

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

A For the 2019 calendar year, or tax year beginning and ending																												
B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization PROVIDENCE NEWBERG HEALTH FOUNDATION</td> <td rowspan="4">D Employer identification number 93-0889144</td> </tr> <tr> <td colspan="2">Doing business as</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2">1801 LIND AVE SW, ATTN: TAX DEPT</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code RENTON, WA 98057</td> <td>E Telephone number (503) 537-1671</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: DOUGLAS CAIN 1001 PROVIDENCE DRIVE, NEWBERG, OR 97132</td> <td>G Gross receipts \$ 1,475,323.</td> </tr> <tr> <td colspan="2">I 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</td> <td>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td colspan="2">J Website: ▶ HTTPS://PROVIDENCEFOUNDATIONS.ORG/OUR-FOUNDATIONS</td> <td>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td>H(c) Group exemption number ▶</td> </tr> <tr> <td colspan="2">L Year of formation: 1984</td> <td>M State of legal domicile: OR</td> </tr> </table>	C Name of organization PROVIDENCE NEWBERG HEALTH FOUNDATION		D Employer identification number 93-0889144	Doing business as		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	1801 LIND AVE SW, ATTN: TAX DEPT		City or town, state or province, country, and ZIP or foreign postal code RENTON, WA 98057		E Telephone number (503) 537-1671	F Name and address of principal officer: DOUGLAS CAIN 1001 PROVIDENCE DRIVE, NEWBERG, OR 97132		G Gross receipts \$ 1,475,323.	I 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		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	J Website: ▶ HTTPS://PROVIDENCEFOUNDATIONS.ORG/OUR-FOUNDATIONS		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		H(c) Group exemption number ▶	L Year of formation: 1984		M State of legal domicile: OR
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Part I Summary

Activities & Governance	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.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	29
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 39	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,028,325.	937,018.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	33,551.	42,680.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	39,853.	35,693.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,101,729.	1,015,391.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	314,974.
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)		171,898.	172,201.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 167,058.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		51,523.	40,580.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		538,395.	941,277.
19 Revenue less expenses. Subtract line 18 from line 12		563,334.	74,114.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	3,542,754.	4,036,679.
	21 Total liabilities (Part X, line 26)	359,460.	624,053.
	22 Net assets or fund balances. Subtract line 21 from line 20	3,183,294.	3,412,626.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	DOUGLAS CAIN, EXECUTIVE DIRECTOR				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	MONIKA YADAV	<i>Monika Yadav</i>	10/26/20		P01473820
	Firm's name ▶ ERNST & YOUNG US LLP	Firm's EIN ▶ 34-6565596			
	Firm's address ▶ 560 MISSION STREET, SUITE 1600 SAN FRANCISCO, CA 94105	Phone no. 415-894-8000			

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

**Application for Automatic Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-0047

► **File a separate application for each return.**
 ► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. PROVIDENCE NEWBERG HEALTH FOUNDATION	Taxpayer identification number (TIN) 93-0889144
	Number, street, and room or suite no. If a P.O. box, see instructions. 1801 LIND AVE SW, ATTN: TAX DEPT	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. RENTON, WA 98057	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

JO ANN ESCASA-HAIGH

- The books are in the care of ► 3345 MICHELSON DRIVE, SUITE 100 - IRVINE, CA 92612
Telephone No. ► (949)-381-4000 Fax No. ►
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until NOVEMBER 16, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ► ☒ calendar year 2019 or
 ► ☐ tax year beginning , and ending .

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒ X**1** Briefly describe the organization's mission:

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

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

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

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 728,496. including grants of \$ 728,496.) (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 728,496.

Form **990** (2019)

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	5
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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

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

Form 990 (2019)

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

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 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.	17			
b Enter the number of voting members included on line 1a, above, who are independent		17		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				X
3 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
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?			X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			X	
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	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O				X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
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?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official		X
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).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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 ContractorsCheck 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) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DIANA FISHER EXECUTIVE DIRECTOR - THRU 10/28/19	0.00 45.00			X				0.	165,217.	25,189.
(2) DOUGLAS CAIN EXECUTIVE DIRECTOR - EFF. 10/28/19	50.00 0.00			X				0.	114,517.	24,740.
(3) CATHERINE REARDON PRESIDENT-ELECT	1.00 0.00	X		X				0.	0.	0.
(4) MARV NELSON PAST PRESIDENT	1.00 0.00	X		X				0.	0.	0.
(5) NICOLE MCINTYRE PRESIDENT	1.00 0.00	X		X				0.	0.	0.
(6) MONICA COX SECRETARY	1.00 0.00	X		X				0.	0.	0.
(7) STEPHEN GULLEY TREASURER	1.00 0.00	X		X				0.	0.	0.
(8) DEDE HURFORD TRUSTEE	1.00 0.00	X						0.	0.	0.
(9) DENNIS LEWIS TRUSTEE	1.00 0.00	X						0.	0.	0.
(10) FRANCISCO STOLLER TRUSTEE	1.00 0.00	X						0.	0.	0.
(11) FRANK ENGLE TRUSTEE	1.00 0.00	X						0.	0.	0.
(12) JANICE WENRICH TRUSTEE	1.00 0.00	X						0.	0.	0.
(13) JOHN BRIDGES TRUSTEE	1.00 0.00	X						0.	0.	0.
(14) JUDITH WAYLAND-HARRIS TRUSTEE	1.00 0.00	X						0.	0.	0.
(15) MICHAEL DONAHUE TRUSTEE	1.00 0.00	X						0.	0.	0.
(16) PATRICIA WERTH TRUSTEE	1.00 0.00	X						0.	0.	0.
(17) PAUL FRAMPTON TRUSTEE	1.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PHIL TOMPKINS TRUSTEE	1.00 0.00	X						0.	0.	0.
(19) ROBERT FICKER TRUSTEE	1.00 0.00	X						0.	0.	0.
1b Subtotal								0.	279,734.	49,929.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	279,734.	49,929.

