

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)

2018

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 for instructions and the latest information.

Open to Public Inspection

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

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PROVIDENCE HEALTH CARE FOUNDATION EASTERN WASHINGTON Doing business as		D Employer identification number 32-0014330
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1801 LIND AVE SW, ATTN: TAX DEPT.		E Telephone number (509) 474-7230
	City or town, state or province, country, and ZIP or foreign postal code RENTON, WA 98057-9016		G Gross receipts \$ 15,056,167.
	F Name and address of principal officer: JOYCE CAMERON SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> 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: ▶ [HTTP://WASHINGTON.PROVIDENCE.ORG/DONATE/](http://WASHINGTON.PROVIDENCE.ORG/DONATE/)

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: 2002 **M** State of legal domicile: WA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a) 25
	4	Number of independent voting members of the governing body (Part VI, line 1b) 21
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a) 0
	6	Total number of volunteers (estimate if necessary) 226
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 0.
	7b	Net unrelated business taxable income from Form 990-T, line 38 0.
Revenue	8 Contributions and grants (Part VIII, line 1h) 4,398,947. 8,263,032.	
	9 Program service revenue (Part VIII, line 2g) 0. 0.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,402,722. 1,198,266.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 308,791. 40,987.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 6,110,460. 9,502,285.	
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 6,227,014. 5,480,339.
14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 912,949. 1,034,846.		
16a Professional fundraising fees (Part IX, column (A), line 11e) 153,823. 168,466.		
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,011,820.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 211,298. 405,775.		
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 7,505,084. 7,089,426.		
19 Revenue less expenses. Subtract line 18 from line 12 -1,394,624. 2,412,859.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 30,983,802. 26,907,210.	
	21 Total liabilities (Part X, line 26) 4,061,930. 108,210.	
	22 Net assets or fund balances. Subtract line 21 from line 20 26,921,872. 26,799,000.	

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 <i>Joyce M Cameron</i>	Date 10-5-19
	JOYCE CAMERON, CHIEF DEVELOPMENT OFF. Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name EVA NITTA	Preparer's signature <i>Eva Nicole Nitto</i>	Date 10/30/19	Check if self-employed <input type="checkbox"/>	PTIN P01286320
	Firm's name ▶ ERNST & YOUNG US LLP	Firm's EIN ▶ 34-6565596	Firm's address ▶ 560 MISSION STREET, SUITE 1600 SAN FRANCISCO, CA 94105		

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 [X] 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 [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, 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 \$ 4,659,875. including grants of \$ 4,659,875.) (Revenue \$ 0.) SEE SCHEDULE O

4b (Code:) (Expenses \$ 820,464. including grants of \$ 820,464.) (Revenue \$ 0.) SUPPORTED VARIOUS EDUCATIONAL CONFERENCES, SCHOLARSHIPS, AND AWARDS TO NURSES, PHYSICIANS AND STUDENTS OF \$235,332. PROVIDED PATIENT EMERGENCY FUNDING OF \$433,286 IN GAS CARDS, TRANSPORTATION, AT-HOME CARE, MEDICAL EQUIPMENT AND PRESCRIPTIONS. A CRISIS NURSERY IS SUPPORTED THROUGH A JOINT EVENT WITH NET PROCEEDS OF \$210,000 (ONE HALF OF WHICH IS DISTRIBUTED). AN EMPLOYEE HELP PROGRAM IS MANAGED BY CATHOLIC CHARITIES OF SPOKANE, \$46,846 WAS PROVIDED TO PROVIDENCE HEALTH CARE EMPLOYEES IN NEED OF ASSISTANCE.

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

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

4e Total program service expenses 5,480,339.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting and compliance.

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096 and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (25); 1b Enter the number of voting members included in line 1a, above, who are independent (21); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed WA
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 [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
JO ANN ESCASA-HAIGH - 949-381-4000
3345 MICHELSON DRIVE, SUITE 100, IRVINE, CA 92612

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LEANNE AGER MD DIRECTOR	1.00 0.00	X					0.	0.	0.	
(2) HELEN ANDRUS TREASURER/HOSPITAL CFO	3.00 47.00	X		X			0.	368,163.	193,308.	
(3) CHRISTOPHER BELL DIRECTOR	1.00 0.00	X					0.	0.	0.	
(4) BILL BOUTEN DIRECTOR	1.00 0.00	X					0.	0.	0.	
(5) LORILEI BRUGGINK DIRECTOR	1.00 0.00	X					0.	0.	0.	
(6) KATY BRUYA DIRECTOR	1.00 0.00	X					0.	0.	0.	
(7) CHARLENE CLARK DIRECTOR	1.00 0.00	X					0.	0.	0.	
(8) ELAINE COUTURE DIRECTOR/HOSPITAL CEO	3.00 49.00	X					0.	1,291,466.	466,696.	
(9) STEVE DUVOISIN DIRECTOR	1.00 0.00	X					0.	0.	0.	
(10) DENIS FELGENHAUER DIRECTOR	1.00 0.00	X					0.	0.	0.	
(11) CARL GARABEDIAN MD DIRECTOR	1.00 39.00	X					0.	479,341.	37,459.	
(12) KARLA GREER PRESIDENT-ELECT	2.00 0.00	X		X			0.	0.	0.	
(13) DEANNA HILDENBRAND SECRETARY	1.00 0.00	X		X			0.	0.	0.	
(14) ROB MCCANN, PHD DIRECTOR	1.00 0.00	X					0.	775.	0.	
(15) JER MCGREGOR DIRECTOR	1.00 0.00	X					0.	0.	0.	
(16) MICHAEL O'MALLEY PAST CHAIR	2.00 0.00	X		X			0.	0.	0.	
(17) DAVE PEDEN PRESIDENT	2.00 0.00	X		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) JOHN G. PETERSON MD DIRECTOR	1.00 39.00	X						0.	757,309.	66,629.
(19) STUART PREY DIRECTOR	1.00 0.00	X						0.	0.	0.
(20) TOM ROCKEFELLER, PHD DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) KEMPER ROJAS DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) ROSEMARY SELINGER DIRECTOR	1.00 0.00	X						0.	0.	0.
(23) LARRY SOEHREN DIRECTOR	1.00 0.00	X						0.	0.	0.
(24) PHIL STALP DIRECTOR	1.00 0.00	X						0.	0.	0.
(25) BILL SYMMES DIRECTOR	1.00 0.00	X						0.	0.	0.
(26) JOYCE M. CAMERON CHIEF DEVELOPMENT OFFICER	50.00 0.00			X				0.	213,115.	57,158.
1b Sub-total								0.	3,110,169.	821,250.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	3,110,169.	821,250.

