

Form **990**

## Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2020 calendar year, or tax year beginning and ending

|  |   |   |
|--|---|---|
| <p><b>B</b> Check if applicable:</p> <p><input checked="" type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return/terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p> | <p><b>C</b> Name of organization<br/>PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL FOUNDATION, INC.</p> <p>Doing business as</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br/>810 12TH STREET, PO BOX 149</p> <p>City or town, state or province, country, and ZIP or foreign postal code<br/>HOOD RIVER, OR 97031</p> <p><b>F</b> Name and address of principal officer: SUSAN FROST<br/>SAME AS C ABOVE</p> | <p><b>D</b> Employer identification number<br/>93-0921990</p> <p><b>E</b> Telephone number<br/>(503) 216-6627</p> <p><b>G</b> Gross receipts \$ 3,610,383.</p> <p><b>H(a)</b> Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p><b>H(b)</b> Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If "No," attach a list. See instructions</p> <p><b>H(c)</b> Group exemption number ▶</p> |
|--|---|---|

**I** Tax-exempt status:  501(c)(3)  501(c)( ) (insert no.)  4947(a)(1) or  527

**J** Website: ▶ WWW.PROVIDENCEFOUNDATIONS.ORG/FOUNDATIONS/PAGES/

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1984 **M** State of legal domicile: OR

| Part I Summary  |                             |  |  |
|---|-----------------------------|--|--|
| 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O  |                             |  |  |
| 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. |                             |  |  |
| Activities & Governance   | 3                           | Number of voting members of the governing body (Part VI, line 1a)                  | 3 11   |
|   | 4                           | Number of independent voting members of the governing body (Part VI, line 1b)      | 4 11   |
|   | 5                           | Total number of individuals employed in calendar year 2020 (Part V, line 2a)       | 5 0  |
|   | 6                           | Total number of volunteers (estimate if necessary)                                 | 6 11   |
|   | 7a                          | Total unrelated business revenue from Part VIII, column (C), line 12               | 7a 0.  |
|   | 7b                          | Net unrelated business taxable income from Form 990-T, Part I, line 11             | 7b 0.  |
|   | Revenue                     | 8  | Contributions and grants (Part VIII, line 1h)                    |
| 9   |                             | Program service revenue (Part VIII, line 2g)                                       | 0. 0.  |
| 10  |                             | Investment income (Part VIII, column (A), lines 3, 4, and 7d)                      | 123,209. 131,034.  |
| 11  |                             | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)           | -10,872. 6,925.  |
| 12  |                             | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 417,233. 779,142.  |
| Expenses  |                             | 13   | Grants and similar amounts paid (Part IX, column (A), lines 1-3) |
|   | 14                          | Benefits paid to or for members (Part IX, column (A), line 4)                      | 0. 0.  |
|   | 15                          | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | 98,685. 93,166.  |
|   | 16a                         | Professional fundraising fees (Part IX, column (A), line 11e)                      | 0. 0.  |
|   | 16b                         | Total fundraising expenses (Part IX, column (D), line 25) ▶ 66,493.                |  |
|   | 17                          | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                       | 37,492. 62,031.  |
|   | 18                          | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)          | 262,189. 268,505.  |
|   | 19                          | Revenue less expenses. Subtract line 18 from line 12                               | 155,044. 510,637.  |
|   | Net Assets or Fund Balances | 20   | Total assets (Part X, line 16)                                   |
| 21  |                             | Total liabilities (Part X, line 26)  | 28,144. 25,536.  |
| 22  |                             | Net assets or fund balances. Subtract line 21 from line 20                         | 5,420,482. 6,389,582.  |

**Part II Signature Block**

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

|                               |  |   |   |
|-------------------------------|--|---|---|
| <b>Sign Here</b>              | Signature of officer<br>SUSAN FROST, EXECUTIVE DIRECTOR                    | Date<br>11/8/21                         |   |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br>TAMARA SUGIHARA                              | Preparer's signature<br>Tamara Sugihara | Date<br>11/2/2021   |
|                               | Firm's name ▶ ERNST & YOUNG US LLP   | Firm's EIN ▶ 34-6565596                 | Check if self-employed <input type="checkbox"/> PTIN<br>P01262399 |
|                               | Firm's address ▶ 560 MISSION STREET, SUITE 1600<br>SAN FRANCISCO, CA 94105 | Phone no. 415-894-8000                  |   |

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)

**Part III Statement of Program Service Accomplishments**

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

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

**2** Did the organization undertake any significant program services during the year which were not listed on the  
prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ 135,425. including grants of \$ 113,308. ) (Revenue \$ 0. )  
SEE SCHEDULE O

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

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

**4d** Other program services (Describe on Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **▶** 135,425.

**Part IV Checklist of Required Schedules**

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

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

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

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

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

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

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed  OR
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  JO ANN ESCASA-HAIGH - 949-381-4000  
3345 MICHELSON DRIVE, SUITE 100, IRVINE, CA 92612

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

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

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

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

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

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

| (A)<br>Name and title                        | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) SUSAN FROST<br>EXECUTIVE DIRECTOR        | 20.00<br>20.00  |   |                       | X       |              |                              | 0.     | 117,450.   | 29,812.   |   |
| (2) BETTY GAUVIN<br>DIRECTOR                 | 1.00<br>0.00  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (3) BRANDEN BUEL<br>DIRECTOR                 | 1.00<br>0.00  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (4) CANDICE RICHARDS<br>VICE CHAIR           | 1.00<br>0.00  | X   |                       | X       |              |                              | 0.     | 0.   | 0.  |   |
| (5) CAROL FRIEND<br>TREASURER                | 1.00<br>0.00  | X   |                       | X       |              |                              | 0.     | 0.   | 0.  |   |
| (6) CATHERINE DALBEY<br>CHAIR                | 1.00<br>0.00  | X   |                       | X       |              |                              | 0.     | 0.   | 0.  |   |
| (7) CHUCK BUGGE<br>DIRECTOR                  | 1.00<br>0.00  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (8) DEVON WELLS<br>DIRECTOR                  | 1.00<br>0.00  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (9) ERICK HAYNIE<br>DIRECTOR                 | 1.00<br>0.00  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (10) JOHN BRUNK<br>SECRETARY                 | 1.00<br>0.00  | X   |                       | X       |              |                              | 0.     | 0.   | 0.  |   |
| (11) MICHELE BEAMAN<br>DIRECTOR              | 1.00<br>0.00  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (12) MOOREEN MORRIS<br>DIRECTOR (PARTT YEAR) | 1.00<br>0.00  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (13) RYAN BREVARD<br>DIRECTOR                | 1.00<br>0.00  | X   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
| <b>1b Subtotal</b>   |   |   |                       |         |              |                              | 0.     | 117,450.   | 29,812.   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              | 0.     | 117,450.   | 29,812.   |   |

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

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE                             |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**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**



**Part VIII Statement of Revenue**

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

|   |   |                      | (A)            | (B)                                | (C)                        | (D)  |  |
|---|---|----------------------|----------------|------------------------------------|----------------------------|--|--|
|   |   |                      | Total revenue  | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |  |
| Contributions, Gifts, Grants and Other Similar Amounts  | <b>1 a</b> Federated campaigns  | <b>1a</b>            |                |                                    |                            |  |  |
|   | <b>b</b> Membership dues  | <b>1b</b>            |                |                                    |                            |  |  |
|   | <b>c</b> Fundraising events   | <b>1c</b>            | 78,915.        |                                    |                            |  |  |
|   | <b>d</b> Related organizations  | <b>1d</b>            | 119,674.       |                                    |                            |  |  |
|   | <b>e</b> Government grants (contributions)  | <b>1e</b>            |                |                                    |                            |  |  |
|   | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above | <b>1f</b>            | 442,594.       |                                    |                            |  |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f                                  | <b>1g</b>            | \$             |                                    |                            |  |  |
|   | <b>h Total.</b> Add lines 1a-1f   |                      |                | 641,183.                           |                            |  |  |
| Program Service Revenue   | <b>2 a</b>  | <b>Business Code</b> |                |                                    |                            |  |  |
|   | <b>b</b>  |                      |                |                                    |                            |  |  |
|   | <b>c</b>  |                      |                |                                    |                            |  |  |
|   | <b>d</b>  |                      |                |                                    |                            |  |  |
|   | <b>e</b>  |                      |                |                                    |                            |  |  |
|   | <b>f</b> All other program service revenue  |                      |                |                                    |                            |  |  |
|   | <b>g Total.</b> Add lines 2a-2f   |                      |                |                                    |                            |  |  |
| Other Revenue   | <b>3</b> Investment income (including dividends, interest, and other similar amounts)   |                      | 84,465.        |                                    |                            | 84,465.  |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds                             |                      |                |                                    |                            |  |  |
|   | <b>5</b> Royalties  |                      |                |                                    |                            |  |  |
|   | <b>6 a</b> Gross rents  | <b>6a</b>            | (i) Real       | 16,000.                            |                            |  |  |
|   |   |                      | (ii) Personal  |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
|   | <b>b</b> Less: rental expenses  | <b>6b</b>            | 0.             |                                    |                            |  |  |
|   | <b>c</b> Rental income or (loss)  | <b>6c</b>            | 16,000.        |                                    |                            |  |  |
|   | <b>d</b> Net rental income or (loss)  |                      |                | 16,000.                            |                            | 16,000.  |  |
|   | <b>7 a</b> Gross amount from sales of assets other than inventory                       | <b>7a</b>            | (i) Securities | 2,844,117.                         |                            |  |  |
|   |   |                      | (ii) Other     |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
|   | <b>b</b> Less: cost or other basis and sales expenses                                   | <b>7b</b>            | 2,797,548.     |                                    |                            |  |  |
|   | <b>c</b> Gain or (loss)   | <b>7c</b>            | 46,569.        |                                    |                            |  |  |
| <b>d</b> Net gain or (loss)   |   |                      | 46,569.        |                                    | 46,569.                    |  |  |
| <b>8 a</b> Gross income from fundraising events (not including \$ 78,915. of contributions reported on line 1c). See Part IV, line 18 | <b>8a</b>   |                      | 20,515.        |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
| <b>b</b> Less: direct expenses  | <b>8b</b>   | 14,342.              |                |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from fundraising events   |   |                      | 6,173.         |                                    | 6,173.                     |  |  |
| <b>9 a</b> Gross income from gaming activities. See Part IV, line 19  | <b>9a</b>   |                      |                |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
| <b>b</b> Less: direct expenses  | <b>9b</b>   |                      |                |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from gaming activities  |   |                      |                |                                    |                            |  |  |
| <b>10 a</b> Gross sales of inventory, less returns and allowances   | <b>10a</b>  |                      | 4,103.         |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
| <b>b</b> Less: cost of goods sold   | <b>10b</b>  | 19,351.              |                |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from sales of inventory   |   |                      | -15,248.       |                                    | -15,248.                   |  |  |
| Miscellaneous Revenue   | <b>11 a</b>   | <b>Business Code</b> |                |                                    |                            |  |  |
|   | <b>b</b>  |                      |                |                                    |                            |  |  |
|   | <b>c</b>  |                      |                |                                    |                            |  |  |
|   | <b>d</b> All other revenue  |                      |                |                                    |                            |  |  |
|   | <b>e Total.</b> Add lines 11a-11d   |                      |                |                                    |                            |  |  |
| <b>12 Total revenue.</b> See instructions   |   |                      | 779,142.       | 0.                                 | 0.                         | 137,959.   |  |

**Part IX Statement of Functional Expenses**

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...   | 106,668.              | 106,668.                        |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....  | 6,640.                | 6,640.                          |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....   |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members .....  |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees .....   |                       |                                 |  |                             |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....   |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages .....   | 92,941.               |                                 | 40,342.                                | 52,599.                     |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   |                       |                                 |  |                             |
| <b>9</b> Other employee benefits .....  | 225.                  |                                 | 98.                                    | 127.                        |
| <b>10</b> Payroll taxes .....   |                       |                                 |  |                             |
| <b>11</b> Fees for services (nonemployees):   |                       |                                 |  |                             |
| <b>a</b> Management .....   |                       |                                 |  |                             |
| <b>b</b> Legal .....  |                       |                                 |  |                             |
| <b>c</b> Accounting .....   |                       |                                 |  |                             |
| <b>d</b> Lobbying .....   |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17  |                       |                                 |  |                             |
| <b>f</b> Investment management fees .....   | 13,723.               |                                 | 13,723.                                |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)   | 10,602.               |                                 | 4,602.                                 | 6,000.                      |
| <b>12</b> Advertising and promotion .....   | 8,088.                | 8,088.                          |  |                             |
| <b>13</b> Office expenses .....   | 7,983.                | 528.                            | 5,414.                                 | 2,041.                      |
| <b>14</b> Information technology .....  |                       |                                 |  |                             |
| <b>15</b> Royalties .....   |                       |                                 |  |                             |
| <b>16</b> Occupancy .....   |                       |                                 |  |                             |
| <b>17</b> Travel .....  | 597.                  |                                 | 259.                                   | 338.                        |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...  |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings .....  | 27.                   |                                 | 12.                                    | 15.                         |
| <b>20</b> Interest .....  |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates .....  |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization .....   |                       |                                 |  |                             |
| <b>23</b> Insurance .....   |                       |                                 |  |                             |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) |                       |                                 |  |                             |
| <b>a</b> SPECIAL EVENTS   | 20,122.               | 13,305.                         | 1,672.                                 | 5,145.                      |
| <b>b</b> OTHER DIRECT EXPENSES  | 763.                  | 134.                            | 434.                                   | 195.                        |
| <b>c</b> LICENSES & TAXES   | 70.                   | 48.                             | 4.                                     | 18.                         |
| <b>d</b> MEDICAL SUPPLIES   | 56.                   | 14.                             | 27.                                    | 15.                         |
| <b>e</b> All other expenses _____   |                       |                                 |  |                             |
| <b>25</b> Total functional expenses. Add lines 1 through 24e  | 268,505.              | 135,425.                        | 66,587.                                | 66,493.                     |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                                    |                       |                                 |  |                             |