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

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* **3**
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual* **4**
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* **5**

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	82,500.				
	d Related organizations	1d	186,720.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	667,798.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a			Business Code			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			36,734.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross rents		6a	(i) Real (ii) Personal				
b Less: rental expenses ...		6b					
c Rental income or (loss)		6c					
d Net rental income or (loss)							
7 a Gross amount from sales of assets other than inventory		7a	(i) Securities (ii) Other				
b Less: cost or other basis and sales expenses		7b	345,324.				
c Gain or (loss)		7c	339,378.				
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ 82,500. of contributions reported on line 1c). See Part IV, line 18		8a	15,300.				
b Less: direct expenses		8b	42,402.				
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19		9a					
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a	140,947.					
b Less: cost of goods sold	10b	78,152.					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a			Business Code			
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
	12 Total revenue. See instructions			1,015,391.	0.	0.	78,373.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	728,496.	728,496.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	160,032.		16,004.	144,028.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	12,169.		7,520.	4,649.
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	2,915.		2,915.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	427.		102.	325.
12 Advertising and promotion				
13 Office expenses	13,899.		12,326.	1,573.
14 Information technology	1,158.		952.	206.
15 Royalties				
16 Occupancy				
17 Travel	2,548.		1,457.	1,091.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 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.)				
a EVENTS	15,186.			15,186.
b BAD DEBT EXPENSES	4,447.		4,447.	
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	941,277.	728,496.	45,723.	167,058.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,720,174.	1	1,725,254.
	2 Savings and temporary cash investments	144,998.	2	161,112.
	3 Pledges and grants receivable, net	79,062.	3	135,085.
	4 Accounts receivable, net	5,858.	4	0.
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b		
	11 Investments - publicly traded securities	1,067,721.	11	1,501,766.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	524,941.	15	513,462.
16 Total assets. Add lines 1 through 15 (must equal line 33)	3,542,754.	16	4,036,679.	
Liabilities	17 Accounts payable and accrued expenses	7,112.	17	54,513.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	352,348.	25	569,540.
	26 Total liabilities. Add lines 17 through 25	359,460.	26	624,053.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	329,114.	27	401,808.
	28 Net assets with donor restrictions	2,854,180.	28	3,010,818.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	3,183,294.	32	3,412,626.
	33 Total liabilities and net assets/fund balances	3,542,754.	33	4,036,679.

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Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,015,391.
2	Total expenses (must equal Part IX, column (A), line 25)	2	941,277.
3	Revenue less expenses. Subtract line 2 from line 1	3	74,114.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,183,294.
5	Net unrealized gains (losses) on investments	5	152,573.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	2,645.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,412,626.

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

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

Form **990** (2019)

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	696,045.	567,262.	858,558.	1,028,325.	937,018.	4,087,208.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	696,045.	567,262.	858,558.	1,028,325.	937,018.	4,087,208.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,018,508.
6 Public support. Subtract line 5 from line 4.						2,068,700.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	696,045.	567,262.	858,558.	1,028,325.	937,018.	4,087,208.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	14,873.	15,181.	11,345.	12,580.	36,734.	90,713.
9 Net income from unrelated business activities, whether or not the business is regularly carried on		23,957.				23,957.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		112,761.	137,910.	153,515.	140,947.	545,133.
11 Total support. Add lines 7 through 10						4,747,011.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	43.58	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	47.21	%
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2019

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 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>		
2 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>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b 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>		
c 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>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b 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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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) 2019

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

PROVIDENCE NEWBERG HEALTH FOUNDATION

Employer identification number

93-0889144

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, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization PROVIDENCE NEWBERG HEALTH FOUNDATION	Employer identification number 93-0889144
------------------------------------------------------------------	--------------------------------------------------

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 186,720.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

93-0889144

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

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

Name of organization	Employer identification number
PROVIDENCE NEWBERG HEALTH FOUNDATION	93-0889144

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

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

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

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ **Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**▶ **Attach to Form 990.**▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2019**Open to Public
Inspection****Name of the organization**

PROVIDENCE NEWBERG HEALTH FOUNDATION

Employer identification number

93-0889144

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?

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

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

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

1a If the organization elected, as permitted under 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) 2019

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

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
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	678,379.	724,586.	641,699.	368,758.	238,874.
b Contributions		-2,490.	2,666.	214,423.	154,758.
c Net investment earnings, gains, and losses	498,212.	-43,717.	80,221.	58,518.	-24,874.
d Grants or scholarships	30,000.				
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,146,591.	678,379.	724,586.	641,699.	368,758.

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

a Board designated or quasi-endowment ☐ _____ %

b Permanent endowment ☐ 100.00 %

c Term endowment ☐ _____ %

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

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

(i) Unrelated organizations

(ii) Related organizations

	Yes	No
3a(i)		X
3a(ii)	X	
3b	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				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

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

Schedule D (Form 990) 2019

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) GIFT ANNUITIES	27,485.
(2) CHARITABLE REMAINDER TRUSTS	485,917.
(3) DUE FROM AFFILIATES	60.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	513,462.

Part X Other Liabilities.

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATES	329,700.
(3) GIFT ANNUITY OBLIGATIONS	227,277.
(4) CHARITABLE REMAINDER TRUST	12,563.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	569,540.

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 ☐

Schedule D (Form 990) 2019

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

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

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

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

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

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

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE ENDOWMENT WAS ESTABLISHED TO PROVIDE FOR THE GENERAL SUPPORT OF

PROVIDENCE NEWBERG MEDICAL CENTER. GUARDIAN FUND IS A TEMPORARILY

RESTRICTED FUND AND INTEREST REVENUE IS USED TO FUND OPERATIONS FOR THE

COMMUNITY CONNECTIONS/FAITH IN ACTION OUTREACH PROGRAM THAT SERVES

DIASABLED SENIORS AND FAMILIES WITH CHILDREN WITH SPECIAL NEEDS.

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

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		HEARTS OF GOLD (event type)	(event type)	(total number)	
Revenue	1 Gross receipts	97,800.			97,800.
	2 Less: Contributions	82,500.			82,500.
	3 Gross income (line 1 minus line 2)	15,300.			15,300.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	13,874.			13,874.
	7 Food and beverages	17,206.			17,206.
	8 Entertainment	1,250.			1,250.
	9 Other direct expenses	10,072.			10,072.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				42,402.
11 Net income summary. Subtract line 10 from line 3, column (d)				-27,102.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

Name ► _____

Address ► _____

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

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

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

Name ► _____

Address ► _____

- 16** Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17** Mandatory distributions:

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

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

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

Part IV	Supplemental Information <i>(continued)</i>
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[illegible]

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

PROVIDENCE NEWBERG HEALTH FOUNDATION

Employer identification number

93-0889144

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
PROVIDENCE HEALTH & SERVICES - OREGON - 1801 LIND AVE SW - RENTON, WA 98057	93-1146501	501(C)(3)	696,439.	0.			OPERATING AND CAPITAL EXPENDITURES
CATHOLIC CHARITIES 2740 SE POWELL BLVD #5 PORTLAND, OR 97202	93-0386801	501(C)(3)	30,000.	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) (2019)

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

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 J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

PROVIDENCE NEWBERG HEALTH FOUNDATION

Employer identification number

93-0889144

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b		
2		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DIANA FISHER	(i)	0.	0.	0.	0.	0.	0.	0.
EXECUTIVE DIRECTOR - THRU 10/28/19	(ii)	137,653.	27,157.	407.	12,925.	12,264.	190,406.	22,157.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 3:

DESCRIPTION OF PROCESS TO REVIEW COMPENSATION PAID TO TOP MANAGEMENT

OFFICIAL

THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER/TOP MANAGEMENT OFFICIAL IS PAID

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

DISCLOSED AS A PERSON PAID BY A RELATED ORGANIZATION. SEE SCHEDULE O, PART

VI, LINE 15A FOR THE PROCESS USED BY PROVIDENCE.

