL THERAPY 1255 NORTH DUTTON AVE SUITE B SANTA ROSA, CA 95401	PHYSICAL THERAPY
10	26 - SANTA ROSA MEMORIAL HOSPITAL ANNEX 151 SOTOYOME STREET SANTA ROSA, CA 95405	STEP-DOWN UNIT
11	27 - ST JOSEPH DENTAL CLINICMOBILE VAN 1450 MEDICAL CENTER DRIVE SUITE 1 ROHNERT PARK, CA 94928	DENTAL SERVICES

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318093020

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

2019

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 RENTON, WA 980579016	33-0143024	501(C)(3)	6,108,600				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
PART I, LINE 2:	DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS IN THE APPLICATION FOR SUPPORT, A DETAILED EXPLANATION OF THE KIND OF SERVICES PROVIDED TO THE COMMUNITY ALONG WITH SPECIFIC FINANCIAL DATA IS REQUESTED. IF THE APPLICATION FOR SUPPORT IS APPROVED, A LETTER IS SENT INDICATING THE AMOUNT OF THE SUPPORT ALONG WITH A REQUEST FOR DOCUMENTATION OF HOW THE FUNDS WERE USED, ALONG WITH A REPORT OF THE NUMBER OF CHILDREN/FAMILIES SERVED OVER THE YEAR. GRANTS MADE TO AFFILIATED FOUNDATIONS ARE MONITORED ON A MONTHLY BASIS AS THE FINANCIAL STATEMENTS OF THESE ORGANIZATIONS ARE READILY AVAILABLE. OTHER GRANTS ARE MADE THAT COMPLY WITH THE MISSION AND FURTHER THE TAX-EXEMPT PURPOSE OF THE ORGANIZATION.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318093020

Schedule J (Form 990)

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

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**	Yes	
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**	Yes	
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				
See Additional Data Table							

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
PART I, LINE 1A	PROVIDENCE EXPENSE REIMBURSEMENT PROCEDURES INCLUDE THE FOLLOWING POLICIES: TRAVEL FOR COMPANIONS SPOUSE OR COMPANION TRAVEL. TRAVEL EXPENSES INCURRED BY A PROVIDENCE EMPLOYEE'S SPOUSE OR COMPANION WILL NOT BE REIMBURSED BY PROVIDENCE UNLESS THE SPOUSE OR COMPANION IS REQUIRED TO, OR INVITED TO ATTEND A PROVIDENCE SYSTEM-SPONSORED MEETING, OR FOR TRAVEL RELATED TO RELOCATION. RELOCATION-RELATED VISITS SHOULD NOT EXCEED TWO RELOCATION-RELATED VISITS, UNLESS APPROVED BY THE EXECUTIVE VICE PRESIDENT, CHIEF ADMINISTRATIVE OFFICER OF PROVIDENCE. REIMBURSEMENT OF THESE EXPENSES IS LIMITED AND MAY BE CONSIDERED A TAXABLE BENEFIT BY THE IRS AND IF SO, ARE INCLUDED ON THE EMPLOYEE'S FORM W- 2. ROBERTA LUSKIN-HAWK, MD - $2,565 LARRY COOMES - $2,565
PART I, LINE 3	DESCRIPTION OF PROCESS TO REVIEW COMOPENSATION PAID TO TOP MANAGEMENT OFFICIAL THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER/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 PROVIDENCE.
PART I, LINES 4A-B	THE FOLLOWING INDIVIDUALS RECEIVED A SEVERANCE PAYMENT IN 2019: KIM BROWN SIMS - $220,299 NON-QUALIFIED RETIREMENT PLAN ENTITIES WITHIN THE PROVIDENCE SYSTEM SPONSOR NON-QUALIFIED SUPPLEMENTAL EXECUTIVE RETIREMENT PLANS FOR CERTAIN EXECUTIVES. THE PLANS PROVIDE FOR EMPLOYER CONTRIBUTIONS BASED ON A PERCENTAGE OF EXECUTIVE BASE SALARY AND, DEPENDING ON THE PLAN, ARE SUBJECT TO EITHER A THREE YEAR, AGE 59 1/2 OR A FIVE YEAR, AGE 65 VESTING SCHEDULE. UNTIL THE EXECUTIVE PROVIDES THESE SUBSTANTIAL FUTURE SERVICES, THESE SUPPLEMENTAL RETIREMENT CONTRIBUTIONS ARE AT RISK, AND WILL BE FORFEITED IF THE EXECUTIVE LEAVES THE ORGANIZATION BEFORE REACHING HER OR HIS VESTING DATE. THE SUPPLEMENTAL RETIREMENT CONTRIBUTIONS ARE INCLUDED IN COLUMN (C) AS A NONTAXABLE BENEFIT IN THE YEAR THE CONTRIBUTION IS CREDITED TO THE EXECUTIVE'S ACCOUNT, AND ARE INCLUDED AGAIN ON THE FORM 990 IN COLUMN (B)(III) IF AND WHEN THE AMOUNT BECOMES VESTED IN A FUTURE YEAR, AS THE FORM 990 REQUIRES. THE FOLLOWING INDIVIDUALS RECEIVED A PAYOUT DURING THE CURRENT YEAR: ROBERTA LUSKIN-HAWK, M.D. - $33,339 KIM BOWN SIMS - $40,458 VICKI WHITE - $64,688
PART I, LINE 7	NON-FIXED PAYMENTS THE PROVIDENCE EXECUTIVE COMPENSATION COMMITTEE (OF THE BOARD) HAS APPROVED AN EXECUTIVE COMPENSATION PHILOSOPHY THAT CLOSELY TIES AN EXECUTIVE'S COMPENSATION TO PERFORMANCE BOTH THE PERFORMANCE OF THE ORGANIZATION AND THE PERFORMANCE OF THE EXECUTIVE. THERE IS NO GUARANTEE THAT THIS PART OF A LEADER'S COMPENSATION WILL BE PAID IF THE PERFORMANCE OF THE ORGANIZATION OR OF THE INDIVIDUAL DOES NOT MEET THE PERFORMANCE STANDARDS FOR PAYMENT, NO PERFORMANCE-BASED PAYMENT IS MADE. THIS APPROACH IS REFLECTED IN PROVIDENCE'S LEADERSHIP ANNUAL INCENTIVE PLAN, WHICH IS A PERFORMANCE-BASED ANNUAL INCENTIVE PLAN THAT AFFORDS PARTICIPATING EXECUTIVES THE OPPORTUNITY TO EARN "AT RISK" COMPENSATION THROUGH PERFORMANCE AGAINST VERY CHALLENGING GOALS. PAYOUTS WILL BE AWARDED BASED ON GOALS RELATED TO STRATEGIC OBJECTIVES, FISCAL STEWARDSHIP AND QUALITY OF CARE THESE GOALS ARE SET BEFORE THE YEAR BEGINS AND ARE VERY CHALLENGING. THE EXECUTIVE COMPENSATION COMMITTEE REVIEWS AND APPROVES EACH YEAR'S PERFORMANCE GOALS TO MAKE SURE THEY ARE SUFFICIENTLY CHALLENGING, AND TO MAKE SURE THE GOALS ARE DESIGNED TO HELP PROVIDENCE MEET ITS MISSION AND STRATEGIC PURPOSES. EACH YEAR THE PSJH BOARD EXECUTIVE COMPENSATION COMMITTEE REVIEWS THE INCENTIVE PERFORMANCE AND MUST CERTIFY THE ACHIEVEMENT OF PERFORMANCE GOALS BEFORE ANY AWARDS ARE PAID OUT. WHEN REVIEWING AND APPROVING TOTAL COMPENSATION FOR EXECUTIVES, THE EXECUTIVE COMPENSATION COMMITTEE INCLUDES INCENTIVE AWARDS, TO MAKE SURE THAT COMPENSATION IS REASONABLE AND WELL-SUPPORTED BY MARKET DATA. THE COMMITTEE CONSISTS ONLY OF DIRECTORS WHO ARE FREE OF CONFLICTS OF INTEREST, AND THE COMMITTEE RELIES ON MARKET SURVEY DATA GATHERED BY AN INDEPENDENT CONSULTANT. THE COMMITTEE CONDUCTS THIS REVIEW AND APPROVAL PROCESS IN A MANNER THAT IS IN ACCORDANCE WITH IRS REQUIREMENTS FOR COMPENSATION OF TAX-EXEMPT ORGANIZATION LEADERS, AND IN ACCORDANCE WITH THE BEST GOVERNANCE PRACTICES IN THE INDUSTRY.