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) 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 1,451,288.				
	b	Membership dues	1b				
	c	Fundraising events	1c 538,475.				
	d	Related organizations	1d 2,429,035.				
	e	Government grants (contributions)	1e 704,918.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 3,139,316.				
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		8,263,032.			
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)		532,811.		532,811.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	(ii) Personal			
		Less: rental expenses					
		Rental income or (loss)					
		Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		Less: cost or other basis and sales expenses					
		Gain or (loss)					
		Net gain or (loss)			665,455.		665,455.
	8 a	Gross income from fundraising events (not including \$ 538,475. of contributions reported on line 1c). See Part IV, line 18	a	188,919.			
		Less: direct expenses	b	226,261.			
		Net income or (loss) from fundraising events			-37,342.		-37,342.
	9 a	Gross income from gaming activities. See Part IV, line 19	a	10,450.			
Less: direct expenses		b	9,797.				
Net income or (loss) from gaming activities				653.		653.	
10 a	Gross sales of inventory, less returns and allowances	a					
	Less: cost of goods sold	b					
	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a	CLASS ACTION STLMT	900099	21,769.			21,769.	
	MISC. COST RECOVERY	900099	18,904.			18,904.	
	EQUIPMENT REBATES	900099	13,500.			13,500.	
	All other revenue	900099	23,503.			23,503.	
	Total. Add lines 11a-11d			77,676.			
12	Total revenue. See instructions		9,502,285.	0.	0.	1,239,253.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	4,811,721.	4,811,721.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	668,618.	668,618.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	270,273.		103,638.	166,635.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	693,482.		265,921.	427,561.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	105.		40.	65.
10 Payroll taxes	70,986.		27,211.	43,775.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	168,466.			168,466.
f Investment management fees	78,368.		78,368.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	32,418.		7,408.	25,010.
12 Advertising and promotion	20,437.		15,789.	4,648.
13 Office expenses	64,027.		42,324.	21,703.
14 Information technology	5,577.		4,878.	699.
15 Royalties				
16 Occupancy				
17 Travel	15,406.		15,401.	5.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	7,320.		3,794.	3,526.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DONOR EVENTS	152,882.		10,216.	142,666.
b CREDIT CARD FEES	17,022.		17,022.	
c DUES & LICENSES	10,410.		3,349.	7,061.
d BAD DEBT	488.		488.	
e All other expenses	1,420.		1,420.	
25 Total functional expenses. Add lines 1 through 24e	7,089,426.	5,480,339.	597,267.	1,011,820.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance 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
Assets	1 Cash - non-interest-bearing	2,069,959.	1	2,616,802.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	891,193.	3	477,346.
	4 Accounts receivable, net		4	445.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b		10c
	11 Investments - publicly traded securities	23,942,916.	11	23,646,202.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	4,079,734.	15	166,415.
16 Total assets. Add lines 1 through 15 (must equal line 34)	30,983,802.	16	26,907,210.	
Liabilities	17 Accounts payable and accrued expenses	53,606.	17	0.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	4,008,324.	25	108,210.
	26 Total liabilities. Add lines 17 through 25	4,061,930.	26	108,210.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,559,964.	27	13,193,365.
	28 Temporarily restricted net assets	11,694,933.	28	12,479,468.
	29 Permanently restricted net assets	11,666,975.	29	1,126,167.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	26,921,872.	33	26,799,000.
34 Total liabilities and net assets/fund balances	30,983,802.	34	26,907,210.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,502,285.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,089,426.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,412,859.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	26,921,872.
5	Net unrealized gains (losses) on investments	5	-2,535,731.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	26,799,000.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization	PROVIDENCE HEALTH CARE FOUNDATION EASTERN WASHINGTON	Employer identification number 32-0014330
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations: _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,465,535.	6,926,767.	7,208,171.	4,398,947.	8,263,032.	31,262,452.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4,465,535.	6,926,767.	7,208,171.	4,398,947.	8,263,032.	31,262,452.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						10,222,123.
6 Public support. Subtract line 5 from line 4.						21,040,329.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	4,465,535.	6,926,767.	7,208,171.	4,398,947.	8,263,032.	31,262,452.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	370,256.	275,205.	436,736.	501,059.	532,811.	2,116,067.
9 Net income from unrelated business activities, whether or not the business is regularly carried on			88,726.	154,292.		243,018.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				154,499.	77,676.	232,175.
11 Total support. Add lines 7 through 10						33,853,712.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	62.15 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	70.16 %
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2018

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

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

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

Schedule A (Form 990 or 990-EZ) 2018

Part VI

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

Horizontal lines for supplemental information input.

Schedule A Identification of Excess Contributions Included on Part II, Line 5 2018

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

Contributor's Name	Total Contributions	Excess Contributions
CHILDREN'S MIRACLE NETWORK	4,696,390.	4,019,316.
PROVIDENCE HEALTH & SERVICES - WASHINGTON	5,821,313.	5,144,239.
FRANCIS POOL CHARITABLE TRUST	696,589.	19,515.
DELTA DENTAL OF WASHINGTON	1,611,100.	934,026.
INLAND NORTHWEST HEALTH SERVICES	782,101.	105,027.
Total Excess Contributions to Schedule A, Part II, Line 5		10,222,123.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2018

Name of the organization PROVIDENCE HEALTH CARE FOUNDATION EASTERN WASHINGTON	Employer identification number 32-0014330
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Organization type (check one):

Filers of:

Section:

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

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

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

General Rule

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

Special Rules

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

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

Name of organization PROVIDENCE HEALTH CARE FOUNDATION EASTERN WASHINGTON	Employer identification number 32-0014330
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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	<hr/> <hr/> <hr/>	\$ 2,429,035.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 1,450,745.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 1,203,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 704,918.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 445,078.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PROVIDENCE HEALTH CARE FOUNDATION EASTERN WASHINGTON	Employer identification number 32-0014330
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization PROVIDENCE HEALTH CARE FOUNDATION EASTERN WASHINGTON	Employer identification number 32-0014330
---	--

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 for instructions and the latest information.**

OMB No. 1545-0047

2018
Open to Public Inspection

Name of the organization PROVIDENCE HEALTH CARE FOUNDATION
EASTERN WASHINGTON
Employer identification number 32-0014330

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

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

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

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

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

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

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

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

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

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 SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	13,453,906.	11,206,767.	10,523,878.	10,965,490.	10,492,589.
b Contributions	101,489.	1,075,818.	129,817.	111,268.	98,342.
c Net investment earnings, gains, and losses	-701,440.	1,430,010.	592,915.	-140,011.	612,078.
d Grants or scholarships	203,271.	258,689.	39,843.	412,869.	237,519.
e Other expenditures for facilities and programs	1,036,716.				
f Administrative expenses					
g End of year balance	11,613,968.	13,453,906.	11,206,767.	10,523,878.	10,965,490.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 89.86 %
 - b Permanent endowment 9.70 %
 - c Temporarily restricted endowment .44 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) unrelated organizations | | X |
| (ii) related organizations | X | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | X | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

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

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

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATES	11,108.
(3) CHARITABLE GIFT ANNUITY LIABILITIES	96,611.
(4) OTHER LIABILITIES	491.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	108,210.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and descriptions. Row 1: Total revenue, gains, and other support per audited financial statements. Row 2: Amounts included on line 1 but not on Form 990, Part VIII, line 12. Row 3: Subtract line 2e from line 1. Row 4: Amounts included on Form 990, Part VIII, line 12, but not on line 1. Row 5: Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and descriptions. Row 1: Total expenses and losses per audited financial statements. Row 2: Amounts included on line 1 but not on Form 990, Part IX, line 25. Row 3: Subtract line 2e from line 1. Row 4: Amounts included on Form 990, Part IX, line 25, but not on line 1. Row 5: Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

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 EARNINGS FROM THESE FUNDS ARE USED TO SUPPORT THE PROVIDENCE HOSPITALS

IN EASTERN WASHINGTON SUCH AS STAFF EDUCATION, PATIENT NEED BASED

COMPASSION, MEDICAL RESEARCH, PALLIATIVE CARE, HEART & KIDNEY PATIENT CARE

AND OTHER HOSPITAL PROGRAMS.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization **PROVIDENCE HEALTH CARE FOUNDATION**
EASTERN WASHINGTON Employer identification number **32-0014330**

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

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

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

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
CHILDREN'S MIRACLE NETWORK - P.O. BOX 304, SPOKANE, WA	CMNH FUNDRAISERS	X		1,450,745.	168,466.	1,282,279.
Total				1,450,745.	168,466.	1,282,279.

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

WA

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		PUMPKIN BALL (event type)	THE POUR (event type)	2 (total number)		
Revenue	1	Gross receipts	311,800.	211,370.	204,224.	727,394.
	2	Less: Contributions	232,759.	122,833.	182,883.	538,475.
	3	Gross income (line 1 minus line 2)	79,041.	88,537.	21,341.	188,919.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs		2,500.		2,500.
	7	Food and beverages	47,263.	31,700.	28,397.	107,360.
	8	Entertainment				
	9	Other direct expenses	48,930.	36,955.	30,516.	116,401.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				226,261.
11	Net income summary. Subtract line 10 from line 3, column (d)				-37,342.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility		13a	%
b An outside facility		13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

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

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

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

Schedule G, Part I, Line 2b, List of Ten Highest Paid Fundraisers:

(i) Name of Fundraiser: CHILDREN'S MIRACLE NETWORK

(i) Address of Fundraiser: P.O. BOX 304, SPOKANE, WA 99210

Part IV Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information input.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization **PROVIDENCE HEALTH CARE FOUNDATION
EASTERN WASHINGTON**

Employer identification number
32-0014330

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
PROVIDENCE HEALTH & SERVICES - WASHINGTON - 1801 LIND AVE SW, ATTN: TAX DEPT. - RENTON, WA 98057-9016	51-0216586	501(C)(3)	4,349,836.	0.			OPERATING AND CAPITAL EXPENDITURES
INLAND NORTHWEST HEALTH SERVICES 601 W 1ST AVENUE SPOKANE, WA 99201	91-1307555	501(C)(3)	178,303.	0.			OPERATING AND CAPITAL EXPENDITURES
STEVENS COUNTY 215 SOUTH OAK STREET COLVILLE, WA 99114		GOV'T	131,736.	0.			GENERAL SUPPORT
VANESSA BEHAN CRISIS NURSERY 1004 E 8TH AVENUE SPOKANE, WA 98202	91-1196575	501(C)(3)	105,000.	0.			PUMPKIN BALL EVENT SHARE OF PROCEEDS TO SUPPORT NURSERY
CATHOLIC CHARITIES OF SPOKANE P.O. BOX 2253 SPOKANE, WA 99221	91-0569880	501(C)(3)	46,846.	0.			EMPLOYEE HELP FUND - CAREGIVER ASSISTANCE

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 5
- 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) (2018)

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
MEDICAL TECHNOLOGY SCHOLARSHIPS	29	40,973.	0.		
MEDICAL RESIDENCY ESSAY AWARD	1	2,500.	0.		
PRESCHOOL SCHOLARSHIPS	12	9,946.	0.		
PATIENT EMERGENCY FUNDING	4465	433,286.	0.		
EDUCATION - SEMINARS AND CONFERENCES	987	181,913.	0.		

