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Form <b>990</b>
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

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

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

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



AF	or the	2019 calendar year, or tax year beginning and e	ending	-			
B C a	heck if oplicabl	e: PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL		D Employer identific	ation number		
X	Addre chang	FOUNDATION, INC.					
	Name chang		93-0921990				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number				
	Final return	1801 LIND AVE SW ATTN, TAX DEPT		(503) 216-662			
	termin	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	595,411.		
	Amen			H(a) Is this a group re	turn		
	Applic tion	<sup>a-</sup> F Name and address of principal officer: SUSAN FROST		for subordinates?	? Yes X No		
	pendii	<sup>19</sup> SAME AS C ABOVE		H(b) Are all subordinates inc			
IT	ax-ex	empt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) o	or 527	If "No," attach a l	list. (see instructions)		
J۷	Vebsi <sup>.</sup>	e: WWW.PROVIDENCEFOUNDATIONS.ORG/FOUNDATIONS/PAGES/		H(c) Group exemptior	n number 🕨		
ΚF	orm of	organization: X Corporation Trust Association Other ►	L Year	of formation: 1984 M	State of legal domicile: OR		
Pa	rt I	Summary					
~	1	Briefly describe the organization's mission or most significant activities: SEE SCH	HEDULE O				
Activities & Governance							
rna	2	Check this box 🕨 if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	ets.		
ove	3	Number of voting members of the governing body (Part VI, line 1a)			11		
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			11		
es {	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			0		
vitio	6	Total number of volunteers (estimate if necessary)		6	95		
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.		
_	b	Net unrelated business taxable income from Form 990-T, line 39	<u></u>	7b	0.		
				Prior Year	Current Year		
e		Contributions and grants (Part VIII, line 1h)		342,914.	304,896.		
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.		
Sev.		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		102,002.	123,209.		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		24,352.	-10,872.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		469,268.	417,233.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		281,070.	126,012.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		97,396.	98,685.		
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
đx			037.	24 500	25.400		
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		31,722.	37,492.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		410,188.	262,189.		
		Revenue less expenses. Subtract line 18 from line 12		59,080.	155,044.		
IS OF				ginning of Current Year	End of Year		
sset 3ala	20	Total assets (Part X, line 16)	······	5,356,917.	5,448,626.		
Net Assets	21	Total liabilities (Part X, line 26)		371,907.	28,144.		
		Net assets or fund balances. Subtract line 21 from line 20		4,985,010.	5,420,482.		

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

Sign	Signature of officer		Date									
Here	SUSAN FROST, EXECUTIVE DIRECTOR											
	Type or print name and title											
	Print/Type preparer's name	$\Pr_{\mathbf{p}}$ arer's signature $\Lambda$	Date	Check PTIN								
Paid	AERRIAL ORR	Armal II. On	11/10/2020	self-employed P01598400								
Preparer	Firm's name 🕒 ERNST & YOUNG US LLP		Firm's	SEIN ▶ 34-6565596								
Use Only	Firm's address 🖕 55 IVAN ALLEN JR BLVD,	STE 1000										
	ATLANTA, GA 30308		Phon	e no.404-874-8300								
May the I	RS discuss this return with the preparer shown ab	ove? (see instructions)		X Yes No								
932001 01-2	932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019)											

	990 (2019) FOUNDATION, INC.	93-0921990	Page
Pai	t III Statement of Program Service Accomplishments		<b>.</b>
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	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 F72		Yes 🗴 No
	prior Form 990 or 990-EZ? 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'	2	Yes X 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, a	s measured by exper	ises.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	ers, the total expense	es, and
4.0	revenue, if any, for each program service reported.           (Code:) (Expenses \$143,737. including grants of \$) (Rev		0.
4a	(Code:) (Expenses \$143,737. including grants of \$120,012. ) (Rev	enue \$	0.
46			
4b	(Code:) (Expenses \$ including grants of \$) (Rev	enue \$	
4c	(Code:) (Expenses \$ including grants of \$) (Rev	renue \$	
4d	Other program services (Describe on Schedule O.)		
4d	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4d 4e		)	orm <b>990</b> (2019

	990 (2019) FOUNDATION, INC. 93-09219	90	Р	age <b>3</b>
Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	Х	<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-	х	
	Part VI	11a	A	<u> </u>
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x
	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11c		x
Ь	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 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			<u> </u>
u		11d	х	
<u>م</u>	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	X	<u> </u>
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			<u> </u>
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		├──
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	<u> </u>
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Form **99** (2019)

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Form	990 (2019) FOUNDATION, INC. 93-0921	990	Р	age <b>4</b>
Par	TIV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
a	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	054		x
06	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		
26				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		x
27	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	20		<u> </u>
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	┝──
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	├──
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
~-	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	x	
Par	Note: All Form 990 filers are required to complete Schedule O           tv         Statements Regarding Other IRS Filings and Tax Compliance	38		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	.1	103	
		0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
5	(gambling) winnings to prize winners?	1c	x	
932004	↓ 01-20-20		<b>990</b>	(2019)
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Form	990 (2019) FOUNDATION, INC.		93-092199	0	Р	age 5				
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)									
					Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return	2a	0							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions	;)								
				3a		X				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		-							
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount	)?	4a		X				
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 Ac	count	s (FBAR).	_		v				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5a</u>		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact			<u>5b</u>		X				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			<u>5c</u>						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the									
	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contribution									
_	were not tax deductible?			6b						
7	Organizations that may receive deductible contributions under section 170(c).			7.	x					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a	X					
				7b	~					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					x				
	to file Form 8282?			7c						
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	0	7.		X				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co			7e		X				
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		0 oo roquirod?	7f 7g						
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			7h						
0		•		8						
9	Sponsoring organization have excess business holdings at any time during the year?									
a				9a						
b				9b						
10	Section 501(c)(7) organizations. Enter:									
	Initiation fees and capital contributions included on Part VIII, line 12	10a								
		10b								
11	Section 501(c)(12) organizations. Enter:									
a	Gross income from members or shareholders	11a								
	Gross income from other sources (Do not net amounts due or paid to other sources against			1						
	amounts due or received from them.)	11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			1						
	Is the organization licensed to issue qualified health plans in more than one state?			13a						
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
-	organization is licensed to issue qualified health plans	13b								
с	Enter the amount of reserves on hand	13c								
14a		· · · ·		14a		x				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner									
	excess parachute payment(s) during the year?			15		x				
	If "Yes," see instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	e?	16		x				
	If "Yes," complete Form 4720, Schedule O.									
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Form **990** (2019)

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932005 01-20-20

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PROVIDENCE HOOD RIVER	MEMORIAL HOSPITAL
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Form	990 (2019) FOUNDATION, INC.		93-09219		Р	age 6							
Par	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough 7	b below, and for a	"No" re	espons	se							
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See in	structions.										
	Check if Schedule O contains a response or note to any line in this Part VI					X							
Sec	tion A. Governing Body and Management												
					Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11										
	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 on Schedule O.												
b													
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other												
	officer, director, trustee, or key employee?												
3													
	of officers, directors, trustees, or key employees to a management company or other person?												
4	Did the organization make any significant changes to its governing documents since the prior Form 99			4		x							
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		x							
6	Did the organization have members or stockholders?			6	Х								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap												
	more members of the governing body?	-		7a	х								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st												
	persons other than the governing body?			7b	х								
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea												
	The governing body?	-	-	8a	х								
	Each committee with authority to act on behalf of the governing body?			8b	х								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read												
-	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		x							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev												
			,ouo.,		Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?			10a		x							
	If "Yes," did the organization have written policies and procedures governing the activities of such ch												
		•		10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х								
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		5										
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х								
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х								
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es " de	scrihe										
	in Schedule O how this was done	,		12c	х								
13	Did the organization have a written whistleblower policy?			13	Х								
14	Did the organization have a written document retention and destruction policy?			14	Х								
15	Did the process for determining compensation of the following persons include a review and approval												
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,	,										
а	The organization's CEO, Executive Director, or top management official			15a		x							
	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).												
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent wit	ha										
	taxable entity during the year?			16a		x							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat												
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		•										
	exempt status with respect to such arrangements?			16b									
Sec	tion C. Disclosure												
17	List the states with which a copy of this Form 990 is required to be filed <b>&gt;</b> OR												
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	nd 990-	(Section 501(c)(3)	s onlv)	availa	ble							
-	for public inspection. Indicate how you made these available. Check all that apply.		,			-							
	Own website     Another's website     X     Upon request     Other (explain	on Sch	nedule ()										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, col			d finano	cial								
	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 boo	ks and	records										
	JO ANN ESCASA-HAIGH - 949-381-4000												
	3345 MICHELSON DRIVE, SUITE 100, IRVINE, CA 92612												
932004	01-20-20			Form	990	(2019)							
01-	6 6 00 150102 C00050C1 022	~				005							

Form 990 (		93-0921990	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co	mpensated	
	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 Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending w	•	

• 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."

PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL

• 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.

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

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

(A)	(B)	<b>(C)</b> Position					(D)	(E)	(F)	
Name and title	Average hours per week	box	not c , unle:	heck ss pei	more rson i	than o s both or/trus	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) SUSAN FROST	20.00									
EXECUTIVE DIRECTOR	20.00			x				0.	117,191.	24,781.
(2) ERICK HAYNIE	1.00									
VICE CHAIR	0.00	х		x				0.	0.	0.
(3) JOHN BRUNK	1.00									
SECRETARY	0.00	х		x				0.	0.	0.
(4) CAROL FRIEND	1.00									_
TREASURER	0.00	х		x				0.	0.	0.
(5) CHUCK BUGGE	1.00									
CHAIR	0.00	х		x				0.	0.	0.
(6) BETTY GAUVIN	1.00									•
DIRECTOR	0.00	Х						0.	0.	0.
(7) BRANDEN BUEL	1.00							0	•	0
DIRECTOR           (8)         CATHERINE DALBEY	0.00	Х						0.	0.	0.
DIRECTOR	0.00	x						0.	0.	0
(9) DEVON WELLS	1.00	^			<u> </u>			· · ·	0.	0.
DIRECTOR	0.00	x						0.	0.	0.
(10) MICHELE BEAMAN	1.00	<u>л</u>						••	••	0.
DIRECTOR	0.00	x						0.	0.	0.
(11) MOOREEN MORRIS	1.00									
DIRECTOR	0.00	x						0.	0.	0.
(12) RYAN BREVARD	1.00									
DIRECTOR	0.00	x						٥.	0.	0.
						$\left  \right $				
922007 01 20 20										Form <b>990</b> (2019)

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Form 990 (2019)

Form 990 (2019) FOUNDATION		EMO	RIA	LH	OSP	ITA	L		93-09	92199	0	D	age <b>8</b>
Form 990 (2019) FOUNDATION, 2 Part VII Section A. Officers, Directors, Trus				0.00	1 11:2	aboo	÷ ^	omponented Employee		/21))	0	Г	iye •
(A) Name and title	(B) Average hours per week	(do box	not c	(C Pos heck i ss per	C) ition more rson is		one n an	(D) Reportable compensation from	(continuea) (E) Reportable compensatio from related	on	an	(F) timate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		fr org and	pensa om the anizati d relate anizatio	e on ed
		-											
								0.	117,	191	 	24,	781
1b Subtotal c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)	I, Section A							0.	117,	٥.		24,	0.
2 Total number of individuals (including but n compensation from the organization ►						) wh	o re	eceived more than \$100,	000 of reportable	e		Vee	(
<b>3</b> Did the organization list any <b>former</b> officer,	director, trust	ee, k	key e	empl	oye	e, or	hig	hest compensated emp	loyee on			Yes	No
<ul><li>line 1a? If "Yes," complete Schedule J for s</li><li>For any individual listed on line 1a, is the su</li></ul>								ner compensation from t			3		X
<ul><li>and related organizations greater than \$150</li><li>Did any person listed on line 1a receive or a</li></ul>											4		х
rendered to the organization? <i>If "Yes." corr</i> Section B. Independent Contractors											5		Х
Complete this table for your five highest co the organization. Report compensation for	-									pensa	tion fro	m	
(A) Name and business	<b>.</b>	NO		ig w				(B) Description of s		С	(C Comper		ı
							_						
							_						
										<b>—</b>			

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

Form 990 (2019)

932008 01-20-20

FOUNDATION INC 93-0921990 Page 9 Form 990 (2019) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) (A) Unrelated Revenue excluded Total revenue Related or exempt from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1a **1** a Federated campaigns 1b b Membership dues 45,882. c Fundraising events 1c 107,458. d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 151,556. 1f g Noncash contributions included in lines 1a-1f 1g |\$ 304,896. h Total. Add lines 1a-1f ► **Business Code** 2 a Program Service Revenue b С d f All other program service revenue g Total. Add lines 2a-2f ► 3 Investment income (including dividends, interest, and 57,006 57,006. other similar amounts) ► 4 Income from investment of tax-exempt bond proceeds ► 5 Royalties ..... (i) Real (ii) Personal 6a 6 a Gross rents 6b **b** Less: rental expenses c Rental income or (loss) 6c d Net rental income or (loss) ► (i) Securities (ii) Other 7 a Gross amount from sales of 173,162. assets other than inventory 7a **b** Less: cost or other basis 106,959. Other Revenue and sales expenses 7b c Gain or (loss) 7c 66,203. 66,203. 66,203. d Net gain or (loss) ► 8 a Gross income from fundraising events (not 45,882. of including \$ contributions reported on line 1c). See Part IV, line 18 15,365. 8a 8b 14,212. **b** Less: direct expenses 1,153 1,153 c Net income or (loss) from fundraising events ► 9 a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities ► 10 a Gross sales of inventory, less returns 44,982 10a and allowances 57,007 b Less: cost of goods sold 10b -12,025 -12,025 c Net income or (loss) from sales of inventory ► **Business Code** liscellaneous 11 a Revenue b d All other revenue e Total. Add lines 11a-11d ► 417,233. Ο. 0. 112,337. Total revenue. See instructions 12 ► Form 990 (2019)

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FOUNDATION, INC.

Part IX Statement of Functional Expenses

Form 990 (2019)

	01(c)(3) and 501(c)(4) organizations must comple Check if Schedule O contains a respons		his Part IX	· · · ·	
	nclude amounts reported on lines 6b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Gra	nts and other assistance to domestic organizations				
and	domestic governments. See Part IV, line 21	121,012.	121,012.		
<b>2</b> Gra	ants and other assistance to domestic				
indi	ividuals. See Part IV, line 22	5,000.	5,000.		
3 Gra	ants and other assistance to foreign				
org	anizations, foreign governments, and foreign				
indi	ividuals. See Part IV, lines 15 and 16				
4 Ber	nefits paid to or for members				
<b>5</b> Cor	mpensation of current officers, directors,				
	stees, and key employees	98,685.		36,111.	62,574
	npensation not included above to disqualified				
	sons (as defined under section 4958(f)(1)) and				
•	sons described in section 4958(c)(3)(B)				
	her salaries and wages				
	ision plan accruals and contributions (include				
	tion 401(k) and 403(b) employer contributions)				
	her employee benefits				
	/roll taxes				
	es for services (nonemployees):				
	-				
	nagement				
	bying				
	fessional fundraising services. See Part IV, line 17	7 647		7 647	
	estment management fees	7,647.		7,647.	
-	ner. (If line 11g amount exceeds 10% of line 25,	1 000		CAF	1 225
	umn (A) amount, list line 11g expenses on Sch 0.)	1,980.	140	645.	1,335
	vertising and promotion	142.	142.	5 445	
		6,673.	366.	5,445.	862
	ormation technology				
<b>15</b> Roy	yalties				
<b>16</b> Occ	cupancy				
<b>17</b> Tra	vel	611.		373.	238
<b>18</b> Pay	ments of travel or entertainment expenses				
for	any federal, state, or local public officials				
<b>19</b> Cor	nferences, conventions, and meetings	460.		6.	454
20 Inte	erest				
<b>21</b> Pay	/ments to affiliates				
	preciation, depletion, and amortization				
23 Inst	urance				
abo	er expenses. Itemize expenses not covered ve (List miscellaneous expenses on line 24e. If				
	24e amount exceeds 10% of line 25, column (A) bunt, list line 24e expenses on Schedule 0.)				
	ECIAL EVENTS	17,862.	16,331.	369.	1,162
~ <u> </u>	CENSES & TAXES	1,169.	470.	426.	273
· · ·	HER DIRECT EXPENSES	852.	416.	297.	139
	ES & SUBSCRIPTIONS	96.	-10 <b>.</b>	96.	100
~ <u> </u>		. 0,		50.	
	other expenses	262,189.	143,737.	51,415.	67,037
	al functional expenses. Add lines 1 through 24e	202,109.	143,131.	51,415.	07,037
	nt costs. Complete this line only if the organization				
	orted in column (B) joint costs from a combined				
	cational campaign and fundraising solicitation.				
Cheo	ck here if following SOP 98-2 (ASC 958-720)				

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10 2019.05000 PROVIDENCE HOOD RIVER MEM 60097961

Form 990 (2019)

FOUNDATION, INC.

