

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**A For the 2020 calendar year, or tax year beginning**

and ending

**B** Check if applicable:

- ☒ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C Name of organization**PROVIDENCE WILLAMETTE FALLS MEDICAL  
FOUNDATION**Doing business as**Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
1500 DIVISION STREETCity or town, state or province, country, and ZIP or foreign postal code  
OREGON CITY, OR 97045**F Name and address of principal officer:** TIFFANY GILLESPIE  
SAME AS C ABOVE**D Employer identification number**

93-1003750

**E Telephone number**

(503) 650-6805

**G Gross receipts \$** 2,045,424.**H(a) Is this a group return**for subordinates? ☐ Yes ☒ No**H(b) Are all subordinates included?** ☐ Yes ☒ No

If "No," attach a list. See instructions

**H(c) Group exemption number****I Tax-exempt status:** ☒ 501(c)(3) ☐ 501(c)( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J Website:** [HTTPS://PROVIDENCEFOUNDATIONS.ORG/OUR-FOUNDATIONS](https://providencefoundations.org/our-foundations)**K Form of organization:** ☒ Corporation ☐ Trust ☐ Association ☐ Other**L Year of formation:** 1989**M State of legal domicile:** OR**Part I Summary****1** Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O.**2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	19
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	18
<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	0
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	19
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0.

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	482,604.	1,354,603.
<b>9</b> Program service revenue (Part VIII, line 2g)	0.	0.
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	556,250.	658,913.
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	28,065.	-6,788.
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,066,919.	2,006,728.
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	677,748.	925,930.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	156,656.	139,644.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	101,837.	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	144,216.	117,637.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	978,620.	1,183,211.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	88,299.	823,517.
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	13,308,129.	15,444,469.
<b>21</b> Total liabilities (Part X, line 26)	89,994.	301,374.
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	13,218,135.	15,143,095.

**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: *Tiffany Gillespie, executive director* Date: *11/9/2021*  
 TIFFANY GILLESPIE, EXECUTIVE DIRECTOR  
 Type or print name and title

**Paid Preparer Use Only** Print/Type preparer's name: TAMARA SUGIHARA Preparer's signature: *Tamara Sugihara* Date: 11/8/2021 Check if self-employed: ☐ PTIN: 201262399  
 Firm's name: ERNST & YOUNG US LLP Firm's EIN: 34-6565596  
 Firm's address: 560 MISSION STREET, SUITE 1600 SAN FRANCISCO, CA 94105 Phone no.: 415-894-8000

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

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒ **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 \$ 925,930. including grants of \$ 925,930. ) (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 **925,930.**

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**Part IV Checklist of Required Schedules**

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

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

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

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

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

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

X

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

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

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

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**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

☒ X**Section A. Governing Body and Management**

	1a	1b	Yes	No
<b>1a</b> 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.	19			
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent .....		18		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....			<b>2</b>	X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .....			<b>3</b>	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....			<b>4</b>	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....			<b>5</b>	X
<b>6</b> Did the organization have members or stockholders? .....			<b>6</b>	X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....			<b>7a</b>	X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....			<b>7b</b>	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body? .....			<b>8a</b>	X
<b>b</b> Each committee with authority to act on behalf of the governing body? .....			<b>8b</b>	X
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O .....			<b>9</b>	X

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

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

**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

Form 990 (2020)

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

(A) 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) DALE HIRSCH, MD TRUSTEE - PH&S PHYSICIAN	1.00 0.00	X						0.	673,293.	81,142.
(2) TIFFANY GILLESPIE EXECUTIVE DIRECTOR	1.00 0.00			X				0.	110,506.	13,237.
(3) ALISON CRUDEN TRUSTEE	1.00 0.00	X						0.	0.	0.
(4) CHAR CHASE TRUSTEE	1.00 0.00	X						0.	0.	0.
(5) CHARLES HICKMAN, MD TRUSTEE	1.00 0.00	X						0.	0.	0.
(6) DAN FOWLER TRUSTEE	1.00 0.00	X						0.	0.	0.
(7) DAVID LINDQUIST, MD TRUSTEE	1.00 0.00	X						0.	0.	0.
(8) DENIS RYAN TRUSTEE (PART YEAR)	1.00 0.00	X						0.	0.	0.
(9) GREG ROGERS, CPA TRUSTEE	1.00 0.00	X						0.	0.	0.
(10) JEFF SUMPTER TRUSTEE	1.00 0.00	X						0.	0.	0.
(11) JERRY ROBINSON, MBA VICE CHAIR	1.00 0.00	X		X				0.	0.	0.
(12) MARYJO RADOSEVICH TRUSTEE (PART YEAR)	1.00 0.00	X						0.	0.	0.
(13) NORMA BARNEY TRUSTEE	1.00 0.00	X						0.	0.	0.
(14) PAM BLOOM TRUSTEE	1.00 0.00	X						0.	0.	0.
(15) PATRICIA MARKESINO CHAIR	1.00 0.00	X		X				0.	0.	0.
(16) SHARON CHADWICK TRUSTEE	1.00 0.00	X						0.	0.	0.
(17) SHERRIE HENSON 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) STEVE RICE TRUSTEE	1.00 0.00	X						0.	0.	0.
(19) THERESA SANCHEZ SECRETARY	1.00 0.00	X		X				0.	0.	0.
(20) TONY HELBLING TREASURER	1.00 0.00	X		X				0.	0.	0.
(21) WALT FITCH TRUSTEE	1.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								0.	783,799.	94,379.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								0.	783,799.	94,379.

**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* .....
- 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* .....
- 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* .....

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

**Section B. Independent Contractors**

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

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

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



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

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns .....	1a				
	b	Membership dues .....	1b				
	c	Fundraising events .....	1c				
	d	Related organizations .....	1d	168,852.			
	e	Government grants (contributions) .....	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	1,185,751.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 52,227.			
	h Total. Add lines 1a-1f			1,354,603.			
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) .....		453,630.		
4		Income from investment of tax-exempt bond proceeds .....					
5		Royalties .....					
6 a		Gross rents .....	(i) Real	(ii) Personal			
b		Less: rental expenses ...					
c		Rental income or (loss) .....					
d		Net rental income or (loss) .....					
7 a		Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other			
b		Less: cost or other basis and sales expenses .....					
c		Gain or (loss) .....					
d		Net gain or (loss) .....			205,283.		205,283.
8 a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....					
b		Less: direct expenses .....					
c		Net income or (loss) from fundraising events .....					
9 a		Gross income from gaming activities. See Part IV, line 19 .....					
b	Less: direct expenses .....						
c	Net income or (loss) from gaming activities .....						
10 a	Gross sales of inventory, less returns and allowances .....			31,908.			
b	Less: cost of goods sold .....			38,696.			
c	Net income or (loss) from sales of inventory .....			-6,788.		-6,788.	
Miscellaneous Revenue	11 a			Business Code			
	b						
	c						
	d All other revenue .....						
	e Total. Add lines 11a-11d						
	12	Total revenue. See instructions		2,006,728.	0.	0.	652,125.