Additional Data

Software ID:

Software Version:

EIN: 81-4791043

Name: ST JOSEPH HEALTH NORTHERN CALIFORNIA LLC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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				
1KEVIN KLOCKENGA REGIONAL CHIEF EXECUTIVE - NO CA	(i)	0	0	0	0	0	0	0
	(ii)	696,204	440,231	7,603	195,574	35,643	1,375,255	0
1 ROBERTA LUSKIN-HAWK MD CHIEF EXEC EUREKA	(i)	0	0	0	0	0	0	0
	(ii)	451,632	171,999	50,362	150,331	31,324	855,648	33,339
2LARRY COOMES CHIEF EXEC QVMC	(i)	0	0	0	0	0	0	0
	(ii)	434,385	207,928	6,027	148,141	51,657	848,138	0
3CHAD KRILICH CMO-CHIEF MEDICAL OFFICER	(i)	423,655	121,137	5,161	11,200	44,867	606,020	0
	(ii)	0	0	0	0	0	0	0
4CAROL KOEBLE CHIEF MEDICAL OFFICER - N. CA REGION	(i)	429,315	127,344	10,134	75,596	6,215	648,604	0
	(ii)	0	0	0	0	0	0	0
5OLUYEMI ADEYANJU ESQ GENERAL COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	352,516	187,551	3,976	88,287	13,684	646,014	0
6WILLIAM PARKS CHIEF MEDICAL AFFAIRS/CMO	(i)	390,272	114,250	14,816	11,200	45,421	575,959	0
	(ii)	0	0	0	0	0	0	0
7KIM BROWN SIMS CHIEF NURSING OFFICER (PART YEAR)	(i)	180,186	91,047	265,527	7,443	14,125	558,328	40,458
	(ii)	0	0	0	0	0	0	0
8VICKI WHITE CNO-CHIEF NURSING OFCR	(i)	326,585	90,611	76,932	11,200	26,492	531,820	64,688
	(ii)	0	0	0	0	0	0	0
9TYLER HEDDEN CEO-CHIEF EXEC OFFICER-SONOMA	(i)	383,463	92,056	4,229	11,200	34,598	525,546	0
	(ii)	0	0	0	0	0	0	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318093020