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

Part I, Line 2:

THE PROVIDENCE HEALTH CARE FOUNDATION APPROVES ALL EXPENDITURES UTILIZING

FOUNDATION FUNDS. THE CHIEF DEVELOPMENT OFFICER CLOSELY MONITORS

DISBURSEMENT REQUESTS TO ENSURE GIFT INTENT IS MET UPON RELEASE OF FUNDS.

FUNDS FOR SCHOLARSHIPS ARE AWARDED BASED ON NEED AND PERFORMANCE CRITERIA

ESTABLISHED TO ENSURE THAT FUNDS ARE SPENT IN ACCORDANCE WITH THESE

GUIDELINES.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
PROVIDENCE HEALTH CARE FOUNDATION
EASTERN WASHINGTON

Employer identification number
32-0014330

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
1b		
2		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) HELEN ANDRUS TREASURER/HOSPITAL CFO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	311,687.	29,073.	27,403.	172,927.	20,381.	561,471.	5,672.
(2) ELAINE COUTURE DIRECTOR/HOSPITAL CEO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	748,880.	401,570.	141,016.	442,610.	24,086.	1,758,162.	114,992.
(3) CARL GARABEDIAN MD DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	447,232.	29,615.	2,494.	29,133.	8,326.	516,800.	0.
(4) JOHN G. PETERSON MD DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	474,555.	129,517.	153,237.	40,837.	25,792.	823,938.	132,114.
(5) JOYCE M. CAMERON CHIEF DEVELOPMENT OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	186,855.	23,680.	2,580.	48,645.	8,513.	270,273.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Part I, Line 3:

THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER/TOP MANAGEMENT OFFICIAL IS PAID BY ITS TAX EXEMPT PARENT, PROVIDENCE HEALTH & SERVICE - WASHINGTON, AND IS DISCLOSED AS A PERSON PAID BY A RELATED ORGANIZATION. SEE SCHEDULE O, PART VI, LINE 15A FOR THE PROCESS USED BY PROVIDENCE HEALTH & SERVICE - WASHINGTON.

Part I, Line 4b:

ENTITIES WITHIN THE PSJH 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 OR A FIVE YEAR, AGE 65 VESTING SCHEDULE.

CERTAIN EXECUTIVES PARTICIPATE IN A NON-QUALIFIED SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN PROVIDED BY A RELATED ENTITY.

THE AMOUNTS SHOWN IN COLUMN F OF PART II REFLECT CURRENT YEAR PAYOUTS FROM

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.

THESE PLANS.

FORM 990, SCHEDULE J, PART II - EXECUTIVE INCENTIVE PROGRAM

THE PROVIDENCE EXECUTIVE INCENTIVE PROGRAM PROVIDES A LUMP SUM AWARD

ANNUALLY AS A PERCENT OF THE EXECUTIVE'S BASE PAY. PERCENT

OPPORTUNITIES ARE ALIGNED WITH OUR TOTAL COMPENSATION PHILOSOPHY AS

OUTLINED IN PART VI, SECTION B, LINE 15 (PROCESS FOR DETERMINING

COMPENSATION OF TOP MANAGEMENT, OFFICERS & KEY EMPLOYEES).

FOR PROVIDENCE LEADERS, THE PERFORMANCE AWARD IS BASED ON THE LEVEL OF

ACCOMPLISHMENT OF ANNUAL SYSTEM AND FUNCTIONAL (OR MARKET) OBJECTIVES.

IN 2018, 60 PERCENT OF THE PARTICIPANT AWARDS WERE BASED ON

PRE-DETERMINED ORGANIZATIONAL GOALS CONSISTENT WITH PROVIDENCE'S

STRATEGIC PRIORITIES.

IN 2018 THE PERCENT ALLOCATION FOR EACH OF THESE STRATEGIC PRIORITIES

WAS AS OUTLINED BELOW:

SYSTEM GOALS:

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.

FIRST-YEAR TURNOVER - 10%

INPATIENT EXPERIENCE - 5%

PATIENT EXPERIENCE - 5%

MEDICAL GROUP PATIENT EXPERIENCE - 5%

COMMUNITY BENEFIT - 10%

CLINICAL EXCELLENCE - 15%

FREE CASH FLOW - 10%

THE REMAINING 40% WAS BASED ON A ROBUST SET OF FUNCTION SPECIFIC GOALS

DESIGNED TO ALIGN CRITICAL MISSION AND BUSINESS DRIVERS.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2018

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

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

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

Name of the organization **PROVIDENCE HEALTH CARE FOUNDATION** Eastern Washington
Employer identification number 32-0014330

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
			Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						▶ \$ _____						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIB	168,466.	FUNDRAISING		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

Sch L, Part IV, Business Transactions Involving Interested Persons:

(a) Name of Person: SUBSTANTIAL CONTRIBUTOR

(b) Relationship Between Interested Person and Organization:

SUBSTANTIAL CONTRIBUTOR

(d) Description of Transaction: FUNDRAISING ACTIVITIES

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization PROVIDENCE HEALTH CARE FOUNDATION EASTERN WASHINGTON	Employer identification number 32-0014330
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Form 990, Part I, Line 1, Description of Organization Mission:

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

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

PROVIDENCE ST. JOSEPH HEALTH SYSTEM

ON JULY 1, 2016, PROVIDENCE HEALTH & SERVICES (PHS) AND ST. JOSEPH

HEALTH SYSTEM (SJHS) ENTERED INTO A BUSINESS COMBINATION AGREEMENT. BY

COMING TOGETHER, PROVIDENCE ST. JOSEPH HEALTH SEEKS TO BETTER SERVE ITS

COMMUNITIES THROUGH GREATER PATIENT AFFORDABILITY, OUTSTANDING CLINICAL

CARE, IMPROVEMENTS TO THE PATIENT EXPERIENCE AND INTRODUCTION OF NEW

SERVICES WHERE THEY ARE NEEDED MOST.

TOGETHER, OUR CAREGIVERS SERVE IN 51 HOSPITALS, 829 CLINICS ACROSS

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

THE FOUNDERS OF BOTH ORGANIZATIONS WERE COURAGEOUS WOMEN AHEAD OF THEIR

TIME. THE SISTERS OF PROVIDENCE AND THE SISTERS OF ST. JOSEPH OF ORANGE

BROUGHT HEALTH CARE AND OTHER SOCIAL SERVICES TO THE AMERICAN WEST WHEN

IT WAS STILL A RUGGED, UNTAMED FRONTIER. NOW, AS WE FACE A DIFFERENT

LANDSCAPE - A CHANGING HEALTH CARE ENVIRONMENT - WE DRAW UPON THEIR

PIONEERING AND COMPASSIONATE SPIRIT TO PLAN FOR THE NEXT CENTURY OF

HEALTH CARE.

PROVIDENCE HEALTH & SERVICES

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

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

832211 10-10-18

Name of the organization PROVIDENCE HEALTH CARE FOUNDATION EASTERN WASHINGTON	Employer identification number 32-0014330
--	--

IN 1856, MOTHER JOSEPH AND FOUR SISTERS OF PROVIDENCE ESTABLISHED
HOSPITALS, SCHOOLS AND ORPHANAGES ACROSS THE NORTHWEST. OVER THE YEARS,
OTHER CATHOLIC SISTERS TRANSFERRED SPONSORSHIP OF THEIR MINISTRIES TO
PROVIDENCE, INCLUDING THE LITTLE COMPANY OF MARY, DOMINICANS AND
CHARITY OF LEAVENWORTH. RECENTLY, SWEDISH HEALTH SERVICES, KADLEC
REGIONAL MEDICAL CENTER AND PACIFIC MEDICAL CENTERS HAVE JOINED
PROVIDENCE AS SECULAR PARTNERS WITH A COMMON COMMITMENT TO SERVING ALL
MEMBERS OF THE COMMUNITY. TODAY, PROVIDENCE SERVES ALASKA, CALIFORNIA,
MONTANA, OREGON AND WASHINGTON.

