

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

OMB No. 1545-0047

**2018**  
Open to Public Inspection

**A** For the **2018** calendar year, or tax year beginning and ending

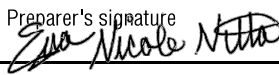
<b>B</b> Check if applicable:  <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization PROVIDENCE COMMUNITY HEALTH FOUNDATION  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 98057-9016  <b>F</b> Name and address of principal officer: KATIE HUTCHINSON same as C above	<b>D</b> Employer identification number 93-0692907  <b>E</b> Telephone number (541) 732-5193  <b>G</b> Gross receipts \$ 4,359,538.  <b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? ..... Yes No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527		
<b>J</b> Website: ▶ <a href="https://providencefoundations.org/our-foundations">HTTPS://PROVIDENCEFOUNDATIONS.ORG/OUR-FOUNDATIONS</a>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶		<b>L</b> Year of formation: 1977
<b>M</b> State of legal domicile: OR		

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O.		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	23
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	23
<b>5</b>	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	0
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	590
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	0.
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>8</b>	23
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>9</b>	23
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>10</b>	0
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>11</b>	590
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>12</b>	0.
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>13</b>	0.
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>14</b>	0.
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>15</b>	0.
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>16a</b>	0.
<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ 222,816.	<b>16b</b>	0.
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>17</b>	0.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>18</b>	0.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>19</b>	0.
<b>20</b>	Total assets (Part X, line 16)	<b>20</b>	0.
<b>21</b>	Total liabilities (Part X, line 26)	<b>21</b>	0.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>22</b>	0.

**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.

<b>Sign Here</b>	Signature of officer KATIE HUTCHINSON, EXECUTIVE DIRECTOR Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name EVA NITTA	Preparer's signature 
	Date 11/06/19	Check if self-employed <input type="checkbox"/>
	PTIN 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 AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ **X****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 \$ 2,196,170. including grants of \$ 2,196,170. ) (Revenue \$ 0. )  
SEE SCHEDULE O

**4b** (Code: ) (Expenses \$ 395,972. including grants of \$ 395,972. ) (Revenue \$ 0. )  
SEE SCHEDULE O

**4c** (Code: ) (Expenses \$ 71,372. including grants of \$ 71,372. ) (Revenue \$ 0. )  
SEE SCHEDULE O

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

(Expenses \$ 33,086. including grants of \$ 33,086. ) (Revenue \$ 0. )

**4e** Total program service expenses **2,696,600.**

Form **990** (2018)

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b> X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	<b>23</b>	X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25a</b>	X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....	<b>25b</b>	X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b> X	
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	<b>34</b> X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b> X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>35b</b> X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	<b>38</b> X	

**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

X

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



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

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

Form **990** (2018)

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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**

	1a	1b	23	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year			23		
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>b</b> Enter the number of voting members included in line 1a, above, who are independent			23		
<b>2</b> 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	X
<b>3</b> 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	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				4	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?				5	X
<b>6</b> Did the organization have members or stockholders?				6	X
<b>7a</b> 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	X
<b>b</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	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
<b>a</b> The governing body?				8a	X
<b>b</b> Each committee with authority to act on behalf of the governing body?				8b	X
<b>9</b> 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	X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	10a	X
<b>b</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	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
<b>13</b> Did the organization have a written whistleblower policy?	13	X
<b>14</b> Did the organization have a written document retention and destruction policy?	14	X
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	15a	X
<b>b</b> Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> 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	X
<b>b</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	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **OR**

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 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 **►**

JO ANN ESCASA-HAIGH - 949-381-4000  
3345 MICHELSON DRIVE, SUITE 100, IRVINE, CA 92612

**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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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) AMY KRANENBURG SECRETARY	0.50 0.00	X		X				0.	0.	0.
(2) BILL HADEN DIRECTOR, EMERITUS	0.50 0.00	X						0.	0.	0.
(3) BOB GRIZZELL DIRECTOR	0.50 0.00	X						0.	0.	0.
(4) BRIAN KITCHELL DIRECTOR	0.50 0.00	X						0.	0.	0.
(5) DAVID GLAUSER TREASURER	0.50 0.00	X		X				0.	0.	0.
(6) DIANE DOMBRAS DIRECTOR	0.50 0.00	X						0.	0.	0.
(7) FOREST SEXTON DIRECTOR, EMERITUS	0.50 0.00	X						0.	0.	0.
(8) GARY MOORE DIRECTOR, EMERITUS	0.50 0.00	X						0.	0.	0.
(9) JEREMY LEEVER DIRECTOR	0.50 0.00	X						0.	0.	0.
(10) JIM MEYER DIRECTOR	0.50 0.00	X						0.	0.	0.
(11) KIM O'GARA PRESIDENT	0.50 0.00	X		X				0.	0.	0.
(12) MARK DEBOER DIRECTOR	0.50 0.00	X						0.	0.	0.
(13) MARY LOU STALLCUP DIRECTOR	0.50 0.00	X						0.	0.	0.
(14) MIKE JACOBSON DIRECTOR	0.50 0.00	X						0.	0.	0.
(15) MIKE LYNCH DIRECTOR	0.50 0.00	X						0.	0.	0.
(16) MIKE MAHAR JR. DIRECTOR	0.50 0.00	X						0.	0.	0.
(17) RICHARD (JIM) JAMES, MD DIRECTOR	0.50 0.00	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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ROB HERNANDEZ DIRECTOR	0.50 0.00	X						0.	0.	0.
(19) SEAN NAUMES DIRECTOR	0.50 0.00	X						0.	0.	0.
(20) SUE HARDY DIRECTOR	0.50 0.00	X						0.	0.	0.
(21) TIM BROPHY DIRECTOR	0.50 0.00	X						0.	0.	0.
(22) TOM HALL DIRECTOR, EMERITUS	0.50 0.00	X						0.	0.	0.
(23) TOM SKINNER VICE PRESIDENT	0.50 0.00	X		X				0.	0.	0.
(24) KATIE HUTCHINSON EXECUTIVE DIRECTOR	45.00 0.00			X				0.	108,125.	27,292.
<b>1b Sub-total</b> .....								0.	108,125.	27,292.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								0.	108,125.	27,292.

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

- 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**
- 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**
- 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**

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		X

**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
NONE		
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization <b>0</b>		

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>						
	<b>b</b> Membership dues .....	<b>1b</b>						
	<b>c</b> Fundraising events .....	<b>1c</b>	307,663.					
	<b>d</b> Related organizations .....	<b>1d</b>	324,533.					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>						
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	3,153,562.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		41,075.					
	<b>h Total.</b> Add lines 1a-1f .....							3,785,758.
<b>Program Service Revenue</b>	<b>2 a</b> _____			<b>Business Code</b>				
	<b>b</b> _____							
	<b>c</b> _____							
	<b>d</b> _____							
	<b>e</b> _____							
	<b>f</b> All other program service revenue .....							
	<b>g Total.</b> Add lines 2a-2f .....							
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			71,861.			71,861.
<b>4</b> Income from investment of tax-exempt bond proceeds .....								
<b>5</b> Royalties .....								
<b>6 a</b> Gross rents .....		(i) Real	(ii) Personal					
		<b>b</b> Less: rental expenses .....						
		<b>c</b> Rental income or (loss) .....						
		<b>d</b> Net rental income or (loss) .....						
<b>7 a</b> Gross amount from sales of assets other than inventory .....		(i) Securities	(ii) Other					
		182,758.						
		<b>b</b> Less: cost or other basis and sales expenses .....	28,154.					
		<b>c</b> Gain or (loss) .....	154,604.					
<b>d</b> Net gain or (loss) .....				154,604.			154,604.	
<b>8 a</b> Gross income from fundraising events (not including \$ 307,663. of contributions reported on line 1c). See Part IV, line 18 .....		<b>a</b>	171,205.					
		<b>b</b> Less: direct expenses .....	214,530.					
		<b>c</b> Net income or (loss) from fundraising events .....						
			-43,325.					
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....		<b>a</b>	14,576.					
		<b>b</b> Less: direct expenses .....	5,719.					
		<b>c</b> Net income or (loss) from gaming activities .....						
			8,857.					
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>	133,380.						
	<b>b</b> Less: cost of goods sold .....	94,039.						
	<b>c</b> Net income or (loss) from sales of inventory .....							
		39,341.						39,341.
<b>Miscellaneous Revenue</b>			<b>Business Code</b>					
<b>11 a</b> _____								
	<b>b</b> _____							
	<b>c</b> _____							
	<b>d</b> All other revenue .....							
	<b>e Total.</b> Add lines 11a-11d .....							
<b>12 Total revenue.</b> See instructions .....				4,017,096.	0.	0.	231,338.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	2,592,142.	2,592,142.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	104,458.	104,458.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	135,417.		23,021.	112,396.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	87,560.		14,995.	72,565.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....				
<b>9</b> Other employee benefits .....	27,307.		16,657.	10,650.
<b>10</b> Payroll taxes .....				
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management .....				
<b>b</b> Legal .....				
<b>c</b> Accounting .....				
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17 .....				
<b>f</b> Investment management fees .....	17,039.		17,039.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.) .....	18,307.		11,216.	7,091.
<b>12</b> Advertising and promotion .....	2,098.		1,280.	818.
<b>13</b> Office expenses .....	1,237.		755.	482.
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	28,040.		17,107.	10,933.
<b>17</b> Travel .....	3,557.		2,170.	1,387.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	633.		386.	247.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....				
<b>23</b> Insurance .....				
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> CREDIT CARD FEES .....	12,890.		12,890.	
<b>b</b> EVENTS .....	3,600.		2,196.	1,404.
<b>c</b> VOLUNTEERS .....	2,372.		1,447.	925.
<b>d</b> OREGON FORM CT-12 .....	1,247.		1,247.	
<b>e</b> All other expenses .....	10,065.		6,147.	3,918.
<b>25</b> Total functional expenses. Add lines 1 through 24e	3,047,969.	2,696,600.	128,553.	222,816.
<b>26</b> 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 X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	100.	<b>1</b>	100.
	<b>2</b> Savings and temporary cash investments .....	385,286.	<b>2</b>	1,070,913.
	<b>3</b> Pledges and grants receivable, net .....	56,453.	<b>3</b>	56,857.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	9,016.	<b>8</b>	9,016.
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b>	<b>10c</b>	
	<b>11</b> Investments - publicly traded securities .....	6,135,810.	<b>11</b>	6,038,934.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	3,374,697.	<b>15</b>	3,400,076.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	9,961,362.	<b>16</b>	10,575,896.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	7,270.	<b>17</b>	2,068.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	1,684,418.	<b>25</b>	1,682,934.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	1,691,688.	<b>26</b>	1,685,002.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	2,165,255.	<b>27</b>	2,324,609.
	<b>28</b> Temporarily restricted net assets .....	5,503,365.	<b>28</b>	5,913,222.
	<b>29</b> Permanently restricted net assets .....	601,054.	<b>29</b>	653,063.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
	<b>33</b> Total net assets or fund balances .....	8,269,674.	<b>33</b>	8,890,894.
	<b>34</b> Total liabilities and net assets/fund balances .....	9,961,362.	<b>34</b>	10,575,896.