Form 990 (2019)

93-0921990 Page **11** 

		Check if Schedule O contains a response or no	te to any	ne in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			879,731.	1	748,84
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			18,461.	3	3,53
	4					4	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, sub	stantial co	tributor, or 35%			
		controlled entity or family member of any of the	ese perso	;		5	
	6	Loans and other receivables from other disqua	lified pers				
		under section 4958(f)(1)), and persons describe		F		6	
	7	Notes and loans receivable, net		Г	4,279.	7	
	8	Inventories for sale or use			28,989.	8	25,94
	9					9	
		Land, buildings, and equipment: cost or other	I I	••••••			
		basis. Complete Part VI of Schedule D	10a	553,850.			
	b	Less: accumulated depreciation		0.	553,850.	10c	553,8
	11	Investments - publicly traded securities			3,225,982.	11	3,559,4
	12	Investments - other securities. See Part IV, line			, , , .	12	, ,
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	645,625.	15	557,0		
	16	Total assets. Add lines 1 through 15 (must eq			5,356,917.	16	5,448,6
	17	Accounts payable and accrued expenses			3,718.	17	5,3
	18		-,•	18	-,-		
	19	Grants payable Deferred revenue				19	
	20	<b>–</b>		20			
	20	Tax-exempt bond liabilities				20	
	22	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%					
				F		22	
	00	controlled entity or family member of any of the Secured mortgages and notes payable to unre					
	23					23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p parties, and other liabilities not included on line					
		- f O alta a da da D	,	·	368,189.	~	22,8
	06	of Schedule D			371,907.	25 26	22,0
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, ch		x x	5/1,507.	20	20,1
2		and complete lines 27, 28, 32, and 33.	eck nere				
í	07			-	3,542,067.	27	3,921,2
	27				1,442,943.	21	1,499,2
	28	Net assets with donor restrictions			1,112,513.	20	1,100,2
		Organizations that do not follow FASB ASC	958, cne	nere 🕨 🛄			
	00	and complete lines 29 through 33.	_	ŀ		29	
	29	Capital stock or trust principal, or current funds					
5	30	Paid-in or capital surplus, or land, building, or e				30	
	31	Retained earnings, endowment, accumulated i			A DOE 010	31	E 400 4
	32	Total net assets or fund balances		····· -	4,985,010.	32	5,420,4
	33	Total liabilities and net assets/fund balances			5,356,917.	33	5 , 448 , 6 Form <b>990</b> (2

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	PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL					
Form	990 (2019) FOUNDATION, INC.	93-092	1990	Pa	ge <b>12</b>	
Pa	rt XI Reconciliation of Net Assets				<u>, í</u>	
	Check if Schedule O contains a response or note to any line in this Part XI				X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		417,	233.	
2	Total expenses (must equal Part IX, column (A), line 25)	2		262,	189.	
3	Revenue less expenses. Subtract line 2 from line 1	3		155,	044.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	,985,	010.	
5	Net unrealized gains (losses) on investments	5		366,	034.	
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-85,	606.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	5	,420,	482.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<b>2</b> a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2c</u>	X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit				
	Act and OMB Circular A-133?		. <u>3a</u>		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		<b>3</b> b		(2010)	

Form **990** (2019)

932012 01-20-20

Public Charity Status and Public Support Description 490 of 996-E2 De	SCHEDULE A	Dublic Che						OMB No. 1545-0047	
Attach to Form Boy or Form Boy CL.         Description           Name of the ergunization         Pactro Information and the latest information.         Engloyer identification number 33-0321302           Pactro Information Processor (Charley Status) (All organizations must complete this part). See instructions.         See instructions.           Pactro Information Processor (Charley Status) (All organizations must complete this part). See instructions.         See instructions.           The ergunization is not a private foundation because its: (For lines 1 through 12, check only one box).         A check only one box).           A check on expected in section 1700()(1)(A)(0), (Attach Schedule E form Boy or 980-E2).         A modial research organization comparised in conjunction with a hospital described in section 1700()(1)(A)(0). Enter the hospital's name, cly, and state:           S and a cocycenite hospital service organization described in section 1700()(1)(A)(0). Complete Part II)         A cederal, state, or local governmental unit described in section 1700()(1)(A)(0).           B a community true described in section 1700()(1)(A)(0). Complete Part II)         A cederal, state, or local governmental unit described in section 1700()(1)(A)(0).           B a community true description is section 1700()(1)(A)(0). Complete Part II)         A cederal, state, or local governmental unit described in section 1700()(1)(A)(0).           B a community true description section 1700()(1)(A)(0). Complete Part II)         A cederal, state, or local governmental unit described in section 1700()(1)(A)(0).           B a copolic adifference in s	(Form 990 or 990-EZ)						2010		
Internet Works Boxter    Neme of the organization De Go to www.infs.gov/Form900 for instructions and the latest information. Impection   Neme of the organization Procentizations, and the latest information. Employeer identification number 20100-000-000-000-000-000-000-000-000-00						or a section		2015	
Name of the organization         PROVIDENCE NOD INVER.         MEMORIZAL BODITAL         Endote Name           910-0121         Reason for Public Charity Status (All organizations must complete this pat). See instructores.         93-092190           1         A church, convention of churches, or association of churches described in section TOD(NT(AR)).         A church, convention of churches, or association discribed in section TOD(NT(AR)).           2         A church, convention of churches, or association discribed in section TOD(NT(AR)).         A church, convention of Churches, or association the section TOD(NT(AR)).           3         A church, convention of Churches, or association discribed in section TOD(NT(AR)).         A medial research organization paratel for conjunction with a hospital described in section TOD(NT(AR)).           4         A modial research organization discribed ration as overmental unit described in section TOD(NT(AR)).           6         A comparization thanomality receives as subtantial part of lies support from contributions, membrania public described in section TOD(NT(AR)).           7         An organization thanomality receives as subtantial part of lies support from contributions, membrania field colis support from contributions, membrania field colis subtantian and colis as fields of its support from contributions, membrania field colis subtantian discribed in section TOD(NT(AR)).           9         An organization thanomality receives as subtantian discribed in section TOD(NT(AR)).         Subtantian organization subtantian subtantis as the subasin subtantis as the colise or organization conjuncti						formation.			
PartI       Reason for Public Charity Status (All organizations must complete this part).Bee instructions.         The ergenization is not a private foundation because it is: (For lines 1 through 12, check only one box)       A church, convention of churches, or association of churches described in section TOQD(11(AA(i)).         A Actuach, convention of churches, or association of churches described in section TOQD(11(AA(ii)).       A Actuach, to accoparately hospital service organization described in section TOQD(11(AA(ii)).         A M medical research organization operated in conjunction with a hospital described in section TOQD(11(AA(ii)).       A model attac:         B A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section TOQD(11(AA(ii)).       A coderal, state, or local government or governmental unit described in section TOQD(11(AA(ii)).         B A coderal, state, or local government or governmental unit described in section TOQD(11(AA(ii)).       A coderal, state, or local government or governmental unit described in section TOQD(11(AA(i))).         B A coderal, state, or local government or governmental unit described in section TOQD(11(AA(i))).       A coderal, state, or local governmental unit describes in support from continutions, membership lees, and gross receipts from activities and and contact described in section TOQD(11(AA(i))).         B A coderal, state, or local government unit describes in support from contributions, membership lees, and gross receipts from activities and an to malar grant college or university.         C morganization to malar grant college of agriculturue (see instructions). Enter the nans 33 (3'	Name of the organizatio						Employer	identification number	
The organization is not a private foundation because it is: (For lines 1 through 12, check only one box)  1 A chuch, convention of churches, or association of churches described in section 700(b)(1)(A)(ii), A school described in section 170(b)(1)(A)(ii), (Attach Schedule E (Form 990 or 990 EZ))  A chool described in section 170(b)(1)(A)(ii), (Attach Schedule E (Form 990 or 990 EZ))  A chool described in section 170(b)(1)(A)(ii), (Attach Schedule E (Form 990 or 990 EZ))  A chool described in section 170(b)(1)(A)(iii), (Churche E Art III)  A comparization operated to rube benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iii), Enter the hospital s name, city, and state.  A community trust described and section 170(b)(1)(A)(iv), (Complete Part III)  A cognization that normally receives a substantial part of its support form a governmental unit described in section 170(b)(1)(A)(V), (Complete Part III)  A community trust described in section 170(b)(1)(A)(V), (Complete Part III)  A community trust described in section 170(b)(1)(A)(V), (Complete Part III)  A community trust described in section 170(b)(1)(A)(V), (Complete Part III)  A community trust described in section 170(b)(1)(A)(V), (Complete Part III)  A community trust described in section 170(b)(1)(A)(V), (Complete Part III)  A community trust described in section 170(b)(1)(A)(V), (Complete Part III)  A community trust described in section 170(b)(1)(A)(V), (Complete Part III)  A community trust described in section 170(b)(1)(A)(V), (Complete Part III)  A community trust described in section 170(b)(1)(A)(V), (Complete Part III)  A community trust described in section 170(b)(1)(A)(V), (Complete Part III)  A community trust described in section 100(K)(V), (Complete Part III)  A community trust described in section 170(b)(1)(A)(V), (Complete Part III)  A community trust described in section 100(K)(V), (Complete Part III)  A community trust described in section 170(b)((A)(V), (Complete Part III))  A communi								93-0921990	
A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii).             A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital sname,             city, and state:             A non-ganization operated for the benefit of a college or university owned or operated by a governmental unit described in             section 170(b)(1)(A)(ii). Complete Part II).             A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).             Z An organization to the monthly for a dollage or university owned or operated by a governmental unit described in             section 170(b)(1)(A)(v).             Z An organization to the monthly from the described in section 170(b)(1)(A)(v).             Z An organization that normally necesses a substantial part of its support from a governmental unit described in             section 170(b)(1)(A)(v).             Community frust described in section 170(b)(1)(A)(v).             An again-tation that normally necesses: subject to carriar exceptions, and (2) norme than 331 (3% of its support from contributions, membership fees, and gross receipts from             achiver stated to its section 500(a)(C) nome than 331 (3% of its support from contributions, membership fees, and gross receipts from             achiver stated to its section 500(a)(1) or pations and organization atter June 30, 1975. See section 509(a)(4).             To organization organization described in section 500(a)(1) or pations of or to carry out the purposes of one or             more public/y supporting organization steries they for supporting organization and complete fart II.             An organization organization described in section 500(a)(1) or section 500(a)(2). Check the box in             lines 12a through 12d that described in section 500(a)(1) or section 500(a)(2). Check the box in             lines 12a through 12d that described	Part I Reason f	or Public Charity Status	All organizations must co	mplete thi	is part.) Se	e instructions	8.		
A school described in section 170(b)(1)(A)(i), (Atta Schedule E (Form 980 or 900 E2), "     A medical research organization operated in conjunction with a locytal described in section 170(b)(1)(A)(iii),     A medical research organization operated in conjunction with a locytal described in section 170(b)(1)(A)(iii),     A medical research organization operated in the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(ii),     A medical research organization operated part the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(i),     Complete Part II)     A organization that normally receives a substantial part of its support form a governmental unit of rom the general public described in section 170(b)(1)(A)(i), (Complete Part II)     A community thust described in section 170(b)(1)(A)(i), (Complete Part II)     A community thust described in section 170(b)(1)(A)(i), (Complete Part II)     A community thust described in section 170(b)(1)(A)(i), (Complete Part II)     A community thust described in section 170(b)(1)(A)(i), (Complete Part II)     A conjanization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to the severpt functions. subject to certain exceptions, and (2) no more than 33 1/3% of fits support from gores investment income and unrelated Diverse taxibile to certain exceptions, and (2) no more than 33 1/3% of fits support from gorealization organization organization organization organization organization organization organization organization organization accomplete Part II)     A organization organization described with supporting organization organization accomplete Part II)     An organization organization described and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization (Sec)(4). Complete Par	<u> </u>		<b>.</b> .		,				
<ul> <li>A Prospital or a cooperative inspital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:</li> <li>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)(ii). Enter the hospital's name, city, and state:</li> <li>A norganization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(i).</li> <li>A norganization that normally receives a substantial part of its support for a governmental unit described in section 170(b)(1)(A)(i).</li> <li>A norganization that normally receives a substantial part of its support form a governmental unit or from the general public described in section 170(b)(1)(A)(i) complete Part II.)</li> <li>An organization that normally receives substantial part of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions: subject to certain sections (2) no 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 sections 509(a)(2). Complete Part II.)</li> <li>An organization organization advectives (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 sections 509(a)(2). Complet Part III.)</li> <li>An organization organization advectives (1) more than 33 1/3% of its support and organization advectives (2) complet Part II.)</li> <li>An organization organization advectives sections 509(a)(1) or section 509(a)(2). See section 509(a)(2). Check the box in increase and subjection organization advectives (2) complete Part IV, Sections A and C.</li> <li>Type II. A supporting organization supervised or controlled by its supported organization (3), by laving the supported organization (4</li></ul>						I)(A)(i).			
A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii). Enter the hospital's name, city, and state:						::)			
<ul> <li>city, and state:</li> <li>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)(h). (Complete Part II.)</li> <li>A ceganization 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)(h). (Complete Part II.)</li> <li>A community rust described in section 170(b) (1/A)(h). (Complete Part II.)</li> <li>A community rust described in section 170(b) (1/A)(h). (Complete Part II.)</li> <li>A community rust described in section 170(b) (1/A)(h). (Complete Part II.)</li> <li>A community rust described in section 170(b) (1/A)(h). (Complete Part II.)</li> <li>An arganization 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 21/2% of its support from gross investment income and unrelated business taable income (less section 511 tax) from businesses acquired by the organization of granization accidential exclusively to test for public safety. See section 509(a)(4).</li> <li>An organization organizatia and operated exclusively to test for public safety. See section 509(a)(4).</li> <li>An organization organization advertisely to test for public safety. See section 509(a)(4). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.</li> <li>Type II. A supporting organization sections and B.</li> <li>D Type II. A supporting organization operated, supported, or controlled by its supported organization(b) by bying the supported organization (sections A and B.</li> <li>D Type II. A supporting organization operated in connection with its supported organization(s) they are to the supporting organization operated in connection with, and functionally integrated with, its is not functio</li></ul>						•	)(iii). Enter	the hospital's name.	
section 170(b)(1)(k)(v), (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 rormally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). (Complete Part II.)         9       An organization that commaly receives a substantial part of its support from 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 grass receipts from activities related to its exempt functions - subject to carrie acceptions, and (2) no more than 33 1/3% of its support from grass 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)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization agnizations agnization agnization agnization agnization agnization granization supervised or controlled in connection with its supported organization (by the supported organization (by the supporting organization agnization) supporting organization (by the supported organization); by giving the supporting organization organization (by the supporting organization agnization) supervised or controlled in connection with its supported organization; by thowing control or management of the supporting organiza			,				<b>/</b> <i>/</i> -		
6       A foderal, state, or local government a unit described in section 170(b)(1)(A)(v).         7       X       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)(v). (Complete Part II.)         8       A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)         9       An argunization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and grass receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from grass investment income and unrelated business taxabile income (ease section 509(a)(2). (Complete Part III.)         11       An organization organized and operated exclusively to test for public safety. See section 509(a)(2). (Complete Part III.)         12       An organization organized and operated exclusively for the beneft of t, to perform the functions of, or to carry out the purposes of one or more publicly supported organization operated, supervised, or controlled by its supported organizations described in section 509(a)(2). See section 509(a)(3). Check the box in lines 12 a frough 12 d.)         12       An organization organization supervised or controlled by its supported organizations(b) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. Supervised organization operated, supervised, or controlled by its supported organization(s), by having control or management of the supporting organization operated in connection with its supported organization(b). Type II. A supporting organization operated in connection with its supported o	5 An organizatio	n operated for the benefit of a co	llege or university owned	or operate	ed by a go	overnmental u	nit describe	d in	
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)(v). (Complete Part II.)         8       A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)         9       An agricultural research organization described in section 170(b)(1)(A)(v). (Complete Part II.)         9       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 goranization 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 to the porform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization after organization site (1), the benefit of, to perform the functionally integrited. A supporting organization exercited in connection with its supported organization is provided organization is provided organization supervised or controlled in connection with its supported organization is provided progenization exercited in connection with its supported organization is provided organization is provided the supporting organization organization exercited in connection with its supported organization(s) the s									
section 170(b)(1)(A)(v). (Complete Part II.)         8       A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)         9       An organization college of agriculture (see instructions). Enter the name, city, and state of the college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the 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 ta) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)         12       An organization organization described in section 509(a)(1) or section 509(a)(2). See section 509(a)(2). Check the box in lines 124 nrough 124 that describes the type of supporting organization and complete lines 126, 121, and 122.         13       Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization supervised or controlled in connection with its supported organization (see instructions). 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), typically by giving the supported organization supervised or controlled in connection with, and functionally integrated with, its		e, or local government or governr	nental unit described in	section 17	′0(b)(1)(A)	(v).			
B A community trust described in section 170(b)(1)(A)(v), (Complete Part II.)     An agricultural research organization described in section 170(b)(1)(A)(v) 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 or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or     university or a non-land grant college of agriculture (see instructions), and (2) no more than 33 1/3% of its support from gross investment     income and unrelated business taxable income (see section 511 tax) from businesses acquired by the organization after June 30, 1975.     See section 509(a)(2). (Complete Part III.)     An organization organized and operated exclusively to test for public safety. See section 509(a)(2).     An organization organized and operated exclusively to test for public safety. See section 509(a)(3).     Check the box in     lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12e, and 12g.     Type II. A supporting organization operated. supervised, or controlled by its supported organization(s), by lawing     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.     D Type II. A supporting organization operated in connection with its supported organization(s), by having     control or management of the 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.     Type III functionally integrated. A supporting organization operated in connection with its supported organization(s)     that is not functionally integrated. A supporting organization operated in connection with its supported organization(s)     t		•	antial part of its support fr	om a gove	ernmental	unit or from th	ne general p	oublic described in	
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 nonland-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 taable 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)(3). Check the box in lines 12 aftrough 12 that describes the type of supporting organization and complete lines 12e, 12f, and 12g.         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 organization operated, supervised, or controlled by its supported organizations(3), they having the supported organization operated, supervised, or controlled by its supported organization(3), typically by giving the supported organization supervised or controlled to its connection with its supported organization(3), by having control or manage that U, Sections A and B.         b       Type II. A supporting organization setsed in connection with a supported organization(6), by having control or managethers of the supporting organization operated in connection with, and functionally integrated with, its supported organization (generalif) wust satalify a distribution requirement and an a									
or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or     university:     10 or 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 501 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 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, 12r, and 12g.     a organization (b) perform the operated aveclusively for the benefit lice by its supported organization(b) 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 organization (b). You must complete Part IV, Sections A and B.     c orthold in management of the supporting organization operated in connection with its supported organization(b). You must complete Part IV, Sections A and C.     c or type III functionally integrated. A supporting organization operated in connection with supported organization(b) the granization supported organization (b). You must complete Part IV, Sections A and D, and Part V.     e orcheck this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated. A supporting organization operated in connection with as supported organization(c)     if yor III non-functionally integrated supporting organization     gr				,	ad in coniu	unction with a	land-grant	college	
university:       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 (ess section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(4).         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 organization add complete lines 12e, 12t, and 12g.         12       An organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization operated (supporting appoint) appoint programization and complete lines 12e, 12t, and 12g.         a       Type I. A supporting organization operated (supporting appoint) appoint programization (supporting organization) supervised, or controlled by its supported organization(s), by having control or management of the supporting organization operated in connection with its supported organization(s) the porting organization operated in connection with its supported organization(s) the supporting organization operated and connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its suppo	¥	-			-		-	-	
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 31 1/3% of its support from gross investment income and unrelated business statub 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)(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 regulary 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 III. A supporting organization supervised or controlled in tesupported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) tupe III. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization organization requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and 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. A supporting organization operated in connection with as upoported organization(s) that is not functionally integr	-	a normana grane conogo or agne			lame, eny	, and state of	the conege		
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)(2). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supporting organization supervised, or controlled in connection with its supported organizations (sections A and B.) b Type II. A supporting organization supervised or controlled in connection with its supported organization(s). You must complete Part IV, Sections A and C. c Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) (see instructions). You must complete Part IV, Sections A and C. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) (see instructions). You must complete Part IV, Sections A and C. e C Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a write determination from the IRS that it is a Type I, Type III functionally integrated. Type III non-functionally integrated supporting organization (M) Amount of monetary requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization (M) IIII (M) Type organization (M) IIII (	10 An organizatio	n that normally receives: (1) more	e than 33 1/3% of its supp	port from c	ontributio	ns, membersl	nip fees, an	d gross receipts from	
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 organization operated, supervised, or controlled by its supported ines 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 regulary appoint or elect a majority of the directors or trustees of the supporting organization supervised or controlled the is connection with its supported organization(s), by having control or management of the supporting organization operated in connection with, and functionally integrated with, its supported organization(s). You must complete Part IV, Sections A and C.         c       Type III functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated supporting organization (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 II, Type III functionally integrated. The organization (Y) Amount of monetary (Y) Amount of dometary support (see instructions).         g Provide the follo	activities relate	ed to its exempt functions - subje	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of i	ts support f	rom gross investment	
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). 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 support of organization ogenization specified 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 operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A and C.         c       Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its a Type III non-functionally integrated a written determination from the IB Stat it is a Type II, Type III functionally integrated a written determination from the IB Stat it is a Type I, Type III functionally integrated organization.         f       Enter the number of supported organization supported organization.       <			(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	fter June 30, 1975.	
12       An organization organization addition 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 supporting organization supervised, or controlled by its supported organization(s), typically by giving 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 operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A and C.         c       Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. A supporting organization 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.       Implement of supported organizations         g Provide the following information about the supported organization(s)					/				
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 operated in connection with, and functionally integrated. A supporting organization operated in connection with supported organization(s). You must complete Part IV, Sections A and C.         c       Type II 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 supervised organization (more analy supported organization). You must complete Part IV, Sections A and Part V.         e       Check this box if the organizations       (more analy integrated, or Type III non-functionally integrated supporting organization.         f Enter the number of supported organizations       (more analy entegrate).       (more analy entegrate).         (I) Nem of supported       (more		•	•	•			rn, out the	ourpasses of ano ar	
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e       Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.         f       Enter the number of supported organizations         g       Provide the following information about the supported organization(s).         (i) Name of supported organization organization       (ii) Type of organization (described on lines 1-10 above (see instructions))         version       (v) Amount of monetary support (see instructions)         version       version         organization       (vi) Amount of other support (see instructions)         version       version         upport (see instructions)       version         upport (see instructions)       version         upport (see instructions)       version         upport (see instructions) </td <td></td> <td></td> <td>0 0 1</td> <td></td> <td></td> <td></td> <td>0</td> <td>()</td>			0 0 1				0	()	
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f       Enter the number of supported organizations         g       Provide the following information about the supported organization (s).       (ii) Type of organization (described on lines 1-10 above (see instructions))       (v) Amount of monetary support (see instructions)       (vi) Amount of other support (see instructions)         0		U U				Туре I, Туре	II, Type III		
g       Provide the following information about the supported organization (i)       (iii) Type of organization (described on lines 1.1) above (see instructions))       (iv) Is the organization (described on lines 1.1) above (see instructions))       (v) Amount of monetary support (see instructions)         Image: Construction of the support (see instructions))       (v) Amount of other support (see instructions)         Image: Construction of the support of			nally integrated supporting	ng organiza	ation.			[]	
(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)         Image: State of the state									
organization     (described on lines 1-10 above (see instructions))     Yes     No     support (see instructions)     support (see instructions)			(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount o	fmonetary	(vi) Amount of other	
Image: Second	organization					support (see ir	nstructions)	support (see instructions)	
1 HA For Panerwork Beduction Act Notice see the Instructions for Form 990 or 990-FZ 93001 09.25-19 Schedule A (Form 990 or 990-FZ) 2019				000 55					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