PART I, LINE 4B:

ENTITIES WITHIN THE PROVIDENCE SYSTEM SPONSOR NON-QUALIFIED SUPPLEMENTAL

EXECUTIVE RETIREMENT PLANS FOR CERTAIN EXECUTIVES. THE PLANS PROVIDE FOR

EMPLOYER CONTRIBUTIONS BASED ON A PERCENTAGE OF EXECUTIVE BASE SALARY AND,

DEPENDING ON THE PLAN, ARE SUBJECT TO EITHER A THREE YEAR, AGE 59 1/2 OR A

FIVE YEAR, AGE 65 VESTING SCHEDULE. UNTIL THE EXECUTIVE PROVIDES THESE

SUBSTANTIAL FUTURE SERVICES, THESE SUPPLEMENTAL RETIREMENT CONTRIBUTIONS

ARE AT RISK, AND WILL BE FORFEITED IF THE EXECUTIVE LEAVES THE ORGANIZATION

BEFORE REACHING HER OR HIS VESTING DATE. THE SUPPLEMENTAL RETIREMENT

CONTRIBUTIONS ARE INCLUDED IN COLUMN (C) AS A NONTAXABLE BENEFIT IN THE

Part III Supplemental Information

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

YEAR THE CONTRIBUTION IS CREDITED TO THE EXECUTIVE'S ACCOUNT, AND ARE INCLUDED AGAIN ON THE FORM 990 IN COLUMN (B)(III) IF AND WHEN THE AMOUNT BECOMES VESTED IN A FUTURE YEAR, AS THE FORM 990 REQUIRES.

NO INDIVIDUALS RECEIVED A PAYOUT DURING THE CURRENT YEAR.

PART I, LINE 7:

NON-FIXED PAYMENTS

THE PROVIDENCE EXECUTIVE COMPENSATION COMMITTEE (OF THE BOARD) HAS APPROVED AN EXECUTIVE COMPENSATION PHILOSOPHY THAT CLOSELY TIES AN EXECUTIVE'S COMPENSATION TO PERFORMANCE BOTH THE PERFORMANCE OF THE ORGANIZATION AND THE PERFORMANCE OF THE EXECUTIVE. THERE IS NO GUARANTEE THAT THIS PART OF A LEADER'S COMPENSATION WILL BE PAID IF THE PERFORMANCE OF THE ORGANIZATION OR OF THE INDIVIDUAL DOES NOT MEET THE PERFORMANCE STANDARDS FOR PAYMENT, NO PERFORMANCE-BASED PAYMENT IS MADE. THIS APPROACH IS REFLECTED IN PROVIDENCE'S LEADERSHIP ANNUAL INCENTIVE PLAN, WHICH IS A PERFORMANCE-BASED ANNUAL INCENTIVE PLAN THAT AFFORDS PARTICIPATING EXECUTIVES THE OPPORTUNITY TO EARN "AT RISK" COMPENSATION THROUGH PERFORMANCE AGAINST VERY CHALLENGING GOALS. PAYOUTS WILL BE AWARDED BASED

Part III Supplemental Information

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

ON GOALS RELATED TO STRATEGIC OBJECTIVES, FISCAL STEWARDSHIP AND QUALITY OF

CARE THESE GOALS ARE SET BEFORE THE YEAR BEGINS AND ARE VERY CHALLENGING.

THE EXECUTIVE COMPENSATION COMMITTEE REVIEWS AND APPROVES EACH YEAR'S

PERFORMANCE GOALS TO MAKE SURE THEY ARE SUFFICIENTLY CHALLENGING, AND TO

MAKE SURE THE GOALS ARE DESIGNED TO HELP PROVIDENCE MEET ITS MISSION AND

STRATEGIC PURPOSES. EACH YEAR THE PSJH BOARD EXECUTIVE COMPENSATION

COMMITTEE REVIEWS THE INCENTIVE PERFORMANCE AND MUST CERTIFY THE

ACHIEVEMENT OF PERFORMANCE GOALS BEFORE ANY AWARDS ARE PAID OUT. WHEN

REVIEWING AND APPROVING TOTAL COMPENSATION FOR EXECUTIVES, THE EXECUTIVE

COMPENSATION COMMITTEE INCLUDES INCENTIVE AWARDS, TO MAKE SURE THAT

COMPENSATION IS REASONABLE AND WELL-SUPPORTED BY MARKET DATA. THE

COMMITTEE CONSISTS ONLY OF DIRECTORS WHO ARE FREE OF CONFLICTS OF INTEREST,

AND THE COMMITTEE RELIES ON MARKET SURVEY DATA GATHERED BY AN INDEPENDENT

CONSULTANT. THE COMMITTEE CONDUCTS THIS REVIEW AND APPROVAL PROCESS IN A

MANNER THAT IS IN ACCORDANCE WITH IRS REQUIREMENTS FOR COMPENSATION OF

TAX-EXEMPT ORGANIZATION LEADERS, AND IN ACCORDANCE WITH THE BEST GOVERNANCE

PRACTICES IN THE INDUSTRY.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

PROVIDENCE NEWBERG HEALTH FOUNDATION

Employer identification number

93-0889144

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

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

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

PROVIDENCE

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

TOGETHER, OUR CAREGIVERS SERVE IN 51 HOSPITALS, 1,085 CLINICS ACROSS
ALASKA, CALIFORNIA, MONTANA, NEW MEXICO, OREGON, TEXAS AND WASHINGTON.

THE FOUNDERS OF BOTH ORGANIZATIONS WERE COURAGEOUS WOMEN AHEAD OF THEIR
TIME. THE SISTERS OF PROVIDENCE AND THE SISTERS OF ST. JOSEPH OF ORANGE
BROUGHT HEALTH CARE AND OTHER SOCIAL SERVICES TO THE AMERICAN WEST WHEN
IT WAS STILL A RUGGED, UNTAMED FRONTIER. NOW, AS WE FACE A DIFFERENT
LANDSCAPE A CHANGING HEALTH CARE ENVIRONMENT WE DRAW UPON THEIR
PIONEERING AND COMPASSIONATE SPIRIT TO PLAN FOR THE NEXT CENTURY OF
HEALTH CARE.

