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

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

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

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

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



A FO	or the	2019 calendar year, or tax year beginning and	ending		
B Ch	eck if	C Name of organization		D Employer identifi	cation number
	plicable	PROVIDENCE HEALTH CARE FOUNDATION			
Х	Addres	EASTERN WASHINGTON			
	Name	Doing business as		32-0014330	
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suit	e E Telephone numbe	r
	Final return/	1801 LIND AVE SW, ATTN: TAX DEPT.		(509) 474-72	30
	termin- ated	, , , , , , , , , , , , , , , , , , ,		G Gross receipts \$	8,717,437.
	Amend	RENION, WA 30037		H(a) Is this a group r	
	Applica tion pendin	a		for subordinates	s? X No
	-			H(b) Are all subordinates in	ncluded? No
		mpt status: X 501(c) ()	52	If "No," attach a	list. (see instructions)
		e: HTTP://WASHINGTON.PROVIDENCE.ORG/DONATE/		H(c) Group exemption	
		organization: X Other D	L Yea	r of formation: 2002	VI State of legal domicile: WA
Pa		Summary			
പ	1	Briefly describe the organization's mission or most significant activities: SEE SC	HEDULE C)	
ũ					
srn8	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of mor	e than 25% of its net as	1
Governance					20
		Number of independent voting members of the governing body (Part VI, line 1b)			18
es 2	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a) \ldots			0
Activities &	6	Total number of volunteers (estimate if necessary)			225
<u>loti</u>	7 a ⁻	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, line 39	<u></u>	7b	0.
				Prior Year	Current Year
പ	8	Contributions and grants (Part VIII, line 1h)	L	8,263,032.	7,681,626.
ň	9	Program service revenue (Part VIII, line 2g)	L	0.	٥.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,198,266.	769,132.
۳	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		40,987.	-135,816.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,502,285.	8,314,942.
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		5,480,339.	6,444,747.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ω	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,034,846.	1,002,647.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		168,466.	0.
be		Total fundraising expenses (Part IX, column (D), line 25)			
۵	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		405,775.	690,653.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,089,426.	8,138,047.
		Revenue less expenses. Subtract line 18 from line 12	Г	2,412,859.	176,895.
Net Assets or Fund Balances			E	Beginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		26,907,210.	32,799,089.
Ass	21	Total liabilities (Part X, line 26)		108,210.	2,417,217.
Inc		Net assets or fund balances. Subtract line 21 from line 20	<u></u>	26,799,000.	30,381,872.
Pa		Signature Block			
Under	r penal	ties of perjury, I declare that I have examined this return, including accompanying schedule	s and stater	nents, and to the best of my	y knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			

	Colloon M. Fox		11/13/202	20
Sign	Signature of officer		Date	
Here	COLLEEN FOX, CHIEF PHILANTHROPY O	FF.		
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature Ryow M. Mayor	Date Chec	ck PTIN
Paid	RYAN MAYOR	Pipurt VID. Mago C	11/02/20	-employed P01650740
Preparer	Firm's name 🕒 ERNST & YOUNG US LLP		Firm's EIN	34-6565596
Use Only	Firm's address 🖕 4365 EXECUTIVE DRIVE, SU	ITE 1600		
	SAN DIEGO, CA 92121		Phone no.	858-535-7200
May the IF	RS discuss this return with the preparer shown abo	ve? (see instructions)		X No

932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

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

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

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

Type or print	Name of exempt organization or other filer, see instru PROVIDENCE HEALTH CARE FOUNDATION	ictions.		Taxpaye	r identificatio	n number (TIN)	
print	EASTERN WASHINGTON		32-001	4330			
File by the due date for filing your return. See 1801 LIND AVE SW, ATTN: TAX DEPT.							
instructions	City, town or post office, state, and ZIP code. For a for RENTON, WA 98057	oreign addi	ress, see instructions.				
Enter the	Return Code for the return that this application is for (fil	e a separat	te application for each return)			0 1	
Applicat	ion	Return	Application			Return	
ls For		Code	Is For			Code	
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 99	D-BL	02	Form 1041-A			08	
Form 47	20 (individual)	03	Form 4720 (other than individual)			09	
Form 99)-PF	04	Form 5227			10	
Form 99	D-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 99	D-T (trust other than above)	06	Form 8870			12	
Telep If the If this box I I re the 2 If t	ooks are in the care of ▶ 3345 MICHELSON DRIVE, hone No. ▶ 949-381-4000 organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ▶ equest an automatic 6-month extension of time until e organization named above. The extension is for the org X calendar year 2019 or tax year beginning he tax year entered in line 1 is for less than 12 months, c Change in accounting period	s in the Uni Group Exe and atta NOVEMBE anization's , an theck reaso	Fax No. ▶ ited States, check this box mption Number (GEN)	If this is fo all memb	r the whole g ers the exten npt organizati	roup, check this	
	his application is for Forms 990-BL, 990-PF, 990-T, 4720 y nonrefundable credits. See instructions.	, or 6069, e	enter the tentative tax, less	3a	\$	0.	
	his application is for Forms 990-PF, 990-T, 4720, or 6069					-	
	timated tax payments made. Include any prior year overp			3b	\$	0.	
	lance due. Subtract line 3b from line 3a. Include your pa	-	· · · ·			-	
	ing EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.	
Caution instruction	If you are going to make an electronic funds withdrawal ons.	(direct det	bit) with this Form 8868, see Form 8	453-EO an	d Form 8879	-EO for payment	
LHA I	For Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		Form 8	868 (Rev. 1-2020)	

	1990 (2019) EASTERN WASHINGTON	32-0014330	Page
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: AS EXPRESSIONS OF GOD'S HEALING LOVE, WITNESSED THROUGH THE MINISTRY		
	OF JESUS, WE ARE STEADFAST IN SERVING ALL, ESPECIALLY THOSE WHO ARE		
	POOR AND VULNERABLE.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
_	prior Form 990 or 990-EZ?		Yes 🛛 No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	s?	Yes 🔟 No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot	ners, the total expense	s, and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$6,444,747. including grants of \$6,444,747.) (Re		0.
40	SEE SCHEDULE O	evenue \$	••
4b	(Code:) (Expenses \$ including grants of \$) (Re	evenue \$	
4			
4c	(Code:) (Expenses \$ including grants of \$) (Re	evenue \$	
	Other program services (Describe on Schedule O.)		
4d		\ \	
4d	(Expenses \$ including grants of \$) (Revenue \$)	
4d 4e	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 6,444,747.)	
) Fo	rm 990 (2019

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Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D. Part III	8		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?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		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? If "Yes," complete Schedule D, Part VII	11b		x
с	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? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	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)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		
.5	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes."			
13		19		x
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
р 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? <i>If</i> "Yes." <i>complete Schedule I. Parts I and II</i>	21	x	
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Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
•	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
-	"Yes," complete Schedule L, Part IV	28c	x	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
02	Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V. line 1	34	x	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
2	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	x	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		1	
. 2	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	<u> </u>		
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	x	
Pa	t 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			\square
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 30			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	1c	х	
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	4			(···-)

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Form	990 (2019) EASTERN WASHINGTON 32-001433	0	Р	_{age} 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
		Form	990	(2019)

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	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management	<u></u>		
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 20)		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 18	3		
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?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
U	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6		6	х	
74	more members of the governing body?	7a	х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	10		
U		7b	х	
•	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	70		
8		80	х	
a L	The governing body?	8a	X	
D	Each committee with authority to act on behalf of the governing body?	8b	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x
200	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		Δ
Jec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Vee	
10-	Did the examination have lead chapters, branches, or effiliates?	10a	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10-	х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Λ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10	х	
40	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14 45	Did the organization have a written document retention and destruction policy?	14	Δ	
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?	45		v
	The organization's CEO, Executive Director, or top management official	15a		X X
b	Other officers or key employees of the organization	15b		
	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			v
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
Sec	exempt status with respect to such arrangements?	16b		
<u>17</u>	List the states with which a copy of this Form 990 is required to be filed VWA			
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)	is only)	availa	hla
10	for public inspection. Indicate how you made these available. Check all that apply.	3 Only)	avana	DIC
	Own website Another's website X Upon request Other (explain on Schedule O)			
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d financ	cial	
19	statements available to the public during the tax year.			
	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			
19 20			990	

Form 990 (2019) EASTERN WASHINGTON	32-0014330	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Con	npensated	
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	th or within the organization	n's tax year.
• List all of the organization's current officers, directors, trustees (whether individuals or organizations), rega Enter -0- in columns (D), (E), and (F) if no compensation was paid.	rdless of amount of compen	sation.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

PROVIDENCE HEALTH CARE FOUNDATION

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	not c	Pos			ane	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	ia a a	Irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	66			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		66	upens		(W-2/1099-MISC)		organization and related
	below	lual tr	tional		nploy	st con yee	~			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) PEG CURRIE	3.00									
CHIEF EXEC SACRED HEART MEDICAL CTR	47.00	х		х				٥.	751,349.	164,464.
(2) HELEN ANDRUS	3.00									
FORMER CFO WA AND MT REGION	57.00						Х	٥.	628,326.	94,814.
(3) SHELBY STOKOE	3.00									
TREASURER/HOSPITAL CFO	47.00	Х		Х				0.	239,842.	38,356.
(4) JOYCE M. CAMERON	50.00									
CHIEF PHILANTHROPY OFFICER	0.00			х				0.	220,695.	29,996.
(5) DAVE PEDEN	2.00									
IMMEDIATE PAST PRESIDENT	0.00	X		X				0.	0.	0.
(6) KARLA GREER	2.00									
PRESIDENT	0.00	Х		х				0.	0.	0.
(7) DEANNA HILDENBRAND	1.00									
SECRETARY	0.00	Х		х				0.	0.	0.
(8) BILL SYMMES	1.00									
DIRECTOR	0.00	х						0.	0.	0.
(9) CHARLENE CLARK	1.00									_
DIRECTOR	0.00	х						0.	0.	0.
(10) CHRISTOPHER BELL	1.00									_
DIRECTOR	0.00	х						0.	0.	0.
(11) DAVID MEYER	1.00									
DIRECTOR	0.00	х						0.	0.	0.
(12) DENIS FELGENHAUER	1.00									
DIRECTOR	0.00	х						0.	0.	0.
(13) GORDON HESTER	1.00									_
DIRECTOR	0.00	х						0.	0.	0.
(14) JER MCGREGOR	1.00									_
DIRECTOR	0.00	х						0.	0.	0.
(15) KATY BRUYA	1.00									_
DIRECTOR	0.00	х			-			0.	0.	0.
(16) KEMPER ROJAS	1.00							_	_	
DIRECTOR	0.00	х						0.	0.	0.
(17) LEANNE AGER MD	1.00							_		_
DIRECTOR	0.00	X						0.	0.	0.

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932007 01-20-20

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Form 990 (2019)

PROVIDENCE HEALTH CARE FOUNDAT	ION
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Form	990 (2019) EASTERN WAS	HINGTON	100	11011						32-001	433(D	P	age 8
Par		istees, Key Em	ploy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				× ·
	(A) Name and title	(B) Average hours per week	(do box	not c , unle cer ar	(C Pos heck i ss per	C) ition more rson is	l than o s both	one 1 an	(D) Reportable compensation	(E) Reportable compensation from related			(F) stimate nount	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	C)	fr org an	other pensa om th anizat d relat anizati	e ion ed
	LORILEI BRUGGINK	1.00												
DIRE	CTOR MICHAEL BOLKAVATZ	0.00	Х						0.		٥.			0.
DIRE		0.00	x						0.		0.			0.
	PHIL STALP	1.00												
DIRE	CTOR	0.00	х						0.		٥.			Ο.
(21)	STEVE DUVOISIN	1.00												
DIRE		0.00	х						0.		٥.			0.
(22) DIRE	STUART PREY	1.00	x						0.		0.			0.
											•.			••
	Subtotal								0.	1,840,23	12. 0.		327,	630. 0.
	Total from continuation sheets to Part Total (add lines 1b and 1c)								0.	1,840,21			327.	630.
2	Total number of individuals (including but							o re	eceived more than \$100,				,	
	compensation from the organization													0
											ſ		Yes	No
3	Did the organization list any former office			key e	empl	oyee	e, or	hig	hest compensated emp	loyee on			X	
4	line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the								or componentian from t		··	3	Δ	
4	and related organizations greater than \$1	-		-						-	-	4	х	
5	Did any person listed on line 1a receive of													
_	rendered to the organization? If "Yes." co	•										5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest of the organization. Report compensation for										ensat	ion fro	om	
	(A)				. <u>g</u>				(B)		0	(0		
	Name and busines	s address	NO	NE				_	Description of s	ervices		ompe	nsatio	n

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

Form 990 (2019)