Form **990** (2018)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	4,017,096.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	3,047,969.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	969,127.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	8,269,674.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-347,907.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	8,890,894.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2a</b>	X
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2b</b>	X
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<b>2c</b>	X
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	<b>3a</b>	X
<b>b</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 _____	<b>3b</b>	

Form **990** (2018)



Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

# 2018

**Open to Public Inspection**

Name of the organization

PROVIDENCE COMMUNITY HEALTH FOUNDATION

Employer identification number

93-0692907

<b>Part I</b>	<b>Reason for Public Charity Status</b> (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 **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

**f** Enter the number of supported organizations

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

g. Provide the following information about the supported organization(s):						
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1,166,882.	1,565,536.	1,136,814.	1,367,735.	3,785,758.	9,022,725.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	1,166,882.	1,565,536.	1,136,814.	1,367,735.	3,785,758.	9,022,725.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						3,927,633.
<b>6 Public support.</b> Subtract line 5 from line 4.						5,095,092.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....	1,166,882.	1,565,536.	1,136,814.	1,367,735.	3,785,758.	9,022,725.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	142,130.	106,113.	92,644.	64,291.	71,861.	477,039.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	168,588.	138,003.	150,563.	162,760.	133,380.	753,294.
<b>11 Total support.</b> Add lines 7 through 10						10,253,058.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	49.69 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	<b>15</b>	52.84 %
<b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		
		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2017.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		
		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		
		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		
		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		
		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2018

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

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

**Section A. Public Support**

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

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....	<b>18</b>	%

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

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV** Supporting Organizations *(continued)*

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
<b>2a</b>			
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>			
<b>3a</b>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
<b>3b</b>			

**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	<b>Adjusted Net Income</b> (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):		
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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2018

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

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

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

Schedule A (Form 990 or 990-EZ) 2018

## Supplemental Information.

**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.)



**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Name of the organization

PROVIDENCE COMMUNITY HEALTH FOUNDATION

Employer identification number

93-0692907

Organization type (check one):

**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

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

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

Name of organization  PROVIDENCE COMMUNITY HEALTH FOUNDATION	Employer identification number  93-0692907
--	--

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 2,653,659.	Person <input checked="checked" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
2		\$ 324,533.	Person <input checked="checked" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

PROVIDENCE COMMUNITY HEALTH FOUNDATION

93-0692907

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

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

Name of organization

Employer identification number

PROVIDENCE COMMUNITY HEALTH FOUNDATION

93-0692907

**Part III**

**Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ► \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018****Open to Public  
Inspection****Name of the organization**

PROVIDENCE COMMUNITY HEALTH FOUNDATION

**Employer identification number**

93-0692907

**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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> 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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 a 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 Tax 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 .....

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

Schedule D (Form 990) 2018

**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

**d** ☐ Loan or exchange programs

**b** ☐ Scholarly research

**e** ☐ Other \_\_\_\_\_

**c** ☐ Preservation for future generations

**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:

**c** Beginning balance

**d** Additions during the year

**e** Distributions during the year

**f** Ending balance

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	1,082,138.	891,046.	755,578.	779,196.	728,454.
<b>b</b> Contributions	61,784.	44,616.	45,923.	29,026.	40,151.
<b>c</b> Net investment earnings, gains, and losses	-86,385.	201,071.	129,232.	-1,074.	38,494.
<b>d</b> Grants or scholarships	51,223.	54,595.	39,687.	51,570.	27,903.
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	1,006,314.	1,082,138.	891,046.	755,578.	779,196.

**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 ☐ 64.90 %

**c** Temporarily restricted endowment ☐ 35.10 %

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:

(i) unrelated organizations

(ii) related organizations

	Yes	No
<b>3a(i)</b>		X
<b>3a(ii)</b>	X	
<b>3b</b>	X	

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

**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
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment				
<b>e</b> Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ☐ 0.

Schedule D (Form 990) 2018

**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) .....		
<b>Total.</b> (Col. (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) .....		
<b>Total.</b> (Col. (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) CEMETERY PLOTS	2,590.
(2) TRUSTS	2,600,796.
(3) GIFTS ANNUITIES	669,671.
(4) DUE FROM AFFILIATES	127,019.
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	3,400,076.

**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		
(2) TRUST OBLIGATIONS	1,019,720.	
(3) DUE TO AFFILIATES	126,995.	
(4) GIFTS ANNUITIES OBLIGATIONS	265,792.	
(5) INV PEND PURCH	270,427.	
(6) .....		
(7) .....		
(8) .....		
(9) .....		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,682,934.	

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 ☐

Schedule D (Form 990) 2018

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

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

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

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

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

**Part XIII Supplemental Information.**

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

Part V, line 4:

THE TWO ENDOWMENTS ARE RESTRICTED TO SUPPORT DIRECT PATIENT ASSISTANCE

(CHARITY CARE) AT PROVIDENCE MEDFORD MEDICAL CENTER AND NURSING EDUCATION

FOR PROVIDENCE EMPLOYEES IN SOUTHERN OREGON.



Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

# 2018

**Open to Public  
Inspection**

Name of the organization

PROVIDENCE COMMUNITY HEALTH FOUNDATION

Employer identification number	
--------------------------------	--

93-0692907

## Part I

### **Fundraising Activities.**

**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

- 2 a** 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?		(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
		Yes	No			
<b>Total</b>						

- 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	(b) Event #2	(c) Other events None	(d) Total events (add col. (a) through col. (c))
		FESTIVAL OF TREES	MIX AND MINGLE		
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts .....	459,384.	19,484.		478,868.
	2 Less: Contributions .....	288,244.	19,419.		307,663.
	3 Gross income (line 1 minus line 2) .....	171,140.	65.		171,205.
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....	9,165.			9,165.
	7 Food and beverages .....	25,906.	1,930.		27,836.
	8 Entertainment .....	900.	300.		1,200.
	9 Other direct expenses .....	176,329.			176,329.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				214,530.
	11 Net income summary. Subtract line 10 from line 3, column (d) .....				-43,325.

**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 .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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 to be 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.

[illegible]

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

Name of the organization

PROVIDENCE COMMUNITY HEALTH FOUNDATION

**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 criteria used to award the grants or assistance? .....
- 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, line 21 or 22. If the organization is a recipient that received more than \$5,000, Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance
PROVIDENCE HEALTH & SERVICES OREGON - 1111 CRATER LAKE AVENUE - MEDFORD, OR 97504	51-0216587	501(C)(3)	2,592,142.	0.		