Name of the organization PROVIDENCE NEWBERG HEALTH FOUNDATION	Employer identification number 93-0889144
------------------------------------------------------------------	----------------------------------------------

PROVIDENCE HEALTH & SERVICES

IN 1856, MOTHER JOSEPH AND FOUR SISTERS OF PROVIDENCE ESTABLISHED

HOSPITALS, SCHOOLS AND ORPHANAGES ACROSS THE NORTHWEST. OVER THE YEARS,

OTHER CATHOLIC SISTERS TRANSFERRED SPONSORSHIP OF THEIR MINISTRIES TO

PROVIDENCE, INCLUDING THE LITTLE COMPANY OF MARY, DOMINICANS AND

CHARITY OF LEAVENWORTH. RECENTLY, SWEDISH HEALTH SERVICES, KADLEC

REGIONAL MEDICAL CENTER AND PACIFIC MEDICAL CENTERS HAVE JOINED

PROVIDENCE AS SECULAR PARTNERS WITH A COMMON COMMITMENT TO SERVING ALL

MEMBERS OF THE COMMUNITY.

ST. JOSEPH HEALTH SYSTEM

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

SHORES OF EUREKA, CALIFORNIA TO PROVIDE EDUCATION AND HEALTH CARE. THEY

LATER ESTABLISHED ROOTS IN ORANGE, CALIFORNIA, AND EXPANDED TO SERVE

SOUTHERN CALIFORNIA, NORTHERN CALIFORNIA AND TEXAS. THE HEALTH SYSTEM

ESTABLISHED MANY KEY PARTNERSHIPS, INCLUDING A MERGER BETWEEN LUBBOCK

METHODIST HOSPITAL SYSTEM AND ST. MARY HOSPITAL TO FORM COVENANT HEALTH

IN LUBBOCK, TEXAS. RECENTLY, AN AFFILIATION WAS ESTABLISHED WITH HOAG

HEALTH TO INCREASE ACCESS TO SERVICES IN ORANGE COUNTY, CALIFORNIA.

PROGRAM SERVICE ACCOMPLISHMENTS

DISTRIBUTION TO, OR ON BEHALF OF, PROVIDENCE NEWBERG MEDICAL CENTER FOR

OPERATIONS.

THE FUNDS WENT TO PROGRAMS SUCH AS:

MEDICAL PLAZA EXPANSION (INCREASED ACCESS TO PRIMARY CARE, CANCER

Name of the organization PROVIDENCE NEWBERG HEALTH FOUNDATION	Employer identification number 93-0889144
------------------------------------------------------------------	----------------------------------------------

SERVICES, CARDIAC REHABILITATION). WOMEN'S BEHAVIORIAL HEALTH PROGRAM,

AND ANNUAL FUNDING FOR COMMUNITY CONNECTIONS THROUGH GUARDIAN FUND.

FAITH IN ACTION: AN OUTREACH PROGRAM OF PROVIDENCE NEWBERG MEDICAL

CENTER, FAITH IN ACTION COORDINATES VOLUNTEERS TO PROVIDE NON-MEDICAL

SUPPORT TO THE FRAIL & ELDERLY TO KEEP THESE INDIVIDUALS IN THEIR

HOMES.

YAMHILL COUNTY HOSPICE SUPPORT SERVICES, WOMEN'S PREVENTATIVE CARE IN

MENTAL HEALTH SERVICES.

CHILD LOSS: FUNDS TO SUPPORT FAMILIES WHO HAVE LOST AN INFANT OR CHILD

DURING CHILDBIRTH.

INCLUDED BOOK AND EDUCATION MATERIALS.

FORM 990, PART VI, SECTION A, LINE 6:

CLASSES OF MEMBERS OR STOCKHOLDERS

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

PROVIDENCE NEWBERG HEALTH FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 7A:

CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS

PROVIDENCE NEWBERG HEALTH FOUNDATION HAS A TIERED GOVERNANCE IN WHICH THE

CORPORATE MEMBERS RESERVE THE RIGHT TO APPOINT TRUSTEES TO THE PROVIDENCE

NEWBERG HEALTH FOUNDATION BOARD. ALL TRUSTEE NOMINATIONS THAT COME FROM THE

PROVIDENCE NEWBERG HEALTH FOUNDATION BOARD AS NOMINATIONS MUST BE APPROVED

BY PROVIDENCE HEALTH & SERVICES - OREGON, AS THE CORPORATE MEMBER.

Name of the organization PROVIDENCE NEWBERG HEALTH FOUNDATION	Employer identification number 93-0889144
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FORM 990, PART VI, SECTION A, LINE 7B:

CLASSES OF PERSONS, DECISIONS REQUIRING APPROVAL & TYPE OF VOTING RIGHTS

THE FOLLOWING POWERS RESIDE WITH THE CORPORATE MEMBER:

1) TO ADOPT OR CHANGE THE MISSION, PHILOSOPHY, AND VALUES, INCLUDING THE STRATEGIC PLAN AND MISSION STATEMENT.

2) TO AMEND OR REPEAL THE ARTICLES OF INCORPORATION OR BYLAWS.

3) TO APPROVE THE ACQUISITION OF ASSETS, THE INCURRENCE OF INDEBTEDNESS OR THE LEASE, SALE TRANSFER, ASSIGNMENT OR ENCUMBERING OF ASSETS EXCEEDING A SPECIFIED THRESHOLD, OR THE SALE OR TRANSFER OF ANY PROPERTY WHICH MAY HAVE HISTORICAL OR RELIGIOUS SIGNIFICANCE.

4) TO APPROVE THE DISSOLUTION OR LIQUIDATION.

5) TO APPROVE THE ANNUAL OPERATING AND CAPITAL BUDGETS.

6) TO APPOINT THE CERTIFIED PUBLIC ACCOUNTANTS.

7) TO APPROVE THE CLOSURE OF ANY INSTITUTION OR MAJOR ENTITY OR WORK OF THE CORPORATION.

FORM 990, PART VI, SECTION B, LINE 11B:

PROCESS TO REVIEW FORM 990

THE FORM 990 WAS PREPARED BASED ON INFORMATION RECEIVED FROM VARIOUS

DEPARTMENTS OF THE ORGANIZATION INCLUDING THE FINANCE TEAM, HUMAN

RESOURCES, PAYROLL, COMPLIANCE AND THE GENERAL COUNSEL'S OFFICE. THE

ORGANIZATION ENGAGED AN OUTSIDE ACCOUNTING FIRM TO PREPARE THE RETURN. THE

RETURN HAS BEEN REVIEWED BY AN OFFICER OF THE ORGANIZATION. A FULL COPY OF

THE FORM 990 WAS PROVIDED TO ALL BOARD MEMBERS PRIOR TO FILING WITH THE

IRS. THE AUDIT COMMITTEE OF THE PARENT ORGANIZATION IS PROVIDED AN ANNUAL

UPDATE ON THE TAX REPORTING PROCESS AND KEY DISCLOSURES.