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ar	t VIII									F
		Check if Schedule O	conta	ains a respoi	nse	or note to any line	in this Part VIII	(D)		(D)
							(A) Total revenue	Related or exempt	Unrelated business revenue	(D) Revenue exclu from tax und sections 512 -
s	1 a	Federated campaigns		1a						
unt		Membership dues								
mo		Fundraising events				532,807.				
and Other Similar Amounts		Related organizations				1,739,449.				
i	е	Government grants (contr	ibuti	ons) 1e		1,578,807.				
ŝ	f	All other contributions, gifts,	grant	s, and						
Othe		similar amounts not included	abov			3,830,563.				
p	-	Noncash contributions included in				187,132.				
a	h	Total. Add lines 1a-1f				>	7,681,626.			
						Business Code				
	2 a									
ne	b									
ven	c d					+				
Ъе	a e				_	+				
Program Service Revenue		All other program service	rever	חוופ	_					
		Total. Add lines 2a-2f								
	3	Investment income (includ								
		other similar amounts)	-				784,277.			784,2
	4	Income from investment of								
	5	Royalties				▶				
				(i) Real		(ii) Personal				
		Gross rents	6a							
	b	Less: rental expenses	6b							
		Rental income or (loss)	6c							
		Net rental income or (loss))	(1) 011						
	7 a	Gross amount from sales of		(i) Securiti		(ii) Other				
		assets other than inventory	7a	27,0	24.					
D	D	Less: cost or other basis	7b	42,1	69					
	•	and sales expenses Gain or (loss)	70 7c	-15,1						
		Net gain or (loss)					-15,145.			-15,1
D		Gross income from fundraisi			<u> </u>					,-
	0 4	including \$								
		contributions reported on								
		Part IV, line 18		-	8a	190,143.				
	b	Less: direct expenses			8b	348,536.				
		Net income or (loss) from			ts	►	-158,393.			-158,3
	9 a	Gross income from gamin								
		Part IV, line 19			<u>9a</u>	12,025.				
		Less: direct expenses			9b	11,790.				-
		Net income or (loss) from	-	-	 	▶	235.			2
	10 a	Gross sales of inventory, I								
	ь.	and allowances			10a					
		Less: cost of goods sold			10b					
+	C	Net income or (loss) from	3d185	SUMPERIOR	у	Business Code				
	11 a	MISCELLANEOUS REVEN	UE			900099	22,342.			22,3
Revenue	b				_		,•			,•
sver	c				_					
å		All other revenue			_					
		Total. Add lines 11a-11d					22,342.			
	-	Total revenue. See instruction					8,314,942.	0.	0.	633,3

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EASTERN WASHINGTON

Form 990 (2019)

ection 50	01(c)(3) and 501(c)(4) organizations must comple				
	Check if Schedule O contains a respons	e or note to any line in t (A)	his Part IX (B)	(C)	
	clude amounts reported on lines 6b, b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grar	nts and other assistance to domestic organizations				
and	domestic governments. See Part IV, line 21	5,937,083.	5,937,083.		
	nts and other assistance to domestic				
indi	viduals. See Part IV, line 22	507,664.	507,664.		
3 Gra	nts and other assistance to foreign				
-	anizations, foreign governments, and foreign				
	viduals. See Part IV, lines 15 and 16				
	nefits paid to or for members				
	npensation of current officers, directors,				
	stees, and key employees	250,691.		123,173.	127,518
	pensation not included above to disqualified				
	sons (as defined under section 4958(f)(1)) and				
	cons described in section 4958(c)(3)(B)				
	er salaries and wages	680,932.		341,286.	339,646
	sion plan accruals and contributions (include				
	ion 401(k) and 403(b) employer contributions)				
	er employee benefits	5,250.		5,250.	
	roll taxes	65,774.		32,317.	33,457
1 Fee	s for services (nonemployees):				
a Mar	nagement				
b Leg	al				
c Acc	counting				
	bying				
	iessional fundraising services. See Part IV, line 17				
f Inve	estment management fees	101,372.		101,372.	
g Oth	er. (If line 11g amount exceeds 10% of line 25,				
	mn (A) amount, list line 11g expenses on Sch O.)	40,978.		33,030.	7,948
	vertising and promotion	7,082.		2,173.	4,909
	ce expenses	51,605.		49,769.	1,836
4 Info	rmation technology	6,613.		6,613.	
	valties				
6 Occ		249,486.		249,486.	
7 Trav		9,090.		8,658.	432
8 Pay	ments of travel or entertainment expenses				
	any federal, state, or local public officials				
9 Cor	nferences, conventions, and meetings	183,564.		179,713.	3,851
	erest				
	ments to affiliates				
2 Dep	preciation, depletion, and amortization				
3 Insu	urance				
abov line	er expenses. Itemize expenses not covered ve (List miscellaneous expenses on line 24e. If 24e amount exceeds 10% of line 25, column (A) punt, list line 24e expenses on Schedule 0.)				
a DON	IOR EVENTS	27,560.		11,856.	15,704
~	S & SUBCRIPTIONS	6,535.		2,322.	4,213
c OTH	IER DIRECT EXPENSES	6,491.		6,491.	(
d SUP	PPLIES	277.		277.	
e Allo	other expenses				
5 Tota	Il functional expenses. Add lines 1 through 24e	8,138,047.	6,444,747.	1,153,786.	539,514
6 Join	t costs. Complete this line only if the organization				
repo	orted in column (B) joint costs from a combined				
educ	cational campaign and fundraising solicitation.				
Chec	k here Fight if following SOP 98-2 (ASC 958-720)				Form 990 (20 ⁻

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32-0014330

EASTERN WASHINGTON 32-0014330 Page 11 Form 990 (2019) Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 2,058,576. 2,616,802. 1 1 Cash - non-interest-bearing Savings and temporary cash investments 2 2 Pledges and grants receivable, net 477,346. 257,206. 3 3 445. Accounts receivable, net 4 4 Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 7 Notes and loans receivable, net Assets 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D _____ 10a b Less: accumulated depreciation 10b 10c 23,646,202. 30,316,891. 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 166,415. 166,416. Other assets. See Part IV, line 11 15 15 26,907,210. 32,799,089. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 23,814. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, 22 Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 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 2,393,403. 108,210. 25 of Schedule D 108,210. 2,417,217. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🗴 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 13,193,365. 16,687,669. 27 Net assets without donor restrictions 27 13,605,635. Net assets with donor restrictions 13,694,203. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances 26,799,000. 32 30,381,872. 32 26,907,210. 32,799,089. 33 33 Total liabilities and net assets/fund balances

Form 990 (2019)

932011 01-20-20

12571030 150123 60097961.229

Form 900 (2019) EXPEREN WASHINGTON 32-0014330 Page 12 Part XI Reconciliation of Net Assets X Check If Schedule O contains a response or note to any line in this Part XI X X 1 Total revenue (must equal Part XII, column (A), line 12) 1 8, 314, 942. 2 Total revenue (must equal Part X, column (A), line 25) 2 8, 138, 047. 3 Revenue less expenses. Subtract line 2 from line 1 3 176, 995. 4 426, 799, 000. 4 26, 799, 000. 5 2, 911, 155. 6 0 6 7 7 6 6 7 8 9 044, 622. 9 444, 622. 9 0.01 trains a response or note to any line in this Part XI. 8 9 9 0.01 trains a response or note to any line in this Part XI. 9 444, 622. 10 30, 381, 872. 9 30, 381, 872. 9 9 Check if Schedule O contains a response or note to any line in this Part XI. 1 4 26, 799, 000. 11 Accounting method used to prepare the Form 990. Cash X Accrual		PROVIDENCE HEALTH CARE FOUNDATION				
Check if Schedule O contains a response or note to any line in this Part XI X 1 Total revenue (must equal Part VIII, column (A), line 12) 1 8, 314, 942. 2 Total expenses (must equal Part IX, column (A), line 25) 2 8, 138, 047. 3 Revenue less expenses. Subtract line 2 from line 1 3 176, 895. 4 26, 799, 000. 4 26, 799, 000. 5 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 6 2, 911, 155. 6 Donated services and use of facilities 6 7 7 7 Investment expenses 6 7 7 8 Proir openses 8 9 0ther changes in net assets or fund balances (explain on Schedule O) 9 494, 822. 10 Not revendages in net assets or fund balances (explain on Schedule O) 9 494, 822. 10 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 2a X 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 2a X 11 </th <th>Form</th> <th>990 (2019) EASTERN WASHINGTON</th> <th>32-001433</th> <th>0</th> <th>Pa</th> <th>_{ge} 12</th>	Form	990 (2019) EASTERN WASHINGTON	32-001433	0	Pa	_{ge} 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 8, 314, 942. 2 Total expenses (must equal Part IX, column (A), line 25) 2 8, 138, 047. 3 Total expenses (must equal Part IX, column (A), line 25) 3 176, 895. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 26, 799, 000. 5 Donated services and use of facilities 6 6 7 7 7 7 8 Prior period adjustments 6 9 494, 822. 10 Net assets or fund balances (explain on Schedule O) 9 494, 822. 10 Net assets or fund balances (explain on Schedule O) 9 494, 822. 10 Net assets or fund balances (explain on Schedule O) 9 494, 822. 10 Net assets or fund balances (explain on Schedule O) 9 494, 822. 10 Net assets or fund balances (explain on Schedule O) 9 494, 822. 10 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 H cocounting method used to prepare the Form 990: Cash X	Par	rt XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 2 8, 138, 047. 3 Revenue less expenses. Subtract line 2 from line 1 3 176, 855. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 26, 799, 000. 5 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 26, 799, 000. 6 Threadized gains (losses) on investments 5 2, 911, 155. 6 Donated services and use of facilities 7 7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 494, 822. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 30, 381, 872. Part XII Financial Statements and Reporting 10 30, 381, 872. 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 11 the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 0. 2a X 11 Accounting method used to prepare the For		Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X
2 Total expenses (must equal Part IX, column (A), line 25) 2 8, 138, 047. 3 Revenue less expenses. Subtract line 2 from line 1 3 176, 855. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 26, 799, 000. 5 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 26, 799, 000. 6 Threadized gains (losses) on investments 5 2, 911, 155. 6 Donated services and use of facilities 7 7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 494, 822. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 30, 381, 872. Part XII Financial Statements and Reporting 10 30, 381, 872. 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 11 the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule 0. 2a X 11 Accounting method used to prepare the For						
3 Pevenue less expenses. Subtract line 2 from line 1 3 176,895. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 25,799,000. 5 Net unrealized gains (losses) on investments 5 2,911,155. 6 0 7 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 494,822. 10 30,381,872. 10 30,381,872. Part XIII Financial Statements and Reporting 10 30,381,872. Check if Schedule O contains a response or note to any line in this Part XII 1 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X	1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,	314,	942.
4 26,799,000. 5 Net unrealized gains (losses) on investments 5 2,911,155. 6 0 6 7 8 6 9 Other changes in net assets or fund balances (explain on Schedule O) 9 494,822. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 30, 381,872. Part XII Financial Statements and Reporting 10 30, 381,872. Part XII Financial Statements and Reporting Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X 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: 2b X 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: 2b X 2c X <t< th=""><th>2</th><td>Total expenses (must equal Part IX, column (A), line 25)</td><td>2</td><td>8,</td><td>138,</td><td>047.</td></t<>	2	Total expenses (must equal Part IX, column (A), line 25)	2	8,	138,	047.
5 Net unrealized gains (losses) on investments 6 7 1 Accounting method used to prepare the Form 990: Check if Schedule O contains a response or note to any line in this Part XII 1 1 Accounting method used to prepare the Form 990: 1 2a 2a 2b 2c 2c 2c 2c 2c 2c 3c 3c <th>3</th> <td>Revenue less expenses. Subtract line 2 from line 1</td> <td>3</td> <td></td> <td>176,</td> <td>895.</td>	3	Revenue less expenses. Subtract line 2 from line 1	3		176,	895.
6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 494,822. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 30,381,872. Part XIII Financial Statements and Reporting 10 30,381,872. Part XIII Financial Statements and Reporting 10 30,381,872. Part XIII Financial Statements and Reporting 10 30,381,872. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 the organization s financial statements compiled or reviewed by an independent accountant? 2a X 1 f*'es, '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: 2b X 1 Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: 2b X 1 Separate basis Consolidated basis Both consolidated and separate basis, co	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	26,	799,	000.
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8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 494,822. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 30,381,872. Part XII Financial Statements and Reporting 10 30,381,872. Check if Schedule O contains a response or note to any line in this Part XII 1 1 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X 2 Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis Both consolidated and separate basis 2b X b Were the organization's financial statements and fleependent accountant? 2b X 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. Consolidated basis Both consolidated and separate basis. 2b X <th>6</th> <td></td> <td>6</td> <td></td> <td></td> <td></td>	6		6			
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	b		red audit			1
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Form **990** (2019)