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## Schedule A (Form 990 or 990-EZ) 2019 FOUNDATION, INC.

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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)** 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 404,011 278,617 440,533 342,914. 304,896 1,770,971. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 404 011. 278,617. 440,533, 342,914. 304 896 1,770,971. 4 Total. Add lines 1 through 3 The portion of total contributions 5 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) 630,176. 1,140,795. 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 342,914. 404,011. 278,617. 440,533 304,896, 1,770,971. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, 60,986 52,656 43,403 47,060. 57,006. 261,111. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital 1,777. assets (Explain in Part VI.) 1,777. 2,033,859. Total support. Add lines 7 through 10 11 326,183. Gross receipts from related activities, etc. (see instructions) 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage 14 56.09 % 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f) 15 Public support percentage from 2018 Schedule A, Part II, line 14 60.60 15 % 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► X b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2019

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# Schedule A (Form 990 or 990-EZ) 2019 FOUNDATION, INC.

## 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.)

Sect	ion A. Public Support						
Calend	ar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 0	Gifts, grants, contributions, and						
n	nembership fees received. (Do not						
ir	nclude any "unusual grants.")						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the rganization's tax-exempt purpose						
3 0	Bross receipts from activities that re not an unrelated trade or bus-						
	ness under section 513						
<b>4</b> T	ax revenues levied for the organ- cation's benefit and either paid to						
	r expended on its behalf						
	he value of services or facilities urnished by a governmental unit to						
tl	ne organization without charge						
6 T	otal. Add lines 1 through 5						
	mounts included on lines 1, 2, and received from disqualified persons						
fr e:	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сA	dd lines 7a and 7b						
	ublic support. (Subtract line 7c from line 6.)						
	ion B. Total Support	<del>.                                    </del>		1	-	1	
	ar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	mounts from line 6						
d	Bross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources						
<b>b</b> U	Inrelated business taxable income						
(	ess section 511 taxes) from businesses						
а	cquired after June 30, 1975						
сA	dd lines 10a and 10b						
a v	let income from unrelated business ctivities not included in line 10b, whether or not the business is egularly carried on						
0	Other income. Do not include gain r loss from the sale of capital ssets (Explain in Part VI.)						
13 T	otal support. (Add lines 9, 10c, 11, and 12.)						
14 F	<b>irst five years.</b> If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth t	ax year as a sectior	n 501(c)(3) organiz	ation,
	heck this box and stop here						
	ion C. Computation of Publi					1 1	
	Public support percentage for 2019 (I			column (f))		15	%
	Public support percentage from 2018					16	%
	ion D. Computation of Inves						
	nvestment income percentage for 20					17	%
	nvestment income percentage from			en line 14 en el lin		<b>18</b>	%
	<b>3 1/3% support tests - 2019.</b> If the						
	nore than 33 1/3%, check this box ar						
	<b>3 1/3% support tests - 2018.</b> If the						
	ne 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	n dia not check a l	box on line 14, 19	a, or 190, check t			
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#### Schedule A (Form 990 or 990-EZ) 2019 FOUNDATION, INC.

(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

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

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Schedule A (Form 990 or 990-EZ) 2019

93-0921990

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Page 4

No Yes

	dule A (Form 990 or 990-EZ) 2019 FOUNDATION, INC.	93-0921990	Pa	age <b>5</b>
Par	T IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
<u>c</u>	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instr	uctions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see instructions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
932025		(Form 990 or 99	90-EZ)	2019

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	PROVIDENCE	HOOD	RIVER	MEMORIAL	HOSPITAL
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Page 6 ructions. A t Year hal)
t Year
t Year
t Year nal)
Year

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

Schedule A (Form 990 or 990-EZ) 2019

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Sche	dule A (Form 990 or 990 EZ) 2019 FOUNDATION, INC.			93-0921990 Page <b>7</b>
	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)	i ago i
Sect	ion D - Distributions		(continuou)	Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
_1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
<u>a</u>	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
-	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
-				(Farma 000 ar 000 F3) 0010

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

INC.

Schedule A (Form 990 or 990-EZ) 2019 FOUNDATION, Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

## MISCELLANEOUS REVENUE

2017 AMOUNT: \$ 1,777.

Schedule A (Form 990 or 990-EZ) 2019

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# Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service \*\* PUBLIC DISCLOSURE COPY \*\*

# Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

Name of	f the organization		Employer identification number			
		VIDENCE HOOD RIVER MEMORIAL HOSPITAL INDATION, INC.	93-0921990			
Organiz	ation type (check o	•	55 6521556			
Filers of	f:	Section:				
Form 99	10 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		s covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.			
General	Rule					
	•	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	· · · ·			
Special	Rules					
X	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.					
	year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a tions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or educ ty to children or animals. Complete Parts I, 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).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

	3 (Form 990, 990-EZ, or 990-PF) (2019)		Page <b>2</b>
Name of or	rganization CE HOOD RIVER MEMORIAL HOSPITAL		Employer identification number
FOUNDATI			93-0921990
Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
1		\$15,	000.       Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
2		\$13,	500.       Person       X         500.       Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
3			Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
4		\$107,	458.       Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) Type of contribution
		\$	Person Payroll Occurrence (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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	ganization CE HOOD RIVER MEMORIAL HOSPITAL	Er	nployer identification num
	ON, INC.		93-0921990
art II	Noncash Property (see instructions). Use duplicate copies of F	art 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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	

Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2019)			Page <b>4</b>
Name of or	rganization			Employer identification number
PROVIDEN	CE HOOD RIVER MEMORIAL HOSPITAL			
FOUNDATI	-			93-0921990
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a			that total more than \$1,000 for the year
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of <b>\$1,000 or</b>	less for the year. (Enter this info. or	nce.) <b>&gt; \$</b>
	Use duplicate copies of Part III if additional	space is needed.		
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
Part I				
		(e) Transfer of gif	t	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
F		(e) Transfer of gif	. I	
	Transferee's name, address, a	nd <b>ZI</b> P + 4	Relationship of tra	ansferor to transferee
		[		
(a) No.				
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
-				
		(e) Transfer of gif	[	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No.				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
ŀ				
		(e) Transfer of gif	L	
	Transferee's name, address, a	nd $7IP \pm 4$	Relationship of tr	ansferor to transferee
ŀ	המוזוריבים אמוור, מעעולא, מ			
923454 11-06	-19	24	Schedule	e B (Form 990, 990-EZ, or 990-PF) (2019)
		24		

	HEDULE D		al Financial St			OMB No. 1545-0047
•	n 990) ment of the Treasury	Part IV, line 6, 7, 8, 9, 10	anization answered "Ye , 11a, 11b, 11c, 11d, 11d Attach to Form 990.	es" on Form 990, e, 11f, 12a, or 12b.		<b>ZUI9</b> Open to Public
Interna	Revenue Service	► Go to www.irs.gov/Form9 PROVIDENCE HOOD RIVER MEMOR	90 for instructions and	the latest information.	<b>F</b>	Inspection
Nam	e of the organization	FOUNDATION, INC.	IAL HOSPITAL		Employe	r identification number 93-0921990
Par	t I Organizatio	ons Maintaining Donor Advise	d Funds or Other S	imilar Funds or Ac	counts.	Complete if the
	organization a	nswered "Yes" on Form 990, Part IV, lin	e 6.			
			(a) Donor advise	d funds (I	<b>b)</b> Funds ar	nd other accounts
1		of year				
2		ontributions to (during year)				
3		ants from (during year)				
4		nd of year				
5	-	nform all donors and donor advisors in	-			
•		property, subject to the organization's				Yes No
6		nform all grantees, donors, and donor a				
	• •	es and not for the benefit of the donor o		ly other purpose conferri	ng	Yes No
Par	impermissible private	on Easements. Complete if the org	nanization answered "Ve	s" on Form 990 Part IV	line 7	Yes No
1		vation easements held by the organization		s on Form 990, Fait IV,		
•		land for public use (for example, recrea	· · · ·	Preservation of a histo	rically impo	rtant land area
	Protection of na			Preservation of a certif		
	Preservation of					Structure
2		ough 2d if the organization held a quali	ied conservation contrib	ution in the form of a cor	servation e	asement on the last
-	day of the tax year.					at the End of the Tax Year
а	Total number of cons	ervation easements			2a	
b					2b	
с	•	ion easements on a certified historic stru			2c	
d		ion easements included in (c) acquired a				
	listed in the National I				2d	
3	Number of conservati	ion easements modified, transferred, rel			ation durin	g the tax
	year 🕨					
4	Number of states whe	ere property subject to conservation eas	sement is located			
5	Does the organization	have a written policy regarding the per	iodic monitoring, inspect	tion, handling of		
		ement of the conservation easements if				Yes No
6	Staff and volunteer ho	ours devoted to monitoring, inspecting,	handling of violations, ar	nd enforcing conservation	n easement	s during the year
	▶	_				
7	Amount of expenses	incurred in monitoring, inspecting, hand	lling of violations, and en	forcing conservation eas	ements du	ring the year
	▶\$					
8		ion easement reported on line 2(d) abov				
		(B)(ii)?				Yes No
9		now the organization reports conservation		-		
		clude, if applicable, the text of the footr	ote to the organization's	financial statements that	t describes	the
Dai	organization's accour	nting for conservation easements. CONS Maintaining Collections of	Art Historical Tra	asures or Other Si	milar As	eate
1 ai		e organization answered "Yes" on Form				3013.
				anua atatamant and hala	naa ahaat i	
Ia		cted, as permitted under FASB ASC 95				
		ures, or other similar assets held for put rt XIII the text of the footnote to its finar				,
b	•	ected, as permitted under FASB ASC 95			sheet work	rs of
D.	-	es, or other similar assets held for public				
		amounts relating to these items:			57 paolio 0	
		d on Form 990, Part VIII, line 1			▶ \$	
	(ii) Assets included in				<b>N</b> .	50,401.
2	.,	eived or held works of art, historical tre				· · ·
		s required to be reported under FASB A				
а		Form 990, Part VIII, line 1			▶ \$	
b	Assets included in Fo				▶ \$	
		uction Act Notice, see the Instructions			Sche	edule D (Form 990) 2019
932051	10-02-19					