Name of the organization PROVIDENCE NEWBERG HEALTH FOUNDATION	Employer identification number 93-0889144
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FORM 990, PART VI, SECTION B, LINE 12C:

PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST

PROVIDENCE TAKES THE ISSUE OF CONFLICTS OF INTEREST, AND INDEPENDENT

UNCONFLICTED DECISION-MAKING, VERY SERIOUSLY. PROVIDENCE HAS A

COMPREHENSIVE CONFLICT OF INTEREST POLICY AND INTEREST DISCLOSURE POLICY,

AND CAREFULLY AND THOROUGHLY ADMINISTERS THESE POLICIES. BOARD MEMBERS,

SPONSORS, SENIOR LEADERS AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANY

ACTUAL OR POTENTIAL CONFLICT OF INTEREST IN ACCORDANCE WITH THE PROVIDENCE

CONFLICT OF INTEREST POLICY, AND SO THAT THE INDIVIDUAL SATISFIES HIS OR

HER FIDUCIARY OBLIGATIONS TO THE ORGANIZATION. DISCLOSURES ARE MADE

ANNUALLY, AS WELL AS ANY TIME AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST

ARISES. PROVIDENCE CHIEF LEGAL OFFICER AND/OR THE PROVIDENCE CHIEF RISK

OFFICER, REVIEW ALL DISCLOSURES. WHERE APPROPRIATE, THE CEO AND/OR THE

BOARD CHAIR WILL REVIEW CONFLICT OF INTEREST SITUATIONS THAT INVOLVE SENIOR

LEADERSHIP OR A BOARD MEMBER OTHER THAN THE CHAIR. PROVIDENCE CHIEF LEGAL

OFFICER AND/OR CHIEF RISK OFFICER REVIEW MATTERS WHERE CONFLICT IS

DIFFICULT OR CANNOT BE READILY RESOLVED AND PRESENT RECOMMENDATIONS TO THE

APPROPRIATE BOARD COMMITTEE OR THE CEO, FOR DISCUSSION AND RESOLUTION. WHEN

APPROPRIATE, THE INDIVIDUAL WITH THE REAL/POTENTIAL CONFLICT THAT IS BEING

REVIEWED MAY PARTICIPATE IN THE DISCUSSION BUT IS EXCUSED FROM THE MEETING,

AND FROM ANY FINAL DISCUSSION AND VOTE, WHEN A DECISION IS BEING MADE ON

WHETHER A CONFLICT EXISTS, OR WHEN THE ACTION GIVING RISE TO THE CONFLICT

OF INTEREST IS DECIDED. WHERE APPROPRIATE, THE CHIEF RISK OFFICER OR CHIEF

LEGAL OFFICER WILL PROVIDE PLAN TO MANAGE CONFLICTS AND AVOID PARTICIPATION

BY THE CONFLICTED INDIVIDUAL IN THE MATTER GIVING RISE TO THE CONFLICT OF

INTEREST. AUDITING AND MONITORING OF THIS PROCESS IS DONE REGULARLY.

ALL DOCUMENTATION OF CONFLICT OF INTEREST DISCLOSURES IS RETAINED IN

Name of the organization PROVIDENCE NEWBERG HEALTH FOUNDATION	Employer identification number 93-0889144
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ACCORDANCE WITH ORGANIZATION RETENTION POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

PROCESS FOR DETERMINING COMPENSATION

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

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

IS DISCLOSED AS A PERSON PAID BY 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,

Name of the organization PROVIDENCE NEWBERG HEALTH FOUNDATION	Employer identification number 93-0889144
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INDEPENDENT DIRECTORS. THE COMMITTEE MAKES SURE, AT EACH OF ITS MEETINGS,

THAT NO MEMBER OF THE COMMITTEE HAS A CONFLICT OF INTEREST AS TO ANY

EXECUTIVE WHOSE COMPENSATION IS REVIEWED BY THE COMMITTEE.

THE EXECUTIVE COMPENSATION COMMITTEE RETAINS AN INDEPENDENT CONSULTANT EACH

YEAR TO REVIEW SALARIES OF THOSE IN THE MOST SIGNIFICANT LEADERSHIP ROLES

IN THE ORGANIZATION. PART OF THE CONSULTANT'S ROLE IS TO REVIEW AN

EXTENSIVE ARRAY OF COMPENSATION SURVEYS OF LARGE, NOT-FOR-PROFIT HEALTH

CARE SYSTEMS IN THE UNITED STATES. PROVIDENCE IS ONE OF THE LARGER HEALTH

SYSTEMS IN THE COUNTRY, AND AS SUCH, THE BOARD BENCHMARKS EXECUTIVE

COMPENSATION AGAINST OTHER LARGE, NOT-FOR-PROFIT HEALTH SYSTEMS THAT ARE

SUBSTANTIALLY SIMILAR TO PROVIDENCE IN SIZE AND COMPLEXITY (SUCH AS HAVING

A SIMILAR AMOUNT OF ANNUAL NET REVENUE). ADDITIONALLY, BECAUSE PROVIDENCE

OFTEN LOOKS TO GENERAL INDUSTRY FOR LEADERS IN CERTAIN FUNCTIONAL AREAS,

PROVIDENCE ALSO TAKES INTO CONSIDERATION GENERAL INDUSTRY MARKET DATA IN

THESE SPECIAL SITUATIONS. BASE SALARIES FOR PROVIDENCE EXECUTIVES ARE

GENERALLY TARGETED TO THE "MEDIAN" LEVEL OF THE MARKET DATA (WHERE HALF THE

SALARIES IN THE DATA ARE LOWER AND HALF THE SALARIES IN THE DATA ARE

HIGHER), AS IDENTIFIED BY THE INDEPENDENT CONSULTANT AND REVIEWED WITH THE

EXECUTIVE COMPENSATION COMMITTEE.

THE PRESIDENT/CEO UTILIZES THE MARKET INFORMATION PROVIDED BY THE

CONSULTANT ALONG WITH FORMAL PERFORMANCE EVALUATIONS, TO DETERMINE SALARY

RECOMMENDATIONS FOR OTHER SENIOR EXECUTIVES. THIS PROCESS INCLUDES A

RIGOROUS ANALYSIS OF THOSE RECOMMENDATIONS WITH THE EXECUTIVE COMPENSATION

COMMITTEE AS A PART OF THE REVIEW AND APPROVAL PROCESS.

TOTAL COMPENSATION IS TIED CLOSELY TO PERFORMANCE OF THE ORGANIZATION AND

Name of the organization PROVIDENCE NEWBERG HEALTH FOUNDATION	Employer identification number 93-0889144
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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.

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 TRANSFER BETWEEN RELATED TAX-EXEMPT ORGANIZATIONS 2,645.