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	925,930.	925,930.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	136,138.		64,238.	71,900.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits .....	3,506.		1,654.	1,852.
<b>10</b> Payroll taxes .....				
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....				
<b>c</b> Accounting .....				
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	64,459.		64,459.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	16,080.		7,588.	8,492.
<b>12</b> Advertising and promotion .....	138.		65.	73.
<b>13</b> Office expenses .....	16,676.		7,869.	8,807.
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....				
<b>17</b> Travel .....	893.		421.	472.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	881.		416.	465.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	433.		204.	229.
<b>23</b> Insurance .....				
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> SPECIAL EVENTS	12,059.		5,690.	6,369.
<b>b</b> OTHER DIRECT EXPENSES	4,547.		2,145.	2,402.
<b>c</b> DUES & SUBSCRIPTION	1,004.		474.	530.
<b>d</b> MEDICAL SUPPLIES	392.		185.	207.
<b>e</b> All other expenses	75.		36.	39.
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,183,211.	925,930.	155,444.	101,837.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	84,263.	<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	421,240.
	<b>3</b> Pledges and grants receivable, net .....	6,073.	<b>3</b>	87,688.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	4,805.
	<b>8</b> Inventories for sale or use .....	7,872.	<b>8</b>	7,872.
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b>	<b>10c</b>	
	<b>11</b> Investments - publicly traded securities .....	13,087,159.	<b>11</b>	14,786,770.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	122,762.	<b>15</b>	136,094.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	13,308,129.	<b>16</b>	15,444,469.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....		<b>17</b>	3,758.
	<b>18</b> Grants payable .....	608.	<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	89,386.	<b>25</b>	297,616.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	89,994.	<b>26</b>	301,374.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	6,565,416.	<b>27</b>	7,704,288.
	<b>28</b> Net assets with donor restrictions .....	6,652,719.	<b>28</b>	7,438,807.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	13,218,135.	<b>32</b>	15,143,095.
	<b>33</b> Total liabilities and net assets/fund balances .....	13,308,129.	<b>33</b>	15,444,469.

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	2,006,728.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,183,211.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	823,517.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	13,218,135.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	1,101,443.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	15,143,095.

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	530,356.	879,488.	493,892.	482,604.	168,852.	2,555,192.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	530,356.	879,488.	493,892.	482,604.	168,852.	2,555,192.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						1,977,022.
<b>6 Public support.</b> Subtract line 5 from line 4.						578,170.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	530,356.	879,488.	493,892.	482,604.	168,852.	2,555,192.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	237,406.	293,020.	258,599.	258,599.	453,630.	1,501,254.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	32,269.	54,828.	2,418.	28,065.	0.	117,580.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						4,174,026.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	13.85	%
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	30.61	%
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input checked="" type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2020

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

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

**Section A. Public Support**

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

**Section B. Total Support**

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

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

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

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

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

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

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

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV** Supporting Organizations (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2020



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

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

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

Schedule A (Form 990 or 990-EZ) 2020

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

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

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

OMB No. 1545-0047

**2020**

Name of the organization

PROVIDENCE WILLAMETTE FALLS MEDICAL  
FOUNDATION

Employer identification number

93-1003750

Organization type (check one):

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

Form 990 or 990-EZ

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

Form 990-PF

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

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

**Special Rules**

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

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

Name of organization PROVIDENCE WILLAMETTE FALLS MEDICAL FOUNDATION	Employer identification number 93-1003750
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**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		\$ 97,803.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 622,227.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 102,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 168,852.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

PROVIDENCE WILLAMETTE FALLS MEDICAL  
FOUNDATION

Employer identification number

93-1003750

## Part II

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

(a) No. from Part I	(b)  Description of noncash property given	(c)  FMV (or estimate) (See instructions.)	(d)  Date received
3	STOCK _____ _____ _____	\$ _____ 52,227.	_____ 12/31/20
(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 PROVIDENCE WILLAMETTE FALLS MEDICAL FOUNDATION	Employer identification number 93-1003750
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ► \$ \_\_\_\_\_

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

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

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

OMB No. 1545-0047

**2020****Open to Public Inspection****Name of the organization** PROVIDENCE WILLAMETTE FALLS MEDICAL  
FOUNDATION**Employer identification number**  
93-1003750**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule D (Form 990) 2020

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

**3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

**a** ☐ Public exhibition

**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:

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

**c** Beginning balance

**d** Additions during the year

**e** Distributions during the year

**f** Ending balance

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	10,573,715.	9,310,626.	9,437,893.	8,303,602.	7,812,694.
<b>b</b> Contributions	52,227.	62,049.	15,365.	37,356.	7,988.
<b>c</b> Net investment earnings, gains, and losses	827,023.	1,644,301.	-72,702.	1,245,890.	502,920.
<b>d</b> Grants or scholarships	446,279.	391,061.	69,930.	148,955.	20,000.
<b>e</b> Other expenditures for facilities and programs	2,603.				
<b>f</b> Administrative expenses		52,200.			
<b>g</b> End of year balance	11,004,083.	10,573,715.	9,310,626.	9,437,893.	8,303,602.

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

**a** Board designated or quasi-endowment ☐ 56.7300 %

**b** Permanent endowment ☐ 20.5800 %

**c** Term endowment ☐ 22.6900 %

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

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

(i) Unrelated organizations

(ii) Related organizations

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

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

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment				
<b>e</b> Other				

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

Schedule D (Form 990) 2020

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) .....	
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CHARITABLE GIFT ANNUITIES/TRUST FUND OBLIGATIONS	31,705.
(3) DUE TO AFFILIATES	266,061.
(4) OTHER LIABILITIES	-150.
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	297,616.

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) 2020

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

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

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

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

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

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

**Part XIII Supplemental Information.**

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

PART V, LINE 4:

THE INTENDED USE OF THE PWF ENDOWMENTS FUND ARE TO PROVIDE FOR PROGRAM

ENHANCEMENTS, FACILITY IMPROVEMENTS, EQUIPMENT UPGRADES AND/OR OTHER

ADVANCEMENT SUPPORT TO THE MEDICAL CENTER'S OPERATIONS. CHILDREN'S

ENDOWMENT FUND IS FOR CHILD ABUSE ASSESSMENT, EDUCATION AND PREVENTION

PROGRAMS. HOSPICE ENDOWMENT FUND IS FOR PROGRAMS RELATED TO THE DELIVERY

OF HOSPICE CARE AND CHARITY CARE.



**SCHEDULE I**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.▶ **Attach to Form 990.**▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2020****Open to Public  
Inspection**Name of the organization **PROVIDENCE WILLAMETTE FALLS MEDICAL  
FOUNDATION****Employer identification number**  
93-1003750**Part I** **General Information on Grants and Assistance****1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....☒ **Yes**☐ **No****2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.**Part II** **Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
PROVIDENCE HEALTH & SERVICES - OREGON - 1801 LIND AVE SW - RENTON, WA 98057-9019	51-0216587	501(C)(3)	836,430.	0.			OPERATIONAL & CAPITAL SUPPORT
CATHOLIC CHARITIES 2740 SE POWELL BLVD, #5 PORTLAND, OR 97202	93-0386801	501(C)(3)	12,500.	0.			GRIEF SUPPORT GROUPS FOR CHILDREN
ALBERTINA KERR CENTER 424 NE 22ND AVE PORTLAND, OR 97232	93-0386780	501(C)(3)	25,000.	0.			COMMUNITY CHILD WELFARE
CHILDRENS CENTER OF CLACKAMAS COUNTY - 1713 PENN LANE - OREGON CITY, OR 97045	75-3027143	501(C)(3)	50,000.	0.			OPERATIONAL SUPPORT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **4.****3** Enter total number of other organizations listed in the line 1 table ..... **0.**LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.****Schedule I (Form 990) 2020**

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

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

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

OMB No. 1545-0047

**2020****Open to Public  
Inspection**Name of the organization  
PROVIDENCE WILLAMETTE FALLS MEDICAL  
FOUNDATIONEmployer identification number  
93-1003750**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

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

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

Schedule J (Form 990) 2020

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

[illegible]

**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 1A:

PROVIDENCE EXPENSE REIMBURSEMENT PROCEDURES INCLUDE THE FOLLOWING POLICIES:

FIRST CLASS TRAVEL OR CHARTER TRAVEL

AIR TRAVEL IS GENERALLY REIMBURSABLE AT THE LEAST EXPENSIVE AIRFARE WHICH

PERMITS DEPARTURES AND ARRIVALS AT REASONABLE TIMES AND REASONABLE DISTANCE

TRAVELED. EMPLOYEES ARE ENCOURAGED TO PLAN IN ADVANCE TO GET AVAILABLE

DISCOUNTS. AIRLINE FREQUENT FLYER UPGRADES WILL NEVER BE REIMBURSED. IN

LIMITED SITUATIONS, FIRST CLASS TICKETS AND CHARTER MAY BE REIMBURSED WHEN

APPROVED BY A SENIOR LEVEL SUPERVISOR.