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

|   |  | (A)                 |            | (B)                 |
|---|--|---------------------|------------|---------------------|
|   |  | Beginning of year   |            | End of year         |
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 748,841.            | <b>1</b>   | 732,030.            |
|   | <b>2</b> Savings and temporary cash investments .....  |                     | <b>2</b>   |                     |
|   | <b>3</b> Pledges and grants receivable, net .....  | 3,531.              | <b>3</b>   | 1,746.              |
|   | <b>4</b> Accounts receivable, net .....  |                     | <b>4</b>   |                     |
|   | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... |                     | <b>5</b>   |                     |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |                     | <b>6</b>   |                     |
|   | <b>7</b> Notes and loans receivable, net .....   |                     | <b>7</b>   | 1,044.              |
|   | <b>8</b> Inventories for sale or use .....   | 25,942.             | <b>8</b>   | 25,942.             |
|   | <b>9</b> Prepaid expenses and deferred charges .....   |                     | <b>9</b>   |                     |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 553,850. |            |                     |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b>          | 553,850.   | <b>10c</b> 553,850. |
|   | <b>11</b> Investments - publicly traded securities .....   | 3,559,449.          | <b>11</b>  | 4,529,835.          |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                     | <b>12</b>  |                     |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                     | <b>13</b>  |                     |
|   | <b>14</b> Intangible assets .....  |                     | <b>14</b>  |                     |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   | 557,013.            | <b>15</b>  | 570,671.            |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 5,448,626.   | <b>16</b>           | 6,415,118. |                     |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 5,318.              | <b>17</b>  | 628.                |
|   | <b>18</b> Grants payable .....   |                     | <b>18</b>  |                     |
|   | <b>19</b> Deferred revenue .....   |                     | <b>19</b>  |                     |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                     | <b>20</b>  |                     |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                     | <b>21</b>  |                     |
|   | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....     |                     | <b>22</b>  |                     |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                     | <b>23</b>  |                     |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                     | <b>24</b>  |                     |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....  | 22,826.             | <b>25</b>  | 24,908.             |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 28,144.             | <b>26</b>  | 25,536.             |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                     |            |                     |
|   | <b>27</b> Net assets without donor restrictions .....  | 3,921,271.          | <b>27</b>  | 4,688,004.          |
|   | <b>28</b> Net assets with donor restrictions .....   | 1,499,211.          | <b>28</b>  | 1,701,578.          |
|   | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                     |            |                     |
|   | <b>29</b> Capital stock or trust principal, or current funds .....   |                     | <b>29</b>  |                     |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                     | <b>30</b>  |                     |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   |                     | <b>31</b>  |                     |
|   | <b>32</b> Total net assets or fund balances .....  | 5,420,482.          | <b>32</b>  | 6,389,582.          |
| <b>33</b> Total liabilities and net assets/fund balances .....            | 5,448,626.   | <b>33</b>           | 6,415,118. |                     |

Form 990 (2020)

**Part XI Reconciliation of Net Assets**

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

|           |  |           |            |
|-----------|--|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 779,142.   |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 268,505.   |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 510,637.   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 5,420,482. |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | 438,868.   |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |            |
| <b>7</b>  | Investment expenses  | <b>7</b>  |            |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |            |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)   | <b>9</b>  | 19,595.    |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 6,389,582. |

**Part XII Financial Statements and Reporting**

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

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

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL FOUNDATION, INC.

Employer identification number 93-0921990

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

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

- 1 [ ] A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 [ ] A school described in section 170(b)(1)(A)(ii).
3 [ ] A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 [ ] A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 [ ] A federal, state, or local government or governmental 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)(vi).
8 [ ] A community trust described in section 170(b)(1)(A)(vi).
9 [ ] An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
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.
11 [ ] An organization organized and operated exclusively to test for public safety.
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).
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.
b [ ] Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s).
c [ ] Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions).
d [ ] Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
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).

Table with 6 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total  |
|--|----------|----------|----------|----------|----------|------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 278,617. | 440,533. | 342,914. | 304,896. | 647,356. | 2,014,316. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |          |          |            |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |          |          |          |          |          |            |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 278,617. | 440,533. | 342,914. | 304,896. | 647,356. | 2,014,316. |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ..... |          |          |          |          |          | 556,162.   |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          | 1,458,154. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total                |
|---|----------|----------|----------|----------|----------|--------------------------|
| <b>7</b> Amounts from line 4 .....  | 278,617. | 440,533. | 342,914. | 304,896. | 647,356. | 2,014,316.               |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....  | 52,656.  | 43,403.  | 47,060.  | 57,006.  | 100,465. | 300,590.                 |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....   |          |          |          |          |          |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....   |          | 1,777.   |          |          | 24,618.  | 26,395.                  |
| <b>11 Total support.</b> Add lines 7 through 10   |          |          |          |          |          | 2,341,301.               |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....   |          |          |          |          | 12       | 239,600.                 |
| <b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |          |          |          |          |          | <input type="checkbox"/> |

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

|   |           |                                     |
|---|-----------|-------------------------------------|
| <b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....   | <b>14</b> | 62.28 %                             |
| <b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....  | <b>15</b> | 56.09 %                             |
| <b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |           | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |           | <input type="checkbox"/>            |
| <b>17a 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....    |           | <input type="checkbox"/>            |
| <b>b 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... |           | <input type="checkbox"/>            |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |           | <input type="checkbox"/>            |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

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

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....                       | <b>16</b> | % |

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

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....                         | <b>18</b> | % |

**19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

|   |  |  |  |
|---|--|--|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |  |  |  |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |  |  |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |  |  |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).   |  |  |  |
| <b>2</b> Activities Test. Answer lines 2a and 2b below.   |  |  |  |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> |  |  |  |
| <b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>  |  |  |  |
| <b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.   |  |  |  |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>   |  |  |  |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>   |  |  |  |
| <b>2a</b>   |  |  |  |
| <b>2b</b>   |  |  |  |
| <b>3a</b>   |  |  |  |
| <b>3b</b>   |  |  |  |

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

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

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

| <b>Section B - Minimum Asset Amount</b> |   | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1                                       | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                       | Average monthly value of securities   | 1a             |                             |
| b                                       | Average monthly cash balances   | 1b             |                             |
| c                                       | Fair market value of other non-exempt-use assets  | 1c             |                             |
| d                                       | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                       | <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):                                  |                |                             |
| 2                                       | Acquisition indebtedness applicable to non-exempt-use assets  | 2              |                             |
| 3                                       | Subtract line 2 from line 1d.   | 3              |                             |
| 4                                       | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | 4              |                             |
| 5                                       | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5              |                             |
| 6                                       | Multiply line 5 by 0.035.   | 6              |                             |
| 7                                       | Recoveries of prior-year distributions  | 7              |                             |
| 8                                       | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| <b>Section C - Distributable Amount</b> |   |   | Current Year |
|---|---|---|--------------|
| 1                                       | Adjusted net income for prior year (from Section A, line 8, column A)   | 1 |              |
| 2                                       | Enter 0.85 of line 1.   | 2 |              |
| 3                                       | Minimum asset amount for prior year (from Section B, line 8, column A)  | 3 |              |
| 4                                       | Enter greater of line 2 or line 3.  | 4 |              |
| 5                                       | Income tax imposed in prior year  | 5 |              |
| 6                                       | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | 6 |              |
| 7                                       | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

Schedule A (Form 990 or 990-EZ) 2020

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

| Section D - Distributions |  | Current Year |
|---------------------------|--|--------------|
| 1                         | Amounts paid to supported organizations to accomplish exempt purposes  | 1            |
| 2                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity      | 2            |
| 3                         | Administrative expenses paid to accomplish exempt purposes of supported organizations  | 3            |
| 4                         | Amounts paid to acquire exempt-use assets  | 4            |
| 5                         | Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)   | 5            |
| 6                         | Other distributions (describe in Part VI). See instructions.   | 6            |
| 7                         | <b>Total annual distributions.</b> Add lines 1 through 6.  | 7            |
| 8                         | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | 8            |
| 9                         | Distributable amount for 2020 from Section C, line 6   | 9            |
| 10                        | Line 8 amount divided by line 9 amount   | 10           |

| Section E - Distribution Allocations (see instructions) | (i)<br>Excess Distributions   | (ii)<br>Underdistributions<br>Pre-2020 | (iii)<br>Distributable<br>Amount for 2020 |
|---|---|--|---|
| 1   | Distributable amount for 2020 from Section C, line 6  |  |   |
| 2   | Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.   |  |   |
| 3   | Excess distributions carryover, if any, to 2020   |  |   |
| a   | From 2015   |  |   |
| b   | From 2016   |  |   |
| c   | From 2017   |  |   |
| d   | From 2018   |  |   |
| e   | From 2019   |  |   |
| f   | <b>Total</b> of lines 3a through 3e   |  |   |
| g   | Applied to underdistributions of prior years  |  |   |
| h   | Applied to 2020 distributable amount  |  |   |
| i   | Carryover from 2015 not applied (see instructions)  |  |   |
| j   | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |  |   |
| 4   | Distributions for 2020 from Section D, line 7: \$   |  |   |
| a   | Applied to underdistributions of prior years  |  |   |
| b   | Applied to 2020 distributable amount  |  |   |
| c   | Remainder. Subtract lines 4a and 4b from line 4.  |  |   |
| 5   | Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |  |   |
| 7   | <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.   |  |   |
| 8   | Breakdown of line 7:  |  |   |
| a   | Excess from 2016  |  |   |
| b   | Excess from 2017  |  |   |
| c   | Excess from 2018  |  |   |
| d   | Excess from 2019  |  |   |
| e   | Excess from 2020  |  |   |

Schedule A (Form 990 or 990-EZ) 2020

**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.

SALES OF INVENTORY LESS RETURNS

2020 AMOUNT: \$ 4,103.

FUNDRAISING REVENUE

2020 AMOUNT: \$ 20,515.

Schedule A Identification of Excess Contributions Included on Part II, Line 5 2020

\*\* Do Not File \*\* \*\*\* Not Open to Public Inspection \*\*\*

Table with 3 columns: Contributor's Name, Total Contributions, and Excess Contributions. Rows include LAKE FAMILY FOUNDATION, MS. ARVILLA V. ARMSTRONG, and PROVIDENCE HEALTH & SERVICES - OREGON.

Total Excess Contributions to Schedule A, Part II, Line 5 ..... 556,162.

# Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

# Schedule of Contributors

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

OMB No. 1545-0047

# 2020

|   |  |
|---|--|
| Name of the organization<br>PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL<br>FOUNDATION, INC. | Employer identification number<br>93-0921990 |
|---|--|

Organization type (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ  501(c)( 3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF  501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

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

**Special Rules**

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

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

|   |   |
|---|---|
| Name of organization<br>PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL<br>FOUNDATION, INC. | <b>Employer identification number</b><br>93-0921990 |
|---|---|

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

| (a)<br>No.              | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|-------------------------|-----------------------------------|----------------------------|---|
| 1                       | _____<br>_____<br>_____           | \$ _____ 15,000.           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2                       | _____<br>_____<br>_____           | \$ _____ 15,000.           | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3                       | _____<br>_____<br>_____           | \$ _____ 157,500.          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4                       | _____<br>_____<br>_____           | \$ _____ 150,000.          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5                       | _____<br>_____<br>_____           | \$ _____ 119,674.          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| _____<br>_____<br>_____ | _____<br>_____<br>_____           | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

|   |   |
|---|---|
| Name of organization<br>PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL<br>FOUNDATION, INC. | <b>Employer identification number</b><br><br>93-0921990 |
|---|---|

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

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



|   |  |
|---|--|
| Name of organization<br>PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL<br>FOUNDATION, INC. | Employer identification number<br><br>93-0921990 |
|---|--|

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

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

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

**Name of the organization** PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL FOUNDATION, INC. **Employer identification number** 93-0921990

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

|   | (a) Donor advised funds                                  | (b) Funds and other accounts |
|---|--|------------------------------|
| 1 Total number at end of year .....   |  |                              |
| 2 Aggregate value of contributions to (during year) .....   |  |                              |
| 3 Aggregate value of grants from (during year) .....  |  |                              |
| 4 Aggregate value at end of year .....  |  |                              |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |                              |

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

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

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 2,838,358.       | 2,619,777.     | 2,796,250.         | 2,575,695.           | 2,404,998.          |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     | 127,966.         | 218,581.       | -124,638.          | 232,505.             | 170,697.            |
| d Grants or scholarships                         |                  |                | 51,835.            | 11,950.              |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 2,966,324.       | 2,838,358.     | 2,619,777.         | 2,796,250.           | 2,575,695.          |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  84.8900 %
  - b Permanent endowment  11.7700 %
  - c Term endowment  3.3400 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                             | Yes | No |
|-----------------------------|-----|----|
| (i) Unrelated organizations |     | X  |
| (ii) Related organizations  | X   |    |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      | 451,360.                        |                              | 451,360.       |
| b Buildings  |                                      | 102,490.                        |                              | 102,490.       |
| c Leasehold improvements   |                                      |                                 |                              |                |
| d Equipment  |                                      |                                 |                              |                |
| e Other  |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 553,850.       |

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1) CHARITABLE REMAINDER TRUSTS   | 32,115.        |
| (2) GIFT ANNUITIES  | 510,102.       |
| (3) OTHER ASSETS  | 28,454.        |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | 570,671.       |

**Part X Other Liabilities.**

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

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) DUE TO AFFILIATES   | 7,521.         |
| (3) GIFT ANNUITIES LIABILITY  | 17,387.        |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 24,908.        |

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

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

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

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

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

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

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

**Part XIII Supplemental Information.**

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

PART 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.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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.