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

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

**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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	
PATIENT ASSISTANCE	550	0.	71,372.	COST	FO HO ET
NURSING EDUCATION	13	33,086.	0.		TU

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

Part I, Line 2:

GRANTS TO THE MINISTRY ARE MONITORED BY KEY CAREGIVERS (EXECUTIVE DIRECTOR,  
 DEPARTMENT DIRECTORS, CONTROLLER AND ASSISTANTS) WITH REPORTS TO THE BOARD  
 OF DIRECTORS AND ADMINISTRATION AND WITH SPECIAL EFFORT TO HONOR THE DONOR  
 INTENT OF THE GIFT. PROJECTS OR NEEDS ARE IDENTIFIED BY DEPARTMENT  
 DIRECTORS, FUNNELED THROUGH THE CHIEF OPERATING OFFICER AND THE  
 ADMINISTRATION COUNCIL OF THE SERVICE AREA BEFORE CREATING A PROPOSED  
 BUDGET FOR THE FOUNDATION BOARD TO APPROVE. DISTRIBUTION FROM THE  
 FOUNDATION TO THE HOSPITAL ONLY OCCURS AFTER ACTUAL EXPENSES ARE RECORDED

**Part IV** Supplemental Information

AND INCURRED, ENSURING ACCURATE GRANTING FOR THE TARGET PURPOSES. FINANCIAL

SUPPORT TO INDIVIDUALS ARE TREATED THIS WAY, AS WELL. FOR EDUCATIONAL

SCHOLARSHIPS, THE STUDENT/PROVIDENCE EMPLOYEE MUST PROVIDE PROOF OF

ENROLLMENT IN CLASSES AND EXPENSES BEFORE PAYMENT IS SENT TO THE

EDUCATIONAL INSTITUTION FOR THAT STUDENT'S ACCOUNT. FINANCIAL ASSISTANCE

FOR EMERGENCY EMPLOYEE SUPPORT IS SENT TO CATHOLIC CHARITIES TO MANAGE AND

DISTRIBUTE. PATIENT ASSISTANCE FUNDS ARE SENT TO PROJECT ACCESS NOW TO

DISTRIBUTE ON BEHALF OF PATIENTS IDENTIFIED BY THE HOSPITAL CASE MANAGEMENT

TEAM. CATHOLIC CHARITIES AND PROJECT ACCESS NOW REPORT BACK ANNUALLY TO

ASSESS THE FUND AMOUNT, ACTUAL ACTIVITIES AND FURTHER DISTRIBUTION PLANS.

ANNUAL ANALYSIS OF BUDGET VERSUS ACTUAL OCCUR WITH THE EXECUTIVE DIRECTOR,

CHIEF EXECUTIVE AND BOARD OF DIRECTORS TO ENSURE PROPER OVERSIGHT. ALL

FUNDS DISTRIBUTED FROM FOUNDATION ARE REPORTED BACK TO THE BOARD ANNUALLY,

ESPECIALLY TO ENSURE PROPER STEWARDSHIP AND FOR FUTURE PLANNING PURPOSES.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

PROVIDENCE COMMUNITY HEALTH FOUNDATION

Employer identification number

93-0692907

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....				
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( ADVERTISING )	X	3	25,286.	
26 Other ▶ ( AUCTION ITEMS )	X	3	10,239.	
27 Other ▶ ( SUPPLIES )	X	1	5,550.	
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement .....

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X
33		

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

Schedule M (Form 990) 2018



**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

PROVIDENCE COMMUNITY HEALTH FOUNDATION

Employer identification number

93-0692907

Form 990, Part I, Line 1, Description of Organization 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.

Form 990, Part III, Line 4a, Program Service Accomplishments:

PROVIDENCE ST. JOSEPH HEALTH SYSTEM

ON JULY 1, 2016, PROVIDENCE HEALTH & SERVICES (PHS) AND ST. JOSEPH  
HEALTH SYSTEM (SJHS) ENTERED INTO A BUSINESS COMBINATION AGREEMENT. BY  
COMING TOGETHER, PROVIDENCE ST. JOSEPH HEALTH SEEKS TO BETTER SERVE ITS  
COMMUNITIES THROUGH GREATER PATIENT AFFORDABILITY, OUTSTANDING CLINICAL  
CARE, IMPROVEMENTS TO THE PATIENT EXPERIENCE AND INTRODUCTION OF NEW  
SERVICES WHERE THEY ARE NEEDED MOST.

TOGETHER, OUR CAREGIVERS SERVE IN 51 HOSPITALS, 829 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 & SERVICES

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization	Employer identification number
PROVIDENCE COMMUNITY HEALTH FOUNDATION	93-0692907

IN 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. TODAY, PROVIDENCE SERVES ALASKA, CALIFORNIA,

MONTANA, OREGON AND WASHINGTON.

ST. JOSEPH HEALTH SYSTEM

IN 1912, A SMALL GROUP OF SISTERS OF ST. JOSEPH LANDED ON THE RUGGED

SHORES OF 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:

DISTRIBUTIONS TO PROVIDENCE MEDFORD MEDICAL CENTER FOR CAPITAL AND

MINOR EQUIPMENT INCLUDED: BREAST CENTER SPECIMEN PROCESSOR AND HOLOGIC

PRONE BIOPSY SYSTEM; DIGITAL PORTABLE X-RAY; BABY WARMER; WHITE BOARDS

IN ALL PATIENT ROOMS; COMPUTER STANDS; CAFE PATIO FURNITURE AND

REMODEL; WATCHPAT HOME SLEEP UNIT; PELVIC TRAINERS; PORTABLE DOPLERS;

SCALES FOR BIRTHPLACE; AND BLANKET WARMERS. FUNDS WERE ALSO PROVIDED TO

PROVIDENCE MEDICAL GROUP SOUTH FOR AN UPGRADED CLINIC X-RAY SYSTEM.

Name of the organization	Employer identification number
PROVIDENCE COMMUNITY HEALTH FOUNDATION	93-0692907

PROGRAM/SERVICE SUPPORT WITHIN SOUTHERN OREGON SERVICE AREA WAS GIVEN

TO PALLIATIVE CARE, SPIRITUAL CARE, HOME HEALTH & HOSPICE, CANCER

CENTER, BREAST CENTER, SWINDELLS RESOURCE CENTER, BIRTHPLACE, MDA

CLINIC, STROKE EDUCATION/OUTREACH, NURSING EDUCATION INPATIENT, PATIENT

ASSISTANCE - MOTHER GAMELIN CHARITY CARE (ADMINISTERED BY PROJECT

ACCESS NOW) AND BJ STORMBERG EMPLOYEE ASSISTANCE (IN THE HELPING HANDS

FUND ADMINISTERED BY CATHOLIC CHARITIES).

Form 990, Part III, Line 4b, Program Service Accomplishments:

DISTRIBUTIONS TO, OR ON BEHALF OF, PROVIDENCE MEDFORD MEDICAL CENTER

FOR OPERATIONS.

PHILANTHROPIC MISSION

PROVIDENCE COMMUNITY HEALTH FOUNDATION WAS OFFICIALLY CHARTERED IN 1977

AS A NON-PROFIT ORGANIZATION WITH THE SOLE PURPOSE OF RAISING FUNDS IN

SUPPORT OF STRATEGIC PRIORITIES AT THE PROVIDENCE MEDFORD MEDICAL

CENTER AND IT'S RELATED WORKS, ADVANCING THE FOLLOWING OBJECTIVES:

\* ASSIST, ENCOURAGE, PROMOTE AND ADVANCE THE CARE, TREATMENT AND

REHABILITATION OF SICK, AFFLICTED, INFIRM, AND INJURED PERSONS AT

PROVIDENCE HEALTH & SERVICES IN SOUTHERN OREGON.

\* FURTHER THE CHARITABLE, SCIENTIFIC AND EDUCATIONAL ACTIVITIES OF THE

PROVIDENCE HEALTH & SERVICES (PROVIDENCE MEDFORD MEDICAL CENTER)

COMMUNITY.

\* RECEIVE AND ADMINISTER FUNDS FOR CHARITABLE, SCIENTIFIC AND

EDUCATIONAL PURPOSES FOR THE BENEFIT OF THE PROVIDENCE HEALTH &

SERVICES (PROVIDENCE MEDFORD MEDICAL CENTER) COMMUNITY.

UNDER THE LEADERSHIP OF OUR BOARD OF DIRECTORS, THE FOUNDATION HAS

CONTINUED TO SUPPORT THE MISSION AND LEGACY OF THE SISTERS OF

Name of the organization PROVIDENCE COMMUNITY HEALTH FOUNDATION	Employer identification number 93-0692907
--	--

PROVIDENCE BY RAISING AND DISTRIBUTING FUNDS TO SUPPORT APPROVED

PRIORITY PROGRAMS AND SERVICES AT THE PROVIDENCE MEDFORD MEDICAL CENTER

AND IN THE SOUTHERN OREGON SERVICE AREA. IN ADDITION TO RAISING FUNDS

THROUGH DIRECT MAIL APPEALS, WRITING GRANTS, AND PERSONAL SOLICITATION

EFFORTS, THE FOUNDATION HOSTS THE ANNUAL FESTIVAL OF TREES WHEN THE

ROGUE VALLEY'S FINEST DESIGNERS AND DECORATORS CREATE WINTER MAGIC IN

SOUTHERN OREGON THE FIRST FULL WEEK AFTER THANKSGIVING. A COMMUNITY

HOLIDAY CELEBRATION AND TRADITION, THE FESTIVAL SERVES AS THE LARGEST

FUNDRAISING EVENT FOR OUR FOUNDATION AS WELL AS A GREAT PUBLIC

AWARENESS TOOL.

Form 990, Part III, Line 4c, Program Service Accomplishments:

PATIENT ASSISTANCE FOR INPATIENT AND CANCER CENTER INCLUDED FOOD

VOUCHERS, MEDICATION, TRANSPORTATION COSTS, AND HOUSING, AND IS ALL

MANAGED AND DISTRIBUTED BY PROJECT ACCESS NOW.

Form 990, Part III, Line 4d, Other Program Services:

13 MEDICAL EDUCATION SCHOLARSHIPS FROM BEV LOWMAN FUND SUPPORTED

TUITION AND BOOKS FOR NURSING STUDENTS. DISTRIBUTIONS WERE SENT TO THE

EDUCATIONAL INSTITUTION TO BE APPLIED TO THE STUDENT'S ACCOUNT.

Expenses \$ 33,086. including grants of \$ 33,086. Revenue \$ 0.