Related Organizations and Unrelated Partnerships

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

PROVIDENCE NEWBERG HEALTH FOUNDATION

Employer identification number

93-0889144

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

[illegible]

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.

[illegible]

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

Schedule R (Form 990) 2019

Part II Continuation of Identification of Related Tax-Exempt Organizations

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

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
HOAG CLINIC - 33-0676831 1 HOAG DRIVE, BOX 6100 NEWPORT BEACH, CA 92658	HEALTHCARE	CALIFORNIA	501(C)(3)	10	HMHP	X	
HOAG HOSPITAL FOUNDATION - 95-3222343 330 PLACENTIA AVE. NEWPORT BEACH, CA 92663	FUNDRAISING	CALIFORNIA	501(C)(3)	7	HMHP	X	
HOAG MEMORIAL HOSPITAL PRESBYTERIAN - 95-1643327, 1 HOAG ROAD, BOX 6100, NEWPORT BEACH, CA 92663	HEALTHCARE	CALIFORNIA	501(C)(3)	3	CHN	X	
HOSPICE OF LUBBOCK - 75-2133781 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	TEXAS	501(C)(3)	10	CHS	X	
INLAND NORTHWEST HEALTH SERVICES - 91-1307555, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	3	PHS WA	X	
INSTITUTE FOR MENTAL HEALTH & WELLNESS - 81-4260130, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	7	PHS / SJHS	X	
INSTITUTE FOR SYSTEMS BIOLOGY - 91-2003593 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	7	WHC	X	
JOHN WAYNE CANCER INSTITUTE - 95-4291515 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	4	PSJHC	X	
KADLEC AUXILIARY, INC. - 91-6033089 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057	SUPPORT	WASHINGTON	501(C)(3)	12, III	KRMC	X	
KADLEC FOUNDATION - 23-7005501 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057	SUPPORT	WASHINGTON	501(C)(3)	7	KRMC	X	
KADLEC REGIONAL MEDICAL CENTER - 91-0655392 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	3	WHC	X	
LITTLE COMPANY OF MARY ANCILLARY SERVICES CORPORATION - 33-0844408, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057	IMAGING SVCS	CALIFORNIA	501(C)(3)	10	PHS SOCIAL	X	

Part II Continuation of Identification of Related Tax-Exempt Organizations

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

Part II Continuation of Identification of Related Tax-Exempt Organizations

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

Part II Continuation of Identification of Related Tax-Exempt Organizations

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

Part II Continuation of Identification of Related Tax-Exempt Organizations

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

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
PROVIDENCE ST. JOSEPH HEALTH FOUNDATION - 94-3078543, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	7	PHS WA	X	
PROVIDENCE ST. JOSEPH MEDICAL CENTER - 81-0463482, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057	HEALTHCARE	MONTANA	501(C)(3)	3	PHS WA	X	
PROVIDENCE ST. MARY FOUNDATION - 45-2841492 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	7	PHS WA	X	
PROVIDENCE ST. PETER FOUNDATION - 91-1097056 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057	SUPPORT	WASHINGTON	501(C)(3)	7	PHS W WA	X	
PROVIDENCE ST. VINCENT MEDICAL FOUNDATION - 93-0575982, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057	HEALTHCARE	OREGON	501(C)(3)	7	PHS OR	X	
PROVIDENCE TRINITYCARE HOSPICE - 95-3264139 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	10	PHS SOCIAL	X	
PROVIDENCE TRINITYCARE HOSPICE FOUNDATION - 33-0261016, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	7	PTCH	X	
PROVIDENCE WILLAMETTE FALLS MEDICAL FOUNDATION - 93-1003750, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057	HEALTHCARE	OREGON	501(C)(3)	12, I	PHS OR	X	
QUEEN OF THE VALLEY MEDICAL CENTER - 94-1243669, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	3	SJHS	X	
REDWOOD MEMORIAL FOUNDATION - 94-2779313 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	7	RMH	X	
REDWOOD MEMORIAL HOSPITAL - 94-1384665 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	3	SJHS	X	
SAINT JOHN'S HOSPITAL/HEALTH CENTER FOUNDATION - 95-6100079, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057	SUPPORT	CALIFORNIA	501(C)(3)	7	PSJHC	X	

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
SANTA ROSA MEMORIAL HOSPITAL - 94-1231005 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	3	SJHS	X	
SEATTLE SCIENCE FOUNDATION - 61-1502822 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057	PHYSN COLLAB	WASHINGTON	501(C)(3)	7	WHC	X	
SISTERS OF PROVIDENCE OF MONTANA CORPORATION - 26-2612415, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057	SHELL CORP	MONTANA	501(C)(3)	1	PHS WA		X
SISTERS OF ST. JOSEPH OF ORANGE - 95-1643383 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057	RELIGIOUS ORG	CALIFORNIA	501(C)(3)	1	N/A		X
SRM ALLIANCE HOSPITAL SERVICES (PVH) - 68-0395200, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	3	SRMH	X	
ST. JOSEPH HEALTH MINISTRY - 27-1666576 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057	RELIGIOUS ORG	CALIFORNIA	501(C)(3)	1	SSJO		X
ST. JOSEPH HEALTH NORTHERN CALIFORNIA, LLC - 81-4791043, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	3	SJHS	X	
ST. JOSEPH HEALTH SYSTEM - 95-3589356 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	12, I	PSJH		X
ST. JOSEPH HEALTH SYSTEM FOUNDATION - 33-0143024, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	10	SJHS	X	
ST. JOSEPH HERITAGE HEALTHCARE - 33-0185031 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	3	SJHS	X	
ST. JOSEPH HOME CARE NETWORK - 68-0331084 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	10	SJHS	X	
ST. JOSEPH HOSPITAL OF EUREKA - 94-1156596 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	3	SJHS	X	

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
ST. JOSEPH HOSPITAL OF ORANGE - 95-1643359 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	3	CHN	X	
ST. JUDE HOSPITAL, INC - 95-1643324 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	3	CHN	X	
ST. LUKE ASSOCIATION - 94-3176618 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057	SUPPORT	WASHINGTON	501(C)(3)	7	PHS WA	X	
ST. MARY MEDICAL CENTER - 95-1914489 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	3	CHN	X	
ST. MARY OF THE PLAINS HOSPITAL FDN - 75-1653181, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057	HEALTHCARE	TEXAS	501(C)(3)	7	CHS	X	
ST. PATRICK HOSPITAL FOUNDATION - 23-7056976 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	MONTANA	501(C)(3)	7	PHS WA	X	
ST. THOMAS CHILD AND FAMILY CENTER - 81-0233495, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057	EDUCATION	MONTANA	501(C)(3)	10	PHS WA	X	
SWEDISH EDMONDS - 27-2305304 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	3	WHC	X	
SWEDISH HEALTH SERVICES - 91-0433740 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	3	WHC	X	
SWEDISH MEDICAL CENTER FOUNDATION - 91-0983214, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	7	SHS	X	
SWEDISH MJM HOLDINGS - 27-3139262 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057	HOLDING CO	WASHINGTON	501(C)(3)	12, I	SHS	X	
TARZANA MEDICAL CENTER LLC - 83-3972614 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	3	PHS SOCIAL	X	