**2020**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

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

Name of the organization **PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL FOUNDATION, INC.**

**Employer identification number**  
93-0921990

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

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

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

- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|---|---|
|   |               | Yes  | No |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
| <b>Total</b> .....  |               |  |    | ▶                                 |   |   |

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

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

|  |   | (a) Event #1                   | (b) Event #2 | (c) Other events<br>NONE | (d) Total events<br>(add col. (a) through<br>col. (c)) |
|--|---|--------------------------------|--------------|--------------------------|--|
|  |   | HEARTS OF GOLD<br>(event type) | (event type) | (total number)           |  |
| Revenue  | <b>1</b> Gross receipts .....   | 99,430.                        |              |                          | 99,430.  |
|  | <b>2</b> Less: Contributions .....  | 78,915.                        |              |                          | 78,915.  |
|  | <b>3</b> Gross income (line 1 minus line 2) .....                           | 20,515.                        |              |                          | 20,515.  |
| Direct Expenses  | <b>4</b> Cash prizes .....  | 12,090.                        |              |                          | 12,090.  |
|  | <b>5</b> Noncash prizes .....   |                                |              |                          |  |
|  | <b>6</b> Rent/facility costs .....  |                                |              |                          |  |
|  | <b>7</b> Food and beverages .....   |                                |              |                          |  |
|  | <b>8</b> Entertainment .....  |                                |              |                          |  |
|  | <b>9</b> Other direct expenses .....  | 2,252.                         |              |                          | 2,252.   |
|  | <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) ..... |                                |              |                          | 14,342.  |
| <b>11</b> Net income summary. Subtract line 10 from line 3, column (d) ..... |   |                                |              | 6,173.                   |  |

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

|                 |   | (a) Bingo   | (b) Pull tabs/instant<br>bingo/progressive bingo                    | (c) Other gaming  | (d) Total gaming (add<br>col. (a) through col. (c)) |
|-----------------|---|---|---|---|---|
|                 |   |   |   |   |   |
| Revenue         | <b>1</b> Gross revenue .....  |   |   |   |   |
| Direct Expenses | <b>2</b> Cash prizes .....  |   |   |   |   |
|                 | <b>3</b> Noncash prizes .....   |   |   |   |   |
|                 | <b>4</b> Rent/facility costs .....  |   |   |   |   |
|                 | <b>5</b> Other direct expenses .....  |   |   |   |   |
|                 | <b>6</b> Volunteer labor .....  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |   |
|                 | <b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....        |   |   |   |   |
|                 | <b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) ..... |   |   |   |   |

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

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

**b** If "No," explain: \_\_\_\_\_

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

**b** If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer       Employee       Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

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**Part IV** Supplemental Information (continued)

Multiple horizontal lines for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization **PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL  
FOUNDATION, INC.**

**Employer identification number**  
93-0921990

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| <b>1 (a)</b> Name and address of organization or government   | <b>(b)</b> EIN | <b>(c)</b> IRC section (if applicable) | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of noncash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--|---------------------------------|--|--|--|---|
| PROVIDENCE HEALTH & SERVICES -<br>OREGON - 1801 LIND AVE SW, ATTN:<br>TAX DEPT. - RENTON, WA 98057-9016 | 51-0216587     | 501(C)(3)                              | 64,321.                         | 0.                                       |  |  | OPERATIONAL SUPPORT                       |
| CATHOLIC CHARITIES OF OREGON<br>2740 SE POWELL BLVD, #5<br>PORTLAND, OR 97202                           | 93-0386801     | 501(C)(3)                              | 5,800.                          | 0.                                       |  |  | OPERATIONAL SUPPORT                       |
|   |                |  |                                 |  |  |  |   |
|   |                |  |                                 |  |  |  |   |
|   |                |  |                                 |  |  |  |   |
|   |                |  |                                 |  |  |  |   |
|   |                |  |                                 |  |  |  |   |

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

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

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

Schedule I (Form 990) 2020

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| SCHOLARSHIPS                    | 4                        | 6,640.                   | 0.                                |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |

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

PART I, LINE 2:

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.

**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 O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

|                          |   |                                |            |
|--------------------------|---|--------------------------------|------------|
| Name of the organization | PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL<br>FOUNDATION, INC. | Employer identification number | 93-0921990 |
|--------------------------|---|--------------------------------|------------|

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

AT PROVIDENCE, WE USE OUR VOICE TO ADVOCATE FOR VULNERABLE POPULATIONS  
AND NEEDED REFORMS IN HEALTH CARE. WE PURSUE INNOVATIVE WAYS TO  
TRANSFORM HEALTH CARE BY KEEPING PEOPLE HEALTHY, AND MAKING OUR  
SERVICES MORE CONVENIENT, ACCESSIBLE AND AFFORDABLE FOR ALL. IN AN  
INCREASINGLY UNCERTAIN WORLD, WE ARE COMMITTED TO HIGH-QUALITY,  
COMPASSIONATE CARE FOR EVERYONE - REGARDLESS OF COVERAGE OR ABILITY TO  
PAY. WE HELP PEOPLE AND COMMUNITIES BENEFIT FROM THE BEST HEALTH CARE  
MODEL FOR THE FUTURE - TODAY.

TOGETHER, OUR 120,000 CAREGIVERS (ALL EMPLOYEES) SERVE IN 51 HOSPITALS,  
1,085 CLINICS AND A COMPREHENSIVE RANGE OF SERVICES ACROSS ALASKA,  
CALIFORNIA, MONTANA, NEW MEXICO, OREGON, TEXAS AND WASHINGTON. THE

PROVIDENCE FAMILY INCLUDES:

- PROVIDENCE ACROSS SEVEN WESTERN STATES
- COVENANT HEALTH IN WEST TEXAS
- PROVIDENCE FACEY MEDICAL FOUNDATION IN LOS ANGELES, CA
- HOAG MEMORIAL HOSPITAL PRESBYTERIAN IN ORANGE COUNTY, CA
- KADLEC IN SOUTHEAST WASHINGTON
- PACIFIC MEDICAL CENTERS IN SEATTLE, WA

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

|   |  |
|---|--|
| Name of the organization<br>PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL<br>FOUNDATION, INC. | Employer identification number<br>93-0921990 |
|---|--|

-SWEDISH HEALTH SERVICES IN SEATTLE, WA

2020 - AN UNPRECEDENTED YEAR

OVER THE PAST YEAR, OUR COMMUNITIES HAVE FACED EXTRAORDINARY

CHALLENGES. BUT EVEN DURING THE MOST DIFFICULT PUBLIC HEALTH CRISIS OF

OUR TIME, COMMUNITIES HAVE ALSO SHOWN REMARKABLE STRENGTH AND RESOLVE.

THERE IS SO MUCH GOOD THAT CAN BE ACCOMPLISHED AT THE COMMUNITY LEVEL,

ESPECIALLY WHEN LIKE-MINDED ORGANIZATIONS WORK TOGETHER. IN SERVICE TO

OUR MISSION, PROVIDENCE PARTNERS WITH COMMUNITY-BASED ORGANIZATIONS TO

IDENTIFY URGENT HEALTH NEEDS AND ENVIRONMENTAL FACTORS THAT ARE

IMPACTING THE WELL-BEING OF OUR COMMUNITIES. WE ACT TO PROVIDE

SHORT-TERM SOLUTIONS AND ENVISION LONG-TERM RESULTS BY WISELY INVESTING

IN OUR COMMUNITIES TO HELP BUILD A MORE EQUITABLE AND SUSTAINABLE

FUTURE. IN 2020, WE INVESTED \$1.7 BILLION IN COMMUNITY BENEFIT ACROSS

SEVEN REGIONS, TO SUPPORT ORGANIZATIONS, PROGRAMS AND INITIATIVES THAT

CREATE LASTING CHANGE AT THE COMMUNITY LEVEL. THESE EFFORTS SEEK TO

MITIGATE IMMEDIATE CHALLENGES WHILE FINDING SOLUTIONS TO DEEP-ROOTED

PROBLEMS, IMPROVE ACCESS TO HEALTH CARE, AND ADVANCE INNOVATIVE CARE

MODELS TO MEET THE EVOLVING NEEDS OF OUR COMMUNITIES.

CARING FOR OUR COMMUNITIES HAS NEVER BEEN MORE IMPORTANT. TO ACHIEVE

OUR VISION OF HEALTH FOR A BETTER WORLD, OUR PROVIDENCE FAMILY OF

ORGANIZATIONS FOCUSED ON FOUR COMMUNITY INITIATIVES IN 2020:

1 - FOUNDATIONS OF HEALTH;

2 - REMOVING BARRIERS TO CARE;

3 - COMMUNITY RESILIENCE; AND

4 - INNOVATING FOR THE FUTURE.

|   |  |
|---|--|
| Name of the organization<br>PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL<br>FOUNDATION, INC. | Employer identification number<br>93-0921990 |
|---|--|

WE CHOSE THESE FOCUS AREAS BECAUSE THEY ARE ALL FOUNDATIONAL TO HEALTH AND WELL-BEING, REPRESENTING IDENTIFIED NEEDS THAT ARE INTEGRAL TO IMPROVING QUALITY OF LIFE.

PAYMENTS TO, OR ON BEHALF OF, PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL:

HOSPICE AREA OF GREATEST NEED FUND HELPS HOSPICE PATIENTS GET WHAT THEY NEED TO HAVE THE BEST QUALITY OF LIFE DURING THIS DIFFICULT TIME.

MEDICAL SUPPLIES ARE PURCHASED IN UNIQUE SITUATIONS WHERE INSURANCE DOESN'T COVER THE NEED (OR WHEN THERE IS NO INSURANCE). MUSIC THERAPY, MASSAGE THERAPY, ACUPUNCTURE AND OTHER COMPLIMENTARY THERAPIES AND SERVICES ARE ALSO COVERED HERE. THESE WERE PROVIDED AT THE BEGINNING OF THE YEAR BUT DUE TO COVID THE MUSIC THERAPY AND MASSAGE WERE ONLY ABLE TO BE OFFERED IN THE FIRST QUARTER OF THE YEAR. WHEN THESE ITEMS ARE NOT COVERED BY INSURANCE WE PROVIDE THEM TO HOSPICE PATIENTS THROUGH THIS FUND.

THE DON BENTON CANCER SERVICES FUND PROVIDES ADDITIONAL SERVICES FOR PATIENTS UNDERGOING CHEMOTHERAPY SUCH AS APPEARANCE SERVICES, MASSAGE DURING CHEMOTHERAPY, SUPPORT GROUPS, AND CANCER CARE BAGS.

THE PROVIDENCE HOOD RIVER HOSPITAL FOUNDATION PURCHASED A NEW VAN FOR BROOKSIDE MANOR AND A METIVATOR SCOPE AND REPROCESSOR FOR THE "OR". THE FOUNDATION ALSO RAISED \$100,000 FOR THE SUNSHINE CLUB PROGRAM THAT PROVIDES RESPITE CARE FOR FAMILIES CARING FOR A LOVED ONE SUFFERING FROM MEMORY LOSS.

|   |  |
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| Name of the organization<br>PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL<br>FOUNDATION, INC. | Employer identification number<br>93-0921990 |
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THE PROVIDENCE HOOD RIVER FOUNDATION WAS ABLE TO PIVOT DURING THE  
 DIFFICULT YEAR THAT COVID PROVIDED AND WAS ABLE TO PROVIDE SOME COVID  
 RESPONSE AND FINANCIAL SUPPORT FOR PPE. THEY WERE ALSO ABLE TO PROVIDE  
 N-95 FIT TESTING FOR THE DENTAL COMMUNITIES IN TOWN AS WELL AS PROVIDE  
 SOME FUNDING FOR FIRST RESPONDERS.

ASSISTANCE TO 5 INDIVIDUALS FOR SCHOLARSHIPS AND DIABETES EDUCATION WAS  
 PROVIDED DURING 2020.

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  
 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.



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| Name of the organization<br>PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL<br>FOUNDATION, INC. | Employer identification number<br>93-0921990 |
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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 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 UNCONFLICTED DECISION-MAKING, VERY SERIOUSLY. PROVIDENCE HAS A COMPREHENSIVE CONFLICT OF INTEREST POLICY AND INTEREST DISCLOSURE POLICY, AND CAREFULLY AND THOROUGHLY ADMINISTERS THESE POLICIES. BOARD MEMBERS,

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

ALL DOCUMENTATION OF CONFLICT OF INTEREST DISCLOSURES IS RETAINED IN ACCORDANCE WITH ORGANIZATION RETENTION POLICY.

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

|                          |   |                                |            |
|--------------------------|---|--------------------------------|------------|
| Name of the organization | PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL<br>FOUNDATION, INC. | Employer identification number | 93-0921990 |
|--------------------------|---|--------------------------------|------------|

## A RELATED ORGANIZATION.

IT IS PROVIDENCE'S INTENTION TO MAKE FINANCIAL INFORMATION ACCESSIBLE AND TRANSPARENT. 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.

PROVIDENCE HAS A CONSISTENT COMPENSATION PHILOSOPHY FOR ALL OF ITS SENIOR 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

|   |  |
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| Name of the organization<br>PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL<br>FOUNDATION, INC. | Employer identification number<br>93-0921990 |
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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 COMMITTEE AS A PART OF THE REVIEW AND APPROVAL PROCESS.