TAX INDEMNIFICATION AND GROSS-UP PAYMENTS

TAX INDEMNIFICATIONS OR GROSS-UP PAYMENTS RELOCATION

PROVIDENCE FOLLOWS THE FEDERAL AND STATE TAXATION LAWS RELATED TO

RELOCATION EXPENSES PAID TO THE EMPLOYEE OR TO A THIRD PARTY ON THE

EMPLOYEE'S BEHALF. THEY ARE CONSIDERED TAXABLE WAGES AND ARE REPORTED AS

SUCH. BASED ON THE WAY PROVIDENCE HAS CHOSEN TO PAY THE RELOCATION

**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.

EXPENSES, PROVIDENCE REPORTS REIMBURSEMENTS AND PAYMENTS TO VENDORS AS

INCOME AND THESE EXPENSE PAYMENTS ARE REFLECTED ON THE EXECUTIVE'S FORM

W-2. PROVIDENCE PROVIDES A GROSS-UP FOR THE RELOCATION BENEFITS, SO THAT A

PORTION OF THE REIMBURSEMENT DOES NOT HAVE TO BE USED TO PAY TAXES, AND

THIS TAX GROSS-UP IS ALSO REPORTED AS TAXABLE INCOME.

THE AMOUNTS REPORTED FOR THESE GROSS-UP PAYMENTS ARE INCLUDED ON SCHEDULE

J, PART II, COLUMN B (III) - OTHER REPORTABLE COMPENSATION ON THE FORM 990.

TAX INDEMNIFICATIONS OR GROSS-UP PAYMENTS - FINANCIAL/RETIREMENT PLANNING

PROVIDENCE FOLLOWS THE FEDERAL AND STATE TAXATION LAWS RELATED TO FINANCIAL

AND RETIREMENT PLANNING EXPENSES PAID TO THE EMPLOYEE OR TO A THIRD PARTY

ON THE EMPLOYEE'S BEHALF. THEY ARE CONSIDERED TAXABLE WAGES AND ARE

REPORTED AS SUCH. BASED ON THE WAY PROVIDENCE HAS CHOSEN TO PAY THESE OTHER

EXPENSES, PROVIDENCE REPORTS REIMBURSEMENTS AND PAYMENTS TO VENDORS AS

INCOME AND THESE EXPENSE PAYMENTS ARE REFLECTED ON THE EXECUTIVE'S FORM

W-2. PROVIDENCE PROVIDES A GROSS-UP FOR THIS BENEFIT, SO THAT A PORTION OF

THE PAYMENT DOES NOT HAVE TO BE USED TO PAY TAXES, AND THIS TAX GROSS-UP IS

ALSO REPORTED AS TAXABLE INCOME.



PROVIDENCE WILLAMETTE FALLS MEDICAL  
FOUNDATION

Schedule J (Form 990) 2020

93-1003750

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**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.

THE AMOUNTS REPORTED FOR THESE GROSS-UP PAYMENTS ARE INCLUDED ON SCHEDULE

J, PART II, COLUMN B (III) - OTHER REPORTABLE COMPENSATION ON THE FORM 990.

PERSONAL SERVICES

PROVIDENCE OFFERS FINANCIAL PLANNING SERVICES AS AN OPTIONAL BENEFIT TO

EMPLOYEES AT VICE PRESIDENT LEVEL AND ABOVE. THE AMOUNTS REPORTED FOR THE

FINANCIAL PLANNING SERVICES ARE INCLUDED AS TAXABLE INCOME ON SCHEDULE J,

PART II, COLUMN B (III) - OTHER REPORTABLE COMPENSATION ON THE FORM 990 FOR

THE EMPLOYEES WHO PARTICIPATE.

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 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 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

YEAR THE CONTRIBUTION IS CREDITED TO THE EXECUTIVE'S ACCOUNT, AND ARE

INCLUDED AGAIN ON THE FORM 990 IN COLUMN (B)(III) IF AND WHEN THE AMOUNT

BECOMES VESTED IN A FUTURE YEAR, AS THE FORM 990 REQUIRES.

THE FOLLOWING INDIVIDUALS RECEIVED A PAYOUT DURING THE CURRENT YEAR:

DALE HIRSCH, MD - \$27,298

PART I, LINE 7:

PROVIDENCE WILLAMETTE FALLS MEDICAL  
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**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.

## NON-FIXED PAYMENTS

THE PROVIDENCE EXECUTIVE COMPENSATION COMMITTEE (OF THE BOARD) HAS APPROVED

AN EXECUTIVE COMPENSATION PHILOSOPHY THAT CLOSELY TIES AN EXECUTIVE'S

COMPENSATION TO PERFORMANCE BOTH THE PERFORMANCE OF THE ORGANIZATION AND

THE PERFORMANCE OF THE EXECUTIVE. THERE IS NO GUARANTEE THAT THIS PART OF

A LEADER'S COMPENSATION WILL BE PAID IF THE PERFORMANCE OF THE

ORGANIZATION OR OF THE INDIVIDUAL DOES NOT MEET THE PERFORMANCE STANDARDS

FOR PAYMENT, NO PERFORMANCE-BASED PAYMENT IS MADE. THIS APPROACH IS

REFLECTED IN PROVIDENCE'S LEADERSHIP ANNUAL INCENTIVE PLAN, WHICH IS A

PERFORMANCE-BASED ANNUAL INCENTIVE PLAN THAT AFFORDS PARTICIPATING

EXECUTIVES THE OPPORTUNITY TO EARN "AT RISK" COMPENSATION THROUGH

PERFORMANCE AGAINST VERY CHALLENGING GOALS. PAYOUTS WILL BE AWARDED BASED

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

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

THE EXECUTIVE COMPENSATION COMMITTEE REVIEWS AND APPROVES EACH YEAR'S

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

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

STRATEGIC PURPOSES. EACH YEAR THE PSJH BOARD EXECUTIVE COMPENSATION

COMMITTEE REVIEWS THE INCENTIVE PERFORMANCE AND MUST CERTIFY THE

Schedule J (Form 990) 2020

**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.

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 M  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Noncash Contributions**

OMB No. 1545-0047

**2020****Open to Public  
Inspection**

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

Name of the organization **PROVIDENCE WILLAMETTE FALLS MEDICAL  
FOUNDATION**Employer identification number  
**93-1003750****Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....				
10 Securities - Closely held stock .....	X	6	52,227.	FMV
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( .....				
26 Other ▶ ( .....				
27 Other ▶ ( .....				
28 Other ▶ ( .....				