Part II Continuation of Identification of Related Tax-Exempt Organizations

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

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
20TH STREET SURGERY LLC - 73-1735618, 1301 20TH STREET STE 140, SANTA MONICA, CA 90404	AMBULATORY SURG	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
BROADWAY IMAGING, LLC - 52-2405971, 500 W. BROADWAY, MISSOULA, MT 59802	MEDICAL IMAGING	MT	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
CENTER FOR MATERNAL, NEWBORN AND CHILD - 81-3526875, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057	HEALTHCARE	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
CLACKAMAS RADIATION ONCOLOGY CENTER, LLC - 26-0381897, 4400 NE HALSEY ST, BLDG. II, #495, PORTLAND, OR 97213	RADIATION ONCOL	OR	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
1221 MADISON STREET OWNERS ASSOC - 20-1954319, 747 BROADWAY, SEATTLE, WA 98122	OWNERS' ASSOC.	WA	N/A	C CORP	N/A	N/A	N/A		X
AMERICAN UNITY GROUP, LTD 90 PITTS BAY ROAD PEMBROKE BERMUDA	CAPTIVE INSURANCE	BERMUDA	N/A	C CORP	N/A	N/A	N/A		X
AYIN HEALTH SOLUTIONS, INC. - 83-3037172 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	DE	N/A	C CORP	N/A	N/A	N/A		X
BLUETREE NETWORK INC. - 90-0872936 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	WI	N/A	C CORP	N/A	N/A	N/A		X
BOURGET HEALTH SERVICES, INC. - 91-1354431 101 W. 8TH AVE., TAF C-9 SPOKANE, WA 99220	CLIN/MED 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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
COASTAL ASC HOLDINGS, LLC - 81-0986844, ONE HOAG DRIVE, BOX 6100, NEWPORT BEACH, CA 92663	HEALTHCARE	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
COVENANT LONG-TERM CARE, LP - 20-5033419, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057	HEALTHCARE	TX	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
BRIDGEPORT MEDICAL IMAGING (BMI) - 26-0796953, 4400 NE HALSEY, #495, PORTLAND, OR 97213	IMAGING DIAG.	OR	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
CENTER FOR MEDICAL IMAGING (CMI) - 20-0477972, 4400 NE HALSEY, #495, PORTLAND, OR 97213	IMAGING DIAG.	OR	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
FULLERTON SURGICAL CENTER LP - 47-0927394, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057	AMBULATORY SURG	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
GREATER VALLEY MEDICAL BUILDING, L.P. - 95-4570858, 501 S. BUENA VISTA ST, BURBANK, CA 91505	REAL ESTATE - MOB	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
HCSA PROPERTIES, LLC - 46-0620892, 1600 M STREET NW, AUBURN, WA 98001	REAL ESTATE RENT	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
HERITAGE INVESTMENT GROUP I, LLC - 27-1000061, 500 S. MAIN STREET, STE 1000, ORANGE, CA 92868	INVESTMENTS	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
HOAG ORTHOPEDIC INSTITUTE - 61-1588294, ONE HOAG DRIVE, BOX 6100, NEWPORT BEACH, CA 92658	HEALTHCARE	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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

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							Yes	No		Yes	No	
IMAGING ASSOCIATES LLC - 20-3906048, 3650 PIPER STREET, STE A, ANCHORAGE, AK 99508	MEDICAL IMAGING	AK	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
INLAND IMAGING, LLC - 91-1855796, 801 S. STEVENS ST., SPOKANE, WA 99204	MEDICAL IMAGING	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
LSC REAL PROPERTY, LLC - 47-4646059, 2301 QUAKER AVENUE, LUBBOCK, TX 79410	REAL ESTATE	TX	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
METHODIST DIAGNOSTIC IMAGING - 75-2343261, 4005 24TH STREET, LUBBOCK, TX 79410	HEALTHCARE	TX	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
NEWPORT IMAGING CENTER - 33-0191776, 360 SAN MIGUEL, NEWPORT BEACH, CA 92660	HEALTHCARE	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
NEWPORT SURGICAL PARTNERS, LLC - 39-2060266, 27271 LAS RAMBLAS #350, MISSION VIEJO, CA 92691	HEALTHCARE	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
OREGON ADVANCED IMAGING, LLC - 45-0471748, 881 O'HARE PARKWAY, MEDFORD, OR 97504	MEDICAL IMAGING	OR	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
OREGON OUTPATIENT SURGERY CENTER - 22-3883387, 7300 SW CHILDS RD, TIGARD, OR 97224	AMBULATORY SURG	OR	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
PET/CT IMAGING AT SWEDISH CANCER INSTITUTE, LLC - 20-3132044, 1221 MADISON STREET, SEATTLE, WA 98104	MEDICAL IMAGING	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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