13 MEDICAL EDUCATION SCHOLARSHIPS FROM BEV LOWMAN FUND SUPPORTED

TUITION AND BOOKS FOR NURSING STUDENTS. DISTRIBUTIONS WERE SENT TO THE

EDUCATIONAL INSTITUTION TO BE APPLIED TO THE STUDENT'S ACCOUNT.

FUNDS TO CATHOLIC CHARITIES FOR ITS ADMINISTRATION OF THE HELPING HAND

FUND, WHICH PROVIDED LIVING ASSISTANCE TO EMPLOYEES IN NEED WITHIN THE

Name of the organization PROVIDENCE COMMUNITY HEALTH FOUNDATION	Employer identification number 93-0692907
--	--

PH&S-OREGON CORPORATION.

Form 990, Part VI, Section A, line 6:

PROVIDENCE HEALTH & SERVICES - OREGON IS THE SOLE CORPORATE MEMBER OF  
PROVIDENCE COMMUNITY HEALTH FOUNDATION.

Form 990, Part VI, Section A, line 7a:

PROVIDENCE COMMUNITY HEALTH FOUNDATION HAS A TIERED GOVERNANCE IN WHICH THE  
CORPORATE MEMBERS RESERVE THE RIGHT TO APPOINT DIRECTORS TO THE PROVIDENCE  
COMMUNITY HEALTH FOUNDATION BOARD.

Form 990, Part VI, Section A, line 7b:

THE FOLLOWING POWERS ARE RESERVED EXCLUSIVELY TO THE CORPORATE MEMBER:

1) ADOPT AND AMEND THE ARTICLES OF INCORPORATION AND THE BYLAWS OF THE  
FOUNDATION AFTER CONSULTATION WITH THE FOUNDATION'S BOARD OF DIRECTORS.

2) APPROVE THE MERGER, CONSOLIDATION, OR AFFILIATION OF THE FOUNDATION WITH  
ANOTHER CORPORATION, ORGANIZATION OR PROGRAM, OR THE DISSOLUTION OF THE  
FOUNDATION.

3) APPROVE ANY STRATEGIC PLAN OF THE FOUNDATION.

4) APPROVE THE ANNUAL FUNDRAISING PLAN INCLUDING SPECIAL EVENTS, ANNUAL,  
CAPITAL AND PLANNED GIVING ACTIVITIES.

5) APPROVE THE ACCEPTANCE OF ANY GIFT THAT CARRIES CONDITIONS OR  
LIMITATIONS OR ANY GIFT RESTRICTED TO SERVICES, PROGRAMS OR FACILITIES NOT

Name of the organization	Employer identification number
PROVIDENCE COMMUNITY HEALTH FOUNDATION	93-0692907

CURRENTLY OFFERED OR APPROVED TO BE OFFERED BY THE CORPORATE MEMBER'S  
COUNCIL.

6) DEVELOP AND IMPLEMENT INVESTMENT POLICIES AND/OR GUIDELINES THAT WILL BE  
USED BY THE FOUNDATION IN DETERMINING APPROPRIATE INVESTMENTS.

Form 990, Part VI, Section B, line 11b:

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.

Form 990, Part VI, Section B, Line 12c:

BOARD MEMBERS, SPONSORS, SENIOR LEADERS AND KEY EMPLOYEES ARE REQUIRED TO  
DISCLOSE ANY REAL OR POTENTIAL CONFLICT OF INTEREST IN ACCORDANCE WITH THE  
PSJH COI POLICY AND IN CONNECTION WITH THAT INDIVIDUAL SATISFYING HIS OR  
HER FIDUCIARY OBLIGATIONS TO THE ORGANIZATION. DISCLOSURES ARE MADE  
ANNUALLY AND/OR IF AT ANY TIME AN ACTUAL, REAL OR POTENTIAL CONFLICT OF  
INTEREST ARISES. PSJH CHIEF LEGAL OFFICER AND/OR THE PSJH CHIEF RISK  
OFFICER, REVIEW ALL DISCLOSURES. WHERE APPROPRIATE, THE CEO AND/OR THE  
BOARD CHAIR CONSIDER MATTERS THAT INVOLVE SENIOR LEADERSHIP OR A BOARD  
MEMBER. PSJH CHIEF LEGAL OFFICER AND/OR CHIEF RISK OFFICER REVIEW MATTERS  
WHERE CONFLICT IS DIFFICULT OR CANNOT BE RESOLVED AND PRESENT

RECOMMENDATIONS TO THE APPROPRIATE BOARD COMMITTEE OR THE CEO, FOR

Name of the organization	Employer identification number
PROVIDENCE COMMUNITY HEALTH FOUNDATION	93-0692907

DISCUSSION AND RESOLUTION. WHEN APPROPRIATE, THE INDIVIDUAL WITH THE

REAL/POTENTIAL CONFLICT THAT IS BEING REVIEWED MAY PARTICIPATE IN THE

DISCUSSION BUT IS EXCUSED FROM THE MEETING WHEN ACTION IS DECIDED. WHERE

APPROPRIATE, THE CHIEF RISK OFFICER OR CHIEF LEGAL OFFICER WILL PROVIDE

PLAN TO MANAGE CONFLICTS. AUDITING AND MONITORING OF THIS PROCESS IS DONE

PERIODICALLY.

ALL DOCUMENTATION OF COI DISCLOSURES IS RETAINED PER ORGANIZATION RETENTION

POLICY.

Form 990, Part VI, Section B, Line 15:

THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER/PRESIDENT/EXECUTIVE DIRECTOR IS

PAID BY ITS TAX EXEMPT PARENT, PROVIDENCE HEALTH & SERVICES - OREGON, AND

IS DISCLOSED AS A PERSON PAID BY A RELATED ORGANIZATION.

IT IS PROVIDENCE ST. JOSEPH HEALTH'S INTENTION TO MAKE FINANCIAL

INFORMATION ACCESSIBLE AND TRANSPARENT. ALTHOUGH THE FILING OF FORM 990

PROVIDES INSIGHT INTO HOW PROVIDENCE ST. JOSEPH HEALTH ACHIEVES ITS

MISSION, DELIVERS ITS PROGRAMS AND STEWARDS ITS FINANCES, DECIPHERING THE

INFORMATION DIRECTLY FROM FORM 990 CAN BE CHALLENGING. THE FOLLOWING

PARAGRAPHS PROVIDE FURTHER INFORMATION ABOUT THE PROCESS WE USE TO

DETERMINE COMPENSATION FOR TOP MANAGEMENT, OFFICERS AND KEY EMPLOYEES.

PROVIDENCE ST. JOSEPH HEALTH HAS A SINGLE FIDUCIARY BOARD, WITH

RESPONSIBILITY FOR FINANCIAL OVERSIGHT ASSOCIATED WITH FULFILLMENT OF THE

PROVIDENCE ST. JOSEPH HEALTH MISSION, DEVELOPING SYSTEM POLICIES,

PROTECTING THE ASSETS ENTRUSTED TO THE ORGANIZATION AND OVERSEEING THE

STRATEGIC AND OPERATIONAL AFFAIRS OF PROVIDENCE ST. JOSEPH HEALTH'S LEGAL

ENTITIES. PROVIDENCE ST. JOSEPH HEALTH ALSO MAINTAINS A NETWORK OF



Name of the organization	Employer identification number
PROVIDENCE COMMUNITY HEALTH FOUNDATION	93-0692907

COMMUNITY ENTITY BOARDS WITH RESPONSIBILITY FOR QUALITY OF CARE OVERSIGHT,  
COMMUNITY RELATIONS, ADVOCACY AND COMMUNITY NEEDS ASSESSMENTS.

PROVIDENCE ST. JOSEPH HEALTH HAS A CONSISTENT COMPENSATION PHILOSOPHY FOR  
ALL OF ITS OFFICERS, INCLUDING OUR SENIOR EXECUTIVES. SALARIES FOR SENIOR  
EXECUTIVES ARE REVIEWED BY THE PROVIDENCE ST. JOSEPH HEALTH COMMITTEE.

THE BOARD 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 COMPENSATION  
SURVEYS OF LARGE, NOT-FOR-PROFIT HEALTH CARE SYSTEMS IN THE UNITED STATES.

PROVIDENCE ST. JOSEPH HEALTH 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 WHOSE REVENUE IS SIMILAR TO THAT  
OF PROVIDENCE ST. JOSEPH HEALTH. ADDITIONALLY, PROVIDENCE ST. JOSEPH  
HEALTH'S LABOR MARKET CONTINUES TO SPREAD ACROSS HEALTH CARE AND INTO  
GENERAL INDUSTRY. BECAUSE OF THIS, PROVIDENCE ST. JOSEPH HEALTH ALSO TAKES  
INTO CONSIDERATION GENERAL INDUSTRY FOR-PROFIT MARKET DATA, WHERE  
APPLICABLE. BASE SALARIES FOR PROVIDENCE ST. JOSEPH HEALTH EXECUTIVES ARE  
GENERALLY TARGETED TO THE MEDIAN LEVEL OF THE MARKET, AS IDENTIFIED BY THE  
INDEPENDENT CONSULTANT AND REVIEWED WITH THE EXECUTIVE COMPENSATION  
COMMITTEE.

THE PRESIDENT/CEO UTILIZES THE MARKET INFORMATION PROVIDED BY THE  
CONSULTANT ALONG WITH FORMAL PERFORMANCE EVALUATIONS, TO DETERMINE SALARY  
RECOMMENDATIONS FOR OTHER SENIOR EXECUTIVES. THIS PROCESS INCLUDES A  
RIGOROUS ANALYSIS OF THOSE RECOMMENDATIONS WITH THE EXECUTIVE COMPENSATION  
COMMITTEE AS A PART OF THE REVIEW AND APPROVAL PROCESS.