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

0

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

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

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

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

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2020

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

SCHEDULE M, PART I, COLUMN (B):

THE AMOUNTS SHOWN ON PART 1, COLUMN B REFLECT THE NUMBER OF DONATIONS

RECEIVED OF THE SPECIFIC TYPE OF ITEM.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2020****Open to Public  
Inspection**Name of the organization  
PROVIDENCE WILLAMETTE FALLS MEDICAL  
FOUNDATIONEmployer identification number  
93-1003750

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

AT PROVIDENCE, WE USE OUR VOICE TO ADVOCATE FOR VULNERABLE POPULATIONS

AND NEEDED REFORMS IN HEALTH CARE. WE PURSUE INNOVATIVE WAYS TO

TRANSFORM HEALTH CARE BY KEEPING PEOPLE HEALTHY, AND MAKING OUR

SERVICES MORE CONVENIENT, ACCESSIBLE AND AFFORDABLE FOR ALL. IN AN

INCREASINGLY UNCERTAIN WORLD, WE ARE COMMITTED TO HIGH-QUALITY,

COMPASSIONATE CARE FOR EVERYONE REGARDLESS OF COVERAGE OR ABILITY TO

PAY. WE HELP PEOPLE AND COMMUNITIES BENEFIT FROM THE BEST HEALTH CARE

MODEL FOR THE FUTURE TODAY.

TOGETHER, OUR 120,000 CAREGIVERS (ALL EMPLOYEES) SERVE IN 51 HOSPITALS,

1,085 CLINICS AND A COMPREHENSIVE RANGE OF SERVICES ACROSS ALASKA,

CALIFORNIA, MONTANA, NEW MEXICO, OREGON, TEXAS AND WASHINGTON. THE

PROVIDENCE FAMILY INCLUDES:

-PROVIDENCE ACROSS SEVEN WESTERN STATES

-COVENANT HEALTH IN WEST TEXAS

-PROVIDENCE FACEY MEDICAL FOUNDATION IN LOS ANGELES, CA

-HOAG MEMORIAL HOSPITAL PRESBYTERIAN IN ORANGE COUNTY, CA

-KADLEC IN SOUTHEAST WASHINGTON

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

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032211 11-20-20



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Name of the organization PROVIDENCE WILLAMETTE FALLS MEDICAL  
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-PACIFIC MEDICAL CENTERS IN SEATTLE, WA

-SWEDISH HEALTH SERVICES IN SEATTLE, WA

2020 AN UNPRECEDENTED YEAR

OVER THE PAST YEAR, OUR COMMUNITIES HAVE FACED EXTRAORDINARY

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

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

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

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

OUR MISSION, PROVIDENCE PARTNERS WITH COMMUNITY-BASED ORGANIZATIONS TO

IDENTIFY URGENT HEALTH NEEDS AND ENVIRONMENTAL FACTORS THAT ARE

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

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

IN OUR COMMUNITIES TO HELP BUILD A MORE EQUITABLE AND SUSTAINABLE

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

SEVEN REGIONS, TO SUPPORT ORGANIZATIONS, PROGRAMS AND INITIATIVES THAT

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

MITIGATE IMMEDIATE CHALLENGES WHILE FINDING SOLUTIONS TO DEEP-ROOTED

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

MODELS TO MEET THE EVOLVING NEEDS OF OUR COMMUNITIES.

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

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

ORGANIZATIONS FOCUSED ON FOUR COMMUNITY INITIATIVES IN 2020:

1 FOUNDATIONS OF HEALTH;

2 REMOVING BARRIERS TO CARE;

3 COMMUNITY RESILIENCE; AND

4 INNOVATING FOR THE FUTURE.

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

REALIZING OUR MISSION - PAYMENTS TO, OR ON BEHALF OF, PROVIDENCE  
WILLAMETTE FALLS MEDICAL CENTER TO PROVIDE FOR HOSPITAL RELATED  
PROGRAMS SUCH AS CHARITY CARE SUPPORT, COMMUNITY EDUCATION, AND  
CHILDREN'S MENTAL HEALTH THERAPY. ADDITIONALLY, FUNDS WERE PROVIDED FOR  
HOSPICE CHARITABLE CARE, HOSPICE STAFF EDUCATION AND TRAINING OF  
HOSPICE VOLUNTEERS.

\$50,000 DONATION TO THE CHILDREN'S CENTER OF CLACKAMAS COUNTY, A CENTER  
TO SUPPORT AND MEDICALLY ASSESS CHILDREN WHO ARE VICTIMS OF ABUSE OR  
NEGLECT. FUNDING ALSO INCLUDED SUPPORT FOR A SHIFT TO VIRTUAL EDUCATION  
ON RECOGNIZING THE SIGNS AND SYMPTOMS OF SEXUAL ABUSE IN CHILDREN AND  
ADOLESCENTS.

\$20,000 DONATION TO DOUGY CENTER WALKER'S HOUSE, CANBY TO PROVIDE  
VIRTUAL GRIEF SUPPORT SERVICES TO CHILDREN, TEENS AND THEIR FAMILIES  
WHO'VE LOST A LOVED ONE. SERVICES PROVIDED BY DOUGY CENTER SERVE AS AN  
EXTENSION OF SUPPORT THROUGHOUT THE SCHOOL YEAR.

THESE ORGANIZATIONS EXTENDS THE MISSION OF THE FOUNDATION SERVING THE  
VULNERABLE IN THE COMMUNITY THROUGH COMPASSIONATE SERVICE.

DISTRIBUTIONS TO PROVIDENCE WILLAMETTE FALLS MEDICAL CENTER FOR CAPITAL  
IMPROVEMENTS AND EQUIPMENT.

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PURCHASED TEDDY BEARS TO PROVIDE TO EMOTIONALLY VULNERABLE PATIENTS IN  
NEED OF EMOTIONAL COMFORT CARE DURING THE HOSPITAL PROCEDURE, EMERGENCY  
DEPARTMENT VISIT OR IN-PATIENT STAY.

FORM 990, PART I, LINE 5 & PART V, LINE 2A - EMPLOYEE COMPENSATION  
THE EMPLOYEES WORKING AT THE FOUNDATION ARE PAID BY PROVIDENCE HEALTH &  
SERVICES - OREGON EIN# 51-0216587. THEREFORE, NO W-2S ARE ISSUED BY THE  
REPORTING ORGANIZATION.

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

CLASSES OF MEMBERS OR STOCKHOLDERS

PROVIDENCE HEALTH & SERVICES - OREGON IS THE SOLE CORPORATE MEMBER OF  
PROVIDENCE WILLAMETTE FALLS MEDICAL FOUNDATION.

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

CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS

PROVIDENCE WILLAMETTE FALLS MEDICAL FOUNDATION HAS A TIERED GOVERNANCE IN  
WHICH THE CORPORATE MEMBERS RESERVE THE RIGHT TO APPOINT TRUSTEES TO THE  
PROVIDENCE WILLAMETTE FALLS MEDICAL FOUNDATION BOARD. ALL TRUSTEE  
NOMINATIONS THAT COME FROM THE PROVIDENCE WILLAMETTE FALLS MEDICAL  
FOUNDATION BOARD AS NOMINATIONS MUST BE APPROVED BY PROVIDENCE HEALTH &  
SERVICES - OREGON, AS THE CORPORATE MEMBER.

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

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

THE FOLLOWING POWERS RESIDE WITH THE CORPORATE MEMBER:

Name of the organization	PROVIDENCE WILLAMETTE FALLS MEDICAL FOUNDATION	Employer identification number 93-1003750
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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.

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

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

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

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

PROCESS FOR DETERMINING COMPENSATION

Name of the organization PROVIDENCE WILLAMETTE FALLS MEDICAL  
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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,

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.

Name of the organization	PROVIDENCE WILLAMETTE FALLS MEDICAL FOUNDATION	Employer identification number 93-1003750
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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

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



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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 TRANSFERS BETWEEN RELATED TAX-EXEMPT

ORGANIZATIONS 1,101,443.

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

## Related Organizations and Unrelated Partnerships

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

# 2020

**Open to Public Inspection**

Name of the organization	PROVIDENCE WILLAMETTE FALLS MEDICAL FOUNDATION
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Employer identification number	93-1003750
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**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.