Sche	dule D (Form 990) 2019 FOUNDATION	, INC.			9	3-0921	990	P	age <b>2</b>
	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	asures, or Othe	r Similar A	ssets	(contir		
3	Using the organization's acquisition, accessi						loonu	<u>uou</u> /	
	collection items (check all that apply):								
а	X Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explair	n how they further th	ne organization's exe	mpt purpose i	in Part XI	III.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or other simila	r assets				
	to be sold to raise funds rather than to be ma						Yes	X	No
Par	<b>t IV</b> Escrow and Custodial Arran	gements. Comple	ete if the organizatio	n answered "Yes" or	n Form 990, P	art IV, lin	ie 9, or		
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contribution	s or other assets not	included				_
	on Form 990, Part X?					Ш	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:						
						ŀ	Amount	t	
С	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year								
f	Ending balance								
	Did the organization include an amount on F				• • • • • • • • • • • • • • • • • • • •		Yes		No
	If "Yes," explain the arrangement in Part XIII.								
Par	<b>t V Endowment Funds.</b> Complete i					[			
		(a) Current year	(b) Prior year	(c) Two years back			(e) Four		
	Beginning of year balance	2,619,777.	2,796,250.	2,575,695.	2,404	,998.	Ζ,	443,	287.
	Contributions	210 501	104 (20	222 505	170	607		26	0.25
	Net investment earnings, gains, and losses	218,581.	-124,638.	,	170	,697.			035.
	Grants or scholarships	0.	51,835.	11,950.				12,	254.
е	Other expenditures for facilities								
-	and programs								
	Administrative expenses	2 020 250	2 610 777	2 796 250	2 575	605	2	404	000
-	End of year balance	2,838,358.	2,619,777.	· · · · · ·	2,575	,095.	۷,	404,	998.
2	Provide the estimated percentage of the curr			)) held as:					
	Board designated or quasi-endowment	87.50	_%						
	Permanent endowment  12.50	%							
С		%							
2-	The percentages on lines 2a, 2b, and 2c sho	•	tion that are hold or	ad administered for t	ha araanizatia				
38	Are there endowment funds not in the posse	ssion of the organiza	llion that are neid ar	la administerea for t	ne organizatio	or i	ſ	Vac	No
	by:						3a(i)	Yes	No X
	(i) Unrelated organizations						3a(ii)	х	
h	(ii) Related organizations	tions listed as requir	od on Schodulo P2				3b	x	
4	Describe in Part XIII the intended uses of the						30		L
	t VI Land, Buildings, and Equipm		wittent funds.						
	Complete if the organization answere		. Part IV. line 11a. S	ee Form 990. Part X	line 10.				
	Description of property	(a) Cost or o			Accumulated	(	d) Bool	< valu	e
		basis (investr			epreciation		<b>u</b> , 200	( vala	0
<b>1</b> a	Land		L,360.					451.	360.
	Buildings		2,490.					,	490.
	Leasehold improvements		·					,	
	Equipment			1					
	Other								
	Add lines 1a through 1e. (Column (d) must e	aual Form 990, Part	X. column (B), line 1	0c.)		•		553,	850.

Schedule D (Form 990) 2019

#### FOUNDATION INC 93-0921990 Page 3 Schedule D (Form 990) 2019 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. (c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security) (b) Book value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (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) Total. (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 CHARITABLE REMAINDER TRUSTS 60,799. (1) GIFT ANNUITIES 440,144. (2) ARTWORK 50,401 (3) CASH SURRENDER VALUE OF LIFE INSURANCE 5,669, (4) (5) (6) (7) (8) (9) 557,013. Total. (Column (b) must equal Form 990, Part X. col. (B) line 15.) ► Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (a) Description of liability (b) Book value 1 (1) Federal income taxes DUE TO AFFILIATES 6,213. (2)GIFT ANNUITIES LIABILITY 16,613 (3) (4) (5) (6) (7)(8) (9) 22,826. ►

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2019

932053 10-02-19

PROVIDENCE HOOD RIVER MEMORIAL HOSPIT
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	PROVIDENCE HOOD RIVER MEMORIAL H	OSPITAL		
Sche	dule D (Form 990) 2019 FOUNDATION, INC.		93-0921990	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial S	tatements With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV	line 12a.		
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line	12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial S		ises per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV			
1	Total expenses and losses per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line	e 18.)		
Pa	t 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 III, LINE 4:

ARTWORK RECEIVED THROUGH THE FOUNDATION IS DISPLAYED THROUGHOUT THE

HOSPITAL TO ENHANCE THE ENVIRONMENT FOR THE PATIENTS AND THEIR FAMILIES.

PART V, LINE 4:

THE FOUNDATION'S ENDOWMENTS ARE TO SUPPORT THE GENERAL OPERATIONS OF

PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL AND PROVIDENCE DOWN MANOR.

932054 10-02-19

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ing or Gaming A	ctiv	ities	OMB No. 1545-0047			
(Form 990 or 990-EZ)	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.										
Department of the Treasury	tment of the Treasury Attach to Form 990 or Form 990-EZ. Open to Public										
Internal Revenue Service		to www.irs.gov/Form990 for instru-		s and	the latest information	on.		Inspection			
Name of the organizatior	PROVIDENCE FOUNDATION	HOOD RIVER MEMORIAL HOSPIT , INC.	AL				93-09219	entification number 90			
Part I Fundrais	ing Activities.	Complete if the organization answe	ered "Y	'es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not			
<ol> <li>Indicate whether the a Mail solicitat</li> <li>Mail solicitat</li> <li>Internet and</li> <li>Phone solicities</li> <li>In-person so</li> <li>Did the organization</li> <li>key employees list</li> </ol>	e organization rais ions email solicitations tations licitations on have a written c ed in Form 990, Pa ) highest paid indiv	ed funds through any of the followin e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Ye				
(i) Name and address or entity (fund		(ii) Activity	have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization			
			Yes	No	-			1			
Total											
3 List all states in whi or licensing.	ch the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is	exempt from re	egistration			
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form 9	90 or	990-E	Z. 9	Sche	dule G (Form	990 or 990-EZ) 2019			

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		le G (Form 990 or 990 EZ) 2019 FOUNDATION				0921990 Page <b>2</b>
Ра	rt I	Fundraising Events. Complete if the of fundraising event contributions and green the other structures.				
		or fundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	
			(-)	(	NONE	(d) Total events
			HEARTS OF GOLD			(add col. (a) through
<b>a</b>			(event type)	(event type)	(total number)	col. <b>(c)</b> )
anne						
Jevenue	1	Gross receipts	61,247.			61,247.
-	_		45,000			45 000
	2	Less: Contributions	45,882.			45,882.
	3	Gross income (line 1 minus line 2)	15,365.			15,365.
_	<u> </u>		, -			,
	4	Cash prizes				
	5	Noncash prizes				
ses						
per	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	12,550.			12,550.
Direc	'	1000 and beverages				
	8	Entertainment				
	9	Other direct expenses				1,662.
	10				►	14,212.
		Net income summary. Subtract line 10 from li			►	1,153.
Pa	rt I	<b>Gaming.</b> Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1 990, Part IV, line 19, or 1	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
anı			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
ň	1	Gross revenue				
SS	2	Cash prizes				
Expenses	~	New sectors in the sectors				
Exp	3	Noncash prizes				
t t	4	Rent/facility costs				
Direc	•					
	5	Other direct expenses				
			<b>Yes</b> %	<b>Yes</b> %	<b>Yes</b> %	
	6	Volunteer labor	Νο	No	No	
	_					
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		▶	
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)		•	
	0	Her gaming moorne summary. Subtract into 7				I
9	En	ter the state(s) in which the organization condu	ucts gaming activities:			
а	ls t	the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b	lf "	No," explain:				
40				una in a tradición de la contra de la contra		
		ere any of the organization's gaming licenses re Yes," explain:			/ear?	Yes No
U U	11	тоз, слріані				

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Schedule G (Form 990 or 990-EZ) 2019

Sch	edule G (Form 990 or 990-EZ) 2019 FOUNDATION, INC.	93-0921990	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	No
	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?		 □ No
13	Indicate the percentage of gaming activity conducted in:	🛄 Tes	
	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No No
b	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶\$		
с	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		
	Mandatory distributions: 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 th	e	
Pa	organization's own exempt activities during the tax year ► \$ <b>TLIV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and 15b, 15c, 16c, and 17b, as applicable. Also provide any additional information. See instructions	d Part III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
93204	33 09-11-19 Schedule G (	Form 990 or 99	0-EZ) 2019
			,

Schedule G	G (Form 990 or 990-EZ) Supplemental Infor	FOUNDATION, INC.	93-0921990	Page 4
Part IV	Supplemental Infor	mation (continued)		
		Saba	dule C (Form 990 o	- 000 EZ

Schedule G (Form 990 or 990-EZ)

932084 04-01-19

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SCHEDULE I (Form 990)	Go	irants and Oth vernments, an ete if the organization	d Individual	s in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		► Go to www.ir	Attach to For s.gov/Form990 fo		nation.		Open to Public Inspection
Name of the organization PROVIDENCE HO FOUNDATION, I	OD RIVER MEMOF NC.	RIAL HOSPITAL					Employer identification number 93-0921990
Part I General Information on Grants a							
<ol> <li>Does the organization maintain records criteria used to award the grants or assis</li> <li>Describe in Part IV the organization's pro-</li> </ol>	stance?				Ũ	•	
Part II Grants and Other Assistance to					anization answered "Y	es" on Form 990, Parl	t IV, line 21, for any
recipient that received more than	\$5,000. Part II can				(f) Method of		
<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
PH & S - OR DBA PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL - 1801 LIND AVE SW, ATTN: TAX DEPT							
RENTON, WA 98057	93-1265038	501 (C)(3)	116,012.	٥.			OPERATIONAL SUPPORT
<ul> <li>2 Enter total number of section 501(c)(3) a</li> <li>3 Enter total number of other organization</li> </ul>			I e line 1 table			1	<u> </u>

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

FOUNDATION, INC.

93-0921990

Page 2

 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.
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CHOLARSHIPS	5	5,000.	0.		
Part IV Supplemental Information. Provide the information	ation required in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.	
RT I, LINE 2:					

DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS

IN THE APPLICATION FOR SUPPORT, A DETAILED EXPLANATION OF THE KIND OF

SERVICES PROVIDED TO THE COMMUNITY ALONG WITH SPECIFIC FINANCIAL DATA IS

REQUESTED. IF THE APPLICATION FOR SUPPORT IS APPROVED, A LETTER IS SENT

INDICATING THE AMOUNT OF THE SUPPORT ALONG WITH A REQUEST FOR DOCUMENTATION

OF HOW THE FUNDS WERE USED, ALONG WITH A REPORT OF THE NUMBER OF

CHILDREN/FAMILIES SERVED OVER THE YEAR.

Schedule I (Form 990) (2019)

Schedule I (Form 990) Part IV Supplemental Information

GRANTS MADE TO AFFILIATED FOUNDATIONS ARE MONITORED ON A MONTHLY BASIS AS

THE FINANCIAL STATEMENTS OF THESE ORGANIZATIONS ARE READILY AVAILABLE.

OTHER GRANTS ARE MADE THAT COMPLY WITH THE MISSION AND FURTHER THE

TAX-EXEMPT PURPOSE OF THE ORGANIZATION.

Schedule I (Form 990)

932291 04-01-19

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or Complete to provide information for responses to specific questio Form 990 or 990-EZ or to provide any additional information.	ns on <b>2019</b>
Department of the Treasury	Attach to Form 990 or 990-EZ.	Open to Public Inspection
Internal Revenue Service Name of the organization	► Go to www.irs.gov/Form990 for the latest information. PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL	Employer identification number
	FOUNDATION, INC.	93-0921990
FORM 990, PART I, I	INE 1, DESCRIPTION OF ORGANIZATION MISSION:	
AS EXPRESSIONS OF C	OD'S HEALING LOVE, WITNESSED THROUGH THE MINISTRY OF	
JESUS, WE ARE STEAD	FAST IN SERVING ALL, ESPECIALLY THOSE WHO ARE POOR	
AND VULNERABLE.		
FORM 990, PART III,	LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:	
PROVIDENCE		
ON JULY 1, 2016, PP	COVIDENCE HEALTH & SERVICES (PHS) AND ST. JOSEPH	
HEALTH SYSTEM (SJH	) ENTERED INTO A BUSINESS COMBINATION AGREEMENT TO	
FORM PROVIDENCE ST.	JOSEPH HEALTH (PROVIDENCE). BY COMING TOGETHER,	
PROVIDENCE SEEKS TO	BETTER SERVE ITS COMMUNITIES THROUGH GREATER	
PATIENT AFFORDABIL	TY, OUTSTANDING CLINICAL CARE, IMPROVEMENTS TO THE	
PATIENT EXPERIENCE	AND INTRODUCTION OF NEW SERVICES WHERE THEY ARE	
NEEDED MOST.		
TOGETHER, OUR CAREC	IVERS SERVE IN 51 HOSPITALS, 1,085 CLINICS ACROSS	
ALASKA, CALIFORNIA	MONTANA, NEW MEXICO, OREGON, TEXAS AND WASHINGTON.	
THE FOUNDERS OF BOT	'H ORGANIZATIONS WERE COURAGEOUS WOMEN AHEAD OF THEIR	
TIME. THE SISTERS O	OF PROVIDENCE AND THE SISTERS OF ST. JOSEPH OF ORANGE	
BROUGHT HEALTH CARE	2 AND OTHER SOCIAL SERVICES TO THE AMERICAN WEST WHEN	
IT WAS STILL A RUGO	ED, UNTAMED FRONTIER. NOW, AS WE FACE A DIFFERENT	
LANDSCAPE A CHANG	NG HEALTH CARE ENVIRONMENT WE DRAW UPON THEIR	
PIONEERING AND COM	ASSIONATE SPIRIT TO PLAN FOR THE NEXT CENTURY OF	
HEALTH CARE.		
LHA For Paperwork Re	duction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

ame of the organization PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL FOUNDATION, INC.	Employer identification numbe 93-0921990
ROVIDENCE HEALTH & SERVICES	
N 1856, MOTHER JOSEPH AND FOUR SISTERS OF PROVIDENCE ESTABLISHED	
OSPITALS, SCHOOLS AND ORPHANAGES ACROSS THE NORTHWEST. OVER THE YEARS,	
· · · ·	
THER CATHOLIC SISTERS TRANSFERRED SPONSORSHIP OF THEIR MINISTRIES TO	
ROVIDENCE, INCLUDING THE LITTLE COMPANY OF MARY, DOMINICANS AND	
HARITY OF LEAVENWORTH. RECENTLY, SWEDISH HEALTH SERVICES, KADLEC	
EGIONAL MEDICAL CENTER AND PACIFIC MEDICAL CENTERS HAVE JOINED	
ROVIDENCE AS SECULAR PARTNERS WITH A COMMON COMMITMENT TO SERVING ALL	
EMBERS OF THE COMMUNITY.	
T. JOSEPH HEALTH SYSTEM	
N 1912, A SMALL GROUP OF SISTERS OF ST. JOSEPH LANDED ON THE RUGGED	
HORES OF EUREKA, CALIFORNIA TO PROVIDE EDUCATION AND HEALTH CARE. THEY	
ATER ESTABLISHED ROOTS IN ORANGE, CALIFORNIA, AND EXPANDED TO SERVE	
OUTHERN CALIFORNIA, NORTHERN CALIFORNIA AND TEXAS. THE HEALTH SYSTEM	
STABLISHED MANY KEY PARTNERSHIPS, INCLUDING A MERGER BETWEEN LUBBOCK	
ETHODIST HOSPITAL SYSTEM AND ST. MARY HOSPITAL TO FORM COVENANT HEALTH	
N LUBBOCK, TEXAS. RECENTLY, AN AFFILIATION WAS ESTABLISHED WITH HOAG	
AYMENTS TO, OR ON BEHALF OF, PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL:	
OSPICE AREA OF GREATEST NEED FUND HELPS HOSPICE PATIENTS GET WHAT THEY	
EED TO HAVE THE BEST QUALITY OF LIFE DURING THIS DIFFICULT TIME.	
EDICAL SUPPLIES ARE PURCHASED IN UNIQUE SITUATIONS WHERE INSURANCE	
OESN'T COVER THE NEED (OR WHEN THERE IS NO INSURANCE). MUSIC THERAPY,	
ASSAGE THERAPY, ACUPUNCTURE AND OTHER COMPLIMENTARY THERAPIES AND	
ERVICES ARE ALSO COVERED HERE. WHEN THESE ITEMS ARE NOT COVERED BY	
NSURANCE WE PROVIDE THEM TO HOSPICE PATIENTS THROUGH THIS FUND.	