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							Yes	No		Yes	No	
PHS INVESTMENT TRUST SHORT TERM INVESTMENT PORTFOLIO - 81-2701056, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA	INVESTMENTS	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
PROV. RADIATION ONCOLOGY DEVELOP. ASSN. - 26-0682491, 4400 NE HALSEY #495, PORTLAND, OR 97213	REAL ESTATE - MOB	OR	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
PROVIDENCE CHILDREN'S NEONATAL SERVICES - 47-0918549, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA	NEONATAL CARE	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
PROVIDENCE HOUSE HEARING HEALTH CENTERS LLC, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057	HEALTHCARE	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
PROVIDENCE IMAGING CENTER JOINT VENTURE - 92-0118807, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057	MEDICAL IMAGING	AK	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
PROVIDENCE ST. JOSEPH HEALTH LONG TERM PORTFOLIO - 82-3190634, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA	INVESTMENTS	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
PROVIDENCE SURGERY CENTER, LLC - 84-1401625, 902 N. ORANGE ST, MISSOULA, MT 59802	AMBULATORY SURG	MT	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
PROVIDENCE/SILVERTON REHAB, LLC - 48-1287267, 4400 NE HALSEY, #425, PORTLAND, OR 97213	REHAB SERVICES	OR	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
PROVIDENCE UCLA USP SURGERY CENTER JV - 32-0503030, 15305 DALLAS PKWY, STE 1600, LB 28, ADDISON, TX 75001	AMBULATORY SURG	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
PROVIDENCE/USP SOUTH BAY SURGERY CENTERS - 47-5064486, 15305 DALLAS PKWY, STE 1600, LB 28, ADDISON, TX 75001	AMBULATORY SURG	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
PROVIDENCE/USP SURGERY CENTERS, LLC - 20-0684116, 11550 INDIAN HILLS ROAD #160, MISSION HILLS, CA 91345	AMBULATORY SURG	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
RADIATION THERAPY INNOVATIONS, LLC - 30-0553035, 1221 MADISON STREET, 1ST FL, SEATTLE, WA	HEALTHCARE	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
REDMOND AMBULATORY SURGERY CENTER LLC - 81-3558711, 805 MADISON ST STE 901, SEATTLE, WA 98104	AMBULATORY SURG	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SANTA ANA MOB, LLC - 75-3205306, 1800 QUAIL STREET, STE 100, NEWPORT BEACH, CA 92660	REAL ESTATE - MOB	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SHA, LLC - 75-2569094 12940 NORTH HIGHWAY 183 AUSTIN, TX 78750	HEALTHCARE	TX	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SJO ASC HOLDINGS LLC - 82-1655501, 1140 W. LA VETA AVE, ORANGE, CA 92868	HEALTHCARE	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
ST JOSEPH PHYSICIAN VENTURES I, LLC - 45-4521884, 1100 WEST STEWART DRIVE, ORANGE, CA 92868	REAL ESTATE	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
ST. JOSEPH/SATELLITE DIALYSIS CENTERS, LLC - 81-4657391, 300 SANTANA ROW, STE 300, SAN JOSE, CA 95128	HEALTHCARE	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CARON HEALTH CORPORATION - 81-0486082 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057	MED PHYS SVCS	MT	N/A	C CORP	N/A	N/A	N/A		X
COMMUNITY TECHNOLOGIES, INC. - 84-4722399 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057	IT SVCS	DE	N/A	C CORP	N/A	N/A	N/A		X
DATU HEALTH, INC. AND SUBSIDIARIES - 46-3070062, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057	IT SVCS	DE	N/A	C CORP	N/A	N/A	N/A		X
ENGAGE IT SERVICES, INC. - 84-4058573 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057	IT SVCS	DE	N/A	C CORP	N/A	N/A	N/A		X
HOAG MANAGEMENT SERVICES, INC. - 33-0731587 1 HOAG DRIVE, BOX 6100 NEWPORT BEACH, CA 92658	HEALTHCARE	CA	N/A	C CORP	N/A	N/A	N/A		X
HOAG PHYSICIAN PARTNERS - 83-4276044 16148 SAND CANYON AVE IRVINE, CA 92618	HEALTHCARE	CA	N/A	C CORP	N/A	N/A	N/A		X
LUBBOCK METHODIST HOSP PRACTICE MGMT - 75-2578995, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057	INACTIVE	TX	N/A	C CORP	N/A	N/A	N/A		X
LUBBOCK METHODIST HOSPITAL SVCS - 75-2118585 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	TX	N/A	C CORP	N/A	N/A	N/A		X
LUMEDIC ACQUISITION CO INC - 83-3881097 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	WA	N/A	C CORP	N/A	N/A	N/A		X
MISSION VIEJO MEDICAL VENTURES - 33-0212905 27800 MEDICAL CENTER RD MISSION VIEJO, CA 92691	HEALTHCARE	CA	N/A	C CORP	N/A	N/A	N/A		X
PERFORMANCE HEALTH TECHNOLOGY, LTD. - 93-1211733, 3993 FAIRVIEW INDUSTRIAL DR SE, SALEM, OR 97302	HEALTHCARE	OR	N/A	C CORP	N/A	N/A	N/A		X
MEDIREVV INC. - 20-8783763 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	DE	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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
PHN HOLDINGS - 46-1814184 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057	STRAT PLAN SVCS	CA	N/A	C CORP	N/A	N/A	N/A		X
PIONEER INNOVATIONS, INC. - 36-4818191 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057	HEALTH INNOVATNS	WA	N/A	C CORP	N/A	N/A	N/A		X
PROVIDENCE ASSURANCE, INC. - 20-8194071 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057	CAPTIVE INSURANCE	AZ	N/A	C CORP	N/A	N/A	N/A		X
PROVIDENCE GLOBAL CENTER LLP - 98-1516461 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057	IT SVCS	INDIA	N/A	C CORP	N/A	N/A	N/A		X
PROVIDENCE HEALTH CARE VENTURES, INC. - 90-0155714, 101 W. 8TH AVE., TAF C-9, SPOKANE, WA 99220	CLIN/MED LAB	WA	N/A	C CORP	N/A	N/A	N/A		X
PROVIDENCE HEALTH NETWORK - 80-0886966 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057	PREPAID HEALTH	CA	N/A	C CORP	N/A	N/A	N/A		X
PROVIDENCE HEALTH VENTURES, INC. - 33-0122216, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057	INVESTMENT	CA	N/A	C CORP	N/A	N/A	N/A		X
PROVIDENCE PHYSICIAN SERVICES CO - 91-1216033, 101 W. 8TH AVE., TAF C-9, SPOKANE, WA 99220	HEALTHCARE	WA	N/A	C CORP	N/A	N/A	N/A		X
PROVIDENCE RCM GROUP - 84-4686520 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057	HOLDING COMPANY	DE	N/A	C CORP	N/A	N/A	N/A		X
PROVIDENCE SERVICES GROUP, INC. - 84-4704409 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057	HOLDING COMPANY	DE	N/A	C CORP	N/A	N/A	N/A		X
ST. JOSEPH HEALTH - 46-2340232 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057	HOLDING COMPANY	CA	N/A	C CORP	N/A	N/A	N/A		X
ST. JOSEPH HEALTH SOURCE, INC. - 46-1900168 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	CA	N/A	C CORP	N/A	N/A	N/A		X

[illegible]

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
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s 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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PROVIDENCE HEALTH & SERVICES - OREGON	B	696,439.	FMV
(2) PROVIDENCE HEALTH & SERVICES - OREGON	C	186,720.	FMV
(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.

[illegible]

Part VII Supplemental Information

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

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

PHS INVESTMENT TRUST SHORT TERM INVESTMENT PORTFOLIO

EIN: 81-2701056

1801 LIND AVE SW, ATTN: TAX DEPT.

RENTON, WA 98057

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

PROVIDENCE CHILDREN'S NEONATAL SERVICES

EIN: 47-0918549

1801 LIND AVE SW, ATTN: TAX DEPT.

RENTON, WA 98057

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

PROVIDENCE ST. JOSEPH HEALTH LONG TERM PORTFOLIO

EIN: 82-3190634

1801 LIND AVE SW, ATTN: TAX DEPT.

RENTON, WA 98057

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

RADIATION THERAPY INNOVATIONS, LLC

EIN: 30-0553035

1221 MADISON STREET, 1ST FL

SEATTLE, WA 98104