932012 01-20-20

SC	HED	DULE A		Dublic Che	with Otatura an					OMB No. 1545-0047
(Fo	orm 99	0 or 990-EZ)			n rity Status an					2010
				• •	947(a)(1) nonexempt cha					2013
		f the Treasury nue Service			Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.					Open to Public Inspection
Nar	ne of t	the organizati			TH CARE FOUNDATION					r identification number
		5		N WASHINGTON						32-0014330
Pa	art I	Reason	for Public C	Charity Status	(All organizations must co	omplete th	is part.) Se	e instructions	3.	
The	organ	ization is not a	private found	lation because it is:	(For lines 1 through 12, c	heck only	one box.)			
1		A church, cor	vention of ch	urches, or associatio	on of churches described	l in sectio	on 170(b)(1	I)(A)(i).		
2		A school des	cribed in sect i	ion 170(b)(1)(A)(ii).	(Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		-	-		anization described in se			-		
4			-	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(III). Enter	the hospital's name,
5		city, and state	-	or the benefit of a co	ollege or university owned	l or operat	ed by a do	vernmentalu	nit describe	ed in
5		-	-	Complete Part II.)		or operat	cu by a ge			
6	\square				mental unit described in	section 17	70(b)(1)(A)	(v).		
7	X			U U	antial part of its support fi				ne general j	public described in
		section 170(I)(1)(A)(vi). (C	omplete Part II.)						
8		A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultura	al research org	ganization described	l in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university of	or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, city	, and state of	the college	e or
40		university:								
10					e than 33 1/3% of its supp oct to certain exceptions,					
					e (less section 511 tax) fro					-
				mplete Part III.)	(,	
11		An organizati	on organized a	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).		
12		An organizati	on organized a	and operated exclus	sively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly	supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box in
		7	-	• •	of supporting organization		-		-	
a					supervised, or controlled	• • •	-			
			-	complete Part IV, S	egularly appoint or elect a	majority c	of the aired	tors or truste	es of the st	apporting
t	,	¬ ۲		•	d or controlled in connect	tion with it	s supporte	ed organizatio	n(s), by hay	vina
				•	anization vested in the sa			0		•
		organizatio	n(s). You mus	t complete Part IV,	Sections A and C.					
c	:	Type III fur	ctionally inte	grated. A supportir	ng organization operated	in connect	tion with, a	and functional	ly integrate	ed with,
			•	.,	s). You must complete I			-		
c		••	-		porting organization oper				•	
				•	zation generally must sat	•		•	an attentiv	veness
e		7			mplete Part IV, Sections written determination fro				II Type III	
	·		•		onally integrated supporti			турст, турс	n, rype m	
f	Ente	er the number of		ragnizationa		0 0				
			<u> </u>	n about the support						
	(Name of support organization 		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	anization listed ing document?	(v) Amount o support (see ir		(vi) Amount of other support (see instructions)
		organization			above (see instructions))	Yes	No	support (see ii	istructions)	
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Tot	al									
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

PROVIDENCE	HEALTH	CARE	FOUNDATION

Schedule A (Form 990 or 990-EZ) 2019 EASTERN WASHINGTON

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6,926,767.	7,208,171.	4,398,947.	8,263,032.	7,681,626.	34,478,543.
2	Tax revenues levied for the organ-						
	ization'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	6,926,767.	7,208,171.	4,398,947.	8,263,032.	7,681,626.	34,478,543.
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)						10,061,920.
6	Public support. Subtract line 5 from line 4.						24,416,623.
	ction B. Total Support						,,
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	6,926,767.	7,208,171.	4,398,947.	8,263,032.	7,681,626.	34,478,543.
	Gross income from interest,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-,,,,-		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
0							
	dividends, payments received on						
	securities loans, rents, royalties,	275,205.	436,736.	501,059.	532,811.	784,277.	2,530,088.
~	and income from similar sources	275,205.	430,730.	501,059.	552,011.	/04,2//.	2,330,000.
9	Net income from unrelated business						
	activities, whether or not the		00 700	154 000			0.4.2 0.1.0
	business is regularly carried on		88,726.	154,292.		0.	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.	22,342.	254,517.
11	Total support. Add lines 7 through 10						37,506,166.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	first, second, third	l, fourth, or fifth tax	k year as a sectior	n 501(c)(3)	
_	organization, check this box and stor						
See	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2019 (I	ine 6, column (f) div	vided by line 11, co	olumn (f))		14	65.10 %
15	Public support percentage from 2018	Schedule A, Part I	II, line 14			15	62.15 %
16 a	33 1/3% support test - 2019. If the o	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	k and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2018. If the o	organization did no	t check a box on lii	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	upported organizat	tion			
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	-	-	
b	10% -facts-and-circumstances test	-		• • • •	-		
~	more, and if the organization meets th					-	
	organization meets the "facts-and-circ						
18	Private foundation. If the organization		-	-			
-10	The organization in the organization	an ala not uncon a l		, 100, 178, 01 170,	, oncon this box a		·

Schedule A (Form 990 or 990-EZ) 2019

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(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.)

Sec	cion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	9 (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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	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						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019) (f) Total
	Amounts from line 6						
	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						
с	Add lines 10a and 10b						
	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 fo	r the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	n 501(c)(3) org	ganization,
	check this box and stop here						
Sec	ction C. Computation of Publ	ic Support Per	centage				
15	Public support percentage for 2019 (line 8, column (f), d	ivided by line 13,	column (f))		15	%
16	Public support percentage from 2018	Schedule A, Part	III, line 15			16	%
	tion D. Computation of Invest					· · ·	
	Investment income percentage for 2			ine 13. column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2019. If the						
	more than 33 1/3%, check this box a	-					
h	33 1/3% support tests - 2018. If the						······
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
		AT GIG HOL CHECK &	557 OF INC 14, 18				m 990 or 990-EZ) 2019
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Schedule A (Form 990 or 990-EZ) 2019 EASTERN WASHINGTON

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2019

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3a

3b

3c

4a

4b

4c

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5b

5c

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9a

9b

9c

10a

10b

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Yes No

Part M Supporting Organizations contribution from any of the following persons? Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? Image: Control and Contrel and Control and Contrel and Control and Control and C	Sche	dule A (Form 990 or 990-EZ) 2019 EASTERN WASHINGTON	32-0014330	Pa	age 5
11 Has the organization accepted a gift or combustion from any of the following persons? 11	Par	rt IV Supporting Organizations (continued)			
 a A person who directly or indirectly controls, either stone or bigsher with periods described in (b) and (c) b A tamily member of a person described in (a) above? c. A 33% control density of a person described in (a) chi babove? c. A 33% control density of a person described in (a) chi babove? c. A 33% control density of a person described in (a) chi babove? d. A 35% control density of a person described in (a) chi babove? d. A 35% control density of a person described in (a) chi babove? d. A 35% control density of the organizations directors or trustees at all times during the tax year? d. Did the directors, trustees, or membarship of one or more supported organization, have the powers to apport and/or remove durations of the darge density density of the organization described in the organization density of the organization, describe how the powers to apport and/or remove supported organization, describe how the powers to apport and/or remove supported organization, describe how the powers to apport and/or remove supported organization, describe how the powers to apport and/or remove supported organization of the support of organization, describe how the powers to apport and/or remove supported organization of the support of organization or subset of the support of organization? If 'Yea, 'secole in Part VI how control or management of the support of organizations (b) the organization organization was vested in the same persons that controlled or managed in examples of the organization was vested in the same persons that controlled or managed in examples (b) appoint of organizations (b) the organization organization (b) the organization subset of the organ				Yes	No
bedrown the governing body of a supported organization? bedrown the governing body of a supported organization and the support of support of the support of the support of the support of support of support of the support of support of support of the support of support supp	11	Has the organization accepted a gift or contribution from any of the following persons?			
b A family member of a person described in thig above? c. A 39% controlled entity of a person described in the foll bioloxe? If "Yest" is a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Ves. No regularly apoint or left at least a majority of the organization's directors or trustees at all times during the tax yest. ⁷ (IA work of the organization's directors or person described in the organization's directors or controlled the comportant and/or removes two ported organization, describe how the powers to apoint and/or removes wave ploced arganization, describe how the powers to apoint and/or removes wave ploced arganization, describe how the powers to apoint and/or removes wave ploced arganization, describe how the powers to apoint and/or removes wave ploced arganization, describe how the powers to apoint and/or removes wave ploced arganization? How the powers to apoint and/or removes wave ploced arganization? How the analytication person the supported organization? How the powers to apoint and/or removes Section C. Type II Supporting Organizations Section D. All Type II Supporting Organizations How the note supported organization person that controlled the supported organization person that controlled or managed the aganization supporting organization persons that controlled or managed the aganization supporting organization persons that controlled or managed the aganization supporting Organization persons that controlled or managed the aganization supporting organization persons that controlled or managed the aganization support organization persons that controlled or managed the aganization support of granizations Section D. All Type II Supporting Organizations How the support organization persons that controlled or managed the aganization so there supporting organizations the support of the supporting organization persons the support of the support organiz	а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
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 a The organization satisfied the Activities Test. Complete line 2 below. b The organization is the parent of each of its supported organizations. Complete line 3 below. c 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 organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b Did the activities constituted substantially all of its activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 	Sec	tion E. Type III Functionally Integrated Supporting Organizations			
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 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</i> Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of each of its supported organizations? <i>If</i> "Yes," <i>describe in</i> Part VI <i>the role played by the organization in this regard.</i> 			Oh		
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trustees of each of the supported organizations? Provide details in Part VI. 3a b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 3a		·······			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b	d		20		
of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b	h				
			3b		
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Schedule A (Form 990 or 990-EZ) 2019 EASTERN WASHINGTON

32-0014330 Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 2 Recoveries of prior-year distributions 2 **3** Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 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 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 4 see instructions). 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 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1. 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 3 Enter greater of line 2 or line 3. 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 6

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

Schedule A (Form 990 or 990-EZ) 2019

932026 09-25-19

Schedule A (Form 990 or 990-EZ) 2019 EASTERN WASHINGTON 32-0014330 Page 7 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 Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets **5** Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions. 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2019 from Section C, line 6 Line 8 amount divided by line 9 amount 10 (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2019 Amount for 2019 Distributable amount for 2019 from Section C, line 6 1 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2019 a From 2014 **b** From 2015 **c** From 2016 d From 2017 e From 2018 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7: \$ **a** Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2015 b Excess from 2016 c Excess from 2017 d Excess from 2018 e Excess from 2019

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

Schedule A	Form 990 or 990-EZ) 2019 EASTERN WASHINGTON	32-0014330	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line 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 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any add (See instructions.)	rt V, Section B, line 1e; Part IV, Section	n C,
932028 09-25-1) Sche	dule A (Form 990 or 990	-EZ) 2019

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2019

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

Contributor's Name	Total Contributions	Excess Contributions
HILDREN'S MIRACLE NETWORK	6,170,696.	5,420,573
PROVIDENCE HEALTH & SERVICES - WASHINGTON	5,391,470.	4,641,347
otal Excess Contributions to Schedule A, Part II, Line 5		10,061,920

Schedule B

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

Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

2019

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Name of the organizatio	Name of the organization			
	PROVIDENCE HEALTH CARE FOUNDATION			
	EASTERN WASHINGTON			
Organization type (cheo	ck one):			
Filers of:	Section:			
Form 990 or 990-EZ	\boxed{X} 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			
, ,	on is covered by the General Rule or a Special Rule. 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.		
General Rule				
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling any one contributor. Complete Parts I and II. See instructions for determining a contributor'			

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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

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

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

Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2019)		Page 2
Name of or			Employer identification number
	CE HEALTH CARE FOUNDATION WASHINGTON		32-0014330
Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributior	
1		\$240,	000. Person X Payroll Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	ns Type of contribution
2		\$226,	537. Person X Payroll Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	ns Type of contribution
3		\$153,	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
4		\$1,338,	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
5		\$169,	353. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributior	(d) ns Type of contribution
6		\$1,474,	(Complete Part II for noncash contributions.)
923452 11-06	-19	Schedule	B (Form 990, 990-EZ, or 990-PF) (2019)

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

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Schedule E	8 (Form 990, 990-EZ, or 990-PF) (2019)		Page 2
Name of or	5		Employer identification number
	CE HEALTH CARE FOUNDATION WASHINGTON		32-0014330
Part I	Contributors (see instructions). Use duplicate copies of Part I if	I additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
7		\$\$,	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contribution	s Type of contribution
		\$	Person Payroll Payroll Payroll Noncash Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
		\$	Person Payroll O Complete Part II for noncash contributions.)