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Name of the organization PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL FOUNDATION, INC.	Employer identification number 93-0921990
·	
THE DON BENTON CANCER SERVICES FUND PROVIDES ADDITIONAL SERVICES FOR	
PATIENTS UNDERGOING CHEMOTHERAPY SUCH AS APPEARANCE SERVICES, MASSAGE	
DURING CHEMOTHERAPY, SUPPORT GROUPS AND HEALING ART CLASSES.	
THE PROVIDENCE HOOD RIVER HOSPITAL FOUNDATION PURCHASED A	
SPECIALLY-SIZED BED FOR PATIENTS NEEDING LARGER SPACE AND MORE SUPPORT	
AND TWO NEW LABOR AND DELIVERY BEDS FOR THE FAMILY BIRTH CENTER. THE	
PROVIDENCE HOOD RIVER FOUNDATION CONTINUES ITS MUSIC THERAPY PROGRAM IN	
THE HOSPITAL TO INCLUDE LIVE MUSIC IN THE LOBBIES AND BEDSIDE MUSIC	
THERAPY FOR INPATIENTS.	
THE PROVIDENCE HOOD RIVER FOUNDATION CONTINUED TO RAISE FUNDS TO	
SUPPORT CARDIAC PREVENTION & WELLNESS IN A "BASECAMP" MODEL INCLUDING	
FREE ACTIVITY AND EDUCATION CLASSES TO GIVE THE COMMUNITY A PLACE TO	
START ON THE ROAD TO A HEALTHY HEART.	
ASSISTANCE TO 5 INDIVIDUALS FOR SCHOLARSHIPS AND DIABETES EDUCATION WAS	
PROVIDED DURING 2019.	
FORM 990, PART VI, SECTION A, LINE 6:	
CLASSES OF MEMBERS OR STOCKHOLDERS	
PROVIDENCE HEALTH & SERVICES - OREGON IS THE SOLE CORPORATE MEMBER OF	
PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL FOUNDATION, INC.	
FORM 990, PART VI, SECTION A, LINE 7A:	
CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS	
PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL FOUNDATION HAS A TIERED GOVERNANCE	
IN WHICH THE CORPORATE MEMBERS RESERVE THE RIGHT TO APPOINT DIRECTORS TO	
THE PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL FOUNDATION, INC. BOARD. ALL	

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

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Name of the organization PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL FOUNDATION, INC.	Employer identification number 93-0921990
DIRECTOR NOMINATIONS THAT COME FROM THE PROVIDENCE HOOD RIVER MEMORIAL	
HOSPITAL FOUNDATION, INC. BOARD AS NOMINATIONS MUST BE APPROVED BY	
PROVIDENCE HEALTH & SERVICES - OREGON, AS THE CORPORATE MEMBER.	
FORM 990, PART VI, SECTION A, LINE 7B:	
CLASSES OF PERSONS, DECISIONS REQUIRING APPROVAL & TYPE OF VOTING RIGHTS	
THE FOLLOWING POWERS RESIDE WITH THE CORPORATE MEMBER:	
1) TO ADOPT OR CHANGE THE MISSION, PHILOSOPHY, AND VALUES, INCLUDING THE	
STRATEGIC PLAN AND MISSION STATEMENT.	
2) TO AMEND OR REPEAL THE ARTICLES OF INCORPORATION OR BYLAWS.	
3) TO APPROVE THE ACQUISITION OF ASSETS, THE INCURRENCE OF INDEBTEDNESS OR	
THE LEASE, SALE TRANSFER, ASSIGNMENT OR ENCUMBERING OF ASSETS EXCEEDING A	
SPECIFIED THRESHOLD, OR THE SALE OR TRANSFER OF ANY PROPERTY WHICH MAY HAVE	
HISTORICAL OR RELIGIOUS SIGNIFICANCE.	
4) TO APPROVE THE DISSOLUTION OR LIQUIDATION.	
5) TO APPROVE THE ANNUAL OPERATING AND CAPITAL BUDGETS.	
6) TO APPOINT THE CERTIFIED PUBLIC ACCOUNTANTS.	
7) TO APPROVE THE CLOSURE OF ANY INSTITUTION OR MAJOR ENTITY OR WORK OF THE	
CORPORATION.	
FORM 990, PART VI, SECTION B, LINE 11B:	
PROCESS TO REVIEW FORM 990	
THE FORM 990 WAS PREPARED BASED ON INFORMATION RECEIVED FROM VARIOUS	
DEPARTMENTS OF THE ORGANIZATION INCLUDING THE FINANCE TEAM, HUMAN	
RESOURCES, PAYROLL, COMPLIANCE AND THE GENERAL COUNSEL'S OFFICE. THE	
ORGANIZATION ENGAGED AN OUTSIDE ACCOUNTING FIRM TO PREPARE THE RETURN. THE	
RETURN HAS BEEN REVIEWED BY AN OFFICER OF THE ORGANIZATION. A FULL COPY OF	
THE FORM 990 WAS PROVIDED TO ALL BOARD MEMBERS PRIOR TO FILING WITH THE	
932212 09-06-19 <b>39</b>	Schedule O (Form 990 or 990-EZ) (2019

Name of the organization PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL FOUNDATION, INC.	Employer identification numbe 93-0921990
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:	
PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST	
PROVIDENCE TAKES THE ISSUE OF CONFLICTS OF INTEREST, AND INDEPENDENT	
JNCONFLICTED DECISION-MAKING, VERY SERIOUSLY. PROVIDENCE HAS A	
COMPREHENSIVE CONFLICT OF INTEREST POLICY AND INTEREST DISCLOSURE POLICY,	
AND CAREFULLY AND THOROUGHLY ADMINISTERS THESE POLICIES. BOARD MEMBERS,	
SPONSORS, SENIOR LEADERS AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANY	
ACTUAL OR POTENTIAL CONFLICT OF INTEREST IN ACCORDANCE WITH THE PROVIDENCE	
CONFLICT OF INTEREST POLICY, AND SO THAT THE INDIVIDUAL SATISFIES HIS OR	
HER FIDUCIARY OBLIGATIONS TO THE ORGANIZATION. DISCLOSURES ARE MADE	
ANNUALLY, AS WELL AS ANY TIME AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST	
ARISES. PROVIDENCE CHIEF LEGAL OFFICER AND/OR THE PROVIDENCE CHIEF RISK	
OFFICER, REVIEW ALL DISCLOSURES. WHERE APPROPRIATE, THE CEO AND/OR THE	
BOARD CHAIR WILL REVIEW CONFLICT OF INTEREST SITUATIONS THAT INVOLVE SENIOR	
LEADERSHIP OR A BOARD MEMBER OTHER THAN THE CHAIR. PROVIDENCE CHIEF LEGAL	
OFFICER AND/OR CHIEF RISK OFFICER REVIEW MATTERS WHERE CONFLICT IS	
DIFFICULT OR CANNOT BE READILY RESOLVED AND PRESENT RECOMMENDATIONS TO THE	
APPROPRIATE BOARD COMMITTEE OR THE CEO, FOR DISCUSSION AND RESOLUTION. WHEN	
APPROPRIATE, THE INDIVIDUAL WITH THE REAL/POTENTIAL CONFLICT THAT IS BEING	
REVIEWED MAY PARTICIPATE IN THE DISCUSSION BUT IS EXCUSED FROM THE MEETING,	
AND FROM ANY FINAL DISCUSSION AND VOTE, WHEN A DECISION IS BEING MADE ON	
HETHER A CONFLICT EXISTS, OR WHEN THE ACTION GIVING RISE TO THE CONFLICT	
OF INTEREST IS DECIDED. WHERE APPROPRIATE, THE CHIEF RISK OFFICER OR CHIEF	
LEGAL OFFICER WILL PROVIDE PLAN TO MANAGE CONFLICTS AND AVOID PARTICIPATION	
BY THE CONFLICTED INDIVIDUAL IN THE MATTER GIVING RISE TO THE CONFLICT OF	

10401109 150123 60097961.233

<sup>2019.05000</sup> PROVIDENCE HOOD RIVER MEM 60097961

Vame of the organization PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL FOUNDATION, INC.	Employer identification numbe 93-0921990
FOUNDATION, INC.	93-0921990
INTEREST. AUDITING AND MONITORING OF THIS PROCESS IS DONE REGULARLY.	
ALL DOCUMENTATION OF CONFLICT OF INTEREST DISCLOSURES IS RETAINED IN	
ACCORDANCE WITH ORGANIZATION RETENTION POLICY.	
FORM 990, PART VI, SECTION B, LINE 15:	
PROCESS FOR DETERMINING COMPENSATION	
THE ORGANIZATION'S EXECUTIVE DIRECTOR IS PAID BY ITS TAX EXEMPT PARENT,	
PROVIDENCE HEALTH & SERVICES - OREGON, AND IS DISCLOSED AS A PERSON PAID BY	
A RELATED ORGANIZATION.	
T IS PROVIDENCE'S INTENTION TO MAKE FINANCIAL INFORMATION ACCESSIBLE AND	
RANSPARENT. ALTHOUGH THE FILING OF FORM 990 PROVIDES INSIGHT INTO HOW	
PROVIDENCE 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 HAS A SINGLE FIDUCIARY BOARD, WITH RESPONSIBILITY FOR FINANCIAL	
OVERSIGHT ASSOCIATED WITH FULFILLMENT OF THE PROVIDENCE MISSION, DEVELOPING	
SYSTEM POLICIES, PROTECTING THE ASSETS ENTRUSTED TO THE ORGANIZATION AND	
OVERSEEING THE STRATEGIC AND OPERATIONAL AFFAIRS OF PROVIDENCE'S LEGAL	
ENTITIES. PROVIDENCE ALSO MAINTAINS A NETWORK OF COMMUNITY ENTITY BOARDS	
WITH RESPONSIBILITY FOR QUALITY OF CARE OVERSIGHT, COMMUNITY RELATIONS,	
ADVOCACY AND COMMUNITY NEEDS ASSESSMENTS.	

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019) 41 2019.05000 PROVIDENCE HOOD RIVER MEM 60097961

Schedule O (Form 990 or 990-EZ) (2019)         Name of the organization       PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL         FOUNDATION       INC.	Employer identification number
FOUNDATION, INC.	93-0921990
EXECUTIVES, INCLUDING ALL OFFICERS. SALARIES FOR SENIOR EXECUTIVES ARE	
REVIEWED AT LEAST ANNUALLY BY THE EXECUTIVE COMPENSATION COMMITTEE, WHICH	
IS A COMMITTEE OF THE PROVIDENCE BOARD CONSISTING ONLY OF OUTSIDE,	
INDEPENDENT DIRECTORS. THE COMMITTEE MAKES SURE, AT EACH OF ITS MEETINGS,	
THAT NO MEMBER OF THE COMMITTEE HAS A CONFLICT OF INTEREST AS TO ANY	
EXECUTIVE WHOSE COMPENSATION IS REVIEWED BY THE COMMITTEE.	
THE EXECUTIVE COMPENSATION COMMITTEE RETAINS AN INDEPENDENT CONSULTANT EACH	
YEAR TO REVIEW SALARIES OF THOSE IN THE MOST SIGNIFICANT LEADERSHIP ROLES	
IN THE ORGANIZATION. PART OF THE CONSULTANT'S ROLE IS TO REVIEW AN	
EXTENSIVE ARRAY OF COMPENSATION SURVEYS OF LARGE, NOT-FOR-PROFIT HEALTH	
CARE SYSTEMS IN THE UNITED STATES. PROVIDENCE IS ONE OF THE LARGER HEALTH	
SYSTEMS IN THE COUNTRY, AND AS SUCH, THE BOARD BENCHMARKS EXECUTIVE	
COMPENSATION AGAINST OTHER LARGE, NOT-FOR-PROFIT HEALTH SYSTEMS THAT ARE	
SUBSTANTIALLY SIMILAR TO PROVIDENCE IN SIZE AND COMPLEXITY (SUCH AS HAVING	
A SIMILAR AMOUNT OF ANNUAL NET REVENUE). ADDITIONALLY, BECAUSE PROVIDENCE	
OFTEN LOOKS TO GENERAL INDUSTRY FOR LEADERS IN CERTAIN FUNCTIONAL AREAS,	
PROVIDENCE ALSO TAKES INTO CONSIDERATION GENERAL INDUSTRY MARKET DATA IN	
THESE SPECIAL SITUATIONS. BASE SALARIES FOR PROVIDENCE EXECUTIVES ARE	
GENERALLY TARGETED TO THE "MEDIAN" LEVEL OF THE MARKET DATA (WHERE HALF THE	
SALARIES IN THE DATA ARE LOWER AND HALF THE SALARIES IN THE DATA ARE	
HIGHER), AS IDENTIFIED BY THE 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	

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932212 09-06-19

2019.05000 PROVIDENCE HOOD RIVER MEM 60097961

Name of the organization PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL FOUNDATION, INC.	Employer identification number 93-0921990
COMMITTEE AS A PART OF THE REVIEW AND APPROVAL PROCESS.	
TOTAL COMPENSATION IS TIED CLOSELY TO PERFORMANCE OF THE ORGANIZATION	N AND
THE INDIVIDUAL. PERFORMANCE INCENTIVES ALLOW EXECUTIVES TO EARN ADD	ITIONAL
COMPENSATION IF THEY HELP LEAD PROVIDENCE IN ACHIEVING SPECIFIC	
ORGANIZATIONAL GOALS FOR FURTHERING PROVIDENCE'S OPERATING COMMITMENT	IS AND
STRATEGIC OBJECTIVES. THE BOARD OF DIRECTORS CONDUCTS A THOROUGH REVI	IEW
PROCESS TO ENSURE PERFORMANCE INCENTIVES ARE ALIGNED WITH APPROPRIATE	E
MARKET PRACTICES.	
THE BOARD'S PROCESS FOR SETTING, REVIEWING AND APPROVING EXECUTIVE	
COMPENSATION FULLY COMPLIES WITH IRS STANDARDS (TO ASSURE THAT ALL	
COMPENSATION IS CONSIDERED REASONABLE) AND REFLECTS BEST GOVERNANCE	
PRACTICES IN THE INDUSTRY.	
THE PROCESS WAS LAST COMPLETED IN 2020.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTERN	EST
POLICY AVAILABLE TO THE PUBLIC UPON REQUEST. THE PROVIDENCE COMMUNITY	Y
BENEFIT REPORTS, FINANCIAL REPORTS, CONSOLIDATED AUDITED FINANCIAL	
STATEMENTS, AND PHILANTHROPY REPORTS ARE ALSO AVAILABLE ON THE PROVII	DENCE
INTERNET SITE.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
NET ASSET TRANSFERS BETWEEN RELATED TAX-EXEMPT ORGS	2,670.
	88,276.
	85,606.
	Schedule O (Form 990 or 990-EZ) (2019