Name of the organization

PROVIDENCE COMMUNITY HEALTH FOUNDATION

Employer identification number

93-0692907

PERFORMANCE INCENTIVES ALLOW EXECUTIVES TO EARN ADDITIONAL COMPENSATION IF

THEY ACHIEVE SPECIFIC ORGANIZATIONAL GOALS FOR FURTHERING PROVIDENCE ST.

JOSEPH HEALTH OPERATING COMMITMENTS AND STRATEGIC OBJECTIVES. THE BOARD OF

DIRECTORS CONDUCTS A THOROUGH REVIEW PROCESS TO ENSURE PERFORMANCE

INCENTIVES ARE ALIGNED WITH APPROPRIATE MARKET PRACTICES.

THE BOARD'S PROCESS FOR EXECUTIVE COMPENSATION FULLY COMPLIES WITH IRS

STANDARDS AND MIRRORS BEST PRACTICES.

THE PROCESS TO REVIEW COMPENSATION WAS LAST COMPLETED IN MARCH 2018.

Form 990, Part VI, Section C, Line 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE

PSJH COMMUNITY BENEFIT REPORTS, FINANCIAL REPORTS, AND PHILANTHROPY REPORTS

ARE ALSO AVAILABLE ON THE PSJH INTERNET SITE.

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization

PROVIDENCE COMMUNITY HEALTH FOUNDATION

**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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))
COVENANT ACO - 61-1573313 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	Texas	501(c)(3)	12, I
COVENANT HEALTH NETWORK, INC - 46-1259908 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	California	501(c)(3)	12, III
COVENANT HEALTH PARTNERS - 46-3516417 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	Texas	501(c)(3)	12, I
COVENANT HEALTH SYSTEM - 75-2765566 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	Texas	501(c)(3)	3

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

**Part II** Continuation of 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))
COVENANT HEALTH SYSTEM FOUNDATION - 75-2897026, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	Texas	501(c)(3)	7
COVENANT MEDICAL CENTER - 82-2913146 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	Texas	501(c)(3)	3
COVENANT MEDICAL GROUP - 75-2743883 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	Texas	501(c)(3)	3
E. WA. & MT. UNEMPLOYMENT COMPENSATION INSURANCE TRUST - 91-1082119, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	UNEMPLOYMENT	Washington	501(c)(3)	12, I
EVERETT TRANSITIONAL CARE SERVICES - 94-3264605, PO Box 5128, EVERETT, WA 98206-5128	TRANS. CARE	Washington	501(c)(3)	10
FACEY MEDICAL FOUNDATION - 95-4322584 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	SUPPORT	California	501(c)(3)	7
GAMELIN WASHINGTON ASSOCIATION - 20-1910170 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	SUPPORT	Washington	501(c)(3)	7
GLOBAL TO LOCAL HEALTH INITIATIVE - 27-3133200, 2800 SOUTH 192ND ST. #104, SEATAC, WA 98188	HEALTHCARE	Washington	501(c)(3)	7
HMTS, INC. - 45-3583707 1 HOAG DRIVE, PO BOX 6100 NEWPORT BEACH, CA 92658-6100	HEALTHCARE	California	501(c)(3)	12, I
HOAG CHARITY SPORTS - 45-2982422 2081 BUSINESS CENTER DR., STE 195 IRVINE, CA 92612	SUPPORT	California	501(c)(3)	7
HOAG CLINIC - 33-0676831 1 HOAG DRIVE, PO BOX 6100 NEWPORT BEACH, CA 92658-6100	HEALTHCARE	California	501(c)(3)	10
HOAG HOSPITAL FOUNDATION - 95-3222343 330 PLACENTIA AVE. NEWPORT BEACH, CA 92663	FUNDRAISING	California	501(c)(3)	7

**Part II** Continuation of 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))
HOAG MEMORIAL HOSPITAL PRESBYTERIAN - 95-1643327, 1 HOAG DRIVE, PO BOX 6100, NEWPORT BEACH, CA 92658-6100	HEALTHCARE	California	501(c)(3)	3
HOSPICE OF LUBBOCK - 75-2133781 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	Texas	501(c)(3)	10
INLAND NORTHWEST HEALTH SERVICES - 91-1307555, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	Washington	501(c)(3)	3
INSTITUTE FOR MENTAL HEALTH & WELLNESS - 81-4260130, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	Washington	501(c)(3)	7
INSTITUTE FOR SYSTEMS BIOLOGY - 91-2003593 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	Washington	501(c)(3)	7
JOHN WAYNE CANCER INSTITUTE - 95-4291515 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	California	501(c)(3)	4
KADLEC AUXILIARY, INC. - 91-6033089 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	SUPPORT	Washington	501(c)(3)	12, III
KADLEC FOUNDATION - 23-7005501 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	SUPPORT	Washington	501(c)(3)	12, I
KADLEC REGIONAL MEDICAL CENTER - 91-0655392 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	Washington	501(c)(3)	3
LITTLE COMPANY OF MARY ANCILLARY SERVICES CORPORATION - 33-0844408, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	IMAGING SVCS	California	501(c)(3)	10
LUBBOCK METHODIST HOSPITAL FOUNDATION - 75-2220963, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	Texas	501(c)(3)	7
LUNDBERG ASSOCIATION - 91-1562797 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	SUPPORT	Oregon	501(c)(3)	7

**Part II** Continuation of 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))
MARSHA RIVKIN CENTER FOR OVARIAN CANCER RESEARCH - 91-2054035, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	RESEARCH	Washington	501(c)(3)	7
METHODIST CHILDREN'S HOSPITAL - 75-2428911 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	Texas	501(c)(3)	3
METHODIST HOSPITAL LEVELLAND - 75-2246348 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	Texas	501(c)(3)	3
METHODIST HOSPITAL PLAINVIEW - 75-2426010 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	Texas	501(c)(3)	3
MISSION HOSPITAL REGIONAL MEDICAL CTR - 95-1643360, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	California	501(c)(3)	3
NORTHWEST HOPE & HEALING FOUNDATION - 20-0799737, PO BOX 16069, SEATTLE, WA 98116	SUPPORT	Washington	501(c)(3)	12, I
PACMED CLINICS - 56-2290878 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	Washington	501(c)(3)	10
PH&S FOUNDATION/SFVSA & SCVSA - 95-3544877 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	California	501(c)(3)	7
PROVIDENCE ALASKA FOUNDATION - 92-0093565 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	Alaska	501(c)(3)	12, I
PROVIDENCE BENEDICTINE NURSING CENTER FOUNDATION - 91-1940286, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	Oregon	501(c)(3)	7
PROVIDENCE BLANCHET ASSOCIATION - 91-1789266 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	SUPPORT	Washington	501(c)(3)	7
PROVIDENCE CHILDREN'S HEALTH FOUNDATION - 93-0800140, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	SUPPORT	Oregon	501(c)(3)	7

**Part II** Continuation of 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))
PROVIDENCE COMMUNITY HEALTH FOUNDATION - 93-0692907, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	Oregon	501(c)(3)	7
PROVIDENCE DETHMAN HOUSE - 47-3385506 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	SUPPORT	Washington	501(c)(3)	7
PROVIDENCE GAMLIN HOUSE ASSOCIATION - 31-1744654, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	SUPPORT	Washington	501(c)(3)	7
PROVIDENCE HEALTH & SERVICES - 91-1549796 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	Washington	501(c)(3)	12, II
PROVIDENCE HEALTH & SERVICES - MONTANA - 81-0231793, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	Montana	501(c)(3)	3
PROVIDENCE HEALTH & SERVICES - OREGON - 51-0216587, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	Oregon	501(c)(3)	3
PROVIDENCE HEALTH & SERVICES - WASHINGTON - 51-0216586, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	Washington	501(c)(3)	3
PROVIDENCE HEALTH & SERVICES - WESTERN WASHINGTON - 91-1303277, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	Washington	501(c)(3)	3
PROVIDENCE HEALTH ASSURANCE - 55-0828701 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	MEDICAID	Oregon	501(c)(4)	N/A
PROVIDENCE HEALTH CARE FOUNDATION - EASTERN WASHINGTON - 32-0014330, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	Washington	501(c)(3)	7
PROVIDENCE HEALTH CARE FOUNDATION (CENTRALIA) - 91-1433382, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	Washington	501(c)(3)	7
PROVIDENCE HEALTH PLAN - 93-0863097 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	Oregon	501(c)(4)	N/A

**Part II** Continuation of 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))
PROVIDENCE HEALTH SYSTEM - SO. CALIFORNIA - 51-0216589, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	California	501(c)(3)	3
PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL FOUNDATION, INC. - 93-0921990, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	Oregon	501(c)(3)	7
PROVIDENCE HOSPICE AND HOME CARE FOUNDATION - 27-2552749, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	Washington	501(c)(3)	7
PROVIDENCE HOSPICE OF SEATTLE FOUNDATION - 91-2077378, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	Washington	501(c)(3)	7
PROVIDENCE LITTLE COMPANY OF MARY FOUNDATION - 51-0224944, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	California	501(c)(3)	7
PROVIDENCE MARIANWOOD FOUNDATION - 93-1554288, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	Washington	501(c)(3)	12, I
PROVIDENCE MEDICAL INSTITUTE - 33-0283773 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	California	501(c)(3)	12, I
PROVIDENCE MILWAUKIE FOUNDATION - 94-3079515 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	Oregon	501(c)(3)	7
PROVIDENCE MINISTRIES 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	RELIGIOUS ORG	Washington	501(c)(3)	1
PROVIDENCE MOUNT ST. VINCENT FOUNDATION - 91-1188119, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	Washington	501(c)(3)	7
PROVIDENCE NEWBERG HEALTH FOUNDATION - 93-0889144, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	Oregon	501(c)(3)	7
PROVIDENCE PETER CLAVER ASSOCIATION - 31-1629656, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	SUPPORT	Washington	501(c)(3)	7