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

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

Schedule R (Form 990) 2020

PROVIDENCE WILLAMETTE FALLS MEDICAL  
FOUNDATION

Schedule R (Form 990)

93-1003750

**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, 3623 22ND PLACE, LUBBOCK, TX 79410	HEALTHCARE	TEXAS	501(C)(3)	7	CHS	X	
COVENANT HOSPITAL HOBBS - 84-4273963 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	TEXAS	501(C)(3)	3	CHS	X	
COVENANT MEDICAL CENTER - 82-2913146 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	TEXAS	501(C)(3)	3	CHS	X	
COVENANT MEDICAL GROUP - 75-2743883 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	TEXAS	501(C)(3)	3	CHS	X	
EVERETT TRANSITIONAL CARE SERVICES - 94-3264605, P.O. BOX 5128, EVERETT, WA 98206-5128	TRANSITIONAL CARE	WASHINGTON	501(C)(3)	10	N/A		X
GAMELIN WASHINGTON ASSOCIATION - 20-1910170 1801 LIND AVENUE 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 AVENUE 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	
HOAG CLINIC - 33-0676831 1 HOAG DRIVE 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	

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						Yes	No
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 AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	TEXAS	501(C)(3)	10	CHS	X	
INLAND NORTHWEST HEALTH SERVICES - 91-1307555, 1801 LIND AVENUE 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 AVENUE SW ATTN: TAX DEPT., RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	7	PHS / SJHS	X	
INSTITUTE FOR SYSTEMS BIOLOGY - 91-2003593 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	7	WHC	X	
KADLEC AUXILIARY, INC. - 91-6033089 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	SUPPORT	WASHINGTON	501(C)(3)	12, III	KRMC	X	
KADLEC FOUNDATION - 23-7005501 888 SWIFT BLVD RICHLAND, WA 99352	SUPPORT	WASHINGTON	501(C)(3)	7	KRMC	X	
KADLEC REGIONAL MEDICAL CENTER - 91-0655392 1801 LIND AVENUE 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 AVENUE SW ATTN: TAX DEPT., RENTON, WA 98057	IMAGING SERVICES	CALIFORNIA	501(C)(3)	10	PHS SOCIAL	X	
LUBBOCK HERITAGE HOSPITAL LLC - 26-4021016 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	TEXAS	501(C)(3)	3	CHS	X	
LUNDBERG ASSOCIATION/ PROVIDENCE HOUSE - 91-1562797, 1801 LIND AVENUE 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 AVENUE SW ATTN: TAX DEPT., RENTON, WA 98057	RESEARCH	WASHINGTON	501(C)(3)	7	SHS	X	

PROVIDENCE WILLAMETTE FALLS MEDICAL  
FOUNDATION

Schedule R (Form 990)

93-1003750

**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
METHODIST CHILDREN'S HOSPITAL - 75-2428911 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	TEXAS	501(C)(3)	3	CHS	X	
METHODIST HOSPITAL LEVELLAND - 75-2246348 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	TEXAS	501(C)(3)	3	CHS	X	
METHODIST HOSPITAL PLAINVIEW - 75-2426010 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	TEXAS	501(C)(3)	3	CHS	X	
MISSION HOSPITAL REGIONAL MEDICAL CTR - 95-1643360, 1801 LIND AVENUE SW ATTN: TAX DEPT., RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	3	CHN	X	
NORTHWEST HOPE & HEALING FOUNDATION - 20-0799737, PO BOX 16069, SEATTLE, WA 98116	SUPPORT	WASHINGTON	501(C)(3)	12, I	SHS	X	
PACMED CLINICS - 56-2290878 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	10	WHC	X	
PH&S FOUNDATION/SFVSA & SCVSA - 95-3544877 501 SOUTH BUENA VISTA STREET BURBANK, CA 91505-4809	HEALTHCARE	CALIFORNIA	501(C)(3)	7	PHS SOCIAL	X	
PROVIDENCE ALASKA FOUNDATION - 92-0093565 3760 PIPER STREET, SUITE 2021 ANCHORAGE, AK 99508	HEALTHCARE	ALASKA	501(C)(3)	7	PHS WA	X	
PROVIDENCE BENEDICTINE NURSING CENTER FOUNDATION - 91-1940286, 540 SOUTH MAIN ST, MT ANGEL, OR 97362	HEALTHCARE	OREGON	501(C)(3)	7	PHS OR	X	
PROVIDENCE BLANCHET ASSOCIATION - 91-1789266 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	SUPPORT	WASHINGTON	501(C)(3)	7	PHS WA	X	
PROVIDENCE CHILDREN'S HEALTH FOUNDATION - 93-0800140, 4805 NE GLISAN ST, STE 2N35, PORTLAND, OR 97213	SUPPORT	OREGON	501(C)(3)	7	PHS OR	X	
PROVIDENCE COMMUNITY HEALTH FOUNDATION - 93-0692907, 940 ROYAL AVE, SUITE 410, MEDFORD, OR 97504	HEALTHCARE	OREGON	501(C)(3)	7	PHS OR	X	

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						Yes	No
PROVIDENCE DETHMAN HOUSE - 47-3385506 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	SUPPORT	WASHINGTON	501(C)(3)	7	N/A		X
PROVIDENCE FACEY MEDICAL FOUNDATION (FKA FACEY MEDICAL FDN) - 95-4322584, 1801 LIND AVENUE SW ATTN: TAX DEPT., RENTON, WA 98057	SUPPORT	CALIFORNIA	501(C)(3)	7	PHS SOCIAL	X	
PROVIDENCE GAMELIN HOUSE ASSOCIATION - 31-1744654, 1801 LIND AVENUE SW ATTN: TAX DEPT., RENTON, WA 98057	SUPPORT	WASHINGTON	501(C)(3)	7	PHS WA	X	
PROVIDENCE HEALTH & SERVICES - 91-1549796 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	12, II	PSJH		X
PROVIDENCE HEALTH & SERVICES - MONTANA - 81-0231793, 1801 LIND AVENUE SW ATTN: TAX DEPT., RENTON, WA 98057	HEALTHCARE	MONTANA	501(C)(3)	3	PHS WA	X	
PROVIDENCE HEALTH & SERVICES - OREGON - 51-0216587, 1801 LIND AVENUE SW ATTN: TAX DEPT., RENTON, WA 98057	HEALTHCARE	OREGON	501(C)(3)	3	PHS	X	
PROVIDENCE HEALTH & SERVICES - WASHINGTON - 51-0216586, 1801 LIND AVENUE SW ATTN: TAX DEPT., RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	3	PHS	X	
PROVIDENCE HEALTH & SERVICES - WESTERN WASHINGTON - 91-1303277, 1801 LIND AVENUE SW ATTN: TAX DEPT., RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	3	PM/WHC	X	
PROVIDENCE HEALTH ASSURANCE - 55-0828701 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	MEDICAID HEALTHCARE PROVIDER	OREGON	501(C)(4)	N/A	PHP	X	
PROVIDENCE HEALTH CARE FOUNDATION - EASTERN WASHINGTON - 32-0014330, 101 W 8TH AVE, SPOKANE, WA 99204	HEALTHCARE	WASHINGTON	501(C)(3)	7	PHS WA	X	
PROVIDENCE HEALTH CARE FOUNDATION (CENTRALIA) - 91-1433382, 413 LILLY ROAD NE, OLYMPIA, WA 98506-5166	HEALTHCARE	WASHINGTON	501(C)(3)	7	PHS W WA	X	
PROVIDENCE HEALTH PLAN - 93-0863097 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	OREGON	501(C)(4)	N/A	PPP	X	