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

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	3 (Form 990, 990-EZ, or 990-PF) (2019)		Page
Name of or			Employer identification number
	CE HEALTH CARE FOUNDATION WASHINGTON		32-0014330
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed	i.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	

Name of organization Engloyer debugster Signal 2001 EXPUTIBING THALKET CARE PORTIDIATE TON 32-0014330 EXPERTING FALLE CARE PORTIDIATE ON 32-0014330 EXPERTING FALLE CARE PORTIDIATE ON 32-0014330 EXPERTING FALLE CARE PORTIDIATE ON 32-0014330 Image of organization description of the grad for the gr	Schedule B ((Form 990, 990-EZ, or 990-PF) (2019)		Page 4
BATTER WARK1007091 12.2-01.210/01 Michael Properties of the second second	Name of orga	anization		Employer identification number
[Part III] Exclusive reliable, etc. contributions to againstation described in section 601(c)7(d), etc. 100 hart tell more than 51.000 for the year formations are entry brill, the table of enclosing inter etc. For equivations are entry brill in additional goals in the etc. (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Descripti	PROVIDENCI	E HEALTH CARE FOUNDATION		
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Protection of natural habitat 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. a Total number of conservation easements b Total acreage restricted by conservation easements a Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure a Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year b 4 Number of states where property subject to conservation easement is located b 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year > S 4 Anount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year > S 9 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. Complete if the organization elected, as permitted under FASB ASC 058, 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 ext of the footnote to the drasting to the service, provide the form 900, Part XII, et assets h	1		, ,		_	بر المحال	increase to be a super-
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 fax year. a Total arceage restricted by conservation easements Data arceage restricted by conservation easements on a certified historic structure included in (a) 2a d Number of conservation easements on a certified historic structure included in (a) 2a d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year b				tion or education)	_		•
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. a Total acreage restricted by conservation easements b Total acreage restricted by conservation easements c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 4 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements included in conservation easement is located >		—			Preservation of a certin	neu nis	stone structure
day of the tax year. Image: the field at the End of the Tax Year. a Total number of conservation easements Image: the field at the End of the Tax Year. c Number of conservation easements on a certified historic structure included in (a) Image: the field at the End of the Tax Year. d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure inside in the National Register Image: the field at the End of the Tax Year. 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year image: the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements it holds? 4 Number of states where property subject to conservation easements it located image: the conservation easements it monitoring, inspecting, handling of violations, and enforcing conservation easements during the year b	2			ied conservation contri	bution in the form of a cor	neorvat	tion essement on the last
a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 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 enforcing conservation easements during the year > 6 Statf and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year > s A nount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year > s 9 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 tx of the tootnote to the organization's financial statements that describes the organization searced 's' on Form 990, Part V, line 8. Complet (if the organization asserted 'Yee' on Form 990, Part V, line 8. 1 If the organization surverd 'Yee' on Form 990, Part V, line 8. b If the organization elected, as permitted under FASB ASC 958, to report in its reve	2		agn zu ir the organization heid a quain	led conservation contin			
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 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	d						
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 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$		violations, and enforce	ment of the conservation easements it	holds?			Yes No
 \$	6	Staff and volunteer hou	urs devoted to monitoring, inspecting,	handling of violations, a	and enforcing conservation	n ease	ments during the year
 \$		▶					
 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	7	-	ncurred in monitoring, inspecting, hanc	lling of violations, and e	nforcing conservation eas	sement	s during the year
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27 2019.04030 PROVIDENCE HEALTH CARE FO 60097961

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	PROVIDENCE	HEALTH CARE FOU	INDATION					
	dule D (Form 990) 2019 EASTERN WAS			0.1		14330	Pa	age 2
	t III Organizations Maintaining C						nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make s	significant use of its	5		
	collection items (check all that apply):							
а	Public exhibition	d		hange program				
b	Scholarly research	e	Other					
с	Preservation for future generations							
4	Provide a description of the organization's co		,	0		t XIII.		
5	During the year, did the organization solicit o				r assets			1
D .	to be sold to raise funds rather than to be ma					Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the organizatio	n answered "Yes" o	n Form 990, Part IV	, line 9, or		
	reported an amount on Form 990, Par							
1a	Is the organization an agent, trustee, custodi		•			—]		1
	on Form 990, Part X?				L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:					
						Amoun	t	
С	Beginning balance							
d	Additions during the year							
е	Distributions during the year							
f	Ending balance							1
2a	Did the organization include an amount on Fo				• • • • • • • • • • • • • • • • • • • •	Yes		No
Par	If "Yes," explain the arrangement in Part XIII.							
Fai	t V Endowment Funds. Complete i					() [
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years bac			
1a	Beginning of year balance	11,613,968.	13,453,906.		10,523,878		965,	
b	Contributions	47,330.	101,489.	, ,			111,	
	Net investment earnings, gains, and losses	1,423,686.	-701,440.	, ,			140,	
	Grants or scholarships	-583,090.	203,271.	258,689.	39,843	•	412,	869.
е	Other expenditures for facilities	50.004	1 000 510					
	and programs	-52,324.	1,036,716.			_		
f	Administrative expenses		11 (12 0(0	40.450.000	11 000 505	- 10	500	
g	End of year balance	12,449,569.	11,613,968.		11,206,767	. 10	,523,	878.
2	Provide the estimated percentage of the curr	•	e (line 1g, column (a)) held as:				
а	Board designated or quasi-endowment	89.86	_%					
	Permanent endowment 9.70	%						
с	Term endowment .44	%						
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.						
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	nd administered for t	he organization			
	by:						Yes	No
	(i) Unrelated organizations							Х
	(ii) Related organizations						X	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?			3b	Х	
4	Describe in Part XIII the intended uses of the		wment funds.					
Pai	t VI Land, Buildings, and Equipm							
	Complete if the organization answered				, line 10.			
	Description of property	(a) Cost or o	. ,		Accumulated	(d) Boo	k value	Э
		basis (investr	Dasis	(other) de	epreciation			
	Land							
b	Buildings							
	Leasehold improvements							
	Equipment							
	Other							^
Tota	I. Add lines 1a through 1e. (Column (d) must e	aual Form 990, Part 2	X. column (B), line 10	0 <u>c.)</u>	🕨 📘			0.

Schedule D (Form 990) 2019

932052 10-02-19

EASTERN WASHINGTON

Schedule D (Form 990) 2019 EASTERN WASHINGT	ON	32-	0014330 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	 (c) Method of valuation: Cost or end-cost 	
			n-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"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-o	of-year market value
(1)			
(2)			
(3)			
<u>(4)</u>			
(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.	
	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	e 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			2,323,987.
(3) CHARITABLE GIFT ANNUITY/TRUST FUND OB	LIGATIONS		68,925.
(4) OTHER LIABILITIES			491.
(5)			
(6)			
(7)(2)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	- 05)		2,393,403.

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

932053 10-02-19

PROVIDENCE	HEALTH	CARE	FOUNDATION

	PROVIDENCE HEALTH CARE FOUNDATION		
Sche	dule D (Form 990) 2019 EASTERN WASHINGTON		32-0014330 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial State	ments With Reven	ue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	ements With Exper	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	r r
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
с	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)	
Pa	rt 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.

30

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.

932054 10-02-19

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	rities	OMB No. 1545-0047
(Form 990 or 990-EZ)	C) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							
Department of the Treasury		Attach to Form 990	-		-			2019 Open to Public
Internal Revenue Service		to www.irs.gov/Form990 for instru	uction	s and	the latest information	on.	<u> </u>	Inspection
Name of the organization	PROVIDENCE EASTERN WAS	HEALTH CARE FOUNDATION SHINGTON					32-00143	entification number
Part I Fundrais	ing Activities.	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, li	ine 1	7. Form 990-E	Z filers are not
 Indicate whether the a Mail solicitat b Internet and c Phone solicit d In-person so 2 a Did the organization key employees list 	e organization rais ions email solicitations tations licitations on have a written c ed in Form 990, Pa highest paid indiv	ed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Ye	
(i) Name and address or entity (fund		(ii) Activity	or cor	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
3 List all states in whi		n is registered or licensed to solicit c	ontrib	▶ utions	or has been notified	it is (exempt from re	egistration
or licensing.								
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form 9	990 or	990-E	Z. S	Sche	dule G (Form	990 or 990-EZ) 2019

EASTERN WASHINGTON 0 (5

32-0014330

	art I	 Fundraising Events. Complete if the of fundraising event contributions and gr 	ne organization answered	l "Yes" on Form 990, Parl -EZ, lines 1 and 6b. List e	t IV, line 18, or reported	more than \$15,000 ts greater than \$5,000.
			(a) Event #1	(b) Event #2 PUMPKIN BALL	(c) Other events	(d) Total events (add col. (a) through
Ð			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	163,059.	310,706.	249,185.	722,950.
	2	Less: Contributions	146,834.	216,455.	169,518.	532,807.
	3	Gross income (line 1 minus line 2)	16,225.	94,251.	79,667.	190,143.
	4	Cash prizes				
(0	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	1,100.	46,775.	2,500.	50,375.
rect Ey	7	Food and beverages	22,787.		73,712.	96,499.
Ō	8	Entertainment		48,023.	12,515.	70,675.
	9	Other direct expenses		40,023.	12,515.	
	10	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from I	()			217,549. -27,406.
	art I	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col. (a) through col. (c))
	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)			
	ı Is t	ter the state(s) in which the organization conduct the organization licensed to conduct gaming a No," explain:	ctivities in each of these			Yes No
		ere any of the organization's gaming licenses re Yes," explain:			vear?	Yes No
0200		9-11-19			Schodula C /Ea	rm 990 or 990-EZ) 2019

G (F <u>(</u>

PROVIDENCE	НЕАТЛТН	CARE	FOUNDATION
THOTTDHIGH		OTHCH.	1 00100111 1010

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2019 EASTERN WASHINGTON	32-001433	0	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	_		
	to administer charitable gaming?		Yes	No No
13	Indicate the percentage of gaming activity conducted in:			
a	a The organization's facility	13a		%
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No No
k	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
	of gaming revenue retained by the third party \blacktriangleright \$			
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	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	└── No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in th organization's own exempt activities during the tax year	е		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	d Part III, lin	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
9320	83 09-11-19 Schedule G (Form 990 c	or <u>99</u> 0	-EZ) 2010
5520				,0 13

PROVIDENCE	HEALTH	CARE	FOUNDATION
		-	

<u>Schedule G</u>	(Form 990 or 990-EZ)	EASTERN WASHINGTON	32-0014330	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	mation (continued)		
			<u></u>	
932084 04-01-	10		Schedule G (Form 990	or 990-EZ)
JJ2004 U4-U1-	13			

CHEDULE I Grants and Other Assistance to Organizations, orm 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.							2019
	Compl	ete if the organizatio	on answered "Yes" Attach to For		t IV, line 21 or 22.		Open to Public
epartment of the Treasury nternal Revenue Service		Go to www.i	rs.gov/Form990 fo		ation.		Inspection
Jame of the organization PROVIDENCE HEA	ALTH CARE FOUN						Employer identification num
EASTERN WASHIN	IGTON						32-0014330
Part I General Information on Grants ar	nd Assistance						
1 Does the organization maintain records to							
criteria used to award the grants or assis	tance?						X Yes
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to D					anization answered	es" on Form 990, Parl	IV, line 21, for any
recipient that received more than \$ 1 (a) Name and address of organization	<u>,5,000. Part II can</u> (b) EIN	(c) IRC section	(d) Amount of	ea. (e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
or government	(b) EIN	(if applicable)	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	noncash assistance	or assistance
ONZAGA UNIVERSITY							
02 E BOONE AVE							
POKANE, WA 99258	91-0236600	501 C (3)	6,000.	Ο.			STUDENT SCHOLARSHIPS
T ANNES CHILDREN'S							
25 W 5TH AVE SPOKANE, WA 99204	91-0712166	501 C (3)	7,039.	0.			DAY CARE SCHOLARSHIPS
roland, mr 33204	51 0712100	301 C (3)	,,005.	••			
ATHOLIC CHARITIES OF SPOKANE							
O BOX 2253							HELP FUND EMPLOYEE
POKANE, WA 99221	91-0569880	501 C (3)	30,000.	٥.			ASSISTANCE
ASHINGTON STATE UNIVERSITY							
O BOX 641039							
ULLMAN, WA 99164	91-6001108	GOVT	6,322.	Ο.			STUDENT SCHOLARSHIPS
POKANE TEACHING HEALTH CENTER 020 W RIVERSIDE AVE							PEDIATRIC RESIDENCY
	46-4139065	501 C (2)	120,000.	0.			TRAINING PROGRAM
POKANE, WA 99210	40-4102002	501 C (3)	120,000.	0.		1	INALITING FROGRAM
ROVIDENCE HEALTH & SERVICES-							
ASHINGTON - 1801 LIND AVE SW,							OPERATING AND CAPITAL
TTN: TAX DEPT RENTON, WA 98057	51-0216586	501 C (3)	5,474,535.	Ο.			EXPENDITURES
2 Enter total number of section 501(c)(3) ar	nd government or	anizations listed in th	e line 1 table				· · · · · · · · · · · · · · · · · · ·

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

Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019)

EASTERN WASHINGTON

32-0014330

Page 2

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

(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
EDICAL SCHOLARSHIPS/AWARDS	56	56,527.	0.		
PATIENT ASSISTANCE	4644	451,137.	٥.		
Part IV Supplemental Information. Provide the information	required in Part L lin	e 2: Part III, column	(b): and any other ac	 ditional information	

PART I, LINE 2:

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

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

SERVICES PROVIDED TO THE COMMUNITY ALONG WITH SPECIFIC FINANCIAL DATA IS

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

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

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

CHILDREN/FAMILIES SERVED OVER THE YEAR.