**Part II** Continuation of 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))
PROVIDENCE PLAN PARTNERS - 91-1861964 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	Washington	501(c)(4)	N/A
PROVIDENCE PORTLAND MEDICAL FOUNDATION - 93-1231494, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	Oregon	501(c)(3)	7
PROVIDENCE ROSSI ASSOCIATION - 31-1584166 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	SUPPORT	Washington	501(c)(3)	10
PROVIDENCE SAINT JOHN'S HEALTH CENTER - 95-1684082, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	California	501(c)(3)	3
PROVIDENCE SAINT JOHN'S MEDICAL FOUNDATION - 81-4542216, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	California	501(c)(3)	3
PROVIDENCE SEASIDE HOSPITAL FOUNDATION - 93-0927320, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	Oregon	501(c)(3)	7
PROVIDENCE ST. ELIZABETH HOUSE ASSOCIATION - 91-2171539, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	SUPPORT	Washington	501(c)(3)	7
PROVIDENCE ST. FRANCIS ASSOCIATION - 94-3244854, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	SUPPORT	Washington	501(c)(3)	7
PROVIDENCE ST. JOSEPH HEALTH - 81-1244422 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	Washington	501(c)(3)	12, III
PROVIDENCE ST. JOSEPH HEALTH FOUNDATION - 94-3078543, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	Washington	501(c)(3)	12, I
PROVIDENCE ST. JOSEPH MEDICAL CENTER - 81-0463482, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	Montana	501(c)(3)	3
PROVIDENCE ST. MARY FOUNDATION - 45-2841492 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	Washington	501(c)(3)	7

**Part II** Continuation of 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))
PROVIDENCE ST. PETER FOUNDATION - 91-1097056 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	SUPPORT	Washington	501(c)(3)	7
PROVIDENCE ST. VINCENT MEDICAL FOUNDATION - 93-0575982, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	Oregon	501(c)(3)	7
PROVIDENCE TRINITYCARE HOSPICE - 95-3264139 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	California	501(c)(3)	10
PROVIDENCE TRINITYCARE HOSPICE FOUNDATION - 33-0261016, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	California	501(c)(3)	7
PROVIDENCE WILLAMETTE FALLS MEDICAL FOUNDATION - 93-1003750, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	Oregon	501(c)(3)	12, I
QUEEN OF THE VALLEY MEDICAL CENTER - 94-1243669, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	California	501(c)(3)	3
REDWOOD MEMORIAL FOUNDATION - 94-2779313 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	California	501(c)(3)	7
REDWOOD MEMORIAL HOSPITAL - 94-1384665 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	California	501(c)(3)	3
SAINT JOHN'S HOSPITAL/HEALTH CENTER FOUNDATION - 95-6100079, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	SUPPORT	California	501(c)(3)	7
SANTA ROSA MEMORIAL HOSPITAL - 94-1231005 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	California	501(c)(3)	3
SEATTLE SCIENCE FOUNDATION - 61-1502822 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	PHYSN COLLAB	Washington	501(c)(3)	7
SISTERS OF PROVIDENCE OF MONTANA CORPORATION - 26-2612415, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	SHELL CORP	Montana	501(c)(3)	1

**Part II** Continuation of 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))
SISTERS OF ST. JOSEPH OF ORANGE - 95-1643383 480 S. BATAVIA ORANGE, CA 92868	RELIGIOUS ORG	California	501(c)(3)	1
SRM ALLIANCE HOSPITAL SERVICES (PVH) - 68-0395200, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	California	501(c)(3)	3
ST. JOSEPH HEALTH MINISTRY - 27-1666576 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	RELIGIOUS ORG	California	501(c)(3)	1
ST. JOSEPH HEALTH NORTHERN CALIFORNIA, LLC - 81-4791043, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	California	501(c)(3)	3
ST. JOSEPH HEALTH SYSTEM - 95-3589356 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	California	501(c)(3)	12, I
ST. JOSEPH HEALTH SYSTEM FOUNDATION - 33-0143024, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	California	501(c)(3)	7
ST. JOSEPH HERITAGE HEALTHCARE - 33-0185031 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	California	501(c)(3)	3
ST. JOSEPH HOME CARE NETWORK - 68-0331084 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	California	501(c)(3)	10
ST. JOSEPH HOSPITAL OF EUREKA - 94-1156596 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	California	501(c)(3)	3
ST. JOSEPH HOSPITAL OF ORANGE - 95-1643359 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	California	501(c)(3)	3
ST. JUDE HOSPITAL, INC - 95-1643324 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	California	501(c)(3)	3
ST. LUKE ASSOCIATION - 94-3176618 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	SUPPORT	Washington	501(c)(3)	7

**Part II** Continuation of 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))
ST. MARY MEDICAL CENTER - 95-1914489 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	California	501(c)(3)	3
ST. MARY OF THE PLAINS HOSPITAL FDN - 75-1653181, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	Texas	501(c)(3)	7
ST. PATRICK HOSPITAL FOUNDATION - 23-7056976 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	Montana	501(c)(3)	7
ST. THOMAS CHILD AND FAMILY CENTER - 81-0233495, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	EDUCATION	Montana	501(c)(3)	10
SWEDISH EDMONDS - 27-2305304 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	Washington	501(c)(3)	3
SWEDISH HEALTH SERVICES - 91-0433740 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	Washington	501(c)(3)	3
SWEDISH MEDICAL CENTER FOUNDATION - 91-0983214, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	Washington	501(c)(3)	7
SWEDISH MJM HOLDINGS - 27-3139262 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HOLDING CO	Washington	501(c)(3)	12, I
THE GAMELIN ASSOCIATION - 91-1180824 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	SUPPORT	Washington	501(c)(3)	7
THE GAMELIN CALIFORNIA ASSOCIATION - 91-1293869, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	SUPPORT	California	501(c)(3)	10
THE GAMELIN OREGON ASSOCIATION - 91-1214491 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	SUPPORT	Oregon	501(c)(3)	10
UNIVERSITY OF PROVIDENCE - 81-0231777 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	EDUCATION	Montana	501(c)(3)	2

## Part II

[illegible]

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations	
							Yes	No
20TH STREET SURGERY LLC - 73-1735618, 1301 20TH STREET, STE 140, SANTA MONICA, CA 90404	AMBULATORY SURG	CA	N/A	N/A	N/A	N/A	N/A	
BROADWAY IMAGING, LLC - 52-2405971, 500 W. BROADWAY, MISSOULA, MT 59802	MEDICAL IMAGING	MT	N/A	N/A	N/A	N/A	N/A	
CENTER FOR SPECIALTY SURGERY, LLC - 26-3638838, 11782 SW BARNES RD., PORTLAND, OR 97225	AMBULATORY SURG	OR	N/A	N/A	N/A	N/A	N/A	
CLACKAMAS RADIATION ONCOLOGY CENTER, LLC - 26-0381897, 4400 NE HALSEY ST, BLDG. II, #495, PORTLAND, OR 97213	RADIATION ONCOL	OR	N/A	N/A	N/A	N/A	N/A	

**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 the organization treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income
1221 MADISON STREET OWNERS ASSOC - 20-1954319, 747 BROADWAY, SEATTLE, WA 98122	OWNERS' ASSOC.	WA	N/A	C CORP	N/A
AMERICAN UNITY GROUP, LTD 90 PITTS BAY ROAD HM08 , PEMBROKE, BERMUDA	CAPTIVE INSURANCE	Bermuda	N/A	C CORP	N/A
AYIN HEALTH SOLUTIONS, INC. - 83-3037172 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	DE	N/A	C CORP	N/A
BOURGET HEALTH SERVICES, INC. - 91-1354431 P.O. BOX 2687 SPOKANE, WA 99223	CLIN/MED LAB	WA	N/A	C CORP	N/A
CARON HEALTH CORPORATION - 81-0486082 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	MED PHYS SVCS	MT	N/A	C CORP	N/A