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

2019

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 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 15	INDIVIDUALS LISTED AS OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION THAT ARE PAID BY A RELATED ORGANIZATION ARE COMMON LAW EMPLOYEES OF THE RELATED ORGANIZATION. IT IS THE INTENTION OF PROVIDENCE AND THE FILING ORGANIZATION TO MAKE INFORMATION ACCESSIBLE AND TRANSPARENT, REPORTING THOSE EMPLOYEES OF A RELATED ORGANIZATION WHO HAVE OFFICER AND KEY EMPLOYEE RESPONSIBILITIES TO THE FILING ORGANIZATION. THE RELATED ORGANIZATION COMMON LAW EMPLOYEES ARE INCLUDED IN THE RELATED ORGANIZATIONS SECTION 4960 TAX ANALYSIS AND REPORTING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, 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, SECTION A, 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, SECTION A, 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, SECTION B, 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, SECTION B, LINE 12C	PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST PROVIDENCE TAKES THE ISSUE OF CONFLICTS OF INTEREST, AND INDEPENDENT UNCONFLICTED DECISION-MAKING, VERY SERIOUSLY. PROVIDENCE HAS A COMPREHENSIVE CONFLICT OF INTEREST POLICY AND INTEREST DISCLOSURE POLICY, AND CAREFULLY AND THOROUGHLY ADMINISTERS THESE POLICIES. BOARD MEMBERS, SPONSORS, SENIOR LEADERS AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST IN ACCORDANCE WITH THE PROVIDENCE CONFLICT OF INTEREST POLICY, AND SO THAT THE INDIVIDUAL SATISFIES HIS OR HER FIDUCIARY OBLIGATIONS TO THE ORGANIZATION. DISCLOSURES ARE MADE ANNUALLY, AS WELL AS ANY TIME AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST ARISES. PROVIDENCE CHIEF LEGAL OFFICER AND/OR THE PROVIDENCE CHIEF RISK OFFICER, REVIEW ALL DISCLOSURES. WHERE APPROPRIATE, THE CEO AND/OR THE BOARD CHAIR WILL REVIEW CONFLICT OF INTEREST SITUATIONS THAT INVOLVE SENIOR LEADERSHIP OR A BOARD MEMBER OTHER THAN THE CHAIR. PROVIDENCE CHIEF LEGAL OFFICER AND/OR CHIEF RISK OFFICER REVIEW MATTERS WHERE CONFLICT IS DIFFICULT OR CANNOT BE READILY 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, AND FROM ANY FINAL DISCUSSION AND VOTE, WHEN A DECISION IS BEING MADE ON WHETHER A CONFLICT EXISTS, OR WHEN THE ACTION GIVING RISE TO THE CONFLICT OF INTEREST IS DECIDED. WHERE APPROPRIATE, THE CHIEF RISK OFFICER OR CHIEF LEGAL OFFICER WILL PROVIDE PLAN TO MANAGE CONFLICTS AND AVOID PARTICIPATION BY THE CONFLICTED INDIVIDUAL IN THE MATTER GIVING RISE TO THE CONFLICT OF INTEREST. AUDITING AND MONITORING OF THIS PROCESS IS DONE REGULARLY. ALL DOCUMENTATION OF CONFLICT OF INTEREST DISCLOSURES IS RETAINED IN ACCORDANCE WITH ORGANIZATION RETENTION POLICY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	PROCESS FOR DETERMINING COMPENSATION THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER/PRESIDENT/ EXECUTIVE DIRECTOR IS PAID BY ITS TAX-EXEMPT PARENT, ST. JOSEPH HEALTH SYSTEM, AND IS DISC LOSED AS A PERSON PAID BY A RELATED ORGANIZATION. IT IS PROVIDENCE'S INTENTION TO MAKE FIN ANCIAL INFORMATION ACCESSIBLE AND TRANSPARENT. ALTHOUGH THE FILING OF FORM 990 PROVIDES IN SIGHT INTO HOW PROVIDENCE ACHIEVES ITS MISSION, DELIVERS ITS PROGRAMS AND STEWARDS ITS FIN ANCES, DECIPHERING THE INFORMATION DIRECTLY FROM FORM 990 CAN BE CHALLENGING. THE FOLLOWIN G PARAGRAPHS PROVIDE FURTHER INFORMATION ABOUT THE PROCESS WE USE TO DETERMINE COMPENSATIO N FOR TOP MANAGEMENT, OFFICERS AND KEY EMPLOYEES. PROVIDENCE HAS A SINGLE FIDUCIARY BOARD, WITH RESPONSIBILITY FOR FINANCIAL OVERSIGHT ASSOCIATED WITH FULFILLMENT OF THE PROVIDENCE MISSION, DEVELOPING SYSTEM POLICIES, PROTECTING THE ASSETS ENTRUSTED TO THE ORGANIZATION AND OVERSEEING THE STRATEGIC AND OPERATIONAL AFFAIRS OF PROVIDENCE'S LEGAL ENTITIES. PROVI DENCE ALSO MAINTAINS A NETWORK OF COMMUNITY ENTITY BOARDS WITH