PROVIDENCE WILLAMETTE FALLS MEDICAL  
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93-1003750

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						Yes	No
PROVIDENCE HEALTH SYSTEM - SO. CALIFORNIA - 51-0216589, 1801 LIND AVENUE SW ATTN: TAX DEPT., RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	3	PHS	X	
PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL FOUNDATION, INC. - 93-0921990, 810 12TH STREET, PO BOX 149, HOOD RIVER, OR 97031	HEALTHCARE	OREGON	501(C)(3)	7	PHS OR	X	
PROVIDENCE HOSPICE AND HOME CARE FOUNDATION - 27-2552749, 2731 WETMORE AVE STE 500, EVERETT, WA 98201	HEALTHCARE	WASHINGTON	501(C)(3)	7	PHS W WA	X	
PROVIDENCE HOSPICE OF SEATTLE FOUNDATION - 91-2077378, 2811 SOUTH 102ND NO 220, TUKWILA, WA 98168	HEALTHCARE	WASHINGTON	501(C)(3)	7	PHS W WA	X	
PROVIDENCE LITTLE COMPANY OF MARY FOUNDATION - 51-0224944, 4101 TORRANCE BLVD, TORRANCE, CA 90503	HEALTHCARE	CALIFORNIA	501(C)(3)	7	PHS SOCIAL	X	
PROVIDENCE MARIANWOOD FOUNDATION - 93-1554288, 3725 PROVIDENCE POINT DRIVE SE, ISSAQUAH, WA 98029-7219	HEALTHCARE	WASHINGTON	501(C)(3)	7	PHS W WA	X	
PROVIDENCE MEDICAL FDN (FKA ST. JOSEPH HERITAGE HEALTHCARE) - 33-0185031, 1801 LIND AVENUE SW ATTN: TAX DEPT., RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	3	SJHS	X	
PROVIDENCE MEDICAL INSTITUTE - 33-0283773 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	12, I	PHS SOCIAL	X	
PROVIDENCE MILWAUKIE FOUNDATION - 94-3079515 10150 SE 32ND AVE MILWAUKIE, OR 97222	HEALTHCARE	OREGON	501(C)(3)	7	PHS OR	X	
PROVIDENCE MINISTRIES 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	RELIGIOUS ORG	WASHINGTON	501(C)(3)	1	N/A		X
PROVIDENCE MOUNT ST. VINCENT FOUNDATION - 91-1188119, 4831 35TH AVE SW, SEATTLE, WA 98126-2799	HEALTHCARE	WASHINGTON	501(C)(3)	7	PHS WA	X	
PROVIDENCE NEWBERG HEALTH FOUNDATION - 93-0889144, 1001 PROVIDENCE DRIVE, NEWBERG, OR 97132	HEALTHCARE	OREGON	501(C)(3)	7	PHS OR	X	



PROVIDENCE WILLAMETTE FALLS MEDICAL  
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						Yes	No
PROVIDENCE PETER CLAVER ASSOCIATION - 31-1629656, 1801 LIND AVENUE SW ATTN: TAX DEPT., RENTON, WA 98057	SUPPORT	WASHINGTON	501(C)(3)	7	PHS WA	X	
PROVIDENCE PLAN PARTNERS - 91-1861964 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(4)	N/A	PHS OR	X	
PROVIDENCE PORTLAND MEDICAL FOUNDATION - 93-1231494, 4805 NE GLISAN ST, PORTLAND, OR 97213-2967	HEALTHCARE	OREGON	501(C)(3)	7	PHS OR	X	
PROVIDENCE ROSSI ASSOCIATION - 31-1584166 1801 LIND AVENUE 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 AVENUE 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 AVENUE SW ATTN: TAX DEPT., RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	3	PHS SOCIAL	X	
PROVIDENCE SEASIDE HOSPITAL FOUNDATION - 93-0927320, 725 S WAHANNA ROAD, SEASIDE, OR 97138	HEALTHCARE	OREGON	501(C)(3)	7	PHS OR	X	
PROVIDENCE SW WASHINGTON FOUNDATION (FKA PROV ST. PETER FDN) - 91-1097056, 413 LILLY ROAD NE, OLYMPIA, WA 98506-5166	SUPPORT	WASHINGTON	501(C)(3)	7	PHS W WA	X	
PROVIDENCE ST. ELIZABETH HOUSE ASSOCIATION - 91-2171539, 1801 LIND AVENUE SW ATTN: TAX DEPT., RENTON, WA 98057	SUPPORT	WASHINGTON	501(C)(3)	7	PHS WA	X	
PROVIDENCE ST. FRANCIS ASSOCIATION - 94-3244854, 1801 LIND AVENUE SW ATTN: TAX DEPT., RENTON, WA 98057	SUPPORT	WASHINGTON	501(C)(3)	7	PHS WA	X	
PROVIDENCE ST. JOSEPH HEALTH - 81-1244422 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	12, III	N/A		X
PROVIDENCE ST. JOSEPH HEALTH FOUNDATION - 94-3078543, 1801 LIND AVE SW, RENTON, WA 98057-9016	HEALTHCARE	WASHINGTON	501(C)(3)	7	PHS WA	X	

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						Yes	No
PROVIDENCE ST. JOSEPH MEDICAL CENTER - 81-0463482, 1801 LIND AVENUE SW ATTN: TAX DEPT., RENTON, WA 98057	HEALTHCARE	MONTANA	501(C)(3)	3	PHS WA	X	
PROVIDENCE ST. MARY FOUNDATION - 45-2841492 1025 S 2ND AVENUE WALLA WALLA, WA 99362	HEALTHCARE	WASHINGTON	501(C)(3)	7	PHS WA	X	
PROVIDENCE ST. VINCENT MEDICAL FOUNDATION - 93-0575982, 9205 SW BARNES ROAD, STE MT2111, PORTLAND, OR 97225	HEALTHCARE	OREGON	501(C)(3)	7	PHS OR	X	
PROVIDENCE TRINITYCARE HOSPICE - 95-3264139 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	10	PHS SOCIAL	X	
PROVIDENCE TRINITYCARE HOSPICE FOUNDATION - 33-0261016, 5315 TORRANCE BLVD NO B-1, TORRANCE, CA 90503	HEALTHCARE	CALIFORNIA	501(C)(3)	7	PTCH	X	
REDWOOD MEMORIAL FOUNDATION - 94-2779313 2700 DOBEER STREET EUREKA, CA 95501	HEALTHCARE	CALIFORNIA	501(C)(3)	7	RMH	X	
SAINT JOHN'S CANCER INSTITUTE (FKA JOHN WAYNE CANCER INST.) - 95-4291515, 1801 LIND AVENUE SW ATTN: TAX DEPT., RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	4	PSJHC	X	
SAINT JOHN'S HOSPITAL/HEALTH CENTER FOUNDATION - 95-6100079, 1801 LIND AVENUE SW ATTN: TAX DEPT., RENTON, WA 98057	SUPPORT SAINT JOHN HEALTH CENTER & JWCI	CALIFORNIA	501(C)(3)	7	PSJHC	X	
SEATTLE SCIENCE FOUNDATION - 61-1502822 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	PHYSICIAN COLLABORATION	WASHINGTON	501(C)(3)	7	WHC	X	
SISTERS OF PROVIDENCE OF MONTANA CORPORATION - 26-2612415, 1801 LIND AVENUE SW ATTN: TAX DEPT., RENTON, WA 98057	SHELL CORPORATION	MONTANA	501(C)(3)	1	PHS WA		X
SISTERS OF ST. JOSEPH OF ORANGE - 95-1643383 1801 LIND AVENUE 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 AVENUE SW ATTN: TAX DEPT., RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	3	SRMH	X	