TOTAL COMPENSATION IS TIED CLOSELY TO PERFORMANCE OF THE ORGANIZATION AND THE INDIVIDUAL. PERFORMANCE INCENTIVES ALLOW EXECUTIVES TO EARN ADDITIONAL COMPENSATION IF THEY HELP LEAD PROVIDENCE IN ACHIEVING SPECIFIC ORGANIZATIONAL GOALS FOR FURTHERING PROVIDENCE'S OPERATING COMMITMENTS AND STRATEGIC OBJECTIVES. THE BOARD OF DIRECTORS CONDUCTS A THOROUGH REVIEW PROCESS TO ENSURE PERFORMANCE INCENTIVES ARE ALIGNED WITH APPROPRIATE MARKET PRACTICES.

Name of the organization PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL  
FOUNDATION, INC.

Employer identification number  
93-0921990

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 INTEREST  
POLICY AVAILABLE TO THE PUBLIC UPON REQUEST. THE PROVIDENCE COMMUNITY  
BENEFIT REPORTS, FINANCIAL REPORTS, CONSOLIDATED AUDITED FINANCIAL  
STATEMENTS, AND PHILANTHROPY REPORTS ARE ALSO AVAILABLE ON THE PROVIDENCE  
INTERNET SITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

NET ASSET TRANSFERS BETWEEN RELATED TAX-EXEMPT ORGS 19,595.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization **PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL FOUNDATION, INC.** Employer identification number **93-0921990**

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

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

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

| (a)<br>Name, address, and EIN<br>of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
|  |                         |   |                               |   |                                     | Yes  | No |
| COVENANT ACO - 61-1573313<br>1801 LIND AVENUE SW ATTN: TAX DEPT.<br>RENTON, WA 98057                 | HEALTHCARE              | TEXAS   | 501(C)(3)                     | 12, I   | CHS                                 | X  |    |
| COVENANT HEALTH NETWORK, INC - 46-1259908<br>1801 LIND AVENUE SW ATTN: TAX DEPT.<br>RENTON, WA 98057 | HEALTHCARE              | CALIFORNIA  | 501(C)(3)                     | 12, III   | SJHS                                | X  |    |
| COVENANT HEALTH PARTNERS - 46-3516417<br>1801 LIND AVENUE SW ATTN: TAX DEPT.<br>RENTON, WA 98057     | HEALTHCARE              | TEXAS   | 501(C)(3)                     | 12, I   | CHS                                 | X  |    |
| COVENANT HEALTH SYSTEM - 75-2765566<br>1801 LIND AVENUE SW ATTN: TAX DEPT.<br>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) 2020

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

| (a)<br>Name, address, and EIN<br>of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>organization? |    |
|--|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
|  |                         |   |                               |   |                                     | Yes  | No |
| COVENANT HEALTH SYSTEM FOUNDATION -<br>75-2897026, 3623 22ND PLACE, LUBBOCK, TX<br>79410               | HEALTHCARE              | TEXAS   | 501(C)(3)                     | 7   | CHS                                 | X  |    |
| COVENANT HOSPITAL HOBBS - 84-4273963<br>1801 LIND AVENUE SW ATTN: TAX DEPT.<br>RENTON, WA 98057        | HEALTHCARE              | TEXAS   | 501(C)(3)                     | 3   | CHS                                 | X  |    |
| COVENANT MEDICAL CENTER - 82-2913146<br>1801 LIND AVENUE SW ATTN: TAX DEPT.<br>RENTON, WA 98057        | HEALTHCARE              | TEXAS   | 501(C)(3)                     | 3   | CHS                                 | X  |    |
| COVENANT MEDICAL GROUP - 75-2743883<br>1801 LIND AVENUE SW ATTN: TAX DEPT.<br>RENTON, WA 98057         | HEALTHCARE              | TEXAS   | 501(C)(3)                     | 3   | CHS                                 | X  |    |
| EVERETT TRANSITIONAL CARE SERVICES -<br>94-3264605, P.O. BOX 5128, EVERETT, WA<br>98206-5128           | TRANSITIONAL CARE       | WASHINGTON  | 501(C)(3)                     | 10  | N/A                                 |  | X  |
| GAMELIN WASHINGTON ASSOCIATION - 20-1910170<br>1801 LIND AVENUE SW ATTN: TAX DEPT.<br>RENTON, WA 98057 | SUPPORT                 | WASHINGTON  | 501(C)(3)                     | 7   | PHS WA                              | X  |    |
| GLOBAL TO LOCAL HEALTH INITIATIVE -<br>27-3133200, 2800 SOUTH 192ND ST. #104,<br>SEATAC, WA 98188      | HEALTHCARE              | WASHINGTON  | 501(C)(3)                     | 7   | SHS                                 | X  |    |
| GRACE CLINIC OF LUBBOCK - 20-3856995<br>1801 LIND AVENUE SW ATTN: TAX DEPT.<br>RENTON, WA 98057        | HEALTHCARE              | TEXAS   | 501(C)(3)                     | 3   | CHS                                 | X  |    |
| HMTS, INC. - 45-3583707<br>1 HOAG DRIVE<br>NEWPORT BEACH, CA 92658                                     | HEALTHCARE              | CALIFORNIA  | 501(C)(3)                     | 12, I   | HMHP                                | X  |    |
| HOAG CHARITY SPORTS - 45-2982422<br>2081 BUSINESS CENTER DR., STE 195<br>NEWPORT BEACH, CA 92663       | SUPPORT                 | CALIFORNIA  | 501(C)(3)                     | 7   | HHF                                 | X  |    |
| HOAG CLINIC - 33-0676831<br>1 HOAG DRIVE<br>NEWPORT BEACH, CA 92658                                    | HEALTHCARE              | CALIFORNIA  | 501(C)(3)                     | 10  | HMHP                                | X  |    |
| HOAG HOSPITAL FOUNDATION - 95-3222343<br>330 PLACENTIA AVE<br>NEWPORT BEACH, CA 92663                  | FUNDRAISING             | CALIFORNIA  | 501(C)(3)                     | 7   | HMHP                                | X  |    |

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

| (a)<br>Name, address, and EIN<br>of related organization  | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>organization? |    |
|---|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
|   |                         |   |                               |   |                                     | Yes  | No |
| HOAG MEMORIAL HOSPITAL PRESBYTERIAN -<br>95-1643327, 1 HOAG ROAD, BOX 6100, NEWPORT<br>BEACH, CA 92663                          | HEALTHCARE              | CALIFORNIA  | 501(C)(3)                     | 3   | CHN                                 | X  |    |
| HOSPICE OF LUBBOCK - 75-2133781<br>1801 LIND AVENUE SW ATTN: TAX DEPT.<br>RENTON, WA 98057                                      | HEALTHCARE              | TEXAS   | 501(C)(3)                     | 10  | CHS                                 | X  |    |
| INLAND NORTHWEST HEALTH SERVICES -<br>91-1307555, 1801 LIND AVENUE SW ATTN: TAX<br>DEPT., RENTON, WA 98057                      | HEALTHCARE              | WASHINGTON  | 501(C)(3)                     | 3   | PHS WA                              | X  |    |
| INSTITUTE FOR MENTAL HEALTH & WELLNESS -<br>81-4260130, 1801 LIND AVENUE SW ATTN: TAX<br>DEPT., RENTON, WA 98057                | HEALTHCARE              | WASHINGTON  | 501(C)(3)                     | 7   | PHS / SJHS                          | X  |    |
| INSTITUTE FOR SYSTEMS BIOLOGY - 91-2003593<br>1801 LIND AVENUE SW ATTN: TAX DEPT.<br>RENTON, WA 98057                           | HEALTHCARE              | WASHINGTON  | 501(C)(3)                     | 7   | WHC                                 | X  |    |
| KADLEC AUXILIARY, INC. - 91-6033089<br>1801 LIND AVENUE SW ATTN: TAX DEPT.<br>RENTON, WA 98057                                  | SUPPORT                 | WASHINGTON  | 501(C)(3)                     | 12, III   | KRMC                                | X  |    |
| KADLEC FOUNDATION - 23-7005501<br>888 SWIFT BLVD<br>RICHLAND, WA 99352  | SUPPORT                 | WASHINGTON  | 501(C)(3)                     | 7   | KRMC                                | X  |    |
| KADLEC REGIONAL MEDICAL CENTER - 91-0655392<br>1801 LIND AVENUE SW ATTN: TAX DEPT.<br>RENTON, WA 98057                          | HEALTHCARE              | WASHINGTON  | 501(C)(3)                     | 3   | WHC                                 | X  |    |
| LITTLE COMPANY OF MARY ANCILLARY SERVICES<br>CORPORATION - 33-0844408, 1801 LIND AVENUE<br>SW ATTN: TAX DEPT., RENTON, WA 98057 | IMAGING SERVICES        | CALIFORNIA  | 501(C)(3)                     | 10  | PHS SOCIAL                          | X  |    |
| LUBBOCK HERITAGE HOSPITAL LLC - 26-4021016<br>1801 LIND AVENUE SW ATTN: TAX DEPT.<br>RENTON, WA 98057                           | HEALTHCARE              | TEXAS   | 501(C)(3)                     | 3   | CHS                                 | X  |    |
| LUNDBERG ASSOCIATION/ PROVIDENCE HOUSE -<br>91-1562797, 1801 LIND AVENUE SW ATTN: TAX<br>DEPT., RENTON, WA 98057                | SUPPORT                 | OREGON  | 501(C)(3)                     | 7   | PHS OR                              | X  |    |
| MARSHA RIVKIN CENTER FOR OVARIAN CANCER<br>RESEARCH - 91-2054035, 1801 LIND AVENUE SW<br>ATTN: TAX DEPT., RENTON, WA 98057      | RESEARCH                | WASHINGTON  | 501(C)(3)                     | 7   | SHS                                 | X  |    |



**Part II** Continuation of Identification of Related Tax-Exempt Organizations

| (a)<br>Name, address, and EIN<br>of related organization  | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>organization? |    |
|---|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
|   |                         |   |                               |   |                                     | Yes  | No |
| METHODIST CHILDREN'S HOSPITAL - 75-2428911<br>1801 LIND AVENUE SW ATTN: TAX DEPT.<br>RENTON, WA 98057           | HEALTHCARE              | TEXAS   | 501(C)(3)                     | 3   | CHS                                 | X  |    |
| METHODIST HOSPITAL LEVELLAND - 75-2246348<br>1801 LIND AVENUE SW ATTN: TAX DEPT.<br>RENTON, WA 98057            | HEALTHCARE              | TEXAS   | 501(C)(3)                     | 3   | CHS                                 | X  |    |
| METHODIST HOSPITAL PLAINVIEW - 75-2426010<br>1801 LIND AVENUE SW ATTN: TAX DEPT.<br>RENTON, WA 98057            | HEALTHCARE              | TEXAS   | 501(C)(3)                     | 3   | CHS                                 | X  |    |
| MISSION HOSPITAL REGIONAL MEDICAL CTR -<br>95-1643360, 1801 LIND AVENUE SW ATTN: TAX<br>DEPT., RENTON, WA 98057 | HEALTHCARE              | CALIFORNIA  | 501(C)(3)                     | 3   | CHN                                 | X  |    |
| NORTHWEST HOPE & HEALING FOUNDATION -<br>20-0799737, PO BOX 16069, SEATTLE, WA 98116                            | SUPPORT                 | WASHINGTON  | 501(C)(3)                     | 12, I   | SHS                                 | X  |    |
| PACMED CLINICS - 56-2290878<br>1801 LIND AVENUE SW ATTN: TAX DEPT.<br>RENTON, WA 98057                          | HEALTHCARE              | WASHINGTON  | 501(C)(3)                     | 10  | WHC                                 | X  |    |
| PH&S FOUNDATION/SFVSA & SCVSA - 95-3544877<br>501 SOUTH BUENA VISTA STREET<br>BURBANK, CA 91505-4809            | HEALTHCARE              | CALIFORNIA  | 501(C)(3)                     | 7   | PHS SOCIAL                          | X  |    |
| PROVIDENCE ALASKA FOUNDATION - 92-0093565<br>3760 PIPER STREET, SUITE 2021<br>ANCHORAGE, AK 99508               | HEALTHCARE              | ALASKA  | 501(C)(3)                     | 7   | PHS WA                              | X  |    |
| PROVIDENCE BENEDICTINE NURSING CENTER<br>FOUNDATION - 91-1940286, 540 SOUTH MAIN ST,<br>MT ANGEL, OR 97362      | HEALTHCARE              | OREGON  | 501(C)(3)                     | 7   | PHS OR                              | X  |    |
| PROVIDENCE BLANCHET ASSOCIATION - 91-1789266<br>1801 LIND AVENUE SW ATTN: TAX DEPT.<br>RENTON, WA 98057         | SUPPORT                 | WASHINGTON  | 501(C)(3)                     | 7   | PHS WA                              | X  |    |
| PROVIDENCE CHILDREN'S HEALTH FOUNDATION -<br>93-0800140, 4805 NE GLISAN ST, STE 2N35,<br>PORTLAND, OR 97213     | SUPPORT                 | OREGON  | 501(C)(3)                     | 7   | PHS OR                              | X  |    |
| PROVIDENCE COMMUNITY HEALTH FOUNDATION -<br>93-0692907, 940 ROYAL AVE, SUITE 410,<br>MEDFORD, OR 97504          | HEALTHCARE              | OREGON  | 501(C)(3)                     | 7   | PHS OR                              | X  |    |