ST. JOSEPH HEALTH SYSTEM

IN 1912, A SMALL GROUP OF SISTERS OF ST. JOSEPH LANDED ON THE RUGGED
SHORES OF EUREKA, CALIFORNIA TO PROVIDE EDUCATION AND HEALTH CARE. THEY
LATER ESTABLISHED ROOTS IN ORANGE, CALIFORNIA, AND EXPANDED TO SERVE
SOUTHERN CALIFORNIA, NORTHERN CALIFORNIA AND TEXAS. THE HEALTH SYSTEM
ESTABLISHED MANY KEY PARTNERSHIPS, INCLUDING A MERGER BETWEEN LUBBOCK
METHODIST HOSPITAL SYSTEM AND ST. MARY HOSPITAL TO FORM COVENANT HEALTH
IN LUBBOCK TEXAS. RECENTLY, AN AFFILIATION WAS ESTABLISHED WITH HOAG
HEALTH TO INCREASE ACCESS TO SERVICES IN ORANGE COUNTY, CALIFORNIA.

PROVIDENCE HEALTH CARE FOUNDATION EASTERN WASHINGTON SUPPORTED THE
DAILY OPERATIONS OF SIX HOSPITALS AND ONE HOME HEALTH MINISTRY IN THE
EASTERN WASHINGTON REGION, COVERING EXPENSES FOR EQUIPMENT, PROGRAMS
AND SERVICES.

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

PROVIDENCE HEALTH & SERVICES - WASHINGTON IS THE SOLE CORPORATE MEMBER OF
PROVIDENCE HEALTH CARE FOUNDATION EASTERN WASHINGTON.

Name of the organization PROVIDENCE HEALTH CARE FOUNDATION EASTERN WASHINGTON	Employer identification number 32-0014330
--	---

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

PROVIDENCE HEALTH CARE FOUNDATION EASTERN WASHINGTON HAS A TIERED GOVERNANCE IN WHICH THE CORPORATE MEMBERS RESERVE THE RIGHT TO APPOINT DIRECTORS TO THE PROVIDENCE HEALTH CARE FOUNDATION EASTERN WASHINGTON BOARD. ALL TRUSTEE NOMINATIONS THAT COME FROM THE PROVIDENCE HEALTH CARE FOUNDATION EASTERN WASHINGTON BOARD AS NOMINATIONS MUST BE APPROVED BY PROVIDENCE HEALTH & SERVICES - WASHINGTON, AS THE CORPORATE MEMBER.

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

THE FOLLOWING POWERS RESIDE WITH THE CORPORATE MEMBER:

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

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

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

4) TO APPROVE THE DISSOLUTION OR LIQUIDATION.

5) TO APPROVE THE ANNUAL OPERATING AND CAPITAL BUDGETS.

6) TO APPOINT THE CERTIFIED PUBLIC ACCOUNTANTS.

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

Name of the organization PROVIDENCE HEALTH CARE FOUNDATION EASTERN WASHINGTON	Employer identification number 32-0014330
--	---

CORPORATION.

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

THE FORM 990 WAS PREPARED BASED ON INFORMATION RECEIVED FROM VARIOUS DEPARTMENTS OF THE ORGANIZATION INCLUDING THE FINANCE TEAM, HUMAN RESOURCES, PAYROLL, COMPLIANCE AND THE GENERAL COUNSEL'S OFFICE. THE ORGANIZATION ENGAGED AN OUTSIDE ACCOUNTING FIRM TO PREPARE THE RETURN. THE RETURN HAS BEEN REVIEWED BY AN OFFICER OF THE ORGANIZATION. A FULL COPY OF THE FORM 990 WAS PROVIDED TO ALL BOARD MEMBERS PRIOR TO FILING WITH THE IRS. THE AUDIT COMMITTEE OF THE PARENT ORGANIZATION IS PROVIDED AN ANNUAL UPDATE ON THE TAX REPORTING PROCESS AND KEY DISCLOSURES.

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

BOARD MEMBERS, SPONSORS, SENIOR LEADERS AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANY REAL OR POTENTIAL CONFLICT OF INTEREST (COI) IN ACCORDANCE WITH THE PSJH COI POLICY AND IN CONNECTION WITH THAT INDIVIDUAL SATISFYING HIS OR HER FIDUCIARY OBLIGATIONS TO THE ORGANIZATION. DISCLOSURES ARE MADE ANNUALLY AND/OR IF AT ANY TIME AN ACTUAL, REAL OR POTENTIAL CONFLICT OF INTEREST ARISES. PSJH CHIEF LEGAL OFFICER AND/OR THE PSJH CHIEF RISK OFFICER, REVIEW ALL DISCLOSURES. WHERE APPROPRIATE, THE CEO AND/OR THE BOARD CHAIR CONSIDER MATTERS THAT INVOLVE SENIOR LEADERSHIP OR A BOARD MEMBER. PSJH CHIEF LEGAL OFFICER AND/OR CHIEF RISK OFFICER REVIEW MATTERS WHERE CONFLICT IS DIFFICULT OR CANNOT BE RESOLVED AND PRESENT RECOMMENDATIONS TO THE APPROPRIATE BOARD COMMITTEE OR THE CEO, FOR DISCUSSION AND RESOLUTION. WHEN APPROPRIATE, THE INDIVIDUAL WITH THE REAL/POTENTIAL CONFLICT THAT IS BEING REVIEWED MAY PARTICIPATE IN THE DISCUSSION BUT IS EXCUSED FROM THE MEETING WHEN ACTION IS DECIDED. WHERE APPROPRIATE, THE CHIEF RISK OFFICER OR CHIEF LEGAL OFFICER WILL PROVIDE

Name of the organization PROVIDENCE HEALTH CARE FOUNDATION EASTERN WASHINGTON	Employer identification number 32-0014330
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PLAN TO MANAGE CONFLICTS. AUDITING AND MONITORING OF THIS PROCESS IS DONE PERIODICALLY.

ALL DOCUMENTATION OF COI DISCLOSURES IS RETAINED PER ORGANIZATION RETENTION POLICY.

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

THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER/PRESIDENT/EXECUTIVE DIRECTOR IS PAID BY ITS TAX EXEMPT PARENT, PROVIDENCE HEALTH & SERVICES - WASHINGTON, AND IS DISCLOSED AS A PERSON PAID BY A RELATED ORGANIZATION.

IT IS PROVIDENCE ST. JOSEPH HEALTH'S INTENTION TO MAKE FINANCIAL INFORMATION ACCESSIBLE AND TRANSPARENT. ALTHOUGH THE FILING OF FORM 990 PROVIDES INSIGHT INTO HOW PROVIDENCE ST. JOSEPH HEALTH ACHIEVES ITS MISSION, DELIVERS ITS PROGRAMS AND STEWARDS ITS FINANCES, DECIPHERING THE INFORMATION DIRECTLY FROM FORM 990 CAN BE CHALLENGING. THE FOLLOWING PARAGRAPHS PROVIDE FURTHER INFORMATION ABOUT THE PROCESS WE USE TO DETERMINE COMPENSATION FOR TOP MANAGEMENT, OFFICERS AND KEY EMPLOYEES.

PROVIDENCE ST. JOSEPH HEALTH HAS A SINGLE FIDUCIARY BOARD, WITH RESPONSIBILITY FOR FINANCIAL OVERSIGHT ASSOCIATED WITH FULFILLMENT OF THE PROVIDENCE ST. JOSEPH HEALTH MISSION, DEVELOPING SYSTEM POLICIES, PROTECTING THE ASSETS ENTRUSTED TO THE ORGANIZATION AND OVERSEEING THE STRATEGIC AND OPERATIONAL AFFAIRS OF PROVIDENCE ST. JOSEPH HEALTH'S LEGAL ENTITIES. PROVIDENCE ST. JOSEPH HEALTH ALSO MAINTAINS A NETWORK OF COMMUNITY ENTITY BOARDS WITH RESPONSIBILITY FOR QUALITY OF CARE OVERSIGHT, COMMUNITY RELATIONS, ADVOCACY AND COMMUNITY NEEDS ASSESSMENTS.

Name of the organization PROVIDENCE HEALTH CARE FOUNDATION EASTERN WASHINGTON	Employer identification number 32-0014330
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PROVIDENCE ST. JOSEPH HEALTH HAS A CONSISTENT COMPENSATION PHILOSOPHY FOR ALL OF ITS OFFICERS, INCLUDING OUR SENIOR EXECUTIVES. SALARIES FOR SENIOR EXECUTIVES ARE REVIEWED BY THE PROVIDENCE ST. JOSEPH HEALTH COMMITTEE.