**Part III** Continuation of 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) Disproportionate allocation	
							Yes	No
COASTAL ASC HOLDINGS, LLC - 81-0986844, ONE HOAG DRIVE, PO BOX 6100, NEWPORT BEACH, CA 92658-6100	HEALTHCARE	CA	N/A	N/A	N/A	N/A	N/A	
COVENANT LONG-TERM CARE, LP - 20-5033419, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	TX	N/A	N/A	N/A	N/A	N/A	
CTR. FOR MED. IMAGING-BRIDGEPORT, LLC - 26-0796953, 4400 NE HALSEY, #495, PORTLAND, OR 97213	IMAGING DIAG.	OR	N/A	N/A	N/A	N/A	N/A	
CTR. FOR MED. IMAGING-TANASBOURNE, LLC - 20-0477972, 4400 NE HALSEY, #495, PORTLAND, OR 97213	IMAGING DIAG.	OR	N/A	N/A	N/A	N/A	N/A	
FULLERTON SURGICAL CENTER LP - 47-0927394, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	AMBULATORY SURG	CA	N/A	N/A	N/A	N/A	N/A	
GREATER VALLEY MEDICAL BUILDING, L.P. - 95-4570858, 501 S. BUENA VISTA ST, BURBANK, CA 91505	REAL ESTATE - MOB	CA	N/A	N/A	N/A	N/A	N/A	
HCSA PROPERTIES, LLC - 46-0620892, 1600 M STREET NW, AUBURN, WA 98001	REAL ESTATE RENT	WA	N/A	N/A	N/A	N/A	N/A	
HERITAGE INVESTMENT GROUP I, LLC - 27-1000061, 500 S. MAIN STREET, STE 1000, ORANGE, CA 92868	INVESTMENTS	CA	N/A	N/A	N/A	N/A	N/A	
HOAG ORTHOPEDIC INSTITUTE - 61-1588294, ONE HOAG DRIVE, PO BOX 6100, NEWPORT BEACH, CA 92658-6100	HEALTHCARE	CA	N/A	N/A	N/A	N/A	N/A	

**Part III** Continuation of 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) Disproportionate allocation	
							Yes	No
HOAG OUTPATIENT CENTERS, LLC - 45-3587572, 27271 LAS RAMBLAS, #350, MISSION VIEJO, CA 92691	HEALTHCARE	CA	N/A	N/A	N/A	N/A	N/A	
INLAND IMAGING, LLC - 91-1855796, 801 S. STEVENS ST., SPOKANE, WA 99204	MEDICAL IMAGING	WA	N/A	N/A	N/A	N/A	N/A	
LSC REAL PROPERTY, LLC - 47-4646059, 2301 QUAKER AVENUE, LUBBOCK, TX 79410	REAL ESTATE	TX	N/A	N/A	N/A	N/A	N/A	
METHODIST DIAGNOSTIC IMAGING - 75-2343261, 4005 24TH STREET, LUBBOCK, TX 79410	HEALTHCARE	TX	N/A	N/A	N/A	N/A	N/A	
NEWPORT BAY SURGERY CENTER, LLC - 56-2518360, 3333 W. PACIFIC COAST HWY, STE 100, NEW PORT BEACH, CA 92663	HEALTHCARE	CA	N/A	N/A	N/A	N/A	N/A	
NEWPORT BEACH ENDOSCOPY CENTER, LLC - 77-0368744, 27271 LAS RAMBLAS, #350, MISSION VIEJO, CA 92691	HEALTHCARE	CA	N/A	N/A	N/A	N/A	N/A	
NEWPORT IMAGING CENTER - 33-0191776, 360 SAN MIGUEL, NEWPORT BEACH, CA 92660	HEALTHCARE	CA	N/A	N/A	N/A	N/A	N/A	
NEWPORT SURGICAL PARTNERS, LLC - 39-2060266, 27271 LAS RAMBLAS, #350, MISSION VIEJO, CA 92691	HEALTHCARE	CA	N/A	N/A	N/A	N/A	N/A	
NORTH BAY ENDOSCOPY CENTER - 61-1559876, 1383 N. MCDOWELL BLVD, STE 110, PETALUMA, CA 94954	HEALTHCARE	CA	N/A	N/A	N/A	N/A	N/A	



**Part III** Continuation of 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) Disproportionate allocation	
							Yes	No
OREGON ADVANCED IMAGING, LLC - 45-0471748, 881 O'HARE PARKWAY, MEDFORD, OR 97504	MEDICAL IMAGING	OR	N/A	N/A	N/A	N/A	N/A	
OREGON OUTPATIENT SURGERY CENTER - 22-3883387, 7300 SW CHILDS RD, TIGARD, OR 97224	AMBULATORY SURG	OR	N/A	N/A	N/A	N/A	N/A	
PET/CT IMAGING AT SWEDISH CANCER INSTITUTE, LLC - 20-3132044, 1221 MADISON STREET, SEATTLE, WA 98104	MEDICAL IMAGING	WA	N/A	N/A	N/A	N/A	N/A	
PHS INVESTMENT TRANSITION PORTFOLIO - 47-2279711, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	INVESTMENTS	WA	N/A	N/A	N/A	N/A	N/A	
PHS INVESTMENT TRUST 2015 PRIVATE ASSETS PORTFOLIO - 47-3393740, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA	INVESTMENTS	WA	N/A	N/A	N/A	N/A	N/A	
PHS INVESTMENT TRUST 2016 PRIVATE ASSETS PORTFOLIO - 81-1532735, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA	INVESTMENTS	WA	N/A	N/A	N/A	N/A	N/A	
PHS INVESTMENT TRUST 2016 PRIVATE RE PORTFOLIO - 81-2960145, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA	INVESTMENTS	WA	N/A	N/A	N/A	N/A	N/A	
PHS INVESTMENT TRUST BANK LOANS PORTFOLIO - 47-2357735, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	INVESTMENTS	WA	N/A	N/A	N/A	N/A	N/A	
PHS INVESTMENT TRUST COMMODITIES PORTFOLIO - 47-2269004, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA	INVESTMENTS	WA	N/A	N/A	N/A	N/A	N/A	

**Part III** Continuation of 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) Disproportionate allocation	
							Yes	No
PHS INVESTMENT TRUST HEDGE FUND PORTFOLIO - 47-2293255, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	INVESTMENTS	WA	N/A	N/A	N/A	N/A	N/A	
PHS INVESTMENT TRUST LDI PORTFOLIO - 47-2392060, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	INVESTMENTS	WA	N/A	N/A	N/A	N/A	N/A	
PHS INVESTMENT TRUST LONG TREASURIES PORTFOLIO - 47-2385238, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA	INVESTMENTS	WA	N/A	N/A	N/A	N/A	N/A	
PHS INVESTMENT TRUST MLP PORTFOLIO - 47-2367538, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	INVESTMENTS	WA	N/A	N/A	N/A	N/A	N/A	
PHS INVESTMENT TRUST PUBLIC DEBT PORTFOLIO - 47-2353569, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	INVESTMENTS	WA	N/A	N/A	N/A	N/A	N/A	
PHS INVESTMENT TRUST PUBLIC EQUITY PORTFOLIO - 47-2283974, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA	INVESTMENTS	WA	N/A	N/A	N/A	N/A	N/A	
PHS INVESTMENT TRUST RELATIVE VALUE PORTFOLIO - 47-2314743, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	INVESTMENTS	WA	N/A	N/A	N/A	N/A	N/A	
PHS INVESTMENT TRUST RISK PARITY PORTFOLIO - 47-2336377, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA	INVESTMENTS	WA	N/A	N/A	N/A	N/A	N/A	
PHS INVESTMENT TRUST SHORT TERM INVESTMENT PORTFOLIO - 81-2701056, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA	INVESTMENTS	WA	N/A	N/A	N/A	N/A	N/A	

**Part III** Continuation of 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) Disproportionate allocation	
							Yes	No
PHS INVESTMENT TRUST TACTICAL TRADING PORTFOLIO - 47-2327491, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA	INVESTMENTS	WA	N/A	N/A	N/A	N/A	N/A	
PHS INVESTMENT TRUST TIPS PORTFOLIO - 47-2402609, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	INVESTMENTS	WA	N/A	N/A	N/A	N/A	N/A	
PORTLAND MEDICAL IMAGING, LLC - 20-1054971, 4400 NE HALSEY #495, PORTLAND, OR 97213	IMAGING DIAGNOSTICS	OR	N/A	N/A	N/A	N/A	N/A	
PROV. RADIATION ONCOLOGY DEVELOP. ASSN. - 26-0682491, 4400 NE HALSEY #495, PORTLAND, OR 97213	REAL ESTATE - MOB	OR	N/A	N/A	N/A	N/A	N/A	
PROVIDENCE CHILDREN'S NEONATAL SERVICES - 47-0918549, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA	NEONATAL CARE	WA	N/A	N/A	N/A	N/A	N/A	
PROVIDENCE IMAGING CENTER JOINT VENTURE - 92-0118807, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	MEDICAL IMAGING	AK	N/A	N/A	N/A	N/A	N/A	
PROVIDENCE PARTNERS FOR HEALTH, LLC - 45-4041798, 501 S. BUENA VISTA ST, BURBANK, CA 91505	CLIN QUALITY/INT	CA	N/A	N/A	N/A	N/A	N/A	
PROVIDENCE ST. JOSEPH HEALTH LONG TERM PORTFOLIO - 82-3190634, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA	INVESTMENTS	WA	N/A	N/A	N/A	N/A	N/A	
PROVIDENCE SURGERY CENTER, LLC - 84-1401625, 902 N. ORANGE ST, MISSOULA, MT 59802	AMBULATORY SURG	MT	N/A	N/A	N/A	N/A	N/A	