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						Yes	No
ST. JOSEPH HEALTH MINISTRY - 27-1666576 1801 LIND AVENUE 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 AVENUE SW ATTN: TAX DEPT., RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	3	SJHS	X	
ST. JOSEPH HEALTH SYSTEM - 95-3589356 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	12, I	PSJH		X
ST. JOSEPH HEALTH SYSTEM FOUNDATION - 33-0143024, 3345 MICHELSON DRIVE SUITE 100, IRVINE, CA 92612	HEALTHCARE	CALIFORNIA	501(C)(3)	10	SJHS	X	
ST. JOSEPH HOME CARE NETWORK - 68-0331084 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	10	SJHS	X	
ST. JOSEPH HOSPITAL OF ORANGE - 95-1643359 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	3	CHN	X	
ST. JUDE HOSPITAL, INC - 95-1643325 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	3	CHN	X	
ST. LUKE ASSOCIATION - 94-3176618 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	SUPPORT	WASHINGTON	501(C)(3)	7	PHS WA	X	
ST. MARY MEDICAL CENTER - 95-1914489 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	3	CHN	X	
ST. PATRICK HOSPITAL FOUNDATION - 23-7056976 502 W SPRUCE STREET MISSOULA, MT 59802	HEALTHCARE	MONTANA	501(C)(3)	7	PHS WA	X	
ST. THOMAS CHILD AND FAMILY CENTER - 81-0233495, 1801 LIND AVENUE SW ATTN: TAX DEPT., RENTON, WA 98057	EDUCATION	MONTANA	501(C)(3)	10	PHS WA	X	
SWEDISH EDMONDS - 27-2305304 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	3	WHC	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
SWEDISH HEALTH SERVICES - 91-0433740 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	3	WHC	X	
SWEDISH MEDICAL CENTER FOUNDATION - 91-0983214, 747 BROADWAY, SEATTLE, WA 98122	HEALTHCARE	WASHINGTON	501(C)(3)	7	SHS	X	
SWEDISH MJM HOLDINGS - 27-3139262 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	HOLDING COMPANY	WASHINGTON	501(C)(3)	12, I	SHS	X	
TARZANA MEDICAL CENTER LLC - 83-3972614 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	3	PHS SOCIAL	X	
THE GAMELIN ASSOCIATION - 91-1180824 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	SUPPORT	WASHINGTON	501(C)(3)	7	PHS WA	X	
THE GAMELIN CALIFORNIA ASSOCIATION - 91-1293869, 1801 LIND AVENUE SW ATTN: TAX DEPT., RENTON, WA 98057	SUPPORT	CALIFORNIA	501(C)(3)	10	PHS SOCIAL	X	
THE GAMELIN OREGON ASSOCIATION - 91-1214491 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	SUPPORT	OREGON	501(C)(3)	10	PHS OR	X	
TRI-CITIES CANCER CENTER - 91-1594526 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	3	KADLEC	X	
TRI-CITIES CANCER CENTER FOUNDATION - 91-1739024, 7350 W DESCHUTES AVE BUILDING A, KENNEWICK, WA 99336	SUPPORT	WASHINGTON	501(C)(3)	12, I	KADLEC	X	
UNIVERSITY OF PROVIDENCE - 81-0231777 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	EDUCATION	MONTANA	501(C)(3)	2	PHS	X	
WESTERN HEALTHCONNECT - 45-4171900 1801 LIND AVENUE SW ATTN: TAX DEPT. RENTON, WA 98057	SHELL CORPORATION	WASHINGTON	501(C)(3)	12, II	PHS W WA	X	

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

(a) 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 SURGERY CENTER	CA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
BRIDGEPORT MEDICAL IMAGING (BMI) - 26-0796953, 4400 NE HALSEY #495, PORTLAND, OR 97213	IMAGING - DIAGNOSTICS	OR	N/A	N/A	N/A	N/A		X	N/A		X	N/A
BROADWAY IMAGING, LLC - 52-2405971, 500 W. BROADWAY, MISSOULA, MT 59802	MEDICAL IMAGING	MT	N/A	N/A	N/A	N/A		X	N/A		X	N/A
CENTER FOR MATERNAL, NEWBORN AND CHILD - 81-3526875, 1801 LIND AVENUE SW ATTN: TAX DEPT., RENTON, WA 98057	HEALTHCARE	CA	N/A	N/A	N/A	N/A		X	N/A		X	N/A

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

(a) 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' ASSOCIATION	WA	N/A	C CORP	N/A	N/A	N/A		X
ACCLARA SOLUTIONS INTERMEDIATE LLC - 37-1783298, 10713 W. SAM HOUSTON PKWY N. #500, HOUSTON, TX 77064	HEALTHCARE FINANCIAL SERVICES	TX	N/A	C CORP	N/A	N/A	N/A		X
AMERICAN UNITY GROUP, LTD 90 PITTS BAY ROAD HM08 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
BOURGET HEALTH SERVICES, INC. - 91-1354431 101 W. 8TH AVE., TAF C-9 SPOKANE, WA 99204	CLINICAL/MEDICAL LAB	WA	N/A	C CORP	N/A	N/A	N/A		X