THE BOARD RETAINS AN INDEPENDENT CONSULTANT EACH YEAR TO REVIEW SALARIES OF THOSE IN THE MOST SIGNIFICANT LEADERSHIP ROLES IN THE ORGANIZATION. PART OF THE CONSULTANT'S ROLE IS TO REVIEW AN EXTENSIVE ARRAY OF COMPENSATION SURVEYS OF LARGE, NOT-FOR-PROFIT HEALTH CARE SYSTEMS IN THE UNITED STATES.

PROVIDENCE ST. JOSEPH HEALTH IS ONE OF THE LARGER HEALTH SYSTEMS IN THE COUNTRY, AND AS SUCH, THE BOARD BENCHMARKS EXECUTIVE COMPENSATION AGAINST OTHER LARGE, NOT-FOR-PROFIT HEALTH SYSTEMS WHOSE REVENUE IS SIMILAR TO THAT OF PROVIDENCE ST. JOSEPH HEALTH. ADDITIONALLY, PROVIDENCE ST. JOSEPH HEALTH'S LABOR MARKET CONTINUES TO SPREAD ACROSS HEALTH CARE AND INTO GENERAL INDUSTRY. BECAUSE OF THIS, PROVIDENCE ST. JOSEPH HEALTH ALSO TAKES INTO CONSIDERATION GENERAL INDUSTRY FOR-PROFIT MARKET DATA, WHERE APPLICABLE. BASE SALARIES FOR PROVIDENCE ST. JOSEPH HEALTH EXECUTIVES ARE GENERALLY TARGETED TO THE MEDIAN LEVEL OF THE MARKET, AS IDENTIFIED BY THE INDEPENDENT CONSULTANT AND REVIEWED WITH THE EXECUTIVE COMPENSATION COMMITTEE.

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

PERFORMANCE INCENTIVES ALLOW EXECUTIVES TO EARN ADDITIONAL COMPENSATION IF THEY ACHIEVE SPECIFIC ORGANIZATIONAL GOALS FOR FURTHERING PROVIDENCE ST.

Name of the organization PROVIDENCE HEALTH CARE FOUNDATION EASTERN WASHINGTON	Employer identification number 32-0014330
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JOSEPH HEALTH OPERATING COMMITMENTS AND STRATEGIC OBJECTIVES. THE BOARD OF

DIRECTORS CONDUCTS A THOROUGH REVIEW PROCESS TO ENSURE PERFORMANCE

INCENTIVES ARE ALIGNED WITH APPROPRIATE MARKET PRACTICES.

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

STANDARDS AND MIRRORS BEST PRACTICES.

THE PROCESS TO REVIEW COMPENSATION WAS LAST COMPLETED MARCH 5, 2019.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

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

PSJH COMMUNITY BENEFIT REPORTS, FINANCIAL REPORTS, AND PHILANTHROPY REPORTS

ARE ALSO AVAILABLE ON THE PSJH INTERNET SITE.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **PROVIDENCE HEALTH CARE FOUNDATION**
EASTERN WASHINGTON Employer identification number **32-0014330**

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

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

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

(a) 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 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	Texas	501(c)(3)	12, I	CHS	X	
COVENANT HEALTH NETWORK, INC - 46-1259908 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	California	501(c)(3)	12, III	SJHS	X	
COVENANT HEALTH PARTNERS - 46-3516417 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	Texas	501(c)(3)	12, I	CHS	X	
COVENANT HEALTH SYSTEM - 75-2765566 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	Texas	501(c)(3)	3	SJHS	X	

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

Schedule R (Form 990) 2018

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
COVENANT HEALTH SYSTEM FOUNDATION - 75-2897026, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	Texas	501(c)(3)	7	CHS	X	
COVENANT MEDICAL CENTER - 82-2913146 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	Texas	501(c)(3)	3	CHS	X	
COVENANT MEDICAL GROUP - 75-2743883 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	Texas	501(c)(3)	3	CHS	X	
E. WA. & MT. UNEMPLOYMENT COMPENSATION INSURANCE TRUST - 91-1082119, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	UNEMPLOYMENT	Washington	501(c)(3)	12, I	PHS WA	X	
EVERETT TRANSITIONAL CARE SERVICES - 94-3264605, PO Box 5128, EVERETT, WA 98206-5128	TRANS. CARE	Washington	501(c)(3)	10	N/A		X
FACEY MEDICAL FOUNDATION - 95-4322584 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	SUPPORT	California	501(c)(3)	7	PHS SOCIAL	X	
GAMELIN WASHINGTON ASSOCIATION - 20-1910170 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	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	
HMTS, INC. - 45-3583707 1 HOAG DRIVE, PO BOX 6100 NEWPORT BEACH, CA 92658-6100	HEALTHCARE	California	501(c)(3)	12, I	HMHP	X	
HOAG CHARITY SPORTS - 45-2982422 2081 BUSINESS CENTER DR., STE 195 IRVINE, CA 92612	SUPPORT	California	501(c)(3)	7	HHF	X	
HOAG CLINIC - 33-0676831 1 HOAG DRIVE, PO BOX 6100 NEWPORT BEACH, CA 92658-6100	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	

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
HOAG MEMORIAL HOSPITAL PRESBYTERIAN - 95-1643327, 1 HOAG DRIVE, PO BOX 6100, NEWPORT BEACH, CA 92658-6100	HEALTHCARE	California	501(c)(3)	3	CHN	X	
HOSPICE OF LUBBOCK - 75-2133781 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	Texas	501(c)(3)	10	CHS	X	
INLAND NORTHWEST HEALTH SERVICES - 91-1307555, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	Washington	501(c)(3)	3	PHS WA	X	
INSTITUTE FOR MENTAL HEALTH & WELLNESS - 81-4260130, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	Washington	501(c)(3)	7	PHS / SJHS	X	
INSTITUTE FOR SYSTEMS BIOLOGY - 91-2003593 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	Washington	501(c)(3)	7	WHC	X	
JOHN WAYNE CANCER INSTITUTE - 95-4291515 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	California	501(c)(3)	4	PSJHC	X	
KADLEC AUXILIARY, INC. - 91-6033089 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	SUPPORT	Washington	501(c)(3)	12, III	KRMC	X	
KADLEC FOUNDATION - 23-7005501 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	SUPPORT	Washington	501(c)(3)	12, I	KRMC	X	
KADLEC REGIONAL MEDICAL CENTER - 91-0655392 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	Washington	501(c)(3)	3	WHC	X	
LITTLE COMPANY OF MARY ANCILLARY SERVICES CORPORATION - 33-0844408, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	IMAGING SVCS	California	501(c)(3)	10	PHS SOCIAL	X	
LUBBOCK METHODIST HOSPITAL FOUNDATION - 75-2220963, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	Texas	501(c)(3)	7	CHS	X	
LUNDBERG ASSOCIATION - 91-1562797 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	SUPPORT	Oregon	501(c)(3)	7	PHS OR	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
MARSHA RIVKIN CENTER FOR OVARIAN CANCER RESEARCH - 91-2054035, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	RESEARCH	Washington	501(c)(3)	7	SHS	X	
METHODIST CHILDREN'S HOSPITAL - 75-2428911 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	Texas	501(c)(3)	3	CHS	X	
METHODIST HOSPITAL LEVELLAND - 75-2246348 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	Texas	501(c)(3)	3	CHS	X	
METHODIST HOSPITAL PLAINVIEW - 75-2426010 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	Texas	501(c)(3)	3	CHS	X	
MISSION HOSPITAL REGIONAL MEDICAL CTR - 95-1643360, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	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 AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	Washington	501(c)(3)	10	WHC	X	
PH&S FOUNDATION/SFVSA & SCVSA - 95-3544877 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	California	501(c)(3)	7	PHS SOCIAL	X	
PROVIDENCE ALASKA FOUNDATION - 92-0093565 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	Alaska	501(c)(3)	12, I	PHS WA	X	
PROVIDENCE BENEDICTINE NURSING CENTER FOUNDATION - 91-1940286, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	Oregon	501(c)(3)	7	PHS OR	X	
PROVIDENCE BLANCHET ASSOCIATION - 91-1789266 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	SUPPORT	Washington	501(c)(3)	7	PHS WA	X	
PROVIDENCE CHILDREN'S HEALTH FOUNDATION - 93-0800140, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	SUPPORT	Oregon	501(c)(3)	7	PHS OR	X	