Part IV Supplemental Information

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

THE FINANCIAL STATEMENTS OF THESE ORGANIZATIONS ARE READILY AVAILABLE.

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

TAX-EXEMPT PURPOSE OF THE ORGANIZATION.

Schedule I (Form 990)

932291 04-01-19

sc	HEDULE J	Compensation Information	I	OMB No.	545-004	47
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest		20	10	
	-	Compensated Employees		20	IJ	
Depa	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to		ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nan	e of the organization	PROVIDENCE HEALTH CARE FOUNDATION	Employer ic	dentificatio	on nui	mber
		EASTERN WASHINGTON	32-00	014330		
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri-	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c		nal use			
	Travel for com					
		ation and gross-up payments Health or social club dues or initiation fees				
	Discretionary s	spending account Personal services (such as maid, chauffeu	ır, chef)			
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
-		rovision of all of the expenses described above? If "No," complete Part III to explain		1 b		
2	-	require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
~	la dia da subista da 16 au					
3		ly, of the following the organization used to establish the compensation of the organization's				
		ctor. Check all that apply. Do not check any boxes for methods used by a related organization of the CEO/Evenutive Director, but evelopin in Part III.	on to			
	·	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
		ompensation consultant	ommittoo			
		ther organizations Approval by the board or compensation c	ommittee			
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 rel					
а	-			4a		x
b		e payment or change-of-control payment? ceive payment from, a supplemental nonqualified retirement plan?			х	
c		ceive payment from, an equity-based compensation arrangement?				x
•		es 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		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the re					
а	•			. 5a		X
b		ation?				Х
		r 5b, describe in Part III.				
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the n	et earnings of:				
а	The organization?			. 6a		X
b		ation?				x
		r 6b, describe in Part III.				
7	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		es 5 and 6? If "Yes," describe in Part III		7	Х	
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th	ie			
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		x
9		d the organization also follow the rebuttable presumption procedure described in				
	Regulations section	53.4958-6(c)?		9		
LHA	For Paperwork Re	eduction Act Notice, see the Instructions for Form 990.	Schedu	ule J (Forr	n 990)	2019

932111 10-21-19

EASTERN WASHINGTON

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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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) PEG CURRIE	(i)	Ο.	0.	0.	Ο.	0.	0.	٥.
	ii)	448,043.	160,879.	142,427.	145,573.	18,891.	915,813.	229,797.
(2) HELEN ANDRUS	(i)	٥.	٥.	٥.	0.	Ο.	0.	0.
	ii)	344,545.	95,578.	188,203.	76,819.	17,995.	723,140.	261,232.
	(i)	٥.	0.	٥.	Ο.	0.	0.	0.
	ii)	201,775.	37,632.	435.	23,103.	15,253.	278,198.	37,632.
(4) JOYCE M. CAMERON	(i)	٥.	0.	٥.	Ο.	0.	0.	0.
	ii)	191,228.	27,380.	2,087.	21,527.	8,469.	250,691.	27,380.
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							
	(i)							
	ii)							

Schedule J (Form 990) 2019

Page 2

Part III Supplemental Information

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

PART I, LINE 1A:

PROVIDENCE EXPENSE REIMBURSEMENT PROCEDURES INCLUDE THE FOLLOWING POLICIES:

EASTERN WASHINGTON

TRAVEL FOR COMPANIONS

SPOUSE OR COMPANION TRAVEL. TRAVEL EXPENSES INCURRED BY A PROVIDENCE

EMPLOYEE'S SPOUSE OR COMPANION WILL NOT BE REIMBURSED BY PROVIDENCE UNLESS

THE SPOUSE OR COMPANION IS REQUIRED TO, OR INVITED TO ATTEND A PROVIDENCE

SYSTEM-SPONSORED MEETING, OR FOR TRAVEL RELATED TO RELOCATION.

RELOCATION-RELATED VISITS SHOULD NOT EXCEED TWO RELOCATION-RELATED VISITS,

UNLESS APPROVED BY THE EXECUTIVE VICE PRESIDENT, CHIEF ADMINISTRATIVE

OFFICER OF PROVIDENCE. REIMBURSEMENT OF THESE EXPENSES IS LIMITED AND MAY

BE CONSIDERED A TAXABLE BENEFIT BY THE IRS AND IF SO, ARE INCLUDED ON THE

EMPLOYEE'S FORM W- 2.

HELEN ANDRUS - \$2,565

PART I, LINE 3:

DESCRIPTION OF PROCESS TO REVIEW COMPENSATION PAID TO TOP MANAGEMENT

OFFICIAL

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

Schedule J (Form 990) 2019

PROVIDENCE HEALTH CARE FOUNDATION

Schedule J (Form 990) 2019

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.

BY ITS TAX EXEMPT PARENT, PROVIDENCE HEALTH & SERVICE - WASHINGTON, AND IS

EASTERN WASHINGTON

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

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

PART I, LINE 4B:

ENTITIES WITHIN THE PROVIDENCE SYSTEM SPONSOR NON-QUALIFIED SUPPLEMENTAL

EXECUTIVE RETIREMENT PLANS FOR CERTAIN EXECUTIVES. THE PLANS PROVIDE FOR

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

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

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

SUBSTANTIAL FUTURE SERVICES, THESE SUPPLEMENTAL RETIREMENT CONTRIBUTIONS

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

BEFORE REACHING HER OR HIS VESTING DATE. THE SUPPLEMENTAL RETIREMENT

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

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

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

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

THE FOLLOWING INDIVIDUALS RECEIVED A PAYOUT DURING THE CURRENT YEAR:

Schedule J (Form 990) 2019

32-0014330

Page 3

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.

PEG CURRIE - \$ 116,406

HELEN ANDRUS - \$165,654

PART I, LINE 7:

NON-FIXED PAYMENTS

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

EASTERN WASHINGTON

AN EXECUTIVE COMPENSATION PHILOSOPHY THAT CLOSELY TIES AN EXECUTIVE'S

COMPENSATION TO PERFORMANCE BOTH THE PERFORMANCE OF THE ORGANIZATION AND

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

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

ORGANIZATION OR OF THE INDIVIDUAL DOES NOT MEET THE PERFORMANCE STANDARDS

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

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

PERFORMANCE-BASED ANNUAL INCENTIVE PLAN THAT AFFORDS PARTICIPATING

EXECUTIVES THE OPPORTUNITY TO EARN "AT RISK" COMPENSATION THROUGH

PERFORMANCE AGAINST VERY CHALLENGING GOALS. PAYOUTS WILL BE AWARDED BASED

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

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

THE EXECUTIVE COMPENSATION COMMITTEE REVIEWS AND APPROVES EACH YEAR'S

Page 3

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.

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

EASTERN WASHINGTON

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

STRATEGIC PURPOSES. EACH YEAR THE PSJH BOARD EXECUTIVE COMPENSATION

COMMITTEE REVIEWS THE INCENTIVE PERFORMANCE AND MUST CERTIFY THE

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

REVIEWING AND APPROVING TOTAL COMPENSATION FOR EXECUTIVES, THE EXECUTIVE

COMPENSATION COMMITTEE INCLUDES INCENTIVE AWARDS, TO MAKE SURE THAT

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

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

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

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

MANNER THAT IS IN ACCORDANCE WITH IRS REQUIREMENTS FOR COMPENSATION OF

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

PRACTICES IN THE INDUSTRY.

Pa<u>ge **3**</u>

SCHEDU	LEL		Tra	insaction	ıs V	Vith	Inte	erested	P	ersons			0	ИВ No.	1545-00)47
(Form 990 o	or 990-EZ) 🕨 (Complete if	the o	rganization ans 28b, or 28c, o						line 25a, 25b, 2 40b.	6, 27,	28a,		20	19	<u>}</u>
Department of the		•		Atta	ch to	Form	990 or	Form 990-EZ	<u>z</u> .					pen T		olic
Internal Revenue				WWW.irs.gov/Fo			nstruct	ions and the	late	est information.	Em	alove	r ident	spect		umber
Name of the	+	EASTERN WA			UNDAI	TON						-	4330	incau	on nu	innbei
Part I					01(c)(3), sect	ion 501	(c)(4), and see	ctior	n 501(c)(29) orga						
										Form 990-EZ, Pa						
1 (a) Name	e of disqualified	person	(b) F	Relationship betw person and or			ified	(0	c) De	escription of tran	sactio	n	(d) Corrected Yes No			ected? No
															_	
	e amount of tax			•	•			•	Ũ							
section 3 Enter th	4958 e amount of tax,											► \$ ► \$				
Part II	Loans to an	d/or From) Int	oracted Dara	000											
							Dort V	lina 29a ar E	orm	n 990, Part IV, lin	- <u>26</u> . /	or if th	o orao	nizoti	.	
	reported an amo	0					, Fart v	, 1110 304 01 1	-011	1990, Fart IV, III	e 20, t		e orga	IIIZalio		
(a)	Name of	(b) Relatior	tionship (c) Purpose (d) Loan to or (e) Original (f) Balance due (g) In								(h) Approved by board or (i) Written					
interes	sted person	with organiz	zation	of loan	organi	zation?	1	ipal amount			default?		cómm	committee? agreemer		
					To	From				Yes No		Yes	No	Yes	No	
																+
																—
																+
Total Part III	Grants or As	ssistance	Ben	efiting Inter	ested	d Per	sons.	> \$								
	Complete if the	organization	ansv	vered "Yes" on F	Form 9	90, Pa	art IV, lir	ne 27.		1						
(a) Nar	ne of interested	person		(b) Relationship interested pers the organiza	son an			assistance (d) Type								of
			-									+				
												+				
LHA For Pa	perwork Reduc	tion Act No	tice, :	see the Instruct	tions f	or For	m 990	or 990-EZ.		Sch	edule	L (Foi	rm 990) or 9	90-EZ	Z) 2019

Schedule L (Form 990 or 990-EZ) 2019 EASTERN WASHINGTON

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	organiz	aring of zation's nues?
				Yes	No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIB	0.	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 L (Form 990 or 990-EZ) 2019

932132 10-21-19

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

/U

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Open to Public Inspection

g

Name	of	the	orgar	izatio
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Go to www.irs.gov/Form990 for instructions and the latest information.

n

PROVIDENCE	HEALTH	CARE	FOUNDATION	

Employer identification number 32-0014330

EASTERN WASHINGTON

Pa	t I	Ту	pes	of Property								
						(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of de	etermin	•	
						applicable	contributions or items contributed	amounts reported on Form 990, Part VIII, line 1g	noncash contrib	ution ar	nount	3
1	Art -	Works	s of a	art		Х	1		ESTIMATED VALUE			
2				treasures								
3				interests								
4				lications		Х		11,480.	ESTIMATED VALUE			
5				ousehold goods		Х		50,454.	ESTIMATED VALUE			
6				vehicles								
7				ies								
8				perty								
9				olicly traded								
10				sely held stock								
11				tnership, LLC, or								
		intere										
12				cellaneous								
13				ervation contribution -								
	Histo	oric sti	ructu	ires								
14	Qual	ified c	onse	ervation contribution - Ot								
15				esidential								
16	Real	estate	e - C	ommercial								
17				ther								
18												
19				,		Х	8	19,566.	ESTIMATED VALUE			
20				lical supplies								
21												
22				cts								
23				mens								
24				artifacts								
25		er 🕨		TOYS/FIGURINE)	Х	12	43,352.	ESTIMATED VALUE			
26	Othe	er 🕨	(JEWELRY)	Х	5	25,370.	ESTIMATED VALUE			
27	Othe	er 🕨	(TICKETS)	Х	3	12,000.	ESTIMATED VALUE			
28	Othe	er 🕨	(OTHER)	Х	1	5,000.	ESTIMATED VALUE			
29	Num	ber of	For	ms 8283 received by the	organiz	ation during	the tax year for c	ontributions				
	for w	hich t	he o	rganization completed F	orm 828	33, Part IV, [Donee Acknowledg	jement 29				
											Yes	No
30a	Durii	ng the	yea	r, did the organization re	ceive by	o contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	mus	t hold	for a	t least three years from t	he date	of the initia	l contribution, and	which isn't required to be us	sed for			
	exen	npt pu	irpos	es for the entire holding	period?					30a		Х
b				be the arrangement in Pa								
31	Does	s the c	orgar	nization have a gift accep	tance p	olicy that re	equires the review of	of any nonstandard contribut	ions?	31		Х
32a	Does	s the c	orgar	nization hire or use third p	oarties o	or related or	ganizations to solid	cit, process, or sell noncash				

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

contributions?