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

(a) 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	
CENTER FOR MEDICAL IMAGING (CMI) - 20-0477972, 4400 NE HALSEY #495, PORTLAND, OR 97213	IMAGING - DIAGNOSTICS	OR	N/A	N/A	N/A	N/A		X	N/A		X	N/A
CLACKAMAS RADIATION ONCOLOGY CENTER, LLC - 26-0381897, 4400 NE HALSEY #495, PORTLAND, OR 97213	RADIATION ONCOLOGY	OR	N/A	N/A	N/A	N/A		X	N/A		X	N/A
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		X	N/A		X	N/A
COMPREHENSIVE IMAGING PARTNERS OF ORANGE COUNTY - 26-4591502, ONE CITY BLVD W STE 1100, ORANGE, CA 92868	HEALTHCARE	CA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
COVENANT LONG-TERM CARE ,LP - 20-5033419, 1801 LIND AVENUE SW ATTN: TAX DEPT., RENTON, WA 98057	HEALTHCARE	TX	N/A	N/A	N/A	N/A		X	N/A		X	N/A
FULLERTON SURGICAL CENTER LP - 47-0927394, 1801 LIND AVENUE SW ATTN: TAX DEPT., RENTON, WA 98057	AMBULATORY SURGERY CENTER	CA	N/A	N/A	N/A	N/A		X	N/A		X	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		X	N/A		X	N/A
HCSA PROPERTIES LLC - 46-0620892, 1600 M STREET NW, AUBURN, WA 98001	REAL ESTATE RENTAL	WA	N/A	N/A	N/A	N/A		X	N/A		X	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		X	N/A		X	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	
HOAG ORTHOPEDIC INSTITUTE - 61-1588294, 1 HOAG DRIVE BOX 6100, NEWPORT BEACH, CA 92658	HEALTHCARE	CA	N/A	N/A	N/A	N/A		X	N/A	X		N/A
IMAGING ASSOCIATES LLC - 20-3906048, 3650 PIPER STREET STE A, ANCHORAGE, AK 99508	MEDICAL IMAGING	AK	N/A	N/A	N/A	N/A		X	N/A	X		N/A
INLAND IMAGING, LLC - 91-1855796, 801 S. STEVENS ST., SPOKANE, WA 99204	MEDICAL IMAGING	WA	N/A	N/A	N/A	N/A		X	N/A	X		N/A
LSC REAL PROPERTY, LLC - 47-4646059, 2301 QUAKER AVENUE, LUBBOCK, TX 79410	REAL ESTATE	TX	N/A	N/A	N/A	N/A		X	N/A	X		N/A
METHODIST DIAGNOSTIC IMAGING - 75-2343261, 4005 24TH STREET, LUBBOCK, TX 79410	HEALTHCARE	TX	N/A	N/A	N/A	N/A		X	N/A	X		N/A
MISSION VIEJO PARTNERS II, LLC - 82-3943675, 1801 LIND AVENUE SW ATTN: TAX DEPT., RENTON, WA 98057	REAL ESTATE - MOB	CA	N/A	N/A	N/A	N/A		X	N/A	X		N/A
NEWPORT IMAGING CENTER - 33-0191776, 360 SN MIGUEL, NEWPORT BEACH, CA 92660	HEALTHCARE	CA	N/A	N/A	N/A	N/A		X	N/A	X		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		X	N/A	X		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		X	N/A	X		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	
OREGON OUTPATIENT SURGERY CENTER - 22-3883387, 7300 SW CHILDS RD, TIGARD, OR 97224	AMBULATORY SURGERY CENTER	OR	N/A	N/A	N/A	N/A		X	N/A		X	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		X	N/A		X	N/A
PHS INVESTMENT TRUST SHORT TERM INVESTMENT PORTFOLIO - 81-2701056, 1801 LIND AVENUE SW ATTN: TAX DEPT., RENTON,	INVESTMENTS	WA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
PROV. RADIATION ONCOLOGY DEVELOP. ASSN., LLC - 26-0682491, 4400 NE HALSEY #495, PORTLAND, OR 97213	REAL ESTATE - MOB	OR	N/A	N/A	N/A	N/A		X	N/A		X	N/A
PROVIDENCE CHILDREN'S NEONATAL SVCS - 47-0918549, 1801 LIND AVENUE SW ATTN: TAX DEPT., RENTON, WA 98057	NEONATAL CARE	WA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
PROVIDENCE IMAGING CENTER JOINT VENTURE - 92-0118807, 1801 LIND AVENUE SW ATTN: TAX DEPT., RENTON, WA 98057	MEDICAL IMAGING	AK	N/A	N/A	N/A	N/A		X	N/A		X	N/A
PROVIDENCE ST JOSEPH HEALTH LONG TERM PORTFOLIO - 82-3190634, 1801 LIND AVENUE SW ATTN: TAX DEPT., RENTON,	INVESTMENTS	WA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
PROVIDENCE SURGERY CENTER, LLC - 84-1401625, 902 N. ORANGE ST, MISSOULA, MT 59802	AMBULATORY SURGERY CENTER	MT	N/A	N/A	N/A	N/A		X	N/A		X	N/A
PROVIDENCE UCLA USP SURGERY CENTER JV - 32-0503030, 14201 DALLAS PARKWAY, DALLAS, TX 75254	AMBULATORY SURGERY CENTER	CA	N/A	N/A	N/A	N/A		X	N/A		X	N/A



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

(a) 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/SILVERTON REHAB, LLC - 48-1287267, 4400 NE HALSEY #425, PORTLAND, OR 97213	REHAB SERVICES	OR	N/A	N/A	N/A	N/A		X	N/A		X	N/A
PROVIDENCE/USP SOUTH BAY SURGERY CENTERS - 47-5064486, 15305 DALLAS PKWY STE 1600 LB 28, ADDISON, TX 75001	AMBULATORY SURGERY CENTER	CA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
PROVIDENCE/USP SURGERY CTRS., LLC - 20-0684116, 11550 INDIAN HILLS ROAD #160, MISSION HILLS, CA 91345	AMBULATORY SURGERY CENTER	CA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
RADIATION THERAPY INNOVATIONS LLC - 30-0553035, 1221 MADISON ST 1ST FL, SEATTLE, WA 98104	HEALTHCARE	WA	N/A	N/A	N/A	N/A		X	N/A		X	N/A
REDMOND AMBULATORY SURGERY CENTER LLC - 81-3558711, 805 MADISON ST STE 901, SEATTLE, WA 98104	AMBULATORY SURGERY CENTER	WA	N/A	N/A	N/A	N/A		X	N/A		X	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		X	N/A		X	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		X	N/A		X	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		X	N/A		X	N/A
ST. JOSEPH/SATELLITE DIALYSIS CENTERS, LLC - 81-4657391, 300 SANTANA ROW SUITE 300, SAN JOSE, CA 95128	HEALTHCARE	CA	N/A	N/A	N/A	N/A		X	N/A		X	N/A



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

(a) 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 CORPORATION - 81-0486082 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057	MEDICAL PHYSICIAN SERVICE	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. - 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
ENDOSCOPY CENTER OF SOUTHERN CALIFORNIA - 95-2880495, 1301 20TH ST STE 280, SANTA MONICA, CA 90404	HEALTHCARE	CA	N/A	S 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
HMR WEIGHT MANAGEMENT SERVICES CORP - 46-3598718, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057	HEALTHCARE	WA	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 INC (FKA LUMEDIC ACQ 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
MEDICAL SPECIALTIES MANAGERS, INC. - 33-0406218, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057	HEALTHCARE	WA	N/A	C CORP	N/A	N/A	N/A		X

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

(a) 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
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
MISSION VIEJO MEDICAL VENTURES - 33-0212905 27800 MEDICAL CENTER RD, #354 MISSION VIEJO, CA 92691	HEALTHCARE	CA	N/A	C CORP	N/A	N/A	N/A		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
PHN HOLDINGS - 46-1814184 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057	STRATEGIC PLANNING SERVICES	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	HEALTHCARE INNOVATIONS	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 HCC HOLDINGS, INC. 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057	HOLDING COMPANY	CA	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 99204	CLINICAL/MEDICAL 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 HEALTHCARE	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 99204	HEALTHCARE	WA	N/A	C CORP	N/A	N/A	N/A		X

PROVIDENCE WILLAMETTE FALLS MEDICAL

Schedule R (Form 990)

FOUNDATION

93-1003750

**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
PROVIDENCE ST. JOSEPH HEALTH NETWORK - 82-3771547, 20555 EARL ST, TORRANCE, CA 90503	HEALTHCARE	CA	N/A	C CORP	N/A	N/A	N/A		X
QUIVIO, INC. - 83-3879444 1400-112TH AVENUE ST. SUITE 100 BELLEVUE, WA 98004	HEALTHCARE ANALYTICS	WA	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
ST. JOSEPH PROF SVCS. ENTERPRSES, INC - 33-0155323, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057	HEALTHCARE	CA	N/A	C CORP	N/A	N/A	N/A		X
TEGRIA HOLDINGS LLC (FKA GRADY BLOCKER LLC) - 84-2092143, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057	HOLDING COMPANY	DE	N/A	C CORP	N/A	N/A	N/A		X
TEGRIA RCM GROUP INC (FKA PROV RCM GROUP INC) - 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
TEGRIA SERVICES GROUP, INC. (FKA PROVIDENCE SERVICES GROUP) - 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
TEGRIA SERVICES GROUP-US INC (FKA 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
VINSERRA, INC. - 95-3943315 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057	INVESTMENT	CA	N/A	C CORP	N/A	N/A	N/A		X
WESTERN HEALTHCONNECT VENTURES, INC. - 80-0953654, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057	INVESTMENT	WA	N/A	C CORP	N/A	N/A	N/A		X

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PROVIDENCE HEALTH & SERVICES - OREGON	B	836,430.	COST
(2)			
(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 AVENUE SW ATTN: TAX DEPT.

RENTON, WA 98057

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

PROVIDENCE ST JOSEPH HEALTH LONG TERM PORTFOLIO

EIN: 82-3190634

1801 LIND AVENUE SW ATTN: TAX DEPT.

RENTON, WA 98057