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
PROVIDENCE COMMUNITY HEALTH FOUNDATION - 93-0692907, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	Oregon	501(c)(3)	7	PHS OR	X	
PROVIDENCE DETHMAN HOUSE - 47-3385506 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	SUPPORT	Washington	501(c)(3)	7	N/A		X
PROVIDENCE GAMELIN HOUSE ASSOCIATION - 31-1744654, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	SUPPORT	Washington	501(c)(3)	7	PHS WA	X	
PROVIDENCE HEALTH & SERVICES - 91-1549796 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	Washington	501(c)(3)	12, II	PSJH		X
PROVIDENCE HEALTH & SERVICES - MONTANA - 81-0231793, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	Montana	501(c)(3)	3	PHS WA	X	
PROVIDENCE HEALTH & SERVICES - OREGON - 51-0216587, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	Oregon	501(c)(3)	3	PHS	X	
PROVIDENCE HEALTH & SERVICES - WASHINGTON - 51-0216586, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	Washington	501(c)(3)	3	PHS	X	
PROVIDENCE HEALTH & SERVICES - WESTERN WASHINGTON - 91-1303277, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	Washington	501(c)(3)	3	PM/WHC	X	
PROVIDENCE HEALTH ASSURANCE - 55-0828701 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	MEDICAID	Oregon	501(c)(4)	N/A	PHP	X	
PROVIDENCE HEALTH CARE FOUNDATION (CENTRALIA) - 91-1433382, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	Washington	501(c)(3)	7	PHS W WA	X	
PROVIDENCE HEALTH PLAN - 93-0863097 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	Oregon	501(c)(4)	N/A	PPP	X	
PROVIDENCE HEALTH SYSTEM - SO. CALIFORNIA - 51-0216589, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	California	501(c)(3)	3	PHS	X	

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL FOUNDATION, INC. - 93-0921990, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	Oregon	501(c)(3)	7	PHS OR	X	
PROVIDENCE HOSPICE AND HOME CARE FOUNDATION - 27-2552749, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	Washington	501(c)(3)	7	PHS W WA	X	
PROVIDENCE HOSPICE OF SEATTLE FOUNDATION - 91-2077378, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	Washington	501(c)(3)	7	PHS W WA	X	
PROVIDENCE LITTLE COMPANY OF MARY FOUNDATION - 51-0224944, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	California	501(c)(3)	7	PHS SOCIAL	X	
PROVIDENCE MARIANWOOD FOUNDATION - 93-1554288, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	Washington	501(c)(3)	12,I	PHS W WA	X	
PROVIDENCE MEDICAL INSTITUTE - 33-0283773 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	California	501(c)(3)	12,I	PHS SOCIAL	X	
PROVIDENCE MILWAUKIE FOUNDATION - 94-3079515 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	Oregon	501(c)(3)	7	PHS OR	X	
PROVIDENCE MINISTRIES 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	RELIGIOUS ORG	Washington	501(c)(3)	1	N/A		X
PROVIDENCE MOUNT ST. VINCENT FOUNDATION - 91-1188119, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	Washington	501(c)(3)	7	PHS WA	X	
PROVIDENCE NEWBERG HEALTH FOUNDATION - 93-0889144, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	Oregon	501(c)(3)	7	PHS OR	X	
PROVIDENCE PETER CLAVER ASSOCIATION - 31-1629656, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	SUPPORT	Washington	501(c)(3)	7	PHS WA	X	
PROVIDENCE PLAN PARTNERS - 91-1861964 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	Washington	501(c)(4)	N/A	PHS OR	X	

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
PROVIDENCE PORTLAND MEDICAL FOUNDATION - 93-1231494, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	Oregon	501(c)(3)	7	PHS OR	X	
PROVIDENCE ROSSI ASSOCIATION - 31-1584166 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	SUPPORT	Washington	501(c)(3)	10	PHS WA	X	
PROVIDENCE SAINT JOHN'S HEALTH CENTER - 95-1684082, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	California	501(c)(3)	3	PHS SOCIAL	X	
PROVIDENCE SAINT JOHN'S MEDICAL FOUNDATION - 81-4542216, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	California	501(c)(3)	3	PHS SOCIAL	X	
PROVIDENCE SEASIDE HOSPITAL FOUNDATION - 93-0927320, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	Oregon	501(c)(3)	7	PHS OR	X	
PROVIDENCE ST. ELIZABETH HOUSE ASSOCIATION - 91-2171539, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	SUPPORT	Washington	501(c)(3)	7	PHS WA	X	
PROVIDENCE ST. FRANCIS ASSOCIATION - 94-3244854, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	SUPPORT	Washington	501(c)(3)	7	PHS WA	X	
PROVIDENCE ST. JOSEPH HEALTH - 81-1244422 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	Washington	501(c)(3)	12, III	N/A		X
PROVIDENCE ST. JOSEPH HEALTH FOUNDATION - 94-3078543, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	Washington	501(c)(3)	12, I	PHS WA	X	
PROVIDENCE ST. JOSEPH MEDICAL CENTER - 81-0463482, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	Montana	501(c)(3)	3	PHS WA	X	
PROVIDENCE ST. MARY FOUNDATION - 45-2841492 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	Washington	501(c)(3)	7	PHS WA	X	
PROVIDENCE ST. PETER FOUNDATION - 91-1097056 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	SUPPORT	Washington	501(c)(3)	7	PHS W WA	X	

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
PROVIDENCE ST. VINCENT MEDICAL FOUNDATION - 93-0575982, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	Oregon	501(c)(3)	7	PHS OR	X	
PROVIDENCE TRINITYCARE HOSPICE - 95-3264139 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	California	501(c)(3)	10	PHS SOCIAL	X	
PROVIDENCE TRINITYCARE HOSPICE FOUNDATION - 33-0261016, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	California	501(c)(3)	7	PTCH	X	
PROVIDENCE WILLAMETTE FALLS MEDICAL FOUNDATION - 93-1003750, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	Oregon	501(c)(3)	12, I	PHS OR	X	
QUEEN OF THE VALLEY MEDICAL CENTER - 94-1243669, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	California	501(c)(3)	3	SJHS	X	
REDWOOD MEMORIAL FOUNDATION - 94-2779313 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	California	501(c)(3)	7	RMH	X	
REDWOOD MEMORIAL HOSPITAL - 94-1384665 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	California	501(c)(3)	3	SJHS	X	
SAINT JOHN'S HOSPITAL/HEALTH CENTER FOUNDATION - 95-6100079, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	SUPPORT	California	501(c)(3)	7	PSJHC	X	
SANTA ROSA MEMORIAL HOSPITAL - 94-1231005 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	California	501(c)(3)	3	SJHS	X	
SEATTLE SCIENCE FOUNDATION - 61-1502822 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	PHYSN COLLAB	Washington	501(c)(3)	7	WHC	X	
SISTERS OF PROVIDENCE OF MONTANA CORPORATION - 26-2612415, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	SHELL CORP	Montana	501(c)(3)	1	PHS WA		X
SISTERS OF ST. JOSEPH OF ORANGE - 95-1643383 480 S. BATAVIA ORANGE, CA 92868	RELIGIOUS ORG	California	501(c)(3)	1	N/A		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
SRM ALLIANCE HOSPITAL SERVICES (PVH) - 68-0395200, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	California	501(c)(3)	3	SRMH	X	
ST. JOSEPH HEALTH MINISTRY - 27-1666576 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	RELIGIOUS ORG	California	501(c)(3)	1	SSJO		X
ST. JOSEPH HEALTH NORTHERN CALIFORNIA, LLC - 81-4791043, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	California	501(c)(3)	3	SJHS	X	
ST. JOSEPH HEALTH SYSTEM - 95-3589356 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	California	501(c)(3)	12, I	PSJH		X
ST. JOSEPH HEALTH SYSTEM FOUNDATION - 33-0143024, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	California	501(c)(3)	7	SJHS	X	
ST. JOSEPH HERITAGE HEALTHCARE - 33-0185031 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	California	501(c)(3)	3	SJHS	X	
ST. JOSEPH HOME CARE NETWORK - 68-0331084 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	California	501(c)(3)	10	SJHS	X	
ST. JOSEPH HOSPITAL OF EUREKA - 94-1156596 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	California	501(c)(3)	3	SJHS	X	
ST. JOSEPH HOSPITAL OF ORANGE - 95-1643359 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	California	501(c)(3)	3	CHN	X	
ST. JUDE HOSPITAL, INC - 95-1643324 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	California	501(c)(3)	3	CHN	X	
ST. LUKE ASSOCIATION - 94-3176618 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	SUPPORT	Washington	501(c)(3)	7	PHS WA	X	
ST. MARY MEDICAL CENTER - 95-1914489 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	California	501(c)(3)	3	CHN	X	