RESPONSIBILITY FOR QUALITY OF CARE OVERSIGHT, COMMUNITY RELATIONS, ADVOCACY AND COMMUNITY NEEDS ASSESSMENTS. PROVIDEN CE HAS A CONSISTENT COMPENSATION PHILOSOPHY FOR ALL OF ITS SENIOR EXECUTIVES, INCLUDING AL L OFFICERS. SALARIES FOR SENIOR EXECUTIVES ARE REVIEWED AT LEAST ANNUALLY BY THE EXECUTIVE COMPENSATION COMMITTEE, WHICH IS A COMMITTEE OF THE PROVIDENCE BOARD CONSISTING ONLY OF O UTSIDE, INDEPENDENT DIRECTORS. THE COMMITTEE MAKES SURE, AT EACH OF ITS MEETINGS, THAT NO MEMBER OF THE COMMITTEE HAS A CONFLICT OF INTEREST AS TO ANY EXECUTIVE WHOSE COMPENSATION IS REVIEWED BY THE COMMITTEE. THE EXECUTIVE COMPENSATION COMMITTEE RETAINS AN INDEPENDENT CONSULTANT EACH YEAR TO REVIEW SALARIES OF THOSE IN THE MOST SIGNIFICANT LEADERSHIP ROLES IN THE ORGANIZATION. PART OF THE CONSULTANT'S ROLE IS TO REVIEW AN EXTENSIVE ARRAY OF COMP ENSATION SURVEYS OF LARGE, NOT-FOR-PROFIT HEALTH CARE SYSTEMS IN THE UNITED STATES. PROVID ENCE IS ONE OF THE LARGER HEALTH SYSTEMS IN THE COUNTRY, AND AS SUCH, THE BOARD BENCHMARKS EXECUTIVE COMPENSATION AGAINST OTHER LARGE, NOT-FOR-PROFIT HEALTH SYSTEMS THAT ARE SUBSTA NTIALLY SIMILAR TO PROVIDENCE IN SIZE AND COMPLEXITY (SUCH AS HAVING A SIMILAR AMOUNT OF A NNUAL NET REVENUE). ADDITIONALLY, BECAUSE PROVIDENCE OFTEN LOOKS TO GENERAL INDUSTRY FOR L EADERS IN CERTAIN FUNCTIONAL AREAS, PROVIDENCE ALSO TAKES INTO CONSIDERATION GENERAL INDUS TRY MARKET DATA IN THESE SPECIAL SITUATIONS. BASE SALARIES FOR PROVIDENCE EXECUTIVES ARE G ENERALLY TARGETED TO THE "MEDIAN" LEVEL OF THE MARKET DATA (WHERE HALF THE SALARIES IN THE DATA ARE LOWER AND HALF THE SALARIES IN THE DATA ARE HIGHER), AS IDENTIFIED BY THE INDEPE NDENT 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 DETERMINE SALARY RECOMMENDATIONS FOR OTHER SENIOR EXECUTIVES. THIS PROCESS INCLUDES A RIGOROUS ANALYSIS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	OF THOSE RECOMMENDATIONS WITH THE EXECUTIVE COMPENSATION COMMITTEE AS A PART OF THE REVIEW AND APPROVAL PROCESS. TOTAL COMPENSATION IS TIED CLOSELY TO PERFORMANCE OF THE ORGANIZATI ON AND THE INDIVIDUAL. PERFORMANCE INCENTIVES ALLOW EXECUTIVES TO EARN ADDITIONAL COMPENSA TION IF THEY HELP LEAD PROVIDENCE IN ACHIEVING SPECIFIC ORGANIZATIONAL GOALS FOR FURTHERIN G PROVIDENCE'S OPERATING COMMITMENTS AND STRATEGIC OBJECTIVES. THE BOARD OF DIRECTORS COND UCTS A THOROUGH REVIEW PROCESS TO ENSURE PERFORMANCE INCENTIVES ARE ALIGNED WITH APPROPRIA TE MARKET PRACTICES. THE BOARD'S PROCESS FOR SETTING, REVIEWING AND APPROVING EXECUTIVE CO MPENSATION FULLY COMPLIES WITH IRS STANDARDS (TO ASSURE THAT ALL COMPENSATION IS CONSIDERE D REASONABLE) AND REFLECTS BEST GOVERNANCE PRACTICES IN THE INDUSTRY. THE PROCESS WAS LAST COMPLETED IN 2020.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	AGENCY & CONTRACT LABOR: PROGRAM SERVICE EXPENSES 29,265,309. MANAGEMENT AND GENERAL EXPENSES 2,117,362. FUNDRAISING EXPENSES 72,595. TOTAL EXPENSES 31,455,266. BILLING & COLLECTIONS: PROGRAM SERVICE EXPENSES 32,273,879. MANAGEMENT AND GENERAL EXPENSES 1,519,216. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 33,793,095. GENERAL CONSULTING FEES: PROGRAM SERVICE EXPENSES 42,284,353. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 276,894. TOTAL EXPENSES 42,561,247. MEDICAL DIRECTOR & MED PHYSICIAN FEES: PROGRAM SERVICE EXPENSES 74,411,105. MANAGEMENT AND GENERAL EXPENSES 964,474. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 75,375,579. OTHER PATIENT SERVICES: PROGRAM SERVICE EXPENSES 7,648,451. MANAGEMENT AND GENERAL EXPENSES 73,352. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 7,721,803.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	NET ASSET TRANSFERS BETWEEN RELATED TAX-EXEMPT ORGANIZATIONS -2,770,859. CHANGE IN EQUITY RELATED TO INVESTMENTS 63,710. OTHER 2,500,444.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493318093020