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

| (a)<br>Name, address, and EIN<br>of related organization  | (b)<br>Primary activity         | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>organization? |    |
|---|---------------------------------|---|-------------------------------|---|-------------------------------------|--|----|
|   |                                 |   |                               |   |                                     | Yes  | No |
| PROVIDENCE DETHMAN HOUSE - 47-3385506<br>1801 LIND AVENUE SW ATTN: TAX DEPT.<br>RENTON, WA 98057                                      | SUPPORT                         | WASHINGTON  | 501(C)(3)                     | 7   | N/A                                 |  | X  |
| PROVIDENCE FACEY MEDICAL FOUNDATION (FKA<br>FACEY MEDICAL FDN) - 95-4322584, 1801 LIND<br>AVENUE SW ATTN: TAX DEPT., RENTON, WA 98057 | SUPPORT                         | CALIFORNIA  | 501(C)(3)                     | 7   | PHS SOCIAL                          | X  |    |
| PROVIDENCE GAMELIN HOUSE ASSOCIATION -<br>31-1744654, 1801 LIND AVENUE SW ATTN: TAX<br>DEPT., RENTON, WA 98057                        | SUPPORT                         | WASHINGTON  | 501(C)(3)                     | 7   | PHS WA                              | X  |    |
| PROVIDENCE HEALTH & SERVICES - 91-1549796<br>1801 LIND AVENUE SW ATTN: TAX DEPT.<br>RENTON, WA 98057                                  | HEALTHCARE                      | WASHINGTON  | 501(C)(3)                     | 12, II  | PSJH                                |  | X  |
| PROVIDENCE HEALTH & SERVICES - MONTANA -<br>81-0231793, 1801 LIND AVENUE SW ATTN: TAX<br>DEPT., RENTON, WA 98057                      | HEALTHCARE                      | MONTANA   | 501(C)(3)                     | 3   | PHS WA                              | X  |    |
| PROVIDENCE HEALTH & SERVICES - OREGON -<br>51-0216587, 1801 LIND AVENUE SW ATTN: TAX<br>DEPT., RENTON, WA 98057                       | HEALTHCARE                      | OREGON  | 501(C)(3)                     | 3   | PHS                                 | X  |    |
| PROVIDENCE HEALTH & SERVICES - WASHINGTON -<br>51-0216586, 1801 LIND AVENUE SW ATTN: TAX<br>DEPT., RENTON, WA 98057                   | HEALTHCARE                      | WASHINGTON  | 501(C)(3)                     | 3   | PHS                                 | X  |    |
| PROVIDENCE HEALTH & SERVICES - WESTERN<br>WASHINGTON - 91-1303277, 1801 LIND AVENUE SW<br>ATTN: TAX DEPT., RENTON, WA 98057           | HEALTHCARE                      | WASHINGTON  | 501(C)(3)                     | 3   | PM/WHC                              | X  |    |
| PROVIDENCE HEALTH ASSURANCE - 55-0828701<br>1801 LIND AVENUE SW ATTN: TAX DEPT.<br>RENTON, WA 98057                                   | MEDICAID HEALTHCARE<br>PROVIDER | OREGON  | 501(C)(4)                     | N/A   | PHP                                 | X  |    |
| PROVIDENCE HEALTH CARE FOUNDATION - EASTERN<br>WASHINGTON - 32-0014330, 101 W 8TH AVE,<br>SPOKANE, WA 99204                           | HEALTHCARE                      | WASHINGTON  | 501(C)(3)                     | 7   | PHS WA                              | X  |    |
| PROVIDENCE HEALTH CARE FOUNDATION<br>(CENTRALIA) - 91-1433382, 413 LILLY ROAD NE,<br>OLYMPIA, WA 98506-5166                           | HEALTHCARE                      | WASHINGTON  | 501(C)(3)                     | 7   | PHS W WA                            | X  |    |
| PROVIDENCE HEALTH PLAN - 93-0863097<br>1801 LIND AVENUE SW ATTN: TAX DEPT.<br>RENTON, WA 98057  | HEALTHCARE                      | OREGON  | 501(C)(4)                     | N/A   | PPP                                 | X  |    |

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

| (a)<br>Name, address, and EIN<br>of related organization  | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>organization? |    |
|---|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
|   |                         |   |                               |   |                                     | Yes  | No |
| PROVIDENCE HEALTH SYSTEM - SO. CALIFORNIA -<br>51-0216589, 1801 LIND AVENUE SW ATTN: TAX<br>DEPT., RENTON, WA 98057                   | HEALTHCARE              | CALIFORNIA  | 501(C)(3)                     | 3   | PHS                                 | X  |    |
| PROVIDENCE HOSPICE AND HOME CARE FOUNDATION<br>- 27-2552749, 2731 WETMORE AVE STE 500,<br>EVERETT, WA 98201                           | HEALTHCARE              | WASHINGTON  | 501(C)(3)                     | 7   | PHS W WA                            | X  |    |
| PROVIDENCE HOSPICE OF SEATTLE FOUNDATION -<br>91-2077378, 2811 SOUTH 102ND NO 220,<br>TUKWILA, WA 98168                               | HEALTHCARE              | WASHINGTON  | 501(C)(3)                     | 7   | PHS W WA                            | X  |    |
| PROVIDENCE LITTLE COMPANY OF MARY FOUNDATION<br>- 51-0224944, 4101 TORRANCE BLVD, TORRANCE,<br>CA 90503                               | HEALTHCARE              | CALIFORNIA  | 501(C)(3)                     | 7   | PHS SOCIAL                          | X  |    |
| PROVIDENCE MARIANWOOD FOUNDATION -<br>93-1554288, 3725 PROVIDENCE POINT DRIVE SE,<br>ISSAQUAH, WA 98029-7219                          | HEALTHCARE              | WASHINGTON  | 501(C)(3)                     | 7   | PHS W WA                            | X  |    |
| PROVIDENCE MEDICAL FDN (FKA ST. JOSEPH<br>HERITAGE HEALTHCARE) - 33-0185031, 1801 LIND<br>AVENUE SW ATTN: TAX DEPT., RENTON, WA 98057 | HEALTHCARE              | CALIFORNIA  | 501(C)(3)                     | 3   | SJHS                                | X  |    |
| PROVIDENCE MEDICAL INSTITUTE - 33-0283773<br>1801 LIND AVENUE SW ATTN: TAX DEPT.<br>RENTON, WA 98057                                  | HEALTHCARE              | CALIFORNIA  | 501(C)(3)                     | 12, I   | PHS SOCIAL                          | X  |    |
| PROVIDENCE MILWAUKIE FOUNDATION - 94-3079515<br>10150 SE 32ND AVE<br>MILWAUKIE, OR 97222  | HEALTHCARE              | OREGON  | 501(C)(3)                     | 7   | PHS OR                              | X  |    |
| PROVIDENCE MINISTRIES<br>1801 LIND AVENUE SW ATTN: TAX DEPT.<br>RENTON, WA 98057  | RELIGIOUS ORG           | WASHINGTON  | 501(C)(3)                     | 1   | N/A                                 |  | X  |
| PROVIDENCE MOUNT ST. VINCENT FOUNDATION -<br>91-1188119, 4831 35TH AVE SW, SEATTLE, WA<br>98126-2799                                  | HEALTHCARE              | WASHINGTON  | 501(C)(3)                     | 7   | PHS WA                              | X  |    |
| PROVIDENCE NEWBERG HEALTH FOUNDATION -<br>93-0889144, 1001 PROVIDENCE DRIVE, NEWBERG,<br>OR 97132                                     | HEALTHCARE              | OREGON  | 501(C)(3)                     | 7   | PHS OR                              | X  |    |
| PROVIDENCE PETER CLAVER ASSOCIATION -<br>31-1629656, 1801 LIND AVENUE SW ATTN: TAX<br>DEPT., RENTON, WA 98057                         | SUPPORT                 | WASHINGTON  | 501(C)(3)                     | 7   | PHS WA                              | X  |    |

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

| (a)<br>Name, address, and EIN<br>of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>organization? |    |
|--|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
|  |                         |   |                               |   |                                     | Yes  | No |
| PROVIDENCE PLAN PARTNERS - 91-1861964<br>1801 LIND AVENUE SW ATTN: TAX DEPT.<br>RENTON, WA 98057                           | HEALTHCARE              | WASHINGTON  | 501(C)(4)                     | N/A   | PHS OR                              | X  |    |
| PROVIDENCE PORTLAND MEDICAL FOUNDATION -<br>93-1231494, 4805 NE GLISAN ST, PORTLAND, OR<br>97213-2967                      | HEALTHCARE              | OREGON  | 501(C)(3)                     | 7   | PHS OR                              | X  |    |
| PROVIDENCE ROSSI ASSOCIATION - 31-1584166<br>1801 LIND AVENUE SW ATTN: TAX DEPT.<br>RENTON, WA 98057                       | SUPPORT                 | WASHINGTON  | 501(C)(3)                     | 10  | PHS WA                              | X  |    |
| PROVIDENCE SAINT JOHN'S HEALTH CENTER -<br>95-1684082, 1801 LIND AVENUE SW ATTN: TAX<br>DEPT., RENTON, WA 98057            | HEALTHCARE              | CALIFORNIA  | 501(C)(3)                     | 3   | PHS SOCIAL                          | X  |    |
| PROVIDENCE SAINT JOHN'S MEDICAL FOUNDATION -<br>81-4542216, 1801 LIND AVENUE SW ATTN: TAX<br>DEPT., RENTON, WA 98057       | HEALTHCARE              | CALIFORNIA  | 501(C)(3)                     | 3   | PHS SOCIAL                          | X  |    |
| PROVIDENCE SEASIDE HOSPITAL FOUNDATION -<br>93-0927320, 725 S WAHANNA ROAD, SEASIDE, OR<br>97138                           | HEALTHCARE              | OREGON  | 501(C)(3)                     | 7   | PHS OR                              | X  |    |
| PROVIDENCE SW WASHINGTON FOUNDATION (FKA<br>PROV ST. PETER FDN) - 91-1097056, 413 LILLY<br>ROAD NE, OLYMPIA, WA 98506-5166 | SUPPORT                 | WASHINGTON  | 501(C)(3)                     | 7   | PHS W WA                            | X  |    |
| PROVIDENCE ST. ELIZABETH HOUSE ASSOCIATION -<br>91-2171539, 1801 LIND AVENUE SW ATTN: TAX<br>DEPT., RENTON, WA 98057       | SUPPORT                 | WASHINGTON  | 501(C)(3)                     | 7   | PHS WA                              | X  |    |
| PROVIDENCE ST. FRANCIS ASSOCIATION -<br>94-3244854, 1801 LIND AVENUE SW ATTN: TAX<br>DEPT., RENTON, WA 98057               | SUPPORT                 | WASHINGTON  | 501(C)(3)                     | 7   | PHS WA                              | X  |    |
| PROVIDENCE ST. JOSEPH HEALTH - 81-1244422<br>1801 LIND AVENUE SW ATTN: TAX DEPT.<br>RENTON, WA 98057                       | HEALTHCARE              | WASHINGTON  | 501(C)(3)                     | 12, III   | N/A                                 |  | X  |
| PROVIDENCE ST. JOSEPH HEALTH FOUNDATION -<br>94-3078543, 1801 LIND AVE SW, RENTON, WA<br>98057-9016                        | HEALTHCARE              | WASHINGTON  | 501(C)(3)                     | 7   | PHS WA                              | X  |    |
| PROVIDENCE ST. JOSEPH MEDICAL CENTER -<br>81-0463482, 1801 LIND AVENUE SW ATTN: TAX<br>DEPT., RENTON, WA 98057             | HEALTHCARE              | MONTANA   | 501(C)(3)                     | 3   | PHS WA                              | X  |    |

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

| (a)<br>Name, address, and EIN<br>of related organization  | (b)<br>Primary activity                    | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>organization? |    |
|---|--|---|-------------------------------|---|-------------------------------------|--|----|
|   |  |   |                               |   |                                     | Yes  | No |
| PROVIDENCE ST. MARY FOUNDATION - 45-2841492<br>1025 S 2ND AVENUE<br>WALLA WALLA, WA 99362   | HEALTHCARE                                 | WASHINGTON  | 501(C)(3)                     | 7   | PHS WA                              | X  |    |
| PROVIDENCE ST. VINCENT MEDICAL FOUNDATION -<br>93-0575982, 9205 SW BARNES ROAD, STE<br>MT2111, PORTLAND, OR 97225                     | HEALTHCARE                                 | OREGON  | 501(C)(3)                     | 7   | PHS OR                              | X  |    |
| PROVIDENCE TRINITYCARE HOSPICE - 95-3264139<br>1801 LIND AVENUE SW ATTN: TAX DEPT.<br>RENTON, WA 98057                                | HEALTHCARE                                 | CALIFORNIA  | 501(C)(3)                     | 10  | PHS SOCIAL                          | X  |    |
| PROVIDENCE TRINITYCARE HOSPICE FOUNDATION -<br>33-0261016, 5315 TORRANCE BLVD NO B-1,<br>TORRANCE, CA 90503                           | HEALTHCARE                                 | CALIFORNIA  | 501(C)(3)                     | 7   | PTCH                                | X  |    |
| PROVIDENCE WILLAMETTE FALLS MEDICAL<br>FOUNDATION - 93-1003750, 1500 DIVISION<br>STREET, OREGON CITY, OR 97045                        | HEALTHCARE                                 | OREGON  | 501(C)(3)                     | 12, I   | PHS OR                              | X  |    |
| REDWOOD MEMORIAL FOUNDATION - 94-2779313<br>2700 DOBEER STREET<br>EUREKA, CA 95501  | HEALTHCARE                                 | CALIFORNIA  | 501(C)(3)                     | 7   | RMH                                 | X  |    |
| SAINT JOHN'S CANCER INSTITUTE (FKA JOHN<br>WAYNE CANCER INST.) - 95-4291515, 1801 LIND<br>AVENUE SW ATTN: TAX DEPT., RENTON, WA 98057 | HEALTHCARE                                 | CALIFORNIA  | 501(C)(3)                     | 4   | PSJHC                               | X  |    |
| SAINT JOHN'S HOSPITAL/HEALTH CENTER<br>FOUNDATION - 95-6100079, 1801 LIND AVENUE SW<br>ATTN: TAX DEPT., RENTON, WA 98057              | SUPPORT SAINT JOHN HEALTH<br>CENTER & JWCI | CALIFORNIA  | 501(C)(3)                     | 7   | PSJHC                               | X  |    |
| SEATTLE SCIENCE FOUNDATION - 61-1502822<br>1801 LIND AVENUE SW ATTN: TAX DEPT.<br>RENTON, WA 98057                                    | PHYSICIAN COLLABORATION                    | WASHINGTON  | 501(C)(3)                     | 7   | WHC                                 | X  |    |
| SISTERS OF PROVIDENCE OF MONTANA CORPORATION<br>- 26-2612415, 1801 LIND AVENUE SW ATTN: TAX<br>DEPT., RENTON, WA 98057                | SHELL CORPORATION                          | MONTANA   | 501(C)(3)                     | 1   | PHS WA                              |  | X  |
| SISTERS OF ST. JOSEPH OF ORANGE - 95-1643383<br>1801 LIND AVENUE SW ATTN: TAX DEPT.<br>RENTON, WA 98057                               | RELIGIOUS ORG                              | CALIFORNIA  | 501(C)(3)                     | 1   | N/A                                 |  | X  |
| SRM ALLIANCE HOSPITAL SERVICES (PVH) -<br>68-0395200, 1801 LIND AVENUE SW ATTN: TAX<br>DEPT., RENTON, WA 98057                        | HEALTHCARE                                 | CALIFORNIA  | 501(C)(3)                     | 3   | SRMH                                | X  |    |