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
ST. MARY OF THE PLAINS HOSPITAL FDN - 75-1653181, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	Texas	501(c)(3)	7	CHS	X	
ST. PATRICK HOSPITAL FOUNDATION - 23-7056976 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	Montana	501(c)(3)	7	PHS WA	X	
ST. THOMAS CHILD AND FAMILY CENTER - 81-0233495, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	EDUCATION	Montana	501(c)(3)	10	PHS WA	X	
SWEDISH EDMONDS - 27-2305304 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	Washington	501(c)(3)	3	WHC	X	
SWEDISH HEALTH SERVICES - 91-0433740 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	Washington	501(c)(3)	3	WHC	X	
SWEDISH MEDICAL CENTER FOUNDATION - 91-0983214, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	Washington	501(c)(3)	7	SHS	X	
SWEDISH MJM HOLDINGS - 27-3139262 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HOLDING CO	Washington	501(c)(3)	12, I	SHS	X	
THE GAMELIN ASSOCIATION - 91-1180824 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	SUPPORT	Washington	501(c)(3)	7	PHS WA	X	
THE GAMELIN CALIFORNIA ASSOCIATION - 91-1293869, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	SUPPORT	California	501(c)(3)	10	PHS SOCIAL	X	
THE GAMELIN OREGON ASSOCIATION - 91-1214491 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	SUPPORT	Oregon	501(c)(3)	10	PHS OR	X	
UNIVERSITY OF PROVIDENCE - 81-0231777 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	EDUCATION	Montana	501(c)(3)	2	PHS	X	
WESTERN HEALTHCONNECT - 45-4171900 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	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 SURG	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
BROADWAY IMAGING, LLC - 52-2405971, 500 W. BROADWAY, MISSOULA, MT 59802	MEDICAL IMAGING	MT	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
CENTER FOR SPECIALTY SURGERY, LLC - 26-3638838, 11782 SW BARNES RD., PORTLAND, OR 97225	AMBULATORY SURG	OR	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
CLACKAMAS RADIATION ONCOLOGY CENTER, LLC - 26-0381897, 4400 NE HALSEY ST, BLDG. II, #495, PORTLAND, OR 97213	RADIATION ONCOL	OR	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
COASTAL ASC HOLDINGS, LLC - 81-0986844, ONE HOAG DRIVE, PO BOX 6100, NEWPORT BEACH, CA 92658-6100	HEALTHCARE	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
COVENANT LONG-TERM CARE, LP - 20-5033419, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	TX	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
CTR. FOR MED. IMAGING-BRIDGEPORT, LLC - 26-0796953, 4400 NE HALSEY, #495, PORTLAND, OR 97213	IMAGING DIAG.	OR	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
CTR. FOR MED. IMAGING-TANASBOURNE, LLC - 20-0477972, 4400 NE HALSEY, #495, PORTLAND, OR 97213	IMAGING DIAG.	OR	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
FULLERTON SURGICAL CENTER LP - 47-0927394, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	AMBULATORY SURG	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
GREATER VALLEY MEDICAL BUILDING, L.P. - 95-4570858, 501 S. BUENA VISTA ST, BURBANK, CA 91505	REAL ESTATE - MOB	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
HCSA PROPERTIES, LLC - 46-0620892, 1600 M STREET NW, AUBURN, WA 98001	REAL ESTATE RENT	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
HERITAGE INVESTMENT GROUP I, LLC - 27-1000061, 500 S. MAIN STREET, STE 1000, ORANGE, CA 92868	INVESTMENTS	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
HOAG ORTHOPEDIC INSTITUTE - 61-1588294, ONE HOAG DRIVE, PO BOX 6100, NEWPORT BEACH, CA 92658-6100	HEALTHCARE	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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