SCHEDULE R	<b>Balatad Organization</b>	as and Unrolated Da	rtnorohino				MB No. 1545	5-0047
(Form 990) Com	Related Organization plete if the organization answere A			6, or 37.			201	
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form99	0 for instructions and the late	st information.				Inspecti	
Name of the organization PROVIDENCE HOOD RIVE FOUNDATION, INC.	ER MEMORIAL HOSPITAL				Em	n <b>ployer identif</b> 93-0921990		umber
Part I Identification of Disregarded Entities. Complete	ete if the organization answered "Y	es" on Form 990, Part IV, line 3	3.					
<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state o foreign country)	(d) or Total inco	(e) me End-of-yea		Direct	<b>(f)</b> controlling ntity	9
	_							
	_							
Part II         Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	on answered "Yes" on Form 990	D, Part IV, line 34, b	because it had one	or more	related tax-exe	empt	
<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	(e) Public charity status (if section 501(c)(3))	Dire	<b>(f)</b> ct controlling entity	cont	<b>g)</b> 512(b)(13) rolled ity? <b>No</b>
COVENANT ACO - 61-1573313 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	TEXAS	501(C)(3)	12,I	СНЅ		x	
COVENANT HEALTH NETWORK, INC - 46-1259908 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	12,III	SJHS		x	
COVENANT HEALTH PARTNERS - 46-3516417 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	TEXAS	501(C)(3)	12,1	снз		x	
COVENANT HEALTH SYSTEM - 75-2765566 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	TEXAS	501(C)(3)	3	SJHS		x	

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

Schedule R (Form 990) 2019

FOUNDATION, INC.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity	contr	(g) 512(b)(13) trolled hization?	
COVENANT HEALTH SYSTEM FOUNDATION -				501(c)(3))		Yes	No	
75-2897026, 1801 LIND AVE SW, ATTN: TAX	-							
DEPT., RENTON, WA 98057	HEALTHCARE	TEXAS	501(C)(3)	7	CHS	x		
COVENANT HOSPITAL HOBBS - 84-4273963			501(0)(3)	,				
1801 LIND AVE SW ATTN: TAX DEPT.	-							
RENTON, WA 98057	HEALTHCARE	TEXAS	501(C)(3)	3	снѕ	x		
COVENANT MEDICAL CENTER - 82-2913146				-				
1801 LIND AVE SW, ATTN: TAX DEPT.	-							
RENTON, WA 98057	HEALTHCARE	TEXAS	501(C)(3)	3	снѕ	x		
COVENANT MEDICAL GROUP - 75-2743883				-				
1801 LIND AVE SW, ATTN: TAX DEPT.	-							
RENTON WA 98057	HEALTHCARE	TEXAS	501(C)(3)	3	снѕ	x		
E. WA. & MT. UNEMPLOYMENT COMPENSATION								
INSURANCE TRUST - 91-1082119, 1801 LIND AVE	-							
SW, ATTN: TAX DEPT., RENTON, WA 98057	UNEMPLOYMENT	WASHINGTON	501(C)(3)	12.I	PHS WA	х		
EVERETT TRANSITIONAL CARE SERVICES -				,				
94-3264605, P.O. BOX 5128, EVERETT, WA								
98206-5128	TRANS. CARE	WASHINGTON	501(C)(3)	10	N/A		х	
FACEY MEDICAL FOUNDATION - 95-4322584								
1801 LIND AVE SW, ATTN: TAX DEPT.								
RENTON, WA 98057	SUPPORT	CALIFORNIA	501(C)(3)	7	PHS SOCAL	х		
GAMELIN WASHINGTON ASSOCIATION - 20-1910170								
1801 LIND AVE SW, ATTN: TAX DEPT.								
RENTON, WA 98057	SUPPORT	WASHINGTON	501(C)(3)	7	PHS WA	х		
GLOBAL TO LOCAL HEALTH INITIATIVE -							1	
27-3133200, 2800 SOUTH 192ND ST. #104,								
SEATAC, WA 98188	HEALTHCARE	WASHINGTON	501(C)(3)	7	SHS	х		
GRACE CLINIC OF LUBBOCK - 20-3856995								
1801 LIND AVE SW, ATTN: TAX DEPT.								
RENTON, WA 98057	HEALTHCARE	TEXAS	501(C)(3)	3	снѕ	х		
HMTS, INC 45-3583707								
1 HOAG DRIVE	7							
NEWPORT BEACH, CA 92658	HEALTHCARE	CALIFORNIA	501(C)(3)	12,I	нмнр	х		
HOAG CHARITY SPORTS - 45-2982422								
2081 BUSINESS CENTER DR., STE 195								
NEWPORT BEACH, CA 92663	SUPPORT	CALIFORNIA	501(C)(3)	7	ннғ	х		

FOUNDATION, INC.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity	Section 5 contr organiz	rolled
				501(c)(3))		Yes	No
HOAG CLINIC - 33-0676831	_						
1 HOAG DRIVE, BOX 6100							
NEWPORT BEACH, CA 92658	HEALTHCARE	CALIFORNIA	501(C)(3)	10	НМНР	x	───
HOAG HOSPITAL FOUNDATION - 95-3222343	_						
330 PLACENTIA AVE.							
NEWPORT BEACH, CA 92663	FUNDRAISING	CALIFORNIA	501(C)(3)	7	НМНР	х	<b> </b>
HOAG MEMORIAL HOSPITAL PRESBYTERIAN -							
95-1643327, 1 HOAG ROAD, BOX 6100, NEWPORT							
BEACH, CA 92663	HEALTHCARE	CALIFORNIA	501(C)(3)	3	CHN	Х	Ļ
HOSPICE OF LUBBOCK - 75-2133781							
1801 LIND AVE SW, ATTN: TAX DEPT.							
RENTON, WA 98057	HEALTHCARE	TEXAS	501(C)(3)	10	CHS	Х	
INLAND NORTHWEST HEALTH SERVICES -							
91-1307555, 1801 LIND AVE SW, ATTN: TAX							
DEPT., RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	3	PHS WA	х	
INSTITUTE FOR MENTAL HEALTH & WELLNESS -							
81-4260130, 1801 LIND AVE SW, ATTN: TAX							
DEPT., RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	7	PHS / SJHS	х	
INSTITUTE FOR SYSTEMS BIOLOGY - 91-2003593							
1801 LIND AVE SW, ATTN: TAX DEPT.							
RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	7	WHC	х	
JOHN WAYNE CANCER INSTITUTE - 95-4291515							
1801 LIND AVE SW, ATTN: TAX DEPT.							
RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	4	PSJHC	х	
KADLEC AUXILIARY, INC 91-6033089							
1801 LIND AVE SW, ATTN: TAX DEPT.							
RENTON, WA 98057	SUPPORT	WASHINGTON	501(C)(3)	12,III	KRMC	х	
KADLEC FOUNDATION - 23-7005501							
1801 LIND AVE SW, ATTN: TAX DEPT.							
RENTON, WA 98057	SUPPORT	WASHINGTON	501(C)(3)	7	KRMC	х	1
KADLEC REGIONAL MEDICAL CENTER - 91-0655392							
1801 LIND AVE SW, ATTN: TAX DEPT.	7						1
RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	3	WHC	x	1
LITTLE COMPANY OF MARY ANCILLARY SERVICES							
CORPORATION - 33-0844408, 1801 LIND AVE SW,	1						1
ATTN: TAX DEPT., RENTON, WA 98057	IMAGING SVCS	CALIFORNIA	501(C)(3)	10	PHS SOCAL	x	1

FOUNDATION, INC.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity	contr	<b>g)</b> 512(b)(13) rolled ization?
				501(c)(3))		Yes	No
LUBBOCK HERITAGE HOSPITAL LLC - 26-4021016	_						
1801 LIND AVE SW, ATTN: TAX DEPT.	4						
RENTON, WA 98057	HEALTHCARE	TEXAS	501(C)(3)	3	СНЅ	X	
LUBBOCK METHODIST HOSPITAL FOUNDATION -	_						
75-2220963, 1801 LIND AVE SW, ATTN: TAX	_						
DEPT., RENTON, WA 98057	HEALTHCARE	TEXAS	501(C)(3)	7	CHS	х	
LUNDBERG ASSOCIATION - 91-1562797	_						
1801 LIND AVE SW, ATTN: TAX DEPT.							
RENTON, WA 98057	SUPPORT	OREGON	501(C)(3)	7	PHS OR	Х	<u> </u>
MARSHA RIVKIN CENTER FOR OVARIAN CANCER	_						
RESEARCH - 91-2054035, 1801 LIND AVE SW,							
ATTN: TAX DEPT., RENTON, WA 98057	RESEARCH	WASHINGTON	501(C)(3)	7	SHS	Х	
METHODIST CHILDREN'S HOSPITAL - 75-2428911							
1801 LIND AVE SW, ATTN: TAX DEPT.							
RENTON, WA 98057	HEALTHCARE	TEXAS	501(C)(3)	3	СНЅ	х	
METHODIST HOSPITAL LEVELLAND - 75-2246348							
1801 LIND AVE SW, ATTN: TAX DEPT.							
RENTON, WA 98057	HEALTHCARE	TEXAS	501(C)(3)	3	СНЅ	х	
METHODIST HOSPITAL PLAINVIEW - 75-2426010							
1801 LIND AVE SW, ATTN: TAX DEPT.							
RENTON, WA 98057	HEALTHCARE	TEXAS	501(C)(3)	3	снѕ	х	
MISSION HOSPITAL REGIONAL MEDICAL CTR -							
95-1643360, 1801 LIND AVE SW, ATTN: TAX							
DEPT., RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	3	СНИ	x	
NORTHWEST HOPE & HEALING FOUNDATION -							
20-0799737, 1801 LIND AVE SW, ATTN: TAX	7						
DEPT., RENTON, WA 98057	SUPPORT	WASHINGTON	501(C)(3)	12,I	SHS	x	
PACMED CLINICS - 56-2290878							
1801 LIND AVE SW, ATTN: TAX DEPT.							
RENTON WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	10	WHC	х	
PH&S FOUNDATION/SFVSA & SCVSA - 95-3544877		1		1			1
1801 LIND AVE SW ATTN: TAX DEPT.	1						
RENTON WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	7	PHS SOCAL	x	
PROVIDENCE ALASKA FOUNDATION - 92-0093565							1
1801 LIND AVE SW, ATTN: TAX DEPT.	-						
RENTON, WA 98057	HEALTHCARE	ALASKA	501(C)(3)	7	PHS WA	x	

FOUNDATION, INC.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity	contr	<b>g)</b> 512(b)(13) irolled ization?
				501(c)(3))		Yes	No
PROVIDENCE BENEDICTINE NURSING CENTER							
FOUNDATION - 91-1940286, 1801 LIND AVE SW,							
ATTN: TAX DEPT., RENTON, WA 98057	HEALTHCARE	OREGON	501(C)(3)	7	PHS OR	Х	
PROVIDENCE BLANCHET ASSOCIATION - 91-1789266	5						
1801 LIND AVE SW, ATTN: TAX DEPT.							
RENTON, WA 98057	SUPPORT	WASHINGTON	501(C)(3)	7	PHS WA	х	
PROVIDENCE CHILDREN'S HEALTH FOUNDATION -							
93-0800140, 1801 LIND AVE SW, ATTN: TAX							
DEPT., RENTON, WA 98057	SUPPORT	OREGON	501(C)(3)	7	PHS OR	х	
PROVIDENCE COMMUNITY HEALTH FOUNDATION -							
93-0692907, 1801 LIND AVE SW, ATTN: TAX							
DEPT., RENTON, WA 98057	HEALTHCARE	OREGON	501(C)(3)	7	PHS OR	х	
PROVIDENCE DETHMAN HOUSE - 47-3385506							
1801 LIND AVE SW, ATTN: TAX DEPT.							
RENTON WA 98057	SUPPORT	WASHINGTON	501(C)(3)	7	N/A		x
PROVIDENCE GAMELIN HOUSE ASSOCIATION -							
31-1744654, 1801 LIND AVE SW, ATTN: TAX							
DEPT., RENTON, WA 98057	SUPPORT	WASHINGTON	501(C)(3)	7	PHS WA	х	
PROVIDENCE HEALTH & SERVICES - 91-1549796							
1801 LIND AVE SW, ATTN: TAX DEPT.							
RENTON WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	12,II	PSJH		х
PROVIDENCE HEALTH & SERVICES - MONTANA -							
81-0231793, 1801 LIND AVE SW, ATTN: TAX							
DEPT., RENTON, WA 98057	HEALTHCARE	MONTANA	501(C)(3)	3	PHS WA	x	
PROVIDENCE HEALTH & SERVICES - OREGON -							
51-0216587, 1801 LIND AVE SW, ATTN: TAX	-						
DEPT. RENTON WA 98057	HEALTHCARE	OREGON	501(C)(3)	3	PHS	x	
PROVIDENCE HEALTH & SERVICES - WASHINGTON -							<u> </u>
51-0216586, 1801 LIND AVE SW, ATTN: TAX	-						
DEPT., RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	3	PHS	x	
PROVIDENCE HEALTH & SERVICES - WESTERN					-		<u> </u>
WASHINGTON - 91-1303277, 1801 LIND AVE SW.							
ATTN: TAX DEPT., RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	3	PM/WHC	x	
PROVIDENCE HEALTH ASSURANCE - 55-0828701					,		<u> </u>
1801 LIND AVE SW_ATTN: TAX DEPT.							
RENTON, WA 98057	MEDICAID	OREGON	501(C)(4)	N/A	РНР	x	

FOUNDATION, INC.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity		<b>g)</b> 512(b)(13) rolled ization?
				501(c)(3))		Yes	No
PROVIDENCE HEALTH CARE FOUNDATION - EASTERN							
WASHINGTON - 32-0014330, 1801 LIND AVE SW,							
ATTN: TAX DEPT., RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	7	PHS WA	Х	<u> </u>
PROVIDENCE HEALTH CARE FOUNDATION							
(CENTRALIA) - 91-1433382, 1801 LIND AVE SW,							
ATTN: TAX DEPT., RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	7	PHS W WA	Х	
PROVIDENCE HEALTH PLAN - 93-0863097							
1801 LIND AVE SW, ATTN: TAX DEPT.							
RENTON, WA 98057	HEALTHCARE	OREGON	501(C)(4)	N/A	PPP	х	
PROVIDENCE HEALTH SYSTEM - SO. CALIFORNIA -							
51-0216589, 1801 LIND AVE SW, ATTN: TAX	7						
DEPT., RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	3	PHS	х	
PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL							
FOUNDATION, INC 93-0921990, 1801 LIND AVE	7						
SW, ATTN: TAX DEPT., RENTON, WA 98057	HEALTHCARE	OREGON	501(C)(3)	7	PHS OR	х	
PROVIDENCE HOSPICE AND HOME CARE FOUNDATION							
- 27-2552749, 1801 LIND AVE SW, ATTN: TAX							
DEPT., RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	7	PHS W WA	х	
PROVIDENCE HOSPICE OF SEATTLE FOUNDATION -							
91-2077378, 1801 LIND AVE SW, ATTN: TAX	-						
DEPT., RENTON, WA 98057	- HEALTHCARE	WASHINGTON	501(C)(3)	7	PHS W WA	х	
PROVIDENCE LITTLE COMPANY OF MARY FOUNDATION							
- 51-0224944, 1801 LIND AVE SW, ATTN: TAX	-						
DEPT., RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	7	PHS SOCAL	х	
PROVIDENCE MARIANWOOD FOUNDATION -							
93-1554288, 1801 LIND AVE SW, ATTN: TAX	-						
DEPT., RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	7	PHS W WA	х	
PROVIDENCE MEDICAL INSTITUTE - 33-0283773							
1801 LIND AVE SW, ATTN: TAX DEPT.	-						
RENTON, WA 98057	- HEALTHCARE	CALIFORNIA	501(C)(3)	12,I	PHS SOCAL	x	
PROVIDENCE MILWAUKIE FOUNDATION - 94-3079515				,			
1801 LIND AVE SW, ATTN: TAX DEPT.	1						
RENTON WA 98057	– HEALTHCARE	OREGON	501(C)(3)	7	PHS OR	x	
PROVIDENCE MINISTRIES							<u> </u>
1801 LIND AVE SW, ATTN: TAX DEPT.	1					1	
RENTON WA 98057	RELIGIOUS ORG	WASHINGTON	501(C)(3)	1	N/A	1	x