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

| (a)<br>Name, address, and EIN<br>of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>organization? |    |
|--|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
|  |                         |   |                               |   |                                     | Yes  | No |
| ST. JOSEPH HEALTH MINISTRY - 27-1666576<br>1801 LIND AVENUE SW ATTN: TAX DEPT.<br>RENTON, WA 98057                   | RELIGIOUS ORG           | CALIFORNIA  | 501(C)(3)                     | 1   | SSJO                                |  | X  |
| ST. JOSEPH HEALTH NORTHERN CALIFORNIA, LLC -<br>81-4791043, 1801 LIND AVENUE SW ATTN: TAX<br>DEPT., RENTON, WA 98057 | HEALTHCARE              | CALIFORNIA  | 501(C)(3)                     | 3   | SJHS                                | X  |    |
| ST. JOSEPH HEALTH SYSTEM - 95-3589356<br>1801 LIND AVENUE SW ATTN: TAX DEPT.<br>RENTON, WA 98057                     | HEALTHCARE              | CALIFORNIA  | 501(C)(3)                     | 12, I   | PSJH                                |  | X  |
| ST. JOSEPH HEALTH SYSTEM FOUNDATION -<br>33-0143024, 3345 MICHELSON DRIVE SUITE 100,<br>IRVINE, CA 92612             | HEALTHCARE              | CALIFORNIA  | 501(C)(3)                     | 10  | SJHS                                | X  |    |
| ST. JOSEPH HOME CARE NETWORK - 68-0331084<br>1801 LIND AVENUE SW ATTN: TAX DEPT.<br>RENTON, WA 98057                 | HEALTHCARE              | CALIFORNIA  | 501(C)(3)                     | 10  | SJHS                                | X  |    |
| ST. JOSEPH HOSPITAL OF ORANGE - 95-1643359<br>1801 LIND AVENUE SW ATTN: TAX DEPT.<br>RENTON, WA 98057                | HEALTHCARE              | CALIFORNIA  | 501(C)(3)                     | 3   | CHN                                 | X  |    |
| ST. JUDE HOSPITAL, INC - 95-1643325<br>1801 LIND AVENUE SW ATTN: TAX DEPT.<br>RENTON, WA 98057                       | HEALTHCARE              | CALIFORNIA  | 501(C)(3)                     | 3   | CHN                                 | X  |    |
| ST. LUKE ASSOCIATION - 94-3176618<br>1801 LIND AVENUE SW ATTN: TAX DEPT.<br>RENTON, WA 98057                         | SUPPORT                 | WASHINGTON  | 501(C)(3)                     | 7   | PHS WA                              | X  |    |
| ST. MARY MEDICAL CENTER - 95-1914489<br>1801 LIND AVENUE SW ATTN: TAX DEPT.<br>RENTON, WA 98057                      | HEALTHCARE              | CALIFORNIA  | 501(C)(3)                     | 3   | CHN                                 | X  |    |
| ST. PATRICK HOSPITAL FOUNDATION - 23-7056976<br>502 W SPRUCE STREET<br>MISSOULA, MT 59802                            | HEALTHCARE              | MONTANA   | 501(C)(3)                     | 7   | PHS WA                              | X  |    |
| ST. THOMAS CHILD AND FAMILY CENTER -<br>81-0233495, 1801 LIND AVENUE SW ATTN: TAX<br>DEPT., RENTON, WA 98057         | EDUCATION               | MONTANA   | 501(C)(3)                     | 10  | PHS WA                              | X  |    |
| SWEDISH EDMONDS - 27-2305304<br>1801 LIND AVENUE SW ATTN: TAX DEPT.<br>RENTON, WA 98057                              | HEALTHCARE              | WASHINGTON  | 501(C)(3)                     | 3   | WHC                                 | X  |    |

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

| (a)<br>Name, address, and EIN<br>of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>organization? |    |
|--|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
|  |                         |   |                               |   |                                     | Yes  | No |
| SWEDISH HEALTH SERVICES - 91-0433740<br>1801 LIND AVENUE SW ATTN: TAX DEPT.<br>RENTON, WA 98057              | HEALTHCARE              | WASHINGTON  | 501(C)(3)                     | 3   | WHC                                 | X  |    |
| SWEDISH MEDICAL CENTER FOUNDATION -<br>91-0983214, 747 BROADWAY, SEATTLE, WA 98122                           | HEALTHCARE              | WASHINGTON  | 501(C)(3)                     | 7   | SHS                                 | X  |    |
| SWEDISH MJM HOLDINGS - 27-3139262<br>1801 LIND AVENUE SW ATTN: TAX DEPT.<br>RENTON, WA 98057                 | HOLDING COMPANY         | WASHINGTON  | 501(C)(3)                     | 12, I   | SHS                                 | X  |    |
| TARZANA MEDICAL CENTER LLC - 83-3972614<br>1801 LIND AVENUE SW ATTN: TAX DEPT.<br>RENTON, WA 98057           | HEALTHCARE              | CALIFORNIA  | 501(C)(3)                     | 3   | PHS SOCIAL                          | X  |    |
| THE GAMELIN ASSOCIATION - 91-1180824<br>1801 LIND AVENUE SW ATTN: TAX DEPT.<br>RENTON, WA 98057              | SUPPORT                 | WASHINGTON  | 501(C)(3)                     | 7   | PHS WA                              | X  |    |
| THE GAMELIN CALIFORNIA ASSOCIATION -<br>91-1293869, 1801 LIND AVENUE SW ATTN: TAX<br>DEPT., RENTON, WA 98057 | SUPPORT                 | CALIFORNIA  | 501(C)(3)                     | 10  | PHS SOCIAL                          | X  |    |
| THE GAMELIN OREGON ASSOCIATION - 91-1214491<br>1801 LIND AVENUE SW ATTN: TAX DEPT.<br>RENTON, WA 98057       | SUPPORT                 | OREGON  | 501(C)(3)                     | 10  | PHS OR                              | X  |    |
| TRI-CITIES CANCER CENTER - 91-1594526<br>1802 LIND AVENUE SW ATTN: TAX DEPT.<br>RENTON, WA 98057             | HEALTHCARE              | WASHINGTON  | 501(C)(3)                     | 3   | KADLEC                              | X  |    |
| TRI-CITIES CANCER CENTER FOUNDATION -<br>91-1739024, 7350 W DESCHUTES AVE BUILDING A,<br>KENNEWICK, WA 99336 | SUPPORT                 | WASHINGTON  | 501(C)(3)                     | 12, I   | KADLEC                              | X  |    |
| UNIVERSITY OF PROVIDENCE - 81-0231777<br>1801 LIND AVENUE SW ATTN: TAX DEPT.<br>RENTON, WA 98057             | EDUCATION               | MONTANA   | 501(C)(3)                     | 2   | PHS                                 | X  |    |
| WESTERN HEALTHCONNECT - 45-4171900<br>1801 LIND AVENUE SW ATTN: TAX DEPT.<br>RENTON, WA 98057                | SHELL CORPORATION       | WASHINGTON  | 501(C)(3)                     | 12, II  | PHS W WA                            | X  |    |
|  |                         |   |                               |   |                                     |  |    |
|  |                         |   |                               |   |                                     |  |    |
|  |                         |   |                               |   |                                     |  |    |

**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)<br>Name, address, and EIN<br>of related organization  | (b)<br>Primary activity      | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|---|------------------------------|---|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
|   |                              |   |                                     |   |                                 |  | Yes                                     | No |   | Yes                                       | No |                                |
| 20TH STREET SURGERY LLC -<br>73-1735618, 1301 20TH STREET<br>STE 140, SANTA MONICA, CA<br>90404                     | AMBULATORY<br>SURGERY CENTER | CA  | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   |   | X  | N/A                            |
| BRIDGEPORT MEDICAL IMAGING<br>(BMI) - 26-0796953, 4400 NE<br>HALSEY #495, PORTLAND, OR<br>97213                     | IMAGING -<br>DIAGNOSTICS     | OR  | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   |   | X  | N/A                            |
| BROADWAY IMAGING, LLC -<br>52-2405971, 500 W. BROADWAY,<br>MISSOULA, MT 59802                                       | MEDICAL IMAGING              | MT  | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   |   | X  | N/A                            |
| CENTER FOR MATERNAL, NEWBORN<br>AND CHILD - 81-3526875, 1801<br>LIND AVENUE SW ATTN: TAX<br>DEPT., RENTON, WA 98057 | HEALTHCARE                   | CA  | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   |   | X  | 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.

| (a)<br>Name, address, and EIN<br>of related organization  | (b)<br>Primary activity          | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |    |
|---|----------------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
|   |                                  |   |                                     |  |                                 |  |                                | Yes   | No |
| 1221 MADISON STREET OWNERS ASSOC. -<br>20-1954319, 747 BROADWAY, SEATTLE, WA 98122                          | OWNERS' ASSOCIATION              | WA  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |
| ACCLARA SOLUTIONS INTERMEDIATE LLC -<br>37-1783298, 10713 W. SAM HOUSTON PKWY N.<br>#500, HOUSTON, TX 77064 | HEALTHCARE FINANCIAL<br>SERVICES | TX  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |
| AMERICAN UNITY GROUP, LTD<br>90 PITTS BAY ROAD HM08 PEMBROKE<br>BERMUDA                                     | CAPTIVE INSURANCE                | BERMUDA   | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |
| AYIN HEALTH SOLUTIONS, INC. - 83-3037172<br>1801 LIND AVE SW, ATTN: TAX DEPT.<br>RENTON, WA 98057           | HEALTHCARE                       | DE  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |
| BOURGET HEALTH SERVICES, INC. - 91-1354431<br>101 W. 8TH AVE., TAF C-9<br>SPOKANE, WA 99204                 | CLINICAL/MEDICAL LAB             | WA  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |



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

| (a)<br>Name, address, and EIN<br>of related organization  | (b)<br>Primary activity      | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportion-<br>ate allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|---|------------------------------|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
|   |                              |  |                                     |   |                                 |  | Yes                                       | No |   | Yes                                       | No |                                |
| CENTER FOR MEDICAL IMAGING<br>(CMI) - 20-0477972, 4400 NE<br>HALSEY #495, PORTLAND, OR<br>97213                   | IMAGING -<br>DIAGNOSTICS     | OR   | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   |   | X  | N/A                            |
| CLACKAMAS RADIATION ONCOLOGY<br>CENTER, LLC - 26-0381897,<br>4400 NE HALSEY #495,<br>PORTLAND, OR 97213           | RADIATION<br>ONCOLOGY        | OR   | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   |   | X  | N/A                            |
| COASTAL ASC HOLDINGS LLC -<br>81-0986844, ONE HOAG DRIVE<br>BOX 6100, NEWPORT BEACH, CA<br>92663                  | HEALTHCARE                   | CA   | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   |   | X  | N/A                            |
| COMPREHENSIVE IMAGING<br>PARTNERS OF ORANGE COUNTY -<br>26-4591502, ONE CITY BLVD W<br>STE 1100, ORANGE, CA 92868 | HEALTHCARE                   | CA   | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   |   | X  | N/A                            |
| COVENANT LONG-TERM CARE ,LP -<br>20-5033419, 1801 LIND AVENUE<br>SW ATTN: TAX DEPT., RENTON,<br>WA 98057          | HEALTHCARE                   | TX   | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   |   | X  | N/A                            |
| FULLERTON SURGICAL CENTER LP<br>- 47-0927394, 1801 LIND<br>AVENUE SW ATTN: TAX DEPT.,<br>RENTON, WA 98057         | AMBULATORY<br>SURGERY CENTER | CA   | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   |   | X  | N/A                            |
| GREATER VALLEY MEDICAL<br>BUILDING, L.P. - 95-4570858,<br>501 S. BUENA VISTA ST.,<br>BURBANK, CA 91505            | REAL ESTATE -<br>MOB         | CA   | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   |   | X  | N/A                            |
| HCSA PROPERTIES LLC -<br>46-0620892, 1600 M STREET NW,<br>AUBURN, WA 98001  | REAL ESTATE<br>RENTAL        | WA   | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   |   | X  | N/A                            |
| HERITAGE INVESTMENT GROUP I,<br>LLC - 27-1000061, 500 S. MAIN<br>STREET STE 1000, ORANGE, CA<br>92868             | INVESTMENTS                  | CA   | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   |   | X  | N/A                            |