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

32a

х

932141 09-27-19

b If "Yes," describe in Part II.

PROVIDENCE	HEALTH	CARE	FOUNDATION

Schedule M (Form 990) 2019 EASTERN WASHINGTON	32-0014330	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, is reporting in Part I, column (b), the number of contributions, the number of items received, or	and 33, and whether the organiza	ation
this part for any additional information.	a complication of both. Also COIII	hiere
SCHEDULE M, PART I, COLUMN (B):		
THE AMOUNTS IN COLUMN B REPRESENT THE NUMBER OF CONTRIBUTIONS.		
932142 09-27-19	Schedule M (Form	1 990) 2019
47		

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4/ 2019.04030 PROVIDENCE HEALTH CARE FO 60097961

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury	Supplemental Information to Form 990 or 9 Complete to provide information for responses to specific questions Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.		OMB No. 1545-0047
Internal Revenue Service Name of the organization	► Go to www.irs.gov/Form990 for the latest information. PROVIDENCE HEALTH CARE FOUNDATION	Employe	Inspection r identification number
	EASTERN WASHINGTON		014330
FORM 990, PART I, I	INE 1, DESCRIPTION OF ORGANIZATION MISSION:		
AS EXPRESSIONS OF (OD'S HEALING LOVE, WITNESSED THROUGH THE MINISTRY OF		
JESUS WE ARE STEAD	PFAST IN SERVING ALL, ESPECIALLY THOSE WHO ARE POOR		
AND VULNERABLE.			
FORM 990 PART III	LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:		
PROVIDENCE			
ON JULY 1, 2016, PH	COVIDENCE HEALTH & SERVICES (PHS) AND ST. JOSEPH		
HEALTH SYSTEM (SJH:) ENTERED INTO A BUSINESS COMBINATION AGREEMENT TO		
FORM PROVIDENCE ST.	JOSEPH HEALTH (PROVIDENCE). BY COMING TOGETHER,		
PROVIDENCE SEEKS TO	BETTER SERVE ITS COMMUNITIES THROUGH GREATER		
PATIENT AFFORDABIL	TY, OUTSTANDING CLINICAL CARE, IMPROVEMENTS TO THE		
PATIENT EXPERIENCE	AND INTRODUCTION OF NEW SERVICES WHERE THEY ARE		
NEEDED MOST.			
TOGETHER, OUR CARE	IVERS SERVE IN 51 HOSPITALS, 1,085 CLINICS ACROSS		
ALASKA, CALIFORNIA	MONTANA, NEW MEXICO, OREGON, TEXAS AND WASHINGTON.		
,			
THE FOUNDERS OF BO	'H ORGANIZATIONS WERE COURAGEOUS WOMEN AHEAD OF THEIR		
TIME. THE SISTERS (OF PROVIDENCE AND THE SISTERS OF ST. JOSEPH OF ORANGE		
	AND OTHER SOCIAL SERVICES TO THE AMERICAN WEST WHEN		
BROUGHT HEALTH CAR	AND OTHER SOCIAL SERVICES TO THE AMERICAN WEST WHEN		
IT WAS STILL A RUGO	ED, UNTAMED FRONTIER. NOW, AS WE FACE A DIFFERENT		
LANDSCAPE A CHANG	NG HEALTH CARE ENVIRONMENT WE DRAW UPON THEIR		
PIONEERING AND COM	PASSIONATE SPIRIT TO PLAN FOR THE NEXT CENTURY OF		
HEALTH CARE.			
LHA For Paperwork Re	duction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (For	m 990 or 990-EZ) (2019)

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932211 09-06-19

2019.04030 PROVIDENCE HEALTH CARE FO 60097961

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization PROVIDENCE HEALTH CARE FOUNDATION EASTERN WASHINGTON	Employer identification number 32-0014330
PROVIDENCE HEALTH & SERVICES	
IN 1856, MOTHER JOSEPH AND FOUR SISTERS OF PROVIDENCE ESTABLISHED	
HOSPITALS, SCHOOLS AND ORPHANAGES ACROSS THE NORTHWEST. OVER THE YEARS,	
OTHER CATHOLIC SISTERS TRANSFERRED SPONSORSHIP OF THEIR MINISTRIES TO	
PROVIDENCE, INCLUDING THE LITTLE COMPANY OF MARY, DOMINICANS AND	
CHARITY OF LEAVENWORTH. RECENTLY, SWEDISH HEALTH SERVICES, KADLEC	
REGIONAL MEDICAL CENTER AND PACIFIC MEDICAL CENTERS HAVE JOINED	
PROVIDENCE AS SECULAR PARTNERS WITH A COMMON COMMITMENT TO SERVING ALL	
MEMBERS OF THE COMMUNITY.	
ST. JOSEPH HEALTH SYSTEM	
IN 1912, A SMALL GROUP OF SISTERS OF ST. JOSEPH LANDED ON THE RUGGED	
SHORES OF EUREKA, CALIFORNIA TO PROVIDE EDUCATION AND HEALTH CARE. THEY	
LATER ESTABLISHED ROOTS IN ORANGE, CALIFORNIA, AND EXPANDED TO SERVE	
SOUTHERN CALIFORNIA, NORTHERN CALIFORNIA AND TEXAS. THE HEALTH SYSTEM	
ESTABLISHED MANY KEY PARTNERSHIPS, INCLUDING A MERGER BETWEEN LUBBOCK	
METHODIST HOSPITAL SYSTEM AND ST. MARY HOSPITAL TO FORM COVENANT HEALTH	
IN LUBBOCK, TEXAS. RECENTLY, AN AFFILIATION WAS ESTABLISHED WITH HOAG	
HEALTH TO INCREASE ACCESS TO SERVICES IN ORANGE COUNTY, CALIFORNIA.	
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.	
SUPPORTED VARIOUS EDUCATIONAL CONFERENCES, SCHOLARSHIPS AND AWARDS TO	
NURSES, PHYSICIANS AND STUDENTS OF \$56,527. APPROVED PATIENT EMERGENCY	
ASSISTANCE OF \$581,317 (\$451,137 DISTRIBUTED) IN GAS CARDS,	
932212 09-06-19	Schedule O (Form 990 or 990-EZ) (201

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^{2019.04030} PROVIDENCE HEALTH CARE FO 60097961

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization PROVIDENCE HEALTH CARE F	COUNDATION	Page :
Name of the organization FROVIDENCE HEALTH CARE F		Employer identification number 32-0014330
TRANSPORTATION, AT-HOME CARE, MEDICAL EQUIPME	INT AND PRESCRIPTIONS. A	
CRISIS NURSEY IS SUPPORTED THROUGH A JOINT EV	VENT WITH NET PROCEEDS OF	
\$198,884 (ONE HALF OF WHICH IS DISTRIBUTED).	AN EMPLOYEE HELP PROGRAM	
IS MANAGED BY CATHOLIC CHARITIES OF SPOKANE,	\$30 000 WAS PROVIDED TO	
,	<u> </u>	
PROVIDENCE HEALTH CARE EMPLOYEES IN NEED OF A	ASSISTANCE.	
FORM 990, PART VI, SECTION A, LINE 6:		
CLASSES OF MEMBERS OR STOCKHOLDERS		
PROVIDENCE HEALTH & SERVICES - WASHINGTON IS	THE SOLE CORPORATE MEMBER OF	
PROVIDENCE HEALTH CARE FOUNDATION EASTERN WAS	SHINGTON.	
FORM 990, PART VI, SECTION A, LINE 7A:		
CLASSES OF PERSONS AND THE NATURE OF THEIR RI	IGHTS	
PROVIDENCE HEALTH CARE FOUNDATION EASTERN WAS	HINGTON HAS A TIERED	
GOVERNANCE IN WHICH THE CORPORATE MEMBERS RES	SERVE THE RIGHT TO APPOINT	
DIDECTORS TO THE DOMINENCE HEATTH CARE FOUND	NATON EXCHEDN WACUTNOMON	
DIRECTORS TO THE PROVIDENCE HEALTH CARE FOUND	ATTON EASTERN WASHINGTON	
BOARD. ALL DIRECTOR NOMINATIONS THAT COME FRO	M THE PROVIDENCE HEALTH CARE	
FOUNDATION EASTERN WASHINGTON BOARD AS NOMINA	ATIONS MUST BE APPROVED BY	
PROVIDENCE HEALTH & SERVICES - WASHINGTON, AS	THE CORPORATE MEMBER.	
FORM 990, PART VI, SECTION A, LINE 7B:		
CLASSES OF PERSONS, DECISIONS REQUIRING APPRO	VAL & TYPE OF VOTING RIGHTS	
THE FOLLOWING POWERS RESIDE WITH THE CORPORAT	E MEMBEK:	
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.

932212 09-06-19

<u>Schedule O (Form 990 or 990-EZ) (2019)</u>	Page 2
Name of the organization PROVIDENCE HEALTH CARE FOUNDATION	Employer identification number 32-0014330
EASTERN WASHINGTON	25-0014220
3) TO APPROVE THE ACQUISITION OF ASSETS, THE INCURRENCE OF INDEBTEDNESS OR	
THE LEASE, SALE TRANSFER, ASSIGNMENT OR ENCUMBERING OF ASSETS EXCEEDING A	
SPECIFIED THRESHOLD, OR THE SALE OR TRANSFER OF ANY PROPERTY WHICH MAY HAVE	
HISTORICAL OR RELIGIOUS SIGNIFICANCE.	
4) TO APPROVE THE DISSOLUTION OR LIQUIDATION.	
5) TO APPROVE THE ANNUAL OPERATING AND CAPITAL BUDGETS.	
6) TO APPOINT THE CERTIFIED PUBLIC ACCOUNTANTS.	
7) TO APPROVE THE CLOSURE OF ANY INSTITUTION OR MAJOR ENTITY OR WORK OF THE	
CORPORATION.	
FORM 990, PART VI, SECTION B, LINE 11B:	
PROCESS TO REVIEW 990	
THE FORM 990 WAS PREPARED BASED ON INFORMATION RECEIVED FROM VARIOUS	
DEPARTMENTS OF THE ORGANIZATION INCLUDING THE FINANCE TEAM, HUMAN	
RESOURCES, PAYROLL, COMPLIANCE AND THE GENERAL COUNSEL'S OFFICE. THE	
ORGANIZATION ENGAGED AN OUTSIDE ACCOUNTING FIRM TO PREPARE THE RETURN. THE	
RETURN HAS BEEN REVIEWED BY AN OFFICER OF THE ORGANIZATION. A FULL COPY OF	
THE FORM 990 WAS PROVIDED TO ALL BOARD MEMBERS PRIOR TO FILING WITH THE	
IRS. THE AUDIT COMMITTEE OF THE PARENT ORGANIZATION IS PROVIDED AN ANNUAL	
UPDATE ON THE TAX REPORTING PROCESS AND KEY DISCLOSURES.	
FORM 990, PART VI, SECTION B, LINE 12C:	
PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST	
PROVIDENCE TAKES THE ISSUE OF CONFLICTS OF INTEREST, AND INDEPENDENT	
932212 09-06-19 Sch	edule O (Form 990 or 990-EZ) (2019)