**Part III** Continuation of 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) Disproportionate allocation	
							Yes	No
PROVIDENCE/SILVERTON REHAB, LLC - 48-1287267, 4400 NE HALSEY, #425, PORTLAND, OR 97213	REHAB SERVICES	OR	N/A	N/A	N/A	N/A	N/A	
PROVIDENCE/USP SANTA CLARITA GP LLC - 20-2829660, 11550 INDIAN HILLS ROAD #160, MISSION HILLS, CA 91345	AMBULATORY SURG	CA	N/A	N/A	N/A	N/A	N/A	
PROVIDENCE/USP SURGERY CENTERS, LLC - 20-0905938, 11550 INDIAN HILLS ROAD #160, MISSION HILLS, CA 91345	AMBULATORY SURG	CA	N/A	N/A	N/A	N/A	N/A	
SHA, LLC - 75-2569094 12940 NORTH HIGHWAY 183 AUSTIN, TX 78750	HEALTHCARE	TX	N/A	N/A	N/A	N/A	N/A	
SJO ASC HOLDINGS LLC - 82-1655501, 1140 W. LA VETA AVE, ORANGE, CA 92868	HEALTHCARE	CA	N/A	N/A	N/A	N/A	N/A	
ST JOSEPH PHYSICIAN VENTURES I, LLC - 45-4521884, 1100 WEST STEWART DRIVE, ORANGE, CA 92868	REAL ESTATE	CA	N/A	N/A	N/A	N/A	N/A	
ST. JOSEPH/SATELLITE DIALYSIS CENTERS, LLC - 81-4657391, 300 SANTANA ROW, STE 300, SAN JOSE, CA 95128	HEALTHCARE	CA	N/A	N/A	N/A	N/A	N/A	
ST. JUDE SURGICAL CENTERS, LLC - 82-3352570, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	AMBULATORY SURG	CA	N/A	N/A	N/A	N/A	N/A	
SURGERY CENTER AT TANASBOURNE, LLC - 20-8187971, 11221 ROE Ave., STE 300, LEAWOOD, KS 66211	AMBULATORY SURG	KS	N/A	N/A	N/A	N/A	N/A	

**Part III Continuation of Identification of Related Organizations Taxable as a Partnership**

[illegible]

**Part IV** Continuation of 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
HOAG CLINIC - 33-0676831 1 HOAG DRIVE, PO BOX 6100 NEWPORT BEACH, CA 92658-6100	HEALTHCARE	CA	N/A	C CORP	N/A
DATU HEALTH, INC. AND SUBSIDIARIES - 46-3070062, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	IT SVCS	DE	N/A	C CORP	N/A
ENDOSCOPY CENTER OF SOUTHERN CALIFORNIA - 95-2880495, 1301 20TH STREET, STE 280, SANTA MONICA, CA 90404	HEALTHCARE	CA	N/A	S CORP	N/A
GRACE CLINIC OF LUBBOCK - 20-3856995 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	CA	N/A	C CORP	N/A
GRACE CLINIC SERVICES, INC. - 20-3857067 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	TX	N/A	C CORP	N/A
HOAG MANAGEMENT SERVICES, INC. - 33-0731587 1 HOAG DRIVE, PO BOX 6100 NEWPORT BEACH, CA 92658-6100	HEALTHCARE	CA	N/A	C CORP	N/A
LUBBOCK METHODIST HOSP PRACTICE MGMT - 75-2578995, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	INACTIVE	TX	N/A	C CORP	N/A
LUBBOCK METHODIST HOSPITAL SVCS - 75-2118585 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	TX	N/A	C CORP	N/A
LUMEDIC ACQUISITION CO INC - 83-3881097 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	WA	N/A	C CORP	N/A
MISSION VIEJO MEDICAL VENTURES - 33-0212905 27800 MEDICAL CENTER RD, #354 MISSION VIEJO, CA 92691	HEALTHCARE	CA	N/A	C CORP	N/A
PHN HOLDINGS - 46-1814184 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	STRAT PLAN SVCS	CA	N/A	C CORP	N/A
PIONEER INNOVATIONS, INC. - 36-4818191 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTH INNOVATNS	WA	N/A	C CORP	N/A

**Part IV** Continuation of 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
PROVIDENCE ASSURANCE, INC. - 20-8194071 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	CAPTIVE INSURANCE	AZ	N/A	C CORP	N/A
PROVIDENCE HEALTH CARE VENTURES, INC. - 90-0155714, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	CLIN/MED LAB	WA	N/A	C CORP	N/A
PROVIDENCE HEALTH NETWORK - 80-0886966 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	PREPAID HEALTH	CA	N/A	C CORP	N/A
PROVIDENCE HEALTH VENTURES, INC. - 33-0122216, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	INVESTMENT	CA	N/A	C CORP	N/A
ST JOSEPH HEALTH SOURCE, INC. - 46-1900168 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	CA	N/A	C CORP	N/A
ST. JOSEPH HEALTH - 46-2340232 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HOLDING COMPANY	CA	N/A	C CORP	N/A
ST. JOSEPH PROF SVCS ENTERPRSES, INC. - 33-0155323, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	CA	N/A	C CORP	N/A
VINSERRA, INC. - 95-3943315 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	INVESTMENTS	CA	N/A	C CORP	N/A
WESTERN HEALTHCONNECT VENTURES, INC. - 80-0953654, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	INVESTMENTS	WA	N/A	C CORP	N/A
YAKIMA MEDICAL ARTS, INC. - 91-0787963 611 N. PERRY, #100 SPOKANE, WA 99202	RENT REAL ESTATE	WA	N/A	C CORP	N/A

**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.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity .....
- b** Gift, grant, or capital contribution to related organization(s) .....
- c** Gift, grant, or capital contribution from related organization(s) .....
- d** Loans or loan guarantees to or for related organization(s) .....
- e** Loans or loan guarantees by related organization(s) .....
- f** Dividends from related organization(s) .....
- g** Sale of assets to related organization(s) .....
- h** Purchase of assets from related organization(s) .....
- i** Exchange of assets with related organization(s) .....
- j** Lease of facilities, equipment, or other assets to related organization(s) .....
- k** Lease of facilities, equipment, or other assets from related organization(s) .....
- l** Performance of services or membership or fundraising solicitations for related organization(s) .....
- m** Performance of services or membership or fundraising solicitations by related organization(s) .....
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....
- o** Sharing of paid employees with related organization(s) .....
- p** Reimbursement paid to related organization(s) for expenses .....
- q** Reimbursement paid by related organization(s) for expenses .....
- r** Other transfer of cash or property to related organization(s) .....
- s** Other transfer of cash or property from related organization(s) .....

**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 transactions.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	Method of d
(1) PROVIDENCE HEALTH & SERVICES OREGON	B	2,592,142.	COST
(2) PROVIDENCE HEALTH & SERVICES OREGON	C	324,533.	COST
(3)			
(4)			
(5)			
(6)			



**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 gross income) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

**Part VII Supplemental Information.**

Provide additional information for responses to questions on Schedule R. See instructions.

## Part III, Identification of Related Organizations Taxable as Partnership:

## Name, Address, and EIN of Related Organization:

PHS INVESTMENT TRUST 2015 PRIVATE ASSETS PORTFOLIO

EIN: 47-3393740

1801 LIND AVE SW, ATTN: TAX DEPT.

RENTON, WA 98057-9016

## Name, Address, and EIN of Related Organization:

PHS INVESTMENT TRUST 2016 PRIVATE ASSETS PORTFOLIO

EIN: 81-1532735

1801 LIND AVE SW, ATTN: TAX DEPT.

RENTON, WA 98057-9016

## Name, Address, and EIN of Related Organization:

PHS INVESTMENT TRUST 2016 PRIVATE RE PORTFOLIO

EIN: 81-2960145

1801 LIND AVE SW, ATTN: TAX DEPT.

RENTON, WA 98057-9016

## Name, Address, and EIN of Related Organization:

PHS INVESTMENT TRUST COMMODITIES PORTFOLIO

EIN: 47-2269004

1801 LIND AVE SW, ATTN: TAX DEPT.

RENTON, WA 98057-9016

## Name, Address, and EIN of Related Organization:

PHS INVESTMENT TRUST LONG TREASURIES PORTFOLIO

**Part VII Supplemental Information.**

Provide additional information for responses to questions on Schedule R. See instructions.

EIN: 47-2385238

1801 LIND AVE SW, ATTN: TAX DEPT.

RENTON, WA 98057-9016

Name, Address, and EIN of Related Organization:

PHS INVESTMENT TRUST PUBLIC EQUITY PORTFOLIO

EIN: 47-2283974

1801 LIND AVE SW, ATTN: TAX DEPT.

RENTON, WA 98057-9016

Name, Address, and EIN of Related Organization:

PHS INVESTMENT TRUST RISK PARITY PORTFOLIO

EIN: 47-2336377

1801 LIND AVE SW, ATTN: TAX DEPT.

RENTON, WA 98057-9016

Name, Address, and EIN of Related Organization:

PHS INVESTMENT TRUST SHORT TERM INVESTMENT PORTFOLIO

EIN: 81-2701056

1801 LIND AVE SW, ATTN: TAX DEPT.

RENTON, WA 98057-9016

Name, Address, and EIN of Related Organization:

PHS INVESTMENT TRUST TACTICAL TRADING PORTFOLIO

EIN: 47-2327491

1801 LIND AVE SW, ATTN: TAX DEPT.

RENTON, WA 98057-9016

**Part VII** Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Name, Address, and EIN of Related Organization:

PROVIDENCE CHILDREN'S NEONATAL SERVICES

EIN: 47-0918549

1801 LIND AVE SW, ATTN: TAX DEPT.

RENTON, WA 98057-9016

Name, Address, and EIN of Related Organization:

PROVIDENCE ST. JOSEPH HEALTH LONG TERM PORTFOLIO

EIN: 82-3190634

1801 LIND AVE SW, ATTN: TAX DEPT.

RENTON, WA 98057-9016