FOUNDATION, INC.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity	contr	<b>g)</b> 512(b)(13) rolled zation?
PROVIDENCE MOUNT ST. VINCENT FOUNDATION -				501(c)(3))		Yes	No
91-1188119, 1801 LIND AVE SW, ATTN: TAX	-						
DEPT., RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	7	PHS WA	x	
PROVIDENCE NEWBERG HEALTH FOUNDATION -			501(0)(0)	,		21	<u> </u>
93-0889144, 1801 LIND AVE SW, ATTN: TAX							
DEPT., RENTON, WA 98057	HEALTHCARE	OREGON	501(C)(3)	7	PHS OR	x	
PROVIDENCE PETER CLAVER ASSOCIATION -			501(0)(0)	,			<u> </u>
31-1629656, 1801 LIND AVE SW, ATTN: TAX	-						
DEPT., RENTON, WA 98057	SUPPORT	WASHINGTON	501(C)(3)	7	PHS WA	x	
PROVIDENCE PLAN PARTNERS - 91-1861964				-			<u> </u>
1801 LIND AVE SW, ATTN: TAX DEPT.							
RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(4)	N/A	PHS OR	x	
PROVIDENCE PORTLAND MEDICAL FOUNDATION -							
93-1231494, 1801 LIND AVE SW, ATTN: TAX	-						
DEPT., RENTON, WA 98057	HEALTHCARE	OREGON	501(C)(3)	7	PHS OR	x	
PROVIDENCE ROSSI ASSOCIATION - 31-1584166							<u> </u>
1801 LIND AVE SW. ATTN: TAX DEPT.	-						
RENTON, WA 98057	SUPPORT	WASHINGTON	501(C)(3)	10	PHS WA	x	
PROVIDENCE SAINT JOHN'S HEALTH CENTER -							
95-1684082, 1801 LIND AVE SW, ATTN: TAX	-						
DEPT., RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	3	PHS SOCAL	x	
PROVIDENCE SAINT JOHN'S MEDICAL FOUNDATION	-						ł
81-4542216, 1801 LIND AVE SW, ATTN: TAX	-						
DEPT., RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	3	PHS SOCAL	x	
PROVIDENCE SEASIDE HOSPITAL FOUNDATION -							
93-0927320, 1801 LIND AVE SW, ATTN: TAX	_						
DEPT., RENTON, WA 98057	HEALTHCARE	OREGON	501(C)(3)	7	PHS OR	x	
PROVIDENCE ST. ELIZABETH HOUSE ASSOCIATION	-						
91-2171539, 1801 LIND AVE SW, ATTN: TAX	-						
DEPT., RENTON, WA 98057	SUPPORT	WASHINGTON	501(C)(3)	7	PHS WA	x	
PROVIDENCE ST. FRANCIS ASSOCIATION -							
94-3244854, 1801 LIND AVE SW, ATTN: TAX	7						
DEPT., RENTON, WA 98057	SUPPORT	WASHINGTON	501(C)(3)	7	PHS WA	x	
PROVIDENCE ST. JOSEPH HEALTH - 81-1244422							
1801 LIND AVE SW, ATTN: TAX DEPT.	7						
RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	12,III	N/A		x

FOUNDATION, INC.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity	(( Section 5 contr organiz	olled
				501(c)(3))		Yes	No
PROVIDENCE ST. JOSEPH HEALTH FOUNDATION -	_						
94-3078543, 1801 LIND AVE SW, ATTN: TAX							
DEPT., RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	7	PHS WA	X	
PROVIDENCE ST. JOSEPH MEDICAL CENTER -							
81-0463482, 1801 LIND AVE SW, ATTN: TAX							
DEPT., RENTON, WA 98057	HEALTHCARE	MONTANA	501(C)(3)	3	PHS WA	Х	
PROVIDENCE ST. MARY FOUNDATION - 45-2841492							
1801 LIND AVE SW, ATTN: TAX DEPT.							
RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	7	PHS WA	х	
PROVIDENCE ST. PETER FOUNDATION - 91-1097056							
1801 LIND AVE SW, ATTN: TAX DEPT.							
RENTON, WA 98057	SUPPORT	WASHINGTON	501(C)(3)	7	PHS W WA	х	
PROVIDENCE ST. VINCENT MEDICAL FOUNDATION -							
93-0575982, 1801 LIND AVE SW, ATTN: TAX							
DEPT., RENTON, WA 98057	HEALTHCARE	OREGON	501(C)(3)	7	PHS OR	х	
PROVIDENCE TRINITYCARE HOSPICE - 95-3264139							
1801 LIND AVE SW, ATTN: TAX DEPT.	7						
RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	10	PHS SOCAL	х	
PROVIDENCE TRINITYCARE HOSPICE FOUNDATION -							
33-0261016, 1801 LIND AVE SW, ATTN: TAX	-						
DEPT., RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	7	РТСН	х	
PROVIDENCE WILLAMETTE FALLS MEDICAL							
FOUNDATION - 93-1003750, 1801 LIND AVE SW,	-						
ATTN: TAX DEPT. RENTON WA 98057	HEALTHCARE	OREGON	501(C)(3)	12, I	PHS OR	х	
QUEEN OF THE VALLEY MEDICAL CENTER -				,			
94-1243669 1801 LIND AVE SW ATTN: TAX	-						
DEPT., RENTON, WA 98057	- HEALTHCARE	CALIFORNIA	501(C)(3)	3	SJHS	х	
REDWOOD MEMORIAL FOUNDATION - 94-2779313							
1801 LIND AVE SW, ATTN: TAX DEPT.	-						
RENTON WA 98057	- HEALTHCARE	CALIFORNIA	501(C)(3)	7	RMH	x	
REDWOOD MEMORIAL HOSPITAL - 94-1384665							
1801 LIND AVE SW, ATTN: TAX DEPT.	1						
RENTON WA 98057	- HEALTHCARE	CALIFORNIA	501(C)(3)	3	SJHS	x	
SAINT JOHN'S HOSPITAL/HEALTH CENTER				1			
FOUNDATION - 95-6100079, 1801 LIND AVE SW,	1						
ATTN: TAX DEPT. RENTON, WA 98057	SUPPORT	CALIFORNIA	501(C)(3)	7	PSJHC	x	

FOUNDATION, INC.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity	cont	<b>g)</b> 512(b)(13) trolled ization?
				501(c)(3))		Yes	No
SANTA ROSA MEMORIAL HOSPITAL - 94-1231005	_						
1801 LIND AVE SW, ATTN: TAX DEPT.							
RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	3	SJHS	X	<u> </u>
SEATTLE SCIENCE FOUNDATION - 61-1502822							
1801 LIND AVE SW, ATTN: TAX DEPT.	_						
RENTON, WA 98057	PHYSN COLLAB	WASHINGTON	501(C)(3)	7	WHC	Х	
SISTERS OF PROVIDENCE OF MONTANA CORPORATION	1						
- 26-2612415, 1801 LIND AVE SW, ATTN: TAX							
DEPT., RENTON, WA 98057	SHELL CORP	MONTANA	501(C)(3)	1	PHS WA		х
SISTERS OF ST. JOSEPH OF ORANGE - 95-164338	3						
1801 LIND AVE SW, ATTN: TAX DEPT.							
RENTON, WA 98057	RELIGIOUS ORG	CALIFORNIA	501(C)(3)	1	N/A		х
SRM ALLIANCE HOSPITAL SERVICES (PVH) -							
68-0395200, 1801 LIND AVE SW, ATTN: TAX							
DEPT., RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	3	SRMH	х	
ST. JOSEPH HEALTH MINISTRY - 27-1666576							
1801 LIND AVE SW, ATTN: TAX DEPT.							
RENTON, WA 98057	RELIGIOUS ORG	CALIFORNIA	501(C)(3)	1	SSJO		х
ST. JOSEPH HEALTH NORTHERN CALIFORNIA, LLC	-						1
81-4791043, 1801 LIND AVE SW, ATTN: TAX							
DEPT., RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	3	SJHS	x	
ST. JOSEPH HEALTH SYSTEM - 95-3589356							
1801 LIND AVE SW, ATTN: TAX DEPT.							
RENTON WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	12.I	PSJH		х
ST. JOSEPH HEALTH SYSTEM FOUNDATION -							
33-0143024, 1801 LIND AVE SW, ATTN: TAX							
DEPT. RENTON WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	10	SJHS	х	
ST. JOSEPH HERITAGE HEALTHCARE - 33-0185031							
1801 LIND AVE SW, ATTN: TAX DEPT.	-						
RENTON WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	3	SJHS	x	
ST. JOSEPH HOME CARE NETWORK - 68-0331084							1
1801 LIND AVE SW, ATTN: TAX DEPT.	-						
RENTON WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	10	SJHS	x	
ST. JOSEPH HOSPITAL OF EUREKA - 94-1156596				-			+
1801 LIND AVE SW. ATTN: TAX DEPT.	-						
RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	3	SJHS	x	

FOUNDATION, INC.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	Section 5 contr organiz	rolled zation?
ST. JOSEPH HOSPITAL OF ORANGE - 95-1643359						Yes	No
1801 LIND AVE SW, ATTN: TAX DEPT.	1						
RENTON WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	3	CHN	x	
ST. JUDE HOSPITAL, INC - 95-1643324							
1801 LIND AVE SW ATTN: TAX DEPT.							
RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	3	CHN	x	
ST. LUKE ASSOCIATION - 94-3176618							
1801 LIND AVE SW, ATTN: TAX DEPT.							
RENTON WA 98057	SUPPORT	WASHINGTON	501(C)(3)	7	PHS WA	x	
ST. MARY MEDICAL CENTER - 95-1914489							-
1801 LIND AVE SW, ATTN: TAX DEPT.							
RENTON WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	3	CHN	x	
ST. MARY OF THE PLAINS HOSPITAL FDN -							
75-1653181, 1801 LIND AVE SW, ATTN: TAX	1						
DEPT., RENTON, WA 98057	HEALTHCARE	TEXAS	501(C)(3)	7	CHS	x	
ST. PATRICK HOSPITAL FOUNDATION - 23-7056976							
1801 LIND AVE SW, ATTN: TAX DEPT.	1						
RENTON, WA 98057	HEALTHCARE	MONTANA	501(C)(3)	7	PHS WA	x	
ST. THOMAS CHILD AND FAMILY CENTER -							
81-0233495, 1801 LIND AVE SW, ATTN: TAX	1						
DEPT., RENTON, WA 98057	EDUCATION	MONTANA	501(C)(3)	10	PHS WA	x	
SWEDISH EDMONDS - 27-2305304							
1801 LIND AVE SW, ATTN: TAX DEPT.	1						
RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	3	WHC	х	
SWEDISH HEALTH SERVICES - 91-0433740							
1801 LIND AVE SW, ATTN: TAX DEPT.	1						
RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	3	WHC	х	
SWEDISH MEDICAL CENTER FOUNDATION -							
91-0983214, 1801 LIND AVE SW, ATTN: TAX	1						
DEPT., RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	7	SHS	х	1
SWEDISH MJM HOLDINGS - 27-3139262							
1801 LIND AVE SW, ATTN: TAX DEPT.	]						1
RENTON, WA 98057	HOLDING CO	WASHINGTON	501(C)(3)	12,I	SHS	x	1
TARZANA MEDICAL CENTER LLC - 83-3972614			1	1			
1801 LIND AVE SW, ATTN: TAX DEPT.	1						1
RENTON WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	3	PHS SOCAL	x	1

FOUNDATION, INC.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity	contr	<b>g)</b> 512(b)(13) rolled zation?
				501(c)(3))		Yes	No
THE GAMELIN ASSOCIATION - 91-1180824							
1801 LIND AVE SW, ATTN: TAX DEPT.							
RENTON, WA 98057	SUPPORT	WASHINGTON	501(C)(3)	7	PHS WA	х	
THE GAMELIN CALIFORNIA ASSOCIATION -							
91-1293869, 1801 LIND AVE SW, ATTN: TAX							
DEPT., RENTON, WA 98057	SUPPORT	CALIFORNIA	501(C)(3)	10	PHS SOCAL	х	
THE GAMELIN OREGON ASSOCIATION - 91-1214491							
1801 LIND AVE SW, ATTN: TAX DEPT.							1
RENTON, WA 98057	SUPPORT	OREGON	501(C)(3)	10	PHS OR	x	1
UNIVERSITY OF PROVIDENCE - 81-0231777				1			
1801 LIND AVE SW, ATTN: TAX DEPT.	1						1
RENTON, WA 98057	EDUCATION	MONTANA	501(C)(3)	2	PHS	x	
WESTERN HEALTHCONNECT - 45-4171900							
1801 LIND AVE SW, ATTN: TAX DEPT.	-						
RENTON, WA 98057	SHELL CORPORATION	WASHINGTON	501(C)(3)	12,II	PHS W WA	x	
	-						
	-						
	-						
	-						
	-						
	-						
	-						

Schedule R (Form 990) 2019 FOUNDATION, INC.

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	managir partner	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	<u> </u>
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		N/A	N/A	N/A
BROADWAY IMAGING, LLC -											
52-2405971, 500 W. BROADWAY,											
MISSOULA, MT 59802	MEDICAL IMAGING	МТ	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
CENTER FOR MATERNAL, NEWBORN											
AND CHILD - 81-3526875, 1801	1										
LIND AVE SW, ATTN: TAX DEPT.,											
RENTON, WA 98057	HEALTHCARE	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
CLACKAMAS RADIATION ONCOLOGY											
CENTER, LLC - 26-0381897,											
4400 NE HALSEY ST, BLDG. II,	1										
#495, PORTLAND, OR 97213	RADIATION ONCOL	OR	N/A	N/A	N/A	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 it had one or more related organizations treated as a corporation or trust during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	512(I conti	( <b>i)</b> b)(13) rolled tity?
		country)						Yes	No
1221 MADISON STREET OWNERS ASSOC -									
20-1954319, 747 BROADWAY, SEATTLE, WA 98122	OWNERS' ASSOC.	WA	N/A	C CORP	N/A	N/A	N/A		х
AMERICAN UNITY GROUP, LTD									
90 PITTS BAY ROAD HM08									
, PEMBROKE, BERMUDA	CAPTIVE INSURANCE	BERMUDA	N/A	C CORP	N/A	N/A	N/A		х
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	N/A	N/A		х
BOURGET HEALTH SERVICES, INC 91-1354431									
P.O. BOX 2687									
SPOKANE, WA 99223	CLIN/MED LAB	WA	N/A	C CORP	N/A	N/A	N/A		х
CARON HEALTH CORPORATION - 81-0486082									
1801 LIND AVE SW, ATTN: TAX DEPT.									
RENTON, WA 98057-9016	MED PHYS SVCS	МТ	N/A	C CORP	N/A	N/A	N/A		х

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income (related, unrelated,	Share of total income	Share of end-of-year		portion-	Code V-UBI amount in box	General managi	or Percentage ownership
of related organization		(state or foreign	ontity	excluded from tax under	moorne	assets	ate allo	1	20 of Schedule	partner	
COASTAL ASC HOLDINGS, LLC -		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
81-0986844. ONE HOAG DRIVE.											
BOX 6100, NEWPORT BEACH, CA											
92663	HEALTHCARE	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
COVENANT LONG-TERM CARE, LP -		011	14721	147.21	14711	11/21			11/11		
20-5033419, 1801 LIND AVE SW,											
ATTN: TAX DEPT., RENTON, WA											
98057	HEALTHCARE	тх	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
BRIDGEPORT MEDICAL IMAGING											
(BMI) - 26-0796953, 4400 NE											
HALSEY, #495, PORTLAND, OR											
97213	IMAGING DIAG.	OR	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
CENTER FOR MEDICAL IMAGING											
(CMI) - 20-0477972, 4400 NE											
HALSEY, #495, PORTLAND, OR											
97213	IMAGING DIAG.	OR	N/A	N/A	N/A	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	AMBULATORY SURG	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
GREATER VALLEY MEDICAL											
BUILDING, L.P 95-4570858,											
501 S. BUENA VISTA ST,	REAL ESTATE -										
BURBANK, CA 91505	мов	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
HCSA PROPERTIES, LLC -											
46-0620892, 1600 M STREET NW,	REAL ESTATE										
AUBURN, WA 98001	RENT	WA	N/A	N/A	N/A	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		N/A	N/A	N/A
HOAG ORTHOPEDIC INSTITUTE -	4										
61-1588294, ONE HOAG DRIVE,	4										
BOX 6100, NEWPORT BEACH, CA							L_ /-				
92658	HEALTHCARE	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income (related, unrelated,	Share of total income	Share of end-of-year	Dispro		Code V-UBI amount in box	managing	Percentage ownership
		(state or foreign country)	,	excluded from tax under sections 512-514)		assets	ate allo Yes	1	20 of Schedule K-1 (Form 1065)	partner? Yes No	-
IMAGING ASSOCIATES LLC -		country)					165	NU		resino	
20-3906048, 3650 PIPER	-										
STREET, STE A, ANCHORAGE, AK											
99508	MEDICAL IMAGING	AK	N/A	N/A	N/A	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		N/A	N/A	N/A
LSC REAL PROPERTY_ LLC -	-										
47-4646059, 2301 QUAKER											
AVENUE, LUBBOCK, TX 79410	REAL ESTATE	ТХ	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
METHODIST DIAGNOSTIC IMAGING											
- 75-2343261, 4005 24TH	-										
STREET, LUBBOCK, TX 79410	HEALTHCARE	тх	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
		171	11/21	14/11	14711	17/11			11/11		11/11
NEWPORT IMAGING CENTER -	-										
33-0191776, 360 SAN MIGUEL,	-										
NEWPORT BEACH, CA 92660	HEALTHCARE	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
NEWPORT SURGICAL PARTNERS,											İ
LLC - 39-2060266, 27271 LAS											
RAMBLAS #350, MISSION VIEJO,											
CA 92691	HEALTHCARE	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
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		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		N/A	N/A	N/A
PET/CT IMAGING AT SWEDISH			11/ 21	14/21	11/ 21	11/21			14/11		14/11
CANCER INSTITUTE, LLC -	4										
20-3132044, 1221 MADISON	4										
,	-					1	1	1	1	1 1	1