Vame of the organization PROVIDENCE HEALTH CARE FOUNDATION EASTERN WASHINGTON	Employer identification number 32-0014330
INCONFLICTED DECISION-MAKING, VERY SERIOUSLY. PROVIDENCE HAS A	
COMPREHENSIVE CONFLICT OF INTEREST POLICY AND INTEREST DISCLOSURE POLICY,	
ND CAREFULLY AND THOROUGHLY ADMINISTERS THESE POLICIES. BOARD MEMBERS,	
PONSORS, SENIOR LEADERS AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANY	
CTUAL OR POTENTIAL CONFLICT OF INTEREST IN ACCORDANCE WITH THE PROVIDENCE	
CONFLICT OF INTEREST POLICY, AND SO THAT THE INDIVIDUAL SATISFIES HIS OR	
ER FIDUCIARY OBLIGATIONS TO THE ORGANIZATION. DISCLOSURES ARE MADE	
NNUALLY, AS WELL AS ANY TIME AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST	
RISES. PROVIDENCE CHIEF LEGAL OFFICER AND/OR THE PROVIDENCE CHIEF RISK	
FFICER, REVIEW ALL DISCLOSURES. WHERE APPROPRIATE, THE CEO AND/OR THE	
OARD CHAIR WILL REVIEW CONFLICT OF INTEREST SITUATIONS THAT INVOLVE SENIOR	
EADERSHIP OR A BOARD MEMBER OTHER THAN THE CHAIR. PROVIDENCE CHIEF LEGAL	
OFFICER AND/OR CHIEF RISK OFFICER REVIEW MATTERS WHERE CONFLICT IS	
DIFFICULT OR CANNOT BE READILY RESOLVED AND PRESENT RECOMMENDATIONS TO THE	
PPROPRIATE BOARD COMMITTEE OR THE CEO, FOR DISCUSSION AND RESOLUTION. WHEN	
PPROPRIATE, THE INDIVIDUAL WITH THE REAL/POTENTIAL CONFLICT THAT IS BEING	
EVIEWED MAY PARTICIPATE IN THE DISCUSSION BUT IS EXCUSED FROM THE MEETING,	
ND FROM ANY FINAL DISCUSSION AND VOTE, WHEN A DECISION IS BEING MADE ON	
HETHER A CONFLICT EXISTS, OR WHEN THE ACTION GIVING RISE TO THE CONFLICT	
F INTEREST IS DECIDED. WHERE APPROPRIATE, THE CHIEF RISK OFFICER OR CHIEF	
EGAL OFFICER WILL PROVIDE PLAN TO MANAGE CONFLICTS AND AVOID PARTICIPATION	
BY THE CONFLICTED INDIVIDUAL IN THE MATTER GIVING RISE TO THE CONFLICT OF	
NTEREST. AUDITING AND MONITORING OF THIS PROCESS IS DONE REGULARLY.	
LL DOCUMENTATION OF CONFLICT OF INTEREST DISCLOSURES IS RETAINED IN	
CCORDANCE WITH ORGANIZATION RETENTION POLICY.	
ORM 990, PART VI, SECTION B, LINE 15: 32212 09-06-19 S	chedule O (Form 990 or 990-EZ) (201

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Name of the organization PROVIDENCE HEALTH CARE FOUNDATION EASTERN WASHINGTON	Employer identification number 32-0014330
PROCESS FOR DETERMINING COMPENSATION	
THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER/PRESIDENT/EXECUT	IVE 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'S INTENTION TO MAKE FINANCIAL INFORMATION 2	ACCESSIBLE AND
TRANSPARENT. ALTHOUGH THE FILING OF FORM 990 PROVIDES INSIG	HT INTO HOW
PROVIDENCE ACHIEVES ITS MISSION, DELIVERS ITS PROGRAMS AND S	STEWARDS ITS
FINANCES, DECIPHERING THE INFORMATION DIRECTLY FROM FORM 99	0 CAN BE
CHALLENGING. THE FOLLOWING PARAGRAPHS PROVIDE FURTHER INFORM	MATION ABOUT THE
PROCESS WE USE TO DETERMINE COMPENSATION FOR TOP MANAGEMENT	, OFFICERS AND
KEY EMPLOYEES.	
PROVIDENCE HAS A SINGLE FIDUCIARY BOARD, WITH RESPONSIBILITY	Y FOR FINANCIAL
OVERSIGHT ASSOCIATED WITH FULFILLMENT OF THE PROVIDENCE MISS	
SYSTEM POLICIES, PROTECTING THE ASSETS ENTRUSTED TO THE ORGA	ANIZATION AND
OVERSEEING THE STRATEGIC AND OPERATIONAL AFFAIRS OF PROVIDE	NCE'S LEGAL
ENTITIES. PROVIDENCE ALSO MAINTAINS A NETWORK OF COMMUNITY	ENTITY BOARDS
WITH RESPONSIBILITY FOR QUALITY OF CARE OVERSIGHT, COMMUNITY	Y RELATIONS,
ADVOCACY AND COMMUNITY NEEDS ASSESSMENTS.	
PROVIDENCE HAS A CONSISTENT COMPENSATION PHILOSOPHY FOR ALL	OF ITS SENIOR
EXECUTIVES, INCLUDING ALL OFFICERS. SALARIES FOR SENIOR EXEC	CUTIVES ARE
REVIEWED AT LEAST ANNUALLY BY THE EXECUTIVE COMPENSATION CON	MMITTEE, WHICH
IS A COMMITTEE OF THE PROVIDENCE BOARD CONSISTING ONLY OF OU	UTSIDE,
INDEPENDENT DIRECTORS. THE COMMITTEE MAKES SURE, AT EACH O	F ITS MEETINGS,
THAT NO MEMBER OF THE COMMITTEE HAS A CONFLICT OF INTEREST 2	AS TO ANY
EXECUTIVE WHOSE COMPENSATION IS REVIEWED BY THE COMMITTEE.	
932212 09-06-19 53	Schedule O (Form 990 or 990-EZ) (201
	4030 PROVIDENCE HEALTH CARE FO 6009

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

Name of the organization PROVIDENCE HEALTH CARE FOUNDATION

Page 2

Employer identification number

Name of the organization	PROVIDENCE HEALTH CARE FOUNDATION EASTERN WASHINGTON	Employer identification number 32-0014330
THE EXECUTIVE COMPE	NSATION COMMITTEE RETAINS AN INDEPENDENT CONSULTANT EACH	
YEAR TO REVIEW SALA	RIES OF THOSE IN THE MOST SIGNIFICANT LEADERSHIP ROLES	
IN THE ORGANIZATION	. PART OF THE CONSULTANT'S ROLE IS TO REVIEW AN	
EXTENSIVE ARRAY OF	COMPENSATION SURVEYS OF LARGE, NOT-FOR-PROFIT HEALTH	
CARE SYSTEMS IN THE	UNITED STATES. PROVIDENCE IS ONE OF THE LARGER HEALTH	
SYSTEMS IN THE COUN	TRY, AND AS SUCH, THE BOARD BENCHMARKS EXECUTIVE	
COMPENSATION AGAINS	F OTHER LARGE, NOT-FOR-PROFIT HEALTH SYSTEMS THAT ARE	
SUBSTANTIALLY SIMIL	AR TO PROVIDENCE IN SIZE AND COMPLEXITY (SUCH AS HAVING	
A SIMILAR AMOUNT OF	ANNUAL NET REVENUE). ADDITIONALLY, BECAUSE PROVIDENCE	
OFTEN LOOKS TO GENE	RAL INDUSTRY FOR LEADERS IN CERTAIN FUNCTIONAL AREAS,	
PROVIDENCE ALSO TAK	ES INTO CONSIDERATION GENERAL INDUSTRY MARKET DATA IN	
THESE SPECIAL SITUA	TIONS. BASE SALARIES FOR PROVIDENCE EXECUTIVES ARE	
GENERALLY TARGETED	TO THE "MEDIAN" LEVEL OF THE MARKET DATA (WHERE HALF THE	
SALARIES IN THE DAT	A ARE LOWER AND HALF THE SALARIES IN THE DATA ARE	
HIGHER), AS IDENTIF	IED BY THE INDEPENDENT CONSULTANT AND REVIEWED WITH THE	
EXECUTIVE COMPENSAT	ION COMMITTEE.	
THE PRESIDENT/CEO U	TILIZES THE MARKET INFORMATION PROVIDED BY THE	
CONSULTANT ALONG WI	TH FORMAL PERFORMANCE EVALUATIONS, TO DETERMINE SALARY	
RECOMMENDATIONS FOR	OTHER SENIOR EXECUTIVES. THIS PROCESS INCLUDES A	
RIGOROUS ANALYSIS O	F THOSE RECOMMENDATIONS WITH THE EXECUTIVE COMPENSATION	
COMMITTEE AS A PART	OF THE REVIEW AND APPROVAL PROCESS.	
TOTAL COMPENSATION	IS TIED CLOSELY TO PERFORMANCE OF THE ORGANIZATION AND	
THE INDIVIDUAL. PE	RFORMANCE INCENTIVES ALLOW EXECUTIVES TO EARN ADDITIONAL	
COMPENSATION IF THE	Y HELP LEAD PROVIDENCE IN ACHIEVING SPECIFIC	
ORGANIZATIONAL GOAL	S FOR FURTHERING PROVIDENCE'S OPERATING COMMITMENTS AND	

54

932212 09-06-19

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

Name of the organization PROVIDENCE HEALTH CARE FOUNDATION EASTERN WASHINGTON		Employer identification number 32-0014330
TRATEGIC OBJECTIVES. THE BOARD OF DIRECTORS CONDUCTS A THOROU	JGH REVIEW	
ROCESS TO ENSURE PERFORMANCE INCENTIVES ARE ALIGNED WITH APPI		
ARKET PRACTICES.		
HE BOARD'S PROCESS FOR SETTING, REVIEWING AND APPROVING EXECT	JTIVE	
OMPENSATION FULLY COMPLIES WITH IRS STANDARDS (TO ASSURE THA	F ALL	
OMPENSATION IS CONSIDERED REASONABLE) AND REFLECTS BEST GOVE	RNANCE	
PRACTICES IN THE INDUSTRY.		
THE PROCESS WAS LAST COMPLETED IN 2020.		
ORM 990, PART VI, SECTION C, LINE 19:		
HE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF	F INTEREST	
OLICY AVAILABLE TO THE PUBLIC UPON REQUEST. THE PROVIDENCE CO	DMMUNITY	
ENEFIT REPORTS, FINANCIAL REPORTS, CONSOLIDATED AUDITED FINAL	NCIAL	
TATEMENTS, AND PHILANTHROPY REPORTS ARE ALSO AVAILABLE ON TH	E PROVIDENCE	
NTERNET SITE.		
ORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
ET ASSET TRANSFERS BETWEEN RELATED TAX-EXEMPT		
RGANIZATIONS	501,600.	
THER	-6,778.	
OTAL TO FORM 990, PART XI, LINE 9	494,822.	
32212 09-06-19		Schedule O (Form 990 or 990-EZ) (201

							MB No. 1545	5-0047
	Related Organization plete if the organization answere A			6, or 37.			201	-
Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form99	0 for instructions and the late	st information.				Inspecti	
Name of the organization PROVIDENCE HEALTH CA EASTERN WASHINGTON	ARE FOUNDATION				Em	ployer identif 32-0014330		umber
Part I Identification of Disregarded Entities. Complete	ete if the organization answered "Y	es" on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) or Total inco	(e) me End-of-year			(f) controlling entity	9
	_							
	-							
Identification of Related Tax-Exempt Organiz	ations. Complete if the organization	on answered "Yes" on Form 990) Part IV line 34 t	ecause it had one	or more	related tax-exe	emot	
Part II organizations during the tax year.			o, i al i i i, illio o i, k				, in pr	
(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))	Direc	(f) ct controlling entity		g) 512(b)(13) rolled ity? No
COVENANT ACO - 61-1573313 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	TEXAS	501(C)(3)	12,I	CHS		x	
COVENANT HEALTH NETWORK, INC - 46-1259908 1801 LIND AVE SW, ATTN: TAX DEPT.		GAL LEODATA	E01/(3)/(2)	10 777	a 111.0		v	
RENTON, WA 98057 COVENANT HEALTH PARTNERS - 46-3516417 1801 LIND AVE SW, ATTN: TAX DEPT.	HEALTHCARE	CALIFORNIA	501(C)(3)	12,III	SJHS		X	
RENTON WA 98057	HEALTHCARE	TEXAS	501(C)(3)	12,I	CHS		x	
COVENANT HEALTH SYSTEM - 75-2765566	_			,				
1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057	HEALTHCARE	TEXAS	501(C)(3)	3	SJHS		х	