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

| (a)<br>Name, address, and EIN<br>of related organization  | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportion-<br>ate allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|---|-------------------------|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
|   |                         |  |                                     |   |                                 |  | Yes                                       | No |   | Yes                                       | No |                                |
| HOAG ORTHOPEDIC INSTITUTE -<br>61-1588294, 1 HOAG DRIVE BOX<br>6100, NEWPORT BEACH, CA<br>92658             | HEALTHCARE              | CA   | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   |   | X  | N/A                            |
| IMAGING ASSOCIATES LLC -<br>20-3906048, 3650 PIPER STREET<br>STE A, ANCHORAGE, AK 99508                     | MEDICAL IMAGING         | AK   | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   |   | X  | N/A                            |
| INLAND IMAGING, LLC -<br>91-1855796, 801 S. STEVENS<br>ST., SPOKANE, WA 99204                               | MEDICAL IMAGING         | WA   | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   |   | X  | N/A                            |
| LSC REAL PROPERTY, LLC -<br>47-4646059, 2301 QUAKER<br>AVENUE, LUBBOCK, TX 79410                            | REAL ESTATE             | TX   | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   |   | X  | N/A                            |
| METHODIST DIAGNOSTIC IMAGING<br>- 75-2343261, 4005 24TH<br>STREET, LUBBOCK, TX 79410                        | HEALTHCARE              | TX   | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   |   | X  | N/A                            |
| MISSION VIEJO PARTNERS II,<br>LLC - 82-3943675, 1801 LIND<br>AVENUE SW ATTN: TAX DEPT.,<br>RENTON, WA 98057 | REAL ESTATE -<br>MOB    | CA   | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   |   | X  | N/A                            |
| NEWPORT IMAGING CENTER -<br>33-0191776, 360 SN MIGUEL,<br>NEWPORT BEACH, CA 92660                           | HEALTHCARE              | CA   | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   |   | X  | N/A                            |
| NEWPORT SURGICAL PARTNERS,<br>LLC - 39-2060266, 27271 LAS<br>RAMBLAS #350, MISSION VIEJO,<br>CA 92691       | HEALTHCARE              | CA   | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   |   | X  | N/A                            |
| OREGON ADVANCED IMAGING, LLC<br>- 45-0471748, 881 O'HARE<br>PARKWAY, MEDFORD, OR 97504                      | MEDICAL IMAGING         | OR   | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   |   | X  | N/A                            |

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

| (a)<br>Name, address, and EIN<br>of related organization  | (b)<br>Primary activity      | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportion-<br>ate allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|---|------------------------------|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
|   |                              |  |                                     |   |                                 |  | Yes                                       | No |   | Yes                                       | No |                                |
| OREGON OUTPATIENT SURGERY<br>CENTER - 22-3883387, 7300 SW<br>CHILDS RD, TIGARD, OR 97224  | AMBULATORY<br>SURGERY CENTER | OR   | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   |   | X  | N/A                            |
| PET/CT IMAGING AT SWEDISH<br>CANCER INSTITUTE, LLC -<br>20-3132044, 1221 MADISON<br>STREET, SEATTLE, WA 98104   | MEDICAL IMAGING              | WA   | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   |   | X  | N/A                            |
| PHS INVESTMENT TRUST SHORT<br>TERM INVESTMENT PORTFOLIO -<br>81-2701056, 1801 LIND AVENUE<br>SW ATTN: TAX DEPT., RENTON,<br>PROV. RADIATION ONCOLOGY<br>DEVELOP. ASSN., LLC -<br>26-0682491, 4400 NE HALSEY<br>#495, PORTLAND, OR 97213 | INVESTMENTS                  | WA   | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   |   | X  | N/A                            |
| PROVIDENCE CHILDREN'S<br>NEONATAL SVCS - 47-0918549,<br>1801 LIND AVENUE SW ATTN: TAX<br>DEPT., RENTON, WA 98057  | REAL ESTATE -<br>MOB         | OR   | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   |   | X  | N/A                            |
| PROVIDENCE IMAGING CENTER<br>JOINT VENTURE - 92-0118807,<br>1801 LIND AVENUE SW ATTN: TAX<br>DEPT., RENTON, WA 98057  | NEONATAL CARE                | WA   | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   |   | X  | N/A                            |
| PROVIDENCE ST JOSEPH HEALTH<br>LONG TERM PORTFOLIO -<br>82-3190634, 1801 LIND AVENUE<br>SW ATTN: TAX DEPT., RENTON,<br>PROVIDENCE SURGERY CENTER,<br>LLC - 84-1401625, 902 N.<br>ORANGE ST, MISSOULA, MT<br>59802                       | MEDICAL IMAGING              | AK   | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   |   | X  | N/A                            |
| PROVIDENCE UCLA USP SURGERY<br>CENTER JV - 32-0503030, 14201<br>DALLAS PARKWAY, DALLAS, TX<br>75254   | INVESTMENTS                  | WA   | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   |   | X  | N/A                            |
|   | AMBULATORY<br>SURGERY CENTER | MT   | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   |   | X  | N/A                            |
|   | AMBULATORY<br>SURGERY CENTER | CA   | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   |   | X  | N/A                            |

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

| (a)<br>Name, address, and EIN<br>of related organization  | (b)<br>Primary activity      | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportion-<br>ate allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|---|------------------------------|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
|   |                              |  |                                     |   |                                 |  | Yes                                       | No |   | Yes                                       | No |                                |
| PROVIDENCE/SILVERTON REHAB,<br>LLC - 48-1287267, 4400 NE<br>HALSEY #425, PORTLAND, OR<br>97213                      | REHAB SERVICES               | OR   | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   |   | X  | N/A                            |
| PROVIDENCE/USP SOUTH BAY<br>SURGERY CENTERS - 47-5064486,<br>15305 DALLAS PKWY STE 1600 LB<br>28, ADDISON, TX 75001 | AMBULATORY<br>SURGERY CENTER | CA   | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   |   | X  | N/A                            |
| PROVIDENCE/USP SURGERY CTRS.,<br>LLC - 20-0684116, 11550<br>INDIAN HILLS ROAD #160,<br>MISSION HILLS, CA 91345      | AMBULATORY<br>SURGERY CENTER | CA   | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   |   | X  | N/A                            |
| RADIATION THERAPY INNOVATIONS<br>LLC - 30-0553035, 1221<br>MADISON ST 1ST FL, SEATTLE,<br>WA 98104                  | HEALTHCARE                   | WA   | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   |   | X  | N/A                            |
| REDMOND AMBULATORY SURGERY<br>CENTER LLC - 81-3558711, 805<br>MADISON ST STE 901, SEATTLE,<br>WA 98104              | AMBULATORY<br>SURGERY CENTER | WA   | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   |   | X  | N/A                            |
| SANTA ANA MOB, LLC -<br>75-3205306, 1800 QUAIL STREET<br>STE 100, NEWPORT BEACH, CA<br>92660                        | REAL ESTATE -<br>MOB         | CA   | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   |   | X  | N/A                            |
| SJO ASC HOLDINGS LLC -<br>82-1655501, 1140 W. LA VETA<br>AVE, ORANGE, CA 92868                                      | HEALTHCARE                   | CA   | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   |   | X  | N/A                            |
| ST JOSEPH PHYSICIAN VENTURES<br>I, LLC - 45-4521884, 1100<br>WEST STEWART DRIVE, ORANGE,<br>CA 92868                | REAL ESTATE                  | CA   | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   |   | X  | N/A                            |
| ST. JOSEPH/SATELLITE DIALYSIS<br>CENTERS, LLC - 81-4657391,<br>300 SANTANA ROW SUITE 300,<br>SAN JOSE, CA 95128     | HEALTHCARE                   | CA   | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   |   | X  | N/A                            |

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

| (a)<br>Name, address, and EIN<br>of related organization   | (b)<br>Primary activity      | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportion-<br>ate allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|------------------------------|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
|  |                              |  |                                     |   |                                 |  | Yes                                       | No |   | Yes                                       | No |                                |
| ST. JUDE SURGICAL CENTERS,<br>LLC - 82-3352570, 1801 LIND<br>AVENUE SW ATTN: TAX DEPT.,<br>RENTON, WA 98057<br>SURGERY CENTER AT<br>TANASBOURNE, LLC -<br>20-8187971, 11221 ROE AVE.<br>STE 300, LEAWOOD, KS 66211 | AMBULATORY<br>SURGERY CENTER | CA   | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   | X   |    | N/A                            |
| TARZANA PEDIATRIC VENTURES<br>LLC - 82-1308306, 18321 CLARK<br>ST., TARZANA, CA 91356  | HEALTHCARE                   | CA   | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   | X   |    | N/A                            |
| THE MADISON SPOKANE INN, LLC<br>- 84-1606484, 15 WEST<br>ROCKWOOD BLVD., SPOKANE, WA<br>99204  | HOTEL SERVICES               | WA   | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   | X   |    | N/A                            |
| YELM MEDICAL OFFICE BUILDING<br>- 26-3685020, 2840 CRITES ST<br>SW STE 104, TUMATER, WA<br>98512   | REAL ESTATE -<br>MOB         | WA   | N/A                                 | N/A   | N/A                             | N/A                                      |   | X  | N/A   | X   |    | N/A                            |
|  |                              |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                              |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                              |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                              |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                              |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                              |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                              |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                              |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                              |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                              |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                              |  |                                     |   |                                 |  |   |    |   |   |    |                                |
|  |                              |  |                                     |   |                                 |  |   |    |   |   |    |                                |

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

| (a)<br>Name, address, and EIN<br>of related organization   | (b)<br>Primary activity      | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |    |
|--|------------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
|  |                              |   |                                     |  |                                 |  |                                | Yes   | No |
| CARON CORPORATION - 81-0486082<br>1801 LIND AVE SW, ATTN: TAX DEPT.<br>RENTON, WA 98057                      | MEDICAL PHYSICIAN<br>SERVICE | MT  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |
| COMMUNITY TECHNOLOGIES, INC. - 84-4722399<br>1801 LIND AVE SW, ATTN: TAX DEPT.<br>RENTON, WA 98057           | IT SVCS                      | DE  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |
| DATU HEALTH, INC. - 46-3070062<br>1801 LIND AVE SW, ATTN: TAX DEPT.<br>RENTON, WA 98057                      | IT SVCS                      | DE  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |
| ENDOSCOPY CENTER OF SOUTHERN CALIFORNIA -<br>95-2880495, 1301 20TH ST STE 280, SANTA<br>MONICA, CA 90404     | HEALTHCARE                   | CA  | N/A                                 | S CORP   | N/A                             | N/A                                      | N/A                            |   | X  |
| ENGAGE IT SERVICES, INC. - 84-4058573<br>1801 LIND AVE SW, ATTN: TAX DEPT.<br>RENTON, WA 98057               | IT SVCS                      | DE  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |
| HMR WEIGHT MANAGEMENT SERVICES CORP -<br>46-3598718, 1801 LIND AVE SW, ATTN: TAX<br>DEPT., RENTON, WA 98057  | HEALTHCARE                   | WA  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |
| HOAG MANAGEMENT SERVICES, INC - 33-0731587<br>1 HOAG DRIVE, BOX 6100<br>NEWPORT BEACH, CA 92658              | HEALTHCARE                   | CA  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |
| HOAG PHYSICIAN PARTNERS - 83-4276044<br>16148 SAND CANYON AVE<br>IRVINE, CA 92618                            | HEALTHCARE                   | CA  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |
| LUBBOCK METHODIST HOSP PRACTICE MGMT -<br>75-2578995, 1801 LIND AVE SW, ATTN: TAX<br>DEPT., RENTON, WA 98057 | INACTIVE                     | TX  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |
| LUBBOCK METHODIST HOSPITAL SVCS - 75-2118585<br>1801 LIND AVE SW, ATTN: TAX DEPT.<br>RENTON, WA 98057        | HEALTHCARE                   | TX  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |
| LUMEDIC INC (FKA LUMEDIC ACQ CO INC) -<br>83-3881097, 1801 LIND AVE SW, ATTN: TAX<br>DEPT., RENTON, WA 98057 | HEALTHCARE                   | WA  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |
| MEDICAL SPECIALTIES MANAGERS, INC. -<br>33-0406218, 1801 LIND AVE SW, ATTN: TAX<br>DEPT., RENTON, WA 98057   | HEALTHCARE                   | WA  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |

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

| (a)<br>Name, address, and EIN<br>of related organization   | (b)<br>Primary activity        | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |    |
|--|--------------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
|  |                                |   |                                     |  |                                 |  |                                | Yes   | No |
| MEDIREVV INC. - 20-8783763<br>1801 LIND AVE SW, ATTN: TAX DEPT.<br>RENTON, WA 98057                      | HEALTHCARE                     | DE  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |
| MISSION VIEJO MEDICAL VENTURES - 33-0212905<br>27800 MEDICAL CENTER RD, #354<br>MISSION VIEJO, CA 92691  | HEALTHCARE                     | CA  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |
| PERFORMANCE HEALTH TECHNOLOGY, LTD. -<br>93-1211733, 3993 FAIRVIEW INDUSTRIAL DR SE,<br>SALEM, OR 97302  | HEALTHCARE                     | OR  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |
| PHN HOLDINGS - 46-1814184<br>1801 LIND AVE SW, ATTN: TAX DEPT.<br>RENTON, WA 98057                       | STRATEGIC PLANNING<br>SERVICES | CA  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |
| PIONEER INNOVATIONS, INC. - 36-4818191<br>1801 LIND AVE SW, ATTN: TAX DEPT.<br>RENTON, WA 98057          | HEALTHCARE<br>INNOVATIONS      | WA  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |
| PROVIDENCE ASSURANCE INC. - 20-8194071<br>1801 LIND AVE SW, ATTN: TAX DEPT.<br>RENTON, WA 98057          | CAPTIVE INSURANCE              | AZ  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |
| PROVIDENCE GLOBAL CENTER LLP - 98-1516461<br>1801 LIND AVE SW, ATTN: TAX DEPT.<br>RENTON, WA 98057       | IT SVCS                        | INDIA   | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |
| PROVIDENCE HCC HOLDINGS, INC.<br>1801 LIND AVE SW, ATTN: TAX DEPT.<br>RENTON, WA 98057                   | HOLDING COMPANY                | CA  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |
| PROVIDENCE HEALTH CARE VENTURES, INC. -<br>90-0155714, 101 W. 8TH AVE., TAF C-9,<br>SPOKANE, WA 99204    | CLINICAL/MEDICAL LAB           | WA  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |
| PROVIDENCE HEALTH NETWORK - 80-0886966<br>1801 LIND AVE SW, ATTN: TAX DEPT.<br>RENTON, WA 98057          | PREPAID HEALTHCARE             | CA  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |
| PROVIDENCE HEALTH VENTURES, INC. -<br>33-0122216, 1801 LIND AVE SW, ATTN: TAX<br>DEPT., RENTON, WA 98057 | INVESTMENT                     | CA  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |
| PROVIDENCE PHYSICIAN SERVICES CO -<br>91-1216033, 101 W. 8TH AVE., TAF C-9,<br>SPOKANE, WA 99204         | HEALTHCARE                     | WA  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |

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

| (a)<br>Name, address, and EIN<br>of related organization  | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |    |
|---|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
|   |                         |   |                                     |  |                                 |  |                                | Yes   | No |
| PROVIDENCE ST. JOSEPH HEALTH NETWORK -<br>82-3771547, 20555 EARL ST, TORRANCE, CA<br>90503  | HEALTHCARE              | CA  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |
| QUIVIQ, INC. - 83-3879444<br>1400-112TH AVENUE ST. SUITE 100<br>BELLEVUE, WA 98004  | HEALTHCARE ANALYTICS    | WA  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |
| ST. JOSEPH HEALTH - 46-2340232<br>1801 LIND AVE SW, ATTN: TAX DEPT.<br>RENTON, WA 98057   | HOLDING COMPANY         | CA  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |
| ST. JOSEPH HEALTH SOURCE, INC - 46-1900168<br>1801 LIND AVE SW, ATTN: TAX DEPT.<br>RENTON, WA 98057                                 | HEALTHCARE              | CA  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |
| ST. JOSEPH PROF SVCS. ENTERPRSES, INC -<br>33-0155323, 1801 LIND AVE SW, ATTN: TAX<br>DEPT., RENTON, WA 98057                       | HEALTHCARE              | CA  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |
| TEGRIA HOLDINGS LLC (FKA GRADY BLOCKER LLC)<br>- 84-2092143, 1801 LIND AVE SW, ATTN: TAX<br>DEPT., RENTON, WA 98057                 | HOLDING COMPANY         | DE  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |
| TEGRIA RCM GROUP INC (FKA PROV RCM GROUP<br>INC) - 84-4686520, 1801 LIND AVE SW, ATTN:<br>TAX DEPT., RENTON, WA 98057               | HOLDING COMPANY         | DE  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |
| TEGRIA SERVICES GROUP, INC. (FKA PROVIDENCE<br>SERVICES GROUP) - 84-4704409, 1801 LIND AVE<br>SW, ATTN: TAX DEPT., RENTON, WA 98057 | HOLDING COMPANY         | DE  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |
| TEGRIA SERVICES GROUP-US INC (FKA BLUETREE<br>NETWORK INC) - 90-0872936, 1801 LIND AVE SW,<br>ATTN: TAX DEPT., RENTON, WA 98057     | HEALTHCARE              | WI  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |
| VINSERRA, INC. - 95-3943315<br>1801 LIND AVE SW, ATTN: TAX DEPT.<br>RENTON, WA 98057  | INVESTMENT              | CA  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |
| WESTERN HEALTHCONNECT VENTURES, INC. -<br>80-0953654, 1801 LIND AVE SW, ATTN: TAX<br>DEPT., RENTON, WA 98057                        | INVESTMENT              | WA  | N/A                                 | C CORP   | N/A                             | N/A                                      | N/A                            |   | X  |
| CHARITABLE REMAINDER TRUST (1)<br>1801 LIND AVE SW, ATTN: TAX DEPT.<br>RENTON, WA 98057   | TRUST                   | WA  | N/A                                 | TRUST  | N/A                             | N/A                                      | N/A                            |   | X  |



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

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

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

|  | Yes | No |
|--|-----|----|
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity ..... |     | X  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) .....                                 | X   |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) .....                               | X   |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) .....                                      |     | X  |
| <b>e</b> Loans or loan guarantees by related organization(s) .....   |     | X  |
| <b>f</b> Dividends from related organization(s) .....  |     | X  |
| <b>g</b> Sale of assets to related organization(s) .....   |     | X  |
| <b>h</b> Purchase of assets from related organization(s) .....   |     | X  |
| <b>i</b> Exchange of assets with related organization(s) .....   |     | X  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....                      |     | X  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....                    |     | X  |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....  |     | X  |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....   | X   |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....   | X   |    |
| <b>o</b> Sharing of paid employees with related organization(s) .....  | X   |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses .....                                      | X   |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses .....                                      | X   |    |
| <b>r</b> Other transfer of cash or property to related organization(s) .....                                   |     | X  |
| <b>s</b> Other transfer of cash or property from related organization(s) .....                                 |     | X  |

**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)<br>Name of related organization                         | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|---|-------------------------------|------------------------|--|
| (1) PH & S - OR DBA PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL | B                             | 64,321.                | COST   |
| (2) PROVIDENCE HEALTH & SERVICES - OREGON                   | C                             | 119,674.               | COST   |
| (3)   |                               |                        |  |
| (4)   |                               |                        |  |
| (5)   |                               |                        |  |
| (6)   |                               |                        |  |

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

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

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

**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 AVENUE 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 AVENUE SW ATTN: TAX DEPT.

RENTON, WA 98057

Electronic Filing PDF Attachment

**Return of Organization Exempt From Income Tax**

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

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2020 calendar year, or tax year beginning and ending

|   |   |  |   |
|---|---|--|---|
| <b>B</b> Check if applicable:<br><input checked="" type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL FOUNDATION, INC. |  | <b>D</b> Employer identification number<br>93-0921990 |
|   | Doing business as   |  | <b>E</b> Telephone number<br>(503) 216-6627           |
|   | Number and street (or P.O. box if mail is not delivered to street address)                | Room/suite   | <b>G</b> Gross receipts \$ 3,610,383.                 |
|   | 810 12TH STREET, PO BOX 149   |  |   |
| City or town, state or province, country, and ZIP or foreign postal code<br>HOOD RIVER, OR 97031  |   | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |
| <b>F</b> Name and address of principal officer: SUSAN FROST<br>SAME AS C ABOVE  |   | <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No                      |   |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |   | If "No," attach a list. See instructions   |   |
| <b>J</b> Website: WWW.PROVIDENCEFOUNDATIONS.ORG/FOUNDATIONS/PAGES/  |   | <b>H(c)</b> Group exemption number ▶   |   |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶   |   | <b>L</b> Year of formation: 1984   | <b>M</b> State of legal domicile: OR                  |

**Part I Summary**

|   |  |                           |              |
|---|--|---------------------------|--------------|
| <b>Activities &amp; Governance</b>  | <b>1</b> Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O  |                           |              |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. |                           |              |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>                  | 11           |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>                  | 11           |
|   | <b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)  | <b>5</b>                  | 0            |
|   | <b>6</b> Total number of volunteers (estimate if necessary)  | <b>6</b>                  | 11           |
|   | <b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>                 | 0.           |
| <b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 | <b>7b</b>  | 0.                        |              |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h)   | Prior Year                | Current Year |
|   | <b>9</b> Program service revenue (Part VIII, line 2g)  | 304,896.                  | 641,183.     |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | 0.                        | 0.           |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | 123,209.                  | 131,034.     |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | -10,872.                  | 6,925.       |
|   |  | 417,233.                  | 779,142.     |
| <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)   | 126,012.                  | 113,308.     |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)  | 0.                        | 0.           |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | 98,685.                   | 93,166.      |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)   | 0.                        | 0.           |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 66,493.   |                           |              |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | 37,492.                   | 62,031.      |
|   | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  | 262,189.                  | 268,505.     |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                  | 155,044.   | 510,637.                  |              |
| <b>Net Assets or Fund Balances</b>  | <b>20</b> Total assets (Part X, line 16)   | Beginning of Current Year | End of Year  |
|   | <b>21</b> Total liabilities (Part X, line 26)  | 5,448,626.                | 6,415,118.   |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20   | 28,144.                   | 25,536.      |
|   | 5,420,482.   | 6,389,582.                |              |

**Part II Signature Block**

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

|  |   |   |                        |   |                   |
|--|---|---|------------------------|---|-------------------|
| <b>Sign Here</b>   | Signature of officer  | Date                                    |                        |   |                   |
|  | SUSAN FROST, EXECUTIVE DIRECTOR<br>Type or print name and title | 11/8/21                                 |                        |   |                   |
| <b>Paid Preparer Use Only</b>  | Print/Type preparer's name<br>TAMARA SUGIHARA                   | Preparer's signature<br>Tamara Sugihara | Date<br>11/2/2021      | Check if self-employed <input type="checkbox"/> | PTIN<br>P01262399 |
|  | Firm's name ▶ ERNST & YOUNG US LLP                              | Firm's EIN ▶ 34-6565596                 | Phone no. 415-894-8000 |   |                   |
| Firm's address ▶ 560 MISSION STREET, SUITE 1600<br>SAN FRANCISCO, CA 94105 |   |   |                        |   |                   |

**Exempt Organization Declaration and Signature for Electronic Filing**

For calendar year 2020, or tax year beginning \_\_\_\_\_, 2020, and ending \_\_\_\_\_, 20\_\_\_\_

**2020**

Department of the Treasury  
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, and 8868

▶ Go to [www.irs.gov/Form8453EO](http://www.irs.gov/Form8453EO) for the latest information.

|   |   |
|---|---|
| Name of exempt organization or person subject to tax<br><b>PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL<br/>FOUNDATION, INC.</b> | Taxpayer identification number<br><b>93-0921990</b> |
|---|---|

**Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

|  |  |                    |
|--|--|--------------------|
| 1a Form 990 check here ▶ <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ..... | 1b <u>779,142.</u> |
| 2a Form 990-EZ check here ▶ <input type="checkbox"/>         | b Total revenue, if any (Form 990-EZ, line 9) .....                      | 2b _____           |
| 3a Form 1120-POL check here ▶ <input type="checkbox"/>       | b Total tax (Form 1120-POL, line 22) .....                               | 3b _____           |
| 4a Form 990-PF check here ▶ <input type="checkbox"/>         | b Tax based on investment income (Form 990-PF, Part VI, line 5) .....    | 4b _____           |
| 5a Form 8868 check here ▶ <input type="checkbox"/>           | b Balance due (Form 8868, line 3c) .....                                 | 5b _____           |
| 6a Form 990-T check here ▶ <input type="checkbox"/>          | b Total tax (Form 990-T, Part III, line 4) .....                         | 6b _____           |
| 7a Form 4720 check here ▶ <input type="checkbox"/>           | b Total tax (Form 4720, Part III, line 1) .....                          | 7b _____           |

**Part II Declaration of Officer or Person Subject to Tax**

8  I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that  I am an officer of the above named organization or  I am the person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_, and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

**Sign Here** ▶ *Suzanne Frost* 11/8/21 ▶ **EXECUTIVE DIRECTOR**  
Signature of officer or person subject to tax Date Title, if applicable

**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer** (see instructions)

I declare that I have reviewed the above return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

|                       |  |                          |   |   |  |
|-----------------------|--|--------------------------|---|---|--|
| <b>ERO's Use Only</b> | ERO's signature ▶ <u><i>Tamara Sugihara</i></u>  | Date<br><u>11/2/2021</u> | Check if also paid preparer <input checked="" type="checkbox"/> | Check if self-employed <input type="checkbox"/> | ERO's SSN or PTIN<br><u>P01262399</u>                  |
|                       | Firm's name (or yours if self-employed), address, and ZIP code ▶<br><u>ERNST &amp; YOUNG US LLP</u><br><u>560 MISSION STREET, SUITE 1600</u><br><u>SAN FRANCISCO, CA 94105</u> |                          |   |   | EIN <u>34-6565596</u><br>Phone no. <u>415-894-8000</u> |

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

|                               |                            |                      |      |   |      |
|-------------------------------|----------------------------|----------------------|------|---|------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name | Preparer's signature | Date | Check if self-employed <input type="checkbox"/> | PTIN |
|                               | Firm's name ▶              | Firm's EIN ▶         |      |   |      |
|                               | Firm's address ▶           | Phone no.            |      |   |      |