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated,	Share of total income	Share of end-of-year		portion- cations?	Code V-UBI amount in box	General managi partner	or Percentage ownership
		foreign country)		excluded from tax under sections 512-514)		assets	Yes	No	20 of Schedule K-1 (Form 1065)	Yes N	
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		N/A	N/A	N/A
PROV. RADIATION ONCOLOGY											
DEVELOP. ASSN 26-0682491,											
4400 NE HALSEY #495,	REAL ESTATE -										
PORTLAND, OR 97213	мов	OR	N/A	N/A	N/A	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		N/A	N/A	N/A
PROVIDENCE HOUSE HEARING											
HEALTH CENTERS LLC, 1801 LIND											
AVE SW, ATTN: TAX DEPT.,											
RENTON, WA 98057	HEALTHCARE	CA	N/A	N/A	N/A	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	MEDICAL IMAGING	AK	N/A	N/A	N/A	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		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		N/A	N/A	N/A
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		N/A	N/A	N/A
PROVIDENCE UCLA USP SURGERY											
CENTER JV - 32-0503030, 15305											
DALLAS PKWY, STE 1600, LB 28,											
ADDISON, TX 75001	AMBULATORY SURG	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated,	Share of total income	Share of end-of-year	Dispro ate allo	portion-	Code V-UBI amount in box	managir	or Percentage ownership
5		foreign country)		excluded from tax under sections 512-514)		assets	Yes	1	20 of Schedule K-1 (Form 1065)	partner	
PROVIDENCE/USP SOUTH BAY		country)					163			16311	
SURGERY CENTERS - 47-5064486											
15305 DALLAS PKWY, STE 1600,	1										
LB 28, ADDISON, TX 75001	AMBULATORY SURG	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
PROVIDENCE/USP SURGERY											
CENTERS, LLC - 20-0684116,											
11550 INDIAN HILLS ROAD #160,											
MISSION HILLS, CA 91345	AMBULATORY SURG	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
RADIATION THERAPY											
INNOVATIONS, LLC -											
30-0553035, 1221 MADISON											
STREET, 1ST FL, SEATTLE, WA	HEALTHCARE	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
REDMOND AMBULATORY SURGERY											
CENTER LLC - 81-3558711, 805											
MADISON ST STE 901, SEATTLE,											
WA 98104	AMBULATORY SURG	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
SANTA ANA MOB, LLC -											
75-3205306, 1800 QUAIL											
STREET, STE 100, NEWPORT	REAL ESTATE -										
BEACH, CA 92660	мов	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
SHA, LLC - 75-2569094											
12940 NORTH HIGHWAY 183											
AUSTIN, TX 78750	HEALTHCARE	ТХ	N/A	N/A	N/A	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		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		N/A	N/A	N/A
ST. JOSEPH/SATELLITE DIALYSIS											
CENTERS, LLC - 81-4657391,											
300 SANTANA ROW, STE 300, SAN	1										
JOSE, CA 95128	HEALTHCARE	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A

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

Dame         address         Ref         Direct controlling wrapp         Primary activity wrapp         Logical activity         Direct controlling wrapp         Primary activity wrapp         Direct controlling wrapp         Primary activity wrapp         Direct controlling wrapp         Direct controling wrapp         Direct controlling wrapp	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(	h)	(i)	(j	(k)
Increase     Provided from tax under sections 512-514)     assets     Point Stress     20 of Schedule parts       ST. JUDE SURGICAL CENTERS, LLC - 82-3352570, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057     AMBULATORY SURG CA     N/A     N/A <t< td=""><td>Name, address, and EIN</td><td></td><td>Legal</td><td></td><td>Predominant income</td><td></td><td></td><td></td><td></td><td></td><td>Gener</td><td>al or Percentag</td></t<>	Name, address, and EIN		Legal		Predominant income						Gener	al or Percentag
Toreign       Discription       Discrinteraction       Discription	of related organization	, , ,	(state or		(related, unrelated,					amount in box	mana	<sup>jing</sup> ownershir
ST. JUDE SURGICAL CENTERS, LLC - 82-3352570, 1801 LIND AVE SW, ATTN: TAX DEFT., RENTON, WA 98057 AMBULATORY SURG CA N/A N/A N/A N/A N/A N/A N/A N/A N/A N/					sections 512-514)		assets	Yes	No	K-1 (Form 1065)		
AVE SW, ATTN: TAX DEPT.,       AMBULATORY SURG       CA       N/A       N/A <td>ST. JUDE SURGICAL CENTERS,</td> <td></td>	ST. JUDE SURGICAL CENTERS,											
RENTON, WA 98057 AMBULATORY SURG CA N/A N/A N/A N/A N/A N/A N/A N/A N/A N/	LLC - 82-3352570, 1801 LIND											
SURGERY CENTER AT       TANASBOURNE, LLC -         20-8187971, 11221 ROE AVE.,       AMBULATORY SURG KS       N/A	AVE SW, ATTN: TAX DEPT.,											
TANASBOURNE, LLC -       20-8187971, 11221 ROE AVE.,         STE 300, LEAWOOD, KS 66211       AMBULATORY SURG       KS       N/A       N/A<	RENTON, WA 98057	AMBULATORY SURG	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
20-8187971, 11221 ROE AVE., STE 300, LEAWOOD, KS 66211       AMBULATORY SURG       KS       N/A	SURGERY CENTER AT											
STE 300, LEAWOOD, KS 66211       AMBULATORY SURG       KS       N/A       N/A       N/A       N/A       N/A       N/A       N/A       N/A         TARZANA PEDIATRIC VENTURES       LLC - 82-1308306, 18321 CLARK       AMBULATORY SURG       KS       N/A       N/	TANASBOURNE, LLC -											
TARZANA PEDIATRIC VENTURES       LC - 82-1308306, 18321 CLARK       KA       N/A	20-8187971, 11221 ROE AVE.,											
LLC - 82-1308306, 18321 CLARK       LLC - 82-1308306, 18321 CLARK       CA       N/A       N/A <td>STE 300, LEAWOOD, KS 66211</td> <td>AMBULATORY SURG</td> <td>KS</td> <td>N/A</td> <td>N/A</td> <td>N/A</td> <td>N/A</td> <td>N/A</td> <td></td> <td>N/A</td> <td>N/A</td> <td>N/A</td>	STE 300, LEAWOOD, KS 66211	AMBULATORY SURG	KS	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
LLC - 82-1308306, 18321 CLARK       LLC - 82-1308306, 18321 CLARK       CA       N/A       N/A <td></td> <td>_</td> <td></td>		_										
ST., TARZANA, CA 91356       HEALTHCARE       CA       N/A       N/A       N/A       N/A       N/A       N/A       N/A       N/A         THE MADISON SPOKANE INN, LLC       -												
THE MADISON SPOKANE INN, LLC       - <td< td=""><td></td><td></td><td>CA</td><td>N / A</td><td>N/A</td><td>N/A</td><td>N/A</td><td>N/A</td><td></td><td>N/A</td><td>N/A</td><td>N/A</td></td<>			CA	N / A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
- 84-1606484, 15 WEST ROCKWOOD BLVD, SPOKANE, WA 99204 HOTEL SERVICES WA N/A N/A N/A N/A N/A N/A N/A N/A N/A N/	· · ·		011	11/21	14771	147 21	11/11			17/11		11/11
ROCKWOOD BLVD, SPOKANE, WA       HOTEL SERVICES       WA       N/A       N/A <td></td> <td>-</td> <td></td>		-										
99204       HOTEL SERVICES       WA       N/A         YELM MEDICAL OFFICE BUILDING       - 26-3685020, 2840 CRITES ST	,	-										
YELM MEDICAL OFFICE BUILDING - 26-3685020, 2840 CRITES ST SW STE 104, TUMATER, WA REAL ESTATE -		HOTEL SERVICES	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
- 26-3685020, 2840 CRITES ST SW STE 104, TUMATER, WA REAL ESTATE -												
SW STE 104, TUMATER, WA REAL ESTATE -		-										
		REAL ESTATE -										
			WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
						-						
		-										
		1										
		1										
		1										
		1										
		1										

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Primary activity Legal domicile Direct controlling Type of entity Share of total		<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	contro entit	o)(13) olled ty?		
HOAG CLINIC - 33-0676831		country)						Yes	No
1 HOAG DRIVE PO BOX 6100	-								
NEWPORT BEACH CA 92658-6100	HEALTHCARE	CA	N/A	C CORP	N/A	N/A	N/A		х
DATU HEALTH, INC. AND SUBSIDIARIES -		0.11			11/11				
46-3070062, 1801 LIND AVE SW, ATTN: TAX	-								
DEPT., RENTON, WA 98057-9016	IT SVCS	DE	N/A	C CORP	N/A	N/A	N/A		х
ENDOSCOPY CENTER OF SOUTHERN CALIFORNIA -									
95-2880495, 1301 20TH STREET, STE 280, SANTA	-								
MONICA, CA 90404	HEALTHCARE	CA	N/A	S CORP	N/A	N/A	N/A		х
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	N/A	N/A		х
GRACE CLINIC SERVICES INC 20-3857067									
1801 LIND AVE SW, ATTN: TAX DEPT.									
RENTON, WA 98057-9016	HEALTHCARE	тх	N/A	C CORP	N/A	N/A	N/A		х
HOAG MANAGEMENT SERVICES INC 33-0731587									
1 HOAG DRIVE, PO BOX 6100	1								
NEWPORT BEACH, CA 92658-6100	HEALTHCARE	CA	N/A	C CORP	N/A	N/A	N/A		х
LUBBOCK METHODIST HOSP PRACTICE MGMT -									
75-2578995, 1801 LIND AVE SW, ATTN: TAX	-								
DEPT., RENTON, WA 98057-9016	INACTIVE	ТΧ	N/A	C CORP	N/A	N/A	N/A		х
LUBBOCK METHODIST HOSPITAL SVCS - 75-2118585									
1801 LIND AVE SW, ATTN: TAX DEPT.									
RENTON, WA 98057-9016	HEALTHCARE	тх	N/A	C CORP	N/A	N/A	N/A		х
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	N/A	N/A		Х
MISSION VIEJO MEDICAL VENTURES - 33-0212905									
27800 MEDICAL CENTER RD, #354									
MISSION VIEJO, CA 92691	HEALTHCARE	CA	N/A	C CORP	N/A	N/A	N/A		Х
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	N/A	N/A		Х
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	N/A	N/A		х

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	512(l conti	( <b>i)</b> ction b)(13) rolled tity?
		country)		or trusty		235613		Yes	No
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	N/A	N/A		Х
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	N/A	N/A		Х
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	N/A	N/A		х
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	N/A	N/A		х
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	N/A	N/A		х
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	N/A	N/A		х
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	N/A	N/A		х
VINSERRA INC 95-3943315									
1801 LIND AVE SW ATTN: TAX DEPT.									
RENTON WA 98057-9016	INVESTMENTS	CA	N/A	C CORP	N/A	N/A	N/A		х
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	N/A	N/A		х
YAKIMA MEDICAL ARTS, INC 91-0787963									
611 N. PERRY, #100									
SPOKANE WA 99202	RENT REAL ESTATE	WA	N/A	C CORP	N/A	N/A	N/A		х
/			PROV. HOOD						
			RIVER MEMORIAL						
CHARITABLE REMAINDER TRUST (1)	INVESTMENT	OR	HOSPITAL FDN					x	
				1					
	-								
	-								

PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL

Schedule R (Form 990) 2019 FOUNDATION, INC.

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)	X X	Yes X X						
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity       1a         b Gift, grant, or capital contribution to related organization(s)       1b         c Gift, grant, or capital contribution from related organization(s)       1c         d Loans or loan guarantees to or for related organization(s)       1d	X X X X X X X X X X X X X X X X X X X							
b Gift, grant, or capital contribution to related organization(s)       1b         c Gift, grant, or capital contribution from related organization(s)       1c         d Loans or loan guarantees to or for related organization(s)       1d	X X X X X X X X X X X X X X X X X X X							
b Gift, grant, or capital contribution to related organization(s)       1b         c Gift, grant, or capital contribution from related organization(s)       1c         d Loans or loan guarantees to or for related organization(s)       1d	X X X X X X X X X X X X X X X X X X X							
c Gift, grant, or capital contribution from related organization(s)       1c         d Loans or loan guarantees to or for related organization(s)       1d	X X X X X	X						
d Loans or loan guarantees to or for related organization(s) 1d	X X X X							
• • • • • • • • • • • • • • • • • • • •	X X							
e Loans or loan guarantees by related organization(s)								
f Dividends from related organization(s)								
g Sale of assets to related organization(s)	Х							
h Purchase of assets from related organization(s)								
i Exchange of assets with related organization(s)	Х							
j Lease of facilities, equipment, or other assets to related organization(s)	X							
k Lease of facilities, equipment, or other assets from related organization(s)	X							
<ul> <li>Performance of services or membership or fundraising solicitations for related organization(s)</li> </ul>								
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)								
<ul> <li>o Sharing of paid employees with related organization(s)</li> </ul>								
o Sharing of paid employees with related organization(s)								
p Reimbursement paid to related organization(s) for expenses	x	х						
	х	Х						
r Other transfer of cash or property to related organization(s)	x							
s Other transfer of cash or property from related organization(s)	х							
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.								
(a)(b)(c)(d)Name of related organizationTransaction type (a-s)Amount involvedMethod of determining amount involved								
(1) PH & S - OR DBA PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL B 116,012. COST								
(2) PROVIDENCE HEALTH & SERVICES - OREGON C 107,458.COST								
(3)								

(5)

(6)

932163 09-10-19

#### PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL

Schedule R (Form 990) 2019 FOUNDATION, INC.

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

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

(0)						(f)	(a)	/		(1)	(1)		(14)
(a)	(b)	(c)	(d)	Are Are partne 501 ( org	all	(f)	(g)	()	') 	(i)	(j)		(k)
Name, address, and EIN	Primary activity	Legal domicile	(related unrelated	partne 501(	rs sec. c)(3)	Share of	Share of	Dispr tior alloca	opor- nate	amount in box 20	Genera	ai or Pe	ercentage
of entity		(state or foreign	excluded from tax under	org	s.?	total	end-of-year		tions?	of Schedule K-1	partn	er? 0	wnership
		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Yes	No	income	assets	Yes	No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Yes	NO	
											$\vdash$	_	
											$\vdash$		

Schedule R (Form 990) 2019

PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL		
Schedule R (Form 990) 2019 FOUNDATION, INC.	93-0921990	Page 5
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 SHORT TERM INVESTMENT PORTFOLIO		
EIN: 81-2701056		
1801 LIND AVE SW, ATTN: TAX DEPT.		
RENTON, WA 98057		
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		
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		
NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:		
RADIATION THERAPY INNOVATIONS, LLC		
EIN: 30-0553035		
EIN: 30-0555055		
1221 MADISON STREET, 1ST FL		
SEATTLE, WA 98104		

932165 09-10-19