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

Schedule R (Form 990) 2019

EASTERN WASHINGTON

(a) Name, address, and EIN of related organization	(b)(c)Primary activityLegal domicile (state or foreign country)		(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled zation?
COVENANT HEALTH SYSTEM FOUNDATION -				501(c)(3))		Yes	No
75-2897026, 1801 LIND AVE SW, ATTN: TAX	-						
DEPT., RENTON, WA 98057	HEALTHCARE	TEXAS	501(C)(3)	7	CHS	x	
COVENANT HOSPITAL HOBBS - 84-4273963			501(0)(3)	,		21	<u> </u>
1801 LIND AVE SW. ATTN: TAX DEPT.	-						
RENTON WA 98057	HEALTHCARE	TEXAS	501(C)(3)	3	снѕ	x	
COVENANT MEDICAL CENTER - 82-2913146				-			
1801 LIND AVE SW, ATTN: TAX DEPT.	-						
RENTON, WA 98057	HEALTHCARE	TEXAS	501(C)(3)	3	снѕ	x	
COVENANT MEDICAL GROUP - 75-2743883							
1801 LIND AVE SW, ATTN: TAX DEPT.	-						
RENTON WA 98057	HEALTHCARE	TEXAS	501(C)(3)	3	СНЅ	x	
E. WA. & MT. UNEMPLOYMENT COMPENSATION							
INSURANCE TRUST - 91-1082119, 1801 LIND AVE							
SW, ATTN: TAX DEPT., RENTON, WA 98057	UNEMPLOYMENT	WASHINGTON	501(C)(3)	12,1	PHS WA	х	
EVERETT TRANSITIONAL CARE SERVICES -							
94-3264605, P.O. BOX 5128, EVERETT, WA							
98206-5128	TRANS. CARE	WASHINGTON	501(C)(3)	10	N/A		х
FACEY MEDICAL FOUNDATION - 95-4322584							
1801 LIND AVE SW, ATTN: TAX DEPT.							
RENTON, WA 98057	SUPPORT	CALIFORNIA	501(C)(3)	7	PHS SOCAL	х	
GAMELIN WASHINGTON ASSOCIATION - 20-1910170							
1801 LIND AVE SW, ATTN: TAX DEPT.							
RENTON, WA 98057	SUPPORT	WASHINGTON	501(C)(3)	7	PHS WA	х	
GLOBAL TO LOCAL HEALTH INITIATIVE -							
27-3133200, 2800 SOUTH 192ND ST. #104,							
SEATAC, WA 98188	HEALTHCARE	WASHINGTON	501(C)(3)	7	SHS	х	
GRACE CLINIC OF LUBBOCK - 20-3856995							
1801 LIND AVE SW, ATTN: TAX DEPT.							
RENTON, WA 98057	HEALTHCARE	TEXAS	501(C)(3)	3	СНЅ	Х	
HMTS, INC 45-3583707	_						1
1 HOAG DRIVE	_						1
NEWPORT BEACH, CA 92658	HEALTHCARE	CALIFORNIA	501(C)(3)	12,I	НМНР	х	
HOAG CHARITY SPORTS - 45-2982422	_						1
2081 BUSINESS CENTER DR., STE 195	_						1
NEWPORT BEACH, CA 92663	SUPPORT	CALIFORNIA	501(C)(3)	7	ннғ	х	

EASTERN WASHINGTON

(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	(f) Direct controlling entity	organization	
HOAG CLINIC - 33-0676831				501(c)(3))		Yes	No
1 HOAG DRIVE, BOX 6100	-						
NEWPORT BEACH, CA 92658	HEALTHCARE	CALIFORNIA	501(C)(3)	10	НМНР	x	
HOAG HOSPITAL FOUNDATION - 95-3222343							
330 PLACENTIA AVE.	-						
NEWPORT BEACH CA 92663	FUNDRAISING	CALIFORNIA	501(C)(3)	7	НМНР	x	
HOAG MEMORIAL HOSPITAL PRESBYTERIAN -							
95-1643327, 1 HOAG ROAD, BOX 6100, NEWPORT	-						
BEACH, CA 92663	HEALTHCARE	CALIFORNIA	501(C)(3)	3	CHN	x	
HOSPICE OF LUBBOCK - 75-2133781							<u> </u>
1801 LIND AVE SW, ATTN: TAX DEPT.							
RENTON, WA 98057	HEALTHCARE	TEXAS	501(C)(3)	10	CHS	x	
INLAND NORTHWEST HEALTH SERVICES -							
91-1307555, 1801 LIND AVE SW, ATTN: TAX							
DEPT. RENTON WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	3	PHS WA	х	
INSTITUTE FOR MENTAL HEALTH & WELLNESS -							
81-4260130, 1801 LIND AVE SW, ATTN: TAX							
DEPT., RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	7	PHS / SJHS	x	
INSTITUTE FOR SYSTEMS BIOLOGY - 91-2003593							
1801 LIND AVE SW, ATTN: TAX DEPT.							
RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	7	мнс	x	
JOHN WAYNE CANCER INSTITUTE - 95-4291515							
1801 LIND AVE SW, ATTN: TAX DEPT.							
RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	4	PSJHC	х	
KADLEC AUXILIARY, INC 91-6033089							
1801 LIND AVE SW, ATTN: TAX DEPT.							
RENTON, WA 98057	SUPPORT	WASHINGTON	501(C)(3)	12,III	KRMC	х	
KADLEC FOUNDATION - 23-7005501							
1801 LIND AVE SW, ATTN: TAX DEPT.							
RENTON, WA 98057	SUPPORT	WASHINGTON	501(C)(3)	7	KRMC	х	
KADLEC REGIONAL MEDICAL CENTER - 91-0655392							
1801 LIND AVE SW, ATTN: TAX DEPT.	7						1
RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	3	WHC	х	1
LITTLE COMPANY OF MARY ANCILLARY SERVICES							
CORPORATION - 33-0844408, 1801 LIND AVE SW,							1
ATTN: TAX DEPT., RENTON, WA 98057	IMAGING SVCS	CALIFORNIA	501(C)(3)	10	PHS SOCAL	х	1

EASTERN WASHINGTON

(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	(f) Direct controlling entity	contr	g) 512(b)(13) rolled zation?
				501(c)(3))		Yes	No
LUBBOCK HERITAGE HOSPITAL LLC - 26-4021016	-						
1801 LIND AVE SW, ATTN: TAX DEPT.			501(0)(2)	3	CHS		
RENTON, WA 98057	HEALTHCARE	TEXAS	501(C)(3)	3	CHS	X	<u> </u>
LUBBOCK METHODIST HOSPITAL FOUNDATION -	-						
75-2220963, 1801 LIND AVE SW, ATTN: TAX			E01 (0) (0)	-	awa		
DEPT., RENTON, WA 98057	HEALTHCARE	TEXAS	501(C)(3)	/	CHS	X	───
LUNDBERG ASSOCIATION - 91-1562797	-						
1801 LIND AVE SW, ATTN: TAX DEPT.	4			_			
RENTON, WA 98057	SUPPORT	OREGON	501(C)(3)	7	PHS OR	X	
MARSHA RIVKIN CENTER FOR OVARIAN CANCER	4						1
RESEARCH - 91-2054035, 1801 LIND AVE SW,	_						
ATTN: TAX DEPT., RENTON, WA 98057	RESEARCH	WASHINGTON	501(C)(3)	7	SHS	Х	
METHODIST CHILDREN'S HOSPITAL - 75-2428911	_						
1801 LIND AVE SW, ATTN: TAX DEPT.							
RENTON, WA 98057	HEALTHCARE	TEXAS	501(C)(3)	3	СНЅ	Х	
METHODIST HOSPITAL LEVELLAND - 75-2246348							
1801 LIND AVE SW, ATTN: TAX DEPT.							
RENTON, WA 98057	HEALTHCARE	TEXAS	501(C)(3)	3	CHS	Х	
METHODIST HOSPITAL PLAINVIEW - 75-2426010							
1801 LIND AVE SW, ATTN: TAX DEPT.							
RENTON, WA 98057	HEALTHCARE	TEXAS	501(C)(3)	3	СНБ	х	
MISSION HOSPITAL REGIONAL MEDICAL CTR -							
95-1643360, 1801 LIND AVE SW, ATTN: TAX							
DEPT., RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	3	CHN	х	
NORTHWEST HOPE & HEALING FOUNDATION -							
20-0799737, 1801 LIND AVE SW, ATTN: TAX							
DEPT., RENTON, WA 98057	SUPPORT	WASHINGTON	501(C)(3)	12,I	SHS	х	
PACMED CLINICS - 56-2290878							
1801 LIND AVE SW, ATTN: TAX DEPT.							
RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	10	WHC	x	1
PH&S FOUNDATION/SFVSA & SCVSA - 95-3544877							
1801 LIND AVE SW, ATTN: TAX DEPT.	1						1
RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	7	PHS SOCAL	x	1
PROVIDENCE ALASKA FOUNDATION - 92-0093565	1						<u> </u>
1801 LIND AVE SW, ATTN: TAX DEPT.	1						1
RENTON WA 98057	HEALTHCARE	ALASKA	501(C)(3)	7	PHS WA	x	1

EASTERN WASHINGTON

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				501(c)(3))		Yes	No
PROVIDENCE BENEDICTINE NURSING CENTER	-						
FOUNDATION - 91-1940286, 1801 LIND AVE SW,			501(0)(2)	-			
ATTN: TAX DEPT., RENTON, WA 98057	HEALTHCARE	OREGON	501(C)(3)	/	PHS OR	Х	
PROVIDENCE BLANCHET ASSOCIATION - 91-1789266	_						
1801 LIND AVE SW, ATTN: TAX DEPT.	4					_	
RENTON, WA 98057	SUPPORT	WASHINGTON	501(C)(3)	7	PHS WA	X	<u> </u>
PROVIDENCE CHILDREN'S HEALTH FOUNDATION -	4						
93-0800140, 1801 LIND AVE SW, ATTN: TAX	_						
DEPT., RENTON, WA 98057	SUPPORT	OREGON	501(C)(3)	7	PHS OR	Х	<u> </u>
PROVIDENCE COMMUNITY HEALTH FOUNDATION -	4						
93-0692907, 1801 LIND AVE SW, ATTN: TAX	_						
DEPT., RENTON, WA 98057	HEALTHCARE	OREGON	501(C)(3)	7	PHS OR	Х	
PROVIDENCE DETHMAN HOUSE - 47-3385506							
1801 LIND AVE SW, ATTN: TAX DEPT.							
RENTON, WA 98057	SUPPORT	WASHINGTON	501(C)(3)	7	N/A		х
PROVIDENCE GAMELIN HOUSE ASSOCIATION -							
31-1744654, 1801 LIND AVE SW, ATTN: TAX							
DEPT., RENTON, WA 98057	SUPPORT	WASHINGTON	501(C)(3)	7	PHS WA	х	
PROVIDENCE HEALTH & SERVICES - 91-1549796							
1801 LIND AVE SW, ATTN: TAX DEPT.	7						
RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	12,II	PSJH		x
PROVIDENCE HEALTH & SERVICES - MONTANA -							
81-0231793, 1801 LIND AVE SW, ATTN: TAX	7						
DEPT., RENTON, WA 98057	HEALTHCARE	MONTANA	501(C)(3)	3	PHS WA	х	
PROVIDENCE HEALTH & SERVICES - OREGON -							
51-0216587, 1801 LIND AVE SW, ATTN: TAX	1						
DEPT. RENTON WA 98057	HEALTHCARE	OREGON	501(C)(3)	3	PHS	x	
PROVIDENCE HEALTH & SERVICES - WASHINGTON -							
51-0216586, 1801 LIND AVE SW, ATTN: TAX	1						
DEPT., RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	3	PHS	x	
PROVIDENCE HEALTH & SERVICES - WESTERN							<u> </u>
WASHINGTON - 91-1303277, 1801 LIND AVE SW,	1						
ATTN: TAX DEPT., RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	3	PM/WHC	x	
PROVIDENCE HEALTH ASSURANCE - 55-0828701					-		<u> </u>
1801 LIND AVE SW, ATTN: TAX DEPT.	1						
RENTON, WA 98057	MEDICAID	OREGON	501(C)(4)	N/A	РНР	x	

EASTERN WASHINGTON

(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	(f) Direct controlling entity	contr	g) 512(b)(13) rolled zation?
				501(c)(3))		Yes	No
PROVIDENCE HEALTH CARE FOUNDATION							
(CENTRALIA) - 91-1433382, 1801 LIND AVE SW,							
ATTN: TAX DEPT., RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	7	PHS W WA	х	
PROVIDENCE HEALTH PLAN - 93-0863097							
1801 LIND AVE SW, ATTN: TAX DEPT.							
RENTON, WA 98057	HEALTHCARE	OREGON	501(C)(4)	N/A	PPP	Х	
PROVIDENCE HEALTH SYSTEM - SO. CALIFORNIA -							
51-0216589, 1801 LIND AVE SW, ATTN: TAX							
DEPT., RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	3	PHS	х	
PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL							
FOUNDATION, INC 93-0921990, 1801 LIND AVE	-						
SW, ATTN: TAX DEPT., RENTON, WA 98057	HEALTHCARE	OREGON	501(C)(3)	7	PHS OR	х	
PROVIDENCE HOSPICE AND HOME CARE FOUNDATION							
- 27-2552749, 1801 LIND AVE SW, ATTN: TAX							
DEPT., RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	7	PHS W WA	х	
PROVIDENCE HOSPICE OF SEATTLE FOUNDATION -							
91-2077378, 1801 LIND AVE SW, ATTN: TAX	7						
DEPT., RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	7	PHS W WA	х	
PROVIDENCE LITTLE COMPANY OF MARY FOUNDATION	r l						
- 51-0224944, 1801 LIND AVE SW, ATTN: TAX	7						
DEPT., RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	7	PHS SOCAL	х	
PROVIDENCE MARIANWOOD FOUNDATION -							
93-1554288, 1801 LIND AVE SW, ATTN: TAX	7						
DEPT., RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	7	PHS W WA	х	
PROVIDENCE MEDICAL INSTITUTE - 33-0283773