(a) 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 OUTPATIENT CENTERS, LLC - 45-3587572, 27271 LAS RAMBLAS, #350, MISSION VIEJO, CA 92691	HEALTHCARE	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
INLAND IMAGING, LLC - 91-1855796, 801 S. STEVENS ST. , SPOKANE, WA 99204	MEDICAL IMAGING	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
LSC REAL PROPERTY, LLC - 47-4646059, 2301 QUAKER AVENUE, LUBBOCK, TX 79410	REAL ESTATE	TX	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
METHODIST DIAGNOSTIC IMAGING - 75-2343261, 4005 24TH STREET, LUBBOCK, TX 79410	HEALTHCARE	TX	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
NEWPORT BAY SURGERY CENTER, LLC - 56-2518360, 3333 W. PACIFIC COAST HWY, STE 100, NEW PORT BEACH, CA 92663	HEALTHCARE	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
NEWPORT BEACH ENDOSCOPY CENTER, LLC - 77-0368744, 27271 LAS RAMBLAS, #350, MISSION VIEJO, CA 92691	HEALTHCARE	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
NEWPORT IMAGING CENTER - 33-0191776, 360 SAN MIGUEL, NEWPORT BEACH, CA 92660	HEALTHCARE	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
NEWPORT SURGICAL PARTNERS, LLC - 39-2060266, 27271 LAS RAMBLAS, #350, MISSION VIEJO, CA 92691	HEALTHCARE	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
NORTH BAY ENDOSCOPY CENTER - 61-1559876, 1383 N. MCDOWELL BLVD, STE 110, PETALUMA, CA 94954	HEALTHCARE	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
OREGON ADVANCED IMAGING, LLC - 45-0471748, 881 O'HARE PARKWAY, MEDFORD, OR 97504	MEDICAL IMAGING	OR	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
OREGON OUTPATIENT SURGERY CENTER - 22-3883387, 7300 SW CHILDS RD, TIGARD, OR 97224	AMBULATORY SURG	OR	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
PET/CT IMAGING AT SWEDISH CANCER INSTITUTE, LLC - 20-3132044, 1221 MADISON STREET, SEATTLE, WA 98104	MEDICAL IMAGING	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
PHS INVESTMENT TRANSITION PORTFOLIO - 47-2279711, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	INVESTMENTS	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
PHS INVESTMENT TRUST 2015 PRIVATE ASSETS PORTFOLIO - 47-3393740, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA	INVESTMENTS	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
PHS INVESTMENT TRUST 2016 PRIVATE ASSETS PORTFOLIO - 81-1532735, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA	INVESTMENTS	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
PHS INVESTMENT TRUST 2016 PRIVATE RE PORTFOLIO - 81-2960145, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA	INVESTMENTS	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
PHS INVESTMENT TRUST BANK LOANS PORTFOLIO - 47-2357735, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	INVESTMENTS	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
PHS INVESTMENT TRUST COMMODITIES PORTFOLIO - 47-2269004, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA	INVESTMENTS	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
PHS INVESTMENT TRUST HEDGE FUND PORTFOLIO - 47-2293255, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	INVESTMENTS	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
PHS INVESTMENT TRUST LDI PORTFOLIO - 47-2392060, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	INVESTMENTS	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
PHS INVESTMENT TRUST LONG TREASURIES PORTFOLIO - 47-2385238, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA	INVESTMENTS	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
PHS INVESTMENT TRUST MLP PORTFOLIO - 47-2367538, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	INVESTMENTS	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
PHS INVESTMENT TRUST PUBLIC DEBT PORTFOLIO - 47-2353569, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	INVESTMENTS	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
PHS INVESTMENT TRUST PUBLIC EQUITY PORTFOLIO - 47-2283974, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA	INVESTMENTS	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
PHS INVESTMENT TRUST RELATIVE VALUE PORTFOLIO - 47-2314743, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	INVESTMENTS	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
PHS INVESTMENT TRUST RISK PARITY PORTFOLIO - 47-2336377, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA	INVESTMENTS	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
PHS INVESTMENT TRUST SHORT TERM INVESTMENT PORTFOLIO - 81-2701056, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA	INVESTMENTS	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
PHS INVESTMENT TRUST TACTICAL TRADING PORTFOLIO - 47-2327491, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA	INVESTMENTS	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
PHS INVESTMENT TRUST TIPS PORTFOLIO - 47-2402609, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	INVESTMENTS	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
PORTLAND MEDICAL IMAGING, LLC - 20-1054971, 4400 NE HALSEY #495, PORTLAND, OR 97213	IMAGING DIAGNOSTICS	OR	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
PROV. RADIATION ONCOLOGY DEVELOP. ASSN. - 26-0682491, 4400 NE HALSEY #495, PORTLAND, OR 97213	REAL ESTATE - MOB	OR	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
PROVIDENCE CHILDREN'S NEONATAL SERVICES - 47-0918549, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA	NEONATAL CARE	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
PROVIDENCE IMAGING CENTER JOINT VENTURE - 92-0118807, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	MEDICAL IMAGING	AK	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
PROVIDENCE PARTNERS FOR HEALTH, LLC - 45-4041798, 501 S. BUENA VISTA ST, BURBANK, CA 91505	CLIN QUALITY/INT	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
PROVIDENCE ST. JOSEPH HEALTH LONG TERM PORTFOLIO - 82-3190634, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA	INVESTMENTS	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
PROVIDENCE SURGERY CENTER, LLC - 84-1401625, 902 N. ORANGE ST, MISSOULA, MT 59802	AMBULATORY SURG	MT	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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	N/A		N/A	N/A		N/A
PROVIDENCE/USP SANTA CLARITA GP LLC - 20-2829660, 11550 INDIAN HILLS ROAD #160, MISSION HILLS, CA 91345	AMBULATORY SURG	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
PROVIDENCE/USP SURGERY CENTERS, LLC - 20-0905938, 11550 INDIAN HILLS ROAD #160, MISSION HILLS, CA 91345	AMBULATORY SURG	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SHA, LLC - 75-2569094 12940 NORTH HIGHWAY 183 AUSTIN, TX 78750	HEALTHCARE	TX	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SJO ASC HOLDINGS LLC - 82-1655501, 1140 W. LA VETA AVE, ORANGE, CA 92868	HEALTHCARE	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
ST JOSEPH PHYSICIAN VENTURES I, LLC - 45-4521884, 1100 WEST STEWART DRIVE, ORANGE, CA 92868	REAL ESTATE	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
ST. JOSEPH/SATELLITE DIALYSIS CENTERS, LLC - 81-4657391, 300 SANTANA ROW, STE 300, SAN JOSE, CA 95128	HEALTHCARE	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
ST. JUDE SURGICAL CENTERS, LLC - 82-3352570, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	AMBULATORY SURG	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SURGERY CENTER AT TANASBOURNE, LLC - 20-8187971, 11221 ROE Ave., STE 300, LEAWOOD, KS 66211	AMBULATORY SURG	KS	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
TARZANA PEDIATRIC VENTURES LLC - 82-1308306, 18321 CLARK ST, TARZANA, CA 91356	HEALTHCARE	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
THE MADISON SPOKANE INN, LLC - 84-1606484, 15 WEST ROCKWOOD BLVD, SPOKANE, WA 99204	HOTEL SERVICES	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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
HOAG CLINIC - 33-0676831 1 HOAG DRIVE, PO BOX 6100 NEWPORT BEACH, CA 92658-6100	HEALTHCARE	CA	N/A	C CORP	N/A	N/A	N/A		X
DATU HEALTH, INC. AND SUBSIDIARIES - 46-3070062, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	IT SVCS	DE	N/A	C CORP	N/A	N/A	N/A		X
GRACE CLINIC OF LUBBOCK - 20-3856995 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	TX	N/A	C CORP	N/A	N/A	N/A		X
GRACE CLINIC SERVICES, INC. - 20-3857067 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	TX	N/A	C CORP	N/A	N/A	N/A		X
HOAG MANAGEMENT SERVICES, INC. - 33-0731587 1 HOAG DRIVE, PO BOX 6100 NEWPORT BEACH, CA 92658-6100	HEALTHCARE	CA	N/A	C CORP	N/A	N/A	N/A		X
LUBBOCK METHODIST HOSP PRACTICE MGMT - 75-2578995, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	INACTIVE	TX	N/A	C CORP	N/A	N/A	N/A		X
LUBBOCK METHODIST HOSPITAL SVCS - 75-2118585 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	TX	N/A	C CORP	N/A	N/A	N/A		X
LUMEDIC ACQUISITION CO INC - 83-3881097 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	WA	N/A	C CORP	N/A	N/A	N/A		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
PHN HOLDINGS - 46-1814184 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	STRAT PLAN SVCS	CA	N/A	C CORP	N/A	N/A	N/A		X
PIONEER INNOVATIONS, INC. - 36-4818191 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTH INNOVATNS	WA	N/A	C CORP	N/A	N/A	N/A		X
PROVIDENCE ASSURANCE, INC. - 20-8194071 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	CAPTIVE INSURANCE	AZ	N/A	C CORP	N/A	N/A	N/A		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
PROVIDENCE HEALTH CARE VENTURES, INC. - 90-0155714, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	CLIN/MED LAB	WA	N/A	C CORP	N/A	N/A	N/A		X
PROVIDENCE HEALTH NETWORK - 80-0886966 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	PREPAID HEALTH	CA	N/A	C CORP	N/A	N/A	N/A		X
PROVIDENCE HEALTH VENTURES, INC. - 33-0122216, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	INVESTMENT	CA	N/A	C CORP	N/A	N/A	N/A		X
ST JOSEPH HEALTH SOURCE, INC. - 46-1900168 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HEALTHCARE	CA	N/A	C CORP	N/A	N/A	N/A		X
ST. JOSEPH HEALTH - 46-2340232 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	HOLDING COMPANY	CA	N/A	C CORP	N/A	N/A	N/A		X
ST. JOSEPH PROF SVCS ENTERPRSES, INC. - 33-0155323, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	HEALTHCARE	CA	N/A	C CORP	N/A	N/A	N/A		X
VINSERRA, INC. - 95-3943315 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057-9016	INVESTMENTS	CA	N/A	C CORP	N/A	N/A	N/A		X
WESTERN HEALTHCONNECT VENTURES, INC. - 80-0953654, 1801 LIND AVE SW, ATTN: TAX DEPT., RENTON, WA 98057-9016	INVESTMENTS	WA	N/A	C CORP	N/A	N/A	N/A		X
YAKIMA MEDICAL ARTS, INC. - 91-0787963 611 N. PERRY, #100 SPOKANE, WA 99202	RENT REAL ESTATE	WA	N/A	C CORP	N/A	N/A	N/A		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
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PROVIDENCE HEALTH & SERVICES - WASHINGTON	C	2,429,035.	FMV
(2) PROVIDENCE HEALTH & SERVICES - WASHINGTON	B	4,349,836.	FMV
(3) INLAND NORTHWEST HEALTH SERVICES	B	178,303.	FMV
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate 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		Yes	No	

Part VII Supplemental Information.

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

Part III, Identification of Related Organizations Taxable as Partnership:

Name, Address, and EIN of Related Organization:

PHS INVESTMENT TRUST 2015 PRIVATE ASSETS PORTFOLIO

EIN: 47-3393740

1801 LIND AVE SW, ATTN: TAX DEPT.

RENTON, WA 98057-9016

Name, Address, and EIN of Related Organization:

PHS INVESTMENT TRUST 2016 PRIVATE ASSETS PORTFOLIO

EIN: 81-1532735

1801 LIND AVE SW, ATTN: TAX DEPT.

RENTON, WA 98057-9016

Name, Address, and EIN of Related Organization:

PHS INVESTMENT TRUST 2016 PRIVATE RE PORTFOLIO

EIN: 81-2960145

1801 LIND AVE SW, ATTN: TAX DEPT.

RENTON, WA 98057-9016

Name, Address, and EIN of Related Organization:

PHS INVESTMENT TRUST COMMODITIES PORTFOLIO

EIN: 47-2269004

1801 LIND AVE SW, ATTN: TAX DEPT.

RENTON, WA 98057-9016

Name, Address, and EIN of Related Organization:

PHS INVESTMENT TRUST LONG TREASURIES PORTFOLIO

Part VII Supplemental Information.

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

EIN: 47-2385238

1801 LIND AVE SW, ATTN: TAX DEPT.

RENTON, WA 98057-9016

Name, Address, and EIN of Related Organization:

PHS INVESTMENT TRUST PUBLIC EQUITY PORTFOLIO

EIN: 47-2283974

1801 LIND AVE SW, ATTN: TAX DEPT.

RENTON, WA 98057-9016

Name, Address, and EIN of Related Organization:

PHS INVESTMENT TRUST RISK PARITY PORTFOLIO

EIN: 47-2336377

1801 LIND AVE SW, ATTN: TAX DEPT.

RENTON, WA 98057-9016

Name, Address, and EIN of Related Organization:

PHS INVESTMENT TRUST SHORT TERM INVESTMENT PORTFOLIO

EIN: 81-2701056

1801 LIND AVE SW, ATTN: TAX DEPT.

RENTON, WA 98057-9016

Name, Address, and EIN of Related Organization:

PHS INVESTMENT TRUST TACTICAL TRADING PORTFOLIO

EIN: 47-2327491

1801 LIND AVE SW, ATTN: TAX DEPT.

RENTON, WA 98057-9016

Part VII Supplemental Information.

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

Name, Address, and EIN of Related Organization:

PROVIDENCE CHILDREN'S NEONATAL SERVICES

EIN: 47-0918549

1801 LIND AVE SW, ATTN: TAX DEPT.

RENTON, WA 98057-9016

Name, Address, and EIN of Related Organization:

PROVIDENCE ST. JOSEPH HEALTH LONG TERM PORTFOLIO

EIN: 82-3190634

1801 LIND AVE SW, ATTN: TAX DEPT.

RENTON, WA 98057-9016