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

2019

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? Yes	(h) Disproprtionate allocations? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership

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	(i) Section 512(b)(13) controlled entity? 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		No
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		No
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		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)ST JOSEPH HOSPITAL	P	2,779,113	ACCRUAL
(2)ST JOSEPH HEALTH SYSTEM FOUNDATION	B	6,108,600	ACCRUAL
(3)ST JOSEPH HEALTH SYSTEM FOUNDATION	C	7,734,820	ACCRUAL

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

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 98057 61-1573313	HEALTHCARE	TX	501(C)(3)	12,I	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 46-1259908	HEALTHCARE	CA	501(C)(3)	12,III	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 46-3516417	HEALTHCARE	TX	501(C)(3)	12,I	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 75-2765566	HEALTHCARE	TX	501(C)(3)	3	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 75-2897026	HEALTHCARE	TX	501(C)(3)	7	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 84-4273963	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 82-2913146	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 75-2743883	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 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	N/A		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 95-4322584	SUPPORT	CA	501(C)(3)	7	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 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	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 20-3856995	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
1 HOAG DRIVE NEWPORT BEACH, CA 92658 45-3583707	HEALTHCARE	CA	501(C)(3)	12,I	HMHP	Yes	
2081 BUSINESS CENTER DR STE 195 NEWPORT BEACH, CA 92663 45-2982422	SUPPORT	CA	501(C)(3)	7	HHF	Yes	
1 HOAG DRIVE 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 ROAD BOX 6100 NEWPORT BEACH, CA 92663 95-1643327	HEALTHCARE	CA	501(C)(3)	3	CHN	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 75-2133781	HEALTHCARE	TX	501(C)(3)	10	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 98057 91-1307555	HEALTHCARE	WA	501(C)(3)	3	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 81-4260130	HEALTHCARE	WA	501(C)(3)	7	PHS SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-2003593	HEALTHCARE	WA	501(C)(3)	7	WHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 95-4291515	HEALTHCARE	CA	501(C)(3)	4	PSJHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-6033089	SUPPORT	WA	501(C)(3)	12,III	KRMC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 23-7005501	SUPPORT	WA	501(C)(3)	7	KRMC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-0655392	HEALTHCARE	WA	501(C)(3)	3	WHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 33-0844408	IMAGING SVCS	CA	501(C)(3)	10	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 26-4021016	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 75-2220963	HEALTHCARE	TX	501(C)(3)	7	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-1562797	SUPPORT	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-2054035	RESEARCH	WA	501(C)(3)	7	SHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 75-2428911	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 75-2246348	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 75-2426010	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 95-1643360	HEALTHCARE	CA	501(C)(3)	3	CHN	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 20-0799737	SUPPORT	WA	501(C)(3)	12,I	SHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 56-2290878	HEALTHCARE	WA	501(C)(3)	10	WHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 95-3544877	HEALTHCARE	CA	501(C)(3)	7	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 92-0093565	HEALTHCARE	AK	501(C)(3)	7	PHS WA	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 98057 91-1940286	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-1789266	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 93-0800140	SUPPORT	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 93-0692907	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 47-3385506	SUPPORT	WA	501(C)(3)	7	N/A		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 31-1744654	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-1549796	HEALTHCARE	WA	501(C)(3)	12,II	PSJH		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 81-0231793	HEALTHCARE	MT	501(C)(3)	3	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 51-0216587	HEALTHCARE	OR	501(C)(3)	3	PHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 51-0216586	HEALTHCARE	WA	501(C)(3)	3	PHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-1303277	HEALTHCARE	WA	501(C)(3)	3	PMWHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 55-0828701	MEDICAID	OR	501(C)(4)	N/A	PHP	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 32-0014330	HEALTHCARE	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-1433382	HEALTHCARE	WA	501(C)(3)	7	PHS W WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 93-0863097	HEALTHCARE	OR	501(C)(4)	N/A	PPP	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 51-0216589	HEALTHCARE	CA	501(C)(3)	3	PHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 93-0921990	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 27-2552749	HEALTHCARE	WA	501(C)(3)	7	PHS W WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-2077378	HEALTHCARE	WA	501(C)(3)	7	PHS W WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 51-0224944	HEALTHCARE	CA	501(C)(3)	7	PHS SOCAL	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 98057 93-1554288	HEALTHCARE	WA	501(C)(3)	7	PHS W WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 33-0283773	HEALTHCARE	CA	501(C)(3)	12,I	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 94-3079515	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057	RELIGIOUS ORG	WA	501(C)(3)	1	N/A		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-1188119	HEALTHCARE	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 93-0889144	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 31-1629656	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-1861964	HEALTHCARE	WA	501(C)(4)	N/A	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 93-1231494	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 31-1584166	SUPPORT	WA	501(C)(3)	10	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 95-1684082	HEALTHCARE	CA	501(C)(3)	3	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 81-4542216	HEALTHCARE	CA	501(C)(3)	3	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 93-0927320	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-2171539	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 94-3244854	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 81-1244422	HEALTHCARE	WA	501(C)(3)	12,III	N/A		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 94-3078543	HEALTHCARE	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 81-0463482	HEALTHCARE	MT	501(C)(3)	3	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 45-2841492	HEALTHCARE	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-1097056	SUPPORT	WA	501(C)(3)	7	PHS W WA	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 98057 93-0575982	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 95-3264139	HEALTHCARE	CA	501(C)(3)	10	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 33-0261016	HEALTHCARE	CA	501(C)(3)	7	PTCH	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 93-1003750	HEALTHCARE	OR	501(C)(3)	12, I	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 94-1243669	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 94-2779313	HEALTHCARE	CA	501(C)(3)	7	RMH	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 94-1384665	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 95-6100079	SUPPORT	CA	501(C)(3)	7	PSJHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 94-1231005	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 61-1502822	PHYSN COLLAB	WA	501(C)(3)	7	WHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 26-2612415	SHELL CORP	MT	501(C)(3)	1	PHS WA		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 95-1643383	RELIGIOUS ORG	CA	501(C)(3)	1	N/A		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 68-0395200	HEALTHCARE	CA	501(C)(3)	3	SRMH	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 27-1666576	RELIGIOUS ORG	CA	501(C)(3)	1	SSJO		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 95-3589356	HEALTHCARE	CA	501(C)(3)	12,I	PSJH		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 33-0143024	HEALTHCARE	CA	501(C)(3)	10	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 33-0185031	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 68-0331084	HEALTHCARE	CA	501(C)(3)	10	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 94-1156596	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 95-1643359	HEALTHCARE	CA	501(C)(3)	3	CHN	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 98057 95-1643324	HEALTHCARE	CA	501(C)(3)	3	CHN	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 94-3176618	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 95-1914489	HEALTHCARE	CA	501(C)(3)	3	CHN	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 75-1653181	HEALTHCARE	TX	501(C)(3)	7	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 23-7056976	HEALTHCARE	MT	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 81-0233495	EDUCATION	MT	501(C)(3)	10	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 27-2305304	HEALTHCARE	WA	501(C)(3)	3	WHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-0433740	HEALTHCARE	WA	501(C)(3)	3	WHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-0983214	HEALTHCARE	WA	501(C)(3)	7	SHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 27-3139262	HOLDING CO	WA	501(C)(3)	12,I	SHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 83-3972614	HEALTHCARE	CA	501(C)(3)	3	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-1180824	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-1293869	SUPPORT	CA	501(C)(3)	10	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 91-1214491	SUPPORT	OR	501(C)(3)	10	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 81-0231777	EDUCATION	MT	501(C)(3)	2	PHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 45-4171900	SHELL CORPORATION	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	
20TH STREET SURGERY LLC 1301 20TH STREET STE 140 SANTA MONICA, CA 90404 73-1735618	AMBULATORY SURG	CA	N/A									
BROADWAY IMAGING LLC 500 W BROADWAY MISSOULA, MT 59802 52-2405971	MEDICAL IMAGING	MT	N/A									
CENTER FOR MATERNAL NEWBORN AND CHILD 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 81-3526875	HEALTHCARE	CA	SJHNC LLC	RELATED	-1,003	25,755		No			No	50.000 %
CLACKAMAS RADIATION ONCOLOGY CENTER LLC 4400 NE HALSEY ST BLDG II 495 PORTLAND, OR 97213 26-0381897	RADIATION ONCOL	OR	N/A									
COASTAL ASC HOLDINGS LLC ONE HOAG DRIVE BOX 6100 NEWPORT BEACH, CA 92663 81-0986844	HEALTHCARE	CA	N/A									
COVENANT LONG-TERM CARE LP 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 20-5033419	HEALTHCARE	TX	N/A									
BRIDGEPORT MEDICAL IMAGING (BMI) 4400 NE HALSEY 495 PORTLAND, OR 97213 26-0796953	IMAGING DIAG.	OR	N/A									
CENTER FOR MEDICAL IMAGING (CMI) 4400 NE HALSEY 495 PORTLAND, OR 97213 20-0477972	IMAGING DIAG.	OR	N/A									
FULLERTON SURGICAL CENTER LP 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 47-0927394	AMBULATORY SURG	CA	N/A									
GREATER VALLEY MEDICAL BUILDING LP 501 S BUENA VISTA ST BURBANK, CA 91505 95-4570858	REAL ESTATE - MOB	CA	N/A									
HCSA PROPERTIES LLC 1600 M STREET NW AUBURN, WA 98001 46-0620892	REAL ESTATE RENT	WA	N/A									
HERITAGE INVESTMENT GROUP I LLC 500 S MAIN STREET STE 1000 ORANGE, CA 92868 27-1000061	INVESTMENTS	CA	N/A									
HOAG ORTHOPEDIC INSTITUTE ONE HOAG DRIVE BOX 6100 NEWPORT BEACH, CA 92658 61-1588294	HEALTHCARE	CA	N/A									
IMAGING ASSOCIATES LLC 3650 PIPER STREET STE A ANCHORAGE, AK 99508 20-3906048	MEDICAL IMAGING	AK	N/A									
INLAND IMAGING LLC 801 S STEVENS ST SPOKANE, WA 99204 91-1855796	MEDICAL IMAGING	WA	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	
LSC REAL PROPERTY LLC 2301 QUAKER AVENUE LUBBOCK, TX 79410 47-4646059	REAL ESTATE	TX	N/A									
METHODIST DIAGNOSTIC IMAGING 4005 24TH STREET LUBBOCK, TX 79410 75-2343261	HEALTHCARE	TX	N/A									
NEWPORT IMAGING CENTER 360 SAN MIGUEL NEWPORT BEACH, CA 92660 33-0191776	HEALTHCARE	CA	N/A									
NEWPORT SURGICAL PARTNERS LLC 27271 LAS RAMBLAS 350 MISSION VIEJO, CA 92691 39-2060266	HEALTHCARE	CA	N/A									
OREGON ADVANCED IMAGING LLC 881 OHARE PARKWAY MEDFORD, OR 97504 45-0471748	MEDICAL IMAGING	OR	N/A									
OREGON OUTPATIENT SURGERY CENTER 7300 SW CHILDS RD TIGARD, OR 97224 22-3883387	AMBULATORY SURG	OR	N/A									
PETCT IMAGING AT SWEDISH CANCER INSTITUTE LLC 1221 MADISON STREET SEATTLE, WA 98104 20-3132044	MEDICAL IMAGING	WA	N/A									
PHS INVESTMENT TRUST SHORT TERM INVESTMENT PORTFOLIO 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 81-2701056	INVESTMENTS	WA	PHS WA	EXCLUDED	197,128	7,084,047		No			No	1.410 %
PROV RADIATION ONCOLOGY DEVELOP ASSN 4400 NE HALSEY 495 PORTLAND, OR 97213 26-0682491	REAL ESTATE - MOB	OR	N/A									
PROVIDENCE CHILDREN'S NEONATAL SERVICES 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 47-0918549	NEONATAL CARE	WA	N/A									
PROVIDENCE HOUSE HEARING HEALTH CENTERS LLC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057	HEALTHCARE	CA	N/A									
PROVIDENCE IMAGING CENTER JOINT VENTURE 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 92-0118807	MEDICAL IMAGING	AK	N/A									
PROVIDENCE ST JOSEPH HEALTH LONG TERM PORTFOLIO 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 82-3190634	INVESTMENTS	WA	PHS WA	EXCLUDED	16,741,720	385,928,147		No			No	6.880 %
PROVIDENCE SURGERY CENTER LLC 902 N ORANGE ST MISSOULA, MT 59802 84-1401625	AMBULATORY SURG	MT	N/A									
PROVIDENCESILVERTON REHAB LLC 4400 NE HALSEY 425 PORTLAND, OR 97213 48-1287267	REHAB SERVICES	OR	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	
PROVIDENCE UCLA USP SURGERY CENTER JV 15305 DALLAS PKWY STE 1600 LB 28 ADDISON, TX 75001 32-0503030	AMBULATORY SURG	CA	N/A									
PROVIDENCEUSP SOUTH BAY SURGERY CENTERS 15305 DALLAS PKWY STE 1600 LB 28 ADDISON, TX 75001 47-5064486	AMBULATORY SURG	CA	N/A									
PROVIDENCEUSP SURGERY CENTERS LLC 11550 INDIAN HILLS ROAD 160 MISSION HILLS, CA 91345 20-0684116	AMBULATORY SURG	CA	N/A									
RADIATION THERAPY INNOVATIONS LLC 1221 MADISON STREET 1ST FL SEATTLE, WA 98104 30-0553035	HEALTHCARE	WA	N/A									
REDMOND AMBULATORY SURGERY CENTER LLC 805 MADISON ST STE 901 SEATTLE, WA 98104 81-3558711	AMBULATORY SURG	WA	N/A									
SANTA ANA MOB LLC 1800 QUAIL STREET STE 100 NEWPORT BEACH, CA 92660 75-3205306	REAL ESTATE - MOB	CA	N/A									
SHA LLC 12940 NORTH HIGHWAY 183 AUSTIN, TX 78750 75-2569094	HEALTHCARE	TX	N/A									
SJO ASC HOLDINGS LLC 1140 W LA VETA AVE ORANGE, CA 92868 82-1655501	HEALTHCARE	CA	N/A									
ST JOSEPH PHYSICIAN VENTURES I LLC 1100 WEST STEWART DRIVE ORANGE, CA 92868 45-4521884	REAL ESTATE	CA	N/A									
ST JOSEPHSATELLITE DIALYSIS CENTERS LLC 300 SANTANA ROW STE 300 SAN JOSE, CA 95128 81-4657391	HEALTHCARE	CA	N/A									
ST JUDE SURGICAL CENTERS LLC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 82-3352570	AMBULATORY SURG	CA	N/A									
SURGERY CENTER AT TANASBOURNE LLC 11221 ROE AVE STE 300 LEAWOOD, KS 66211 20-8187971	AMBULATORY SURG	KS	N/A									
TARZANA PEDIATRIC VENTURES LLC 18321 CLARK ST TARZANA, CA 91356 82-1308306	HEALTHCARE	CA	N/A									
THE MADISON SPOKANE INN LLC 15 WEST ROCKWOOD BLVD SPOKANE, WA 99204 84-1606484	HOTEL SERVICES	WA	N/A									
YELM MEDICAL OFFICE BUILDING 2840 CRITES ST SW STE 104 TUMATER, WA 98512 26-3685020	REAL ESTATE - MOB	WA	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
1221 MADISON STREET OWNERS ASSOC 747 BROADWAY SEATTLE, WA 98122 20-1954319	OWNERS' ASSOC.	WA	N/A	C					No
AMERICAN UNITY GROUP LTD 90 PITTS BAY ROAD PEMBROKE BD	CAPTIVE INSURANCE	BD	N/A	C					No
AYIN HEALTH SOLUTIONS INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 83-3037172	HEALTHCARE	DE	N/A	C					No
BLUETREE NETWORK INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 90-0872936	HEALTHCARE	WI	N/A	C					No
BOURGET HEALTH SERVICES INC 101 W 8TH AVE TAF C-9 SPOKANE, WA 99220 91-1354431	CLIN/MED LAB	WA	N/A	C					No
CARON HEALTH CORPORATION 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 81-0486082	MED PHYS SVCS	MT	N/A	C					No
COMMUNITY TECHNOLOGIES INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 84-4722399	IT SVCS	DE	N/A	C					No
DATU HEALTH INC AND SUBSIDIARIES 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 46-3070062	IT SVCS	DE	N/A	C					No
ENGAGE IT SERVICES INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 84-4058573	IT SVCS	DE	N/A	C					No
HOAG MANAGEMENT SERVICES INC 1 HOAG DRIVE BOX 6100 NEWPORT BEACH, CA 92658 33-0731587	HEALTHCARE	CA	N/A	C					No
HOAG PHYSICIAN PARTNERS 16148 SAND CANYON AVE IRVINE, CA 92618 83-4276044	HEALTHCARE	CA	N/A	C					No
LUBBOCK METHODIST HOSP PRACTICE MGMT 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 75-2578995	INACTIVE	TX	N/A	C					No
LUBBOCK METHODIST HOSPITAL SVCS 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 75-2118585	HEALTHCARE	TX	N/A	C					No
LUMEDIC ACQUISITION CO INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 83-3881097	HEALTHCARE	WA	N/A	C					No
MISSION VIEJO MEDICAL VENTURES 27800 MEDICAL CENTER RD MISSION VIEJO, CA 92691 33-0212905	HEALTHCARE	CA	N/A	C					No

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
PERFORMANCE HEALTH TECHNOLOGY LTD 3993 FAIRVIEW INDUSTRIAL DR SE SALEM, OR 97302 93-1211733	HEALTHCARE	OR	N/A	C					No
MEDIREVV INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 20-8783763	HEALTHCARE	DE	N/A	C					No
PHN HOLDINGS 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 46-1814184	STRAT PLAN SVCS	CA	N/A	C					No
PIONEER INNOVATIONS INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 36-4818191	HEALTH INNOVATNS	WA	N/A	C					No
PROVIDENCE ASSURANCE INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 20-8194071	CAPTIVE INSURANCE	AZ	N/A	C					No
PROVIDENCE GLOBAL CENTER LLP 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 98-1516461	IT SVCS	IN	N/A	C					No
PROVIDENCE HEALTH CARE VENTURES INC 101 W 8TH AVE TAF C-9 SPOKANE, WA 99220 90-0155714	CLIN/MED LAB	WA	N/A	C					No
PROVIDENCE HEALTH NETWORK 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 80-0886966	PREPAID HEALTH	CA	N/A	C					No
PROVIDENCE HEALTH VENTURES INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 33-0122216	INVESTMENT	CA	N/A	C					No
PROVIDENCE PHYSICIAN SERVICES CO 101 W 8TH AVE TAF C-9 SPOKANE, WA 99220 91-1216033	HEALTHCARE	WA	N/A	C					No
PROVIDENCE RCM GROUP 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 84-4686520	HOLDING COMPANY	DE	N/A	C					No
PROVIDENCE SERVICES GROUP INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 84-4704409	HOLDING COMPANY	DE	N/A	C					No
ST JOSEPH HEALTH 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 46-2340232	HOLDING COMPANY	CA	N/A	C					No
ST JOSEPH HEALTH SOURCE INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 46-1900168	HEALTHCARE	CA	N/A	C					No
ST JOSEPH PROF SVCS ENTERPRSES INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 33-0155323	HEALTHCARE	CA	N/A	C					No

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
VINSERRA INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 95-3943315	INVESTMENTS	CA	N/A	C					No
WESTERN HEALTHCONNECT VENTURES INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 80-0953654	INVESTMENTS	WA	N/A	C					No
ENDOSCOPY CENTER OF SOUTHERN CALIFORNIA 1301 20TH ST STE 280 SANTA MONICA, CA 90404 95-2880495	HEALTHCARE	CA	N/A	S					No
GRADY BLOCKER LLC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 84-2092143	HOLDING COMPANY	DE	N/A	C					No
PROVIDENCE ST JOSEPH HEALTH NETWORK 20555 EARL ST TORRANCE, CA 90503 82-3771547	HEALTHCARE	CA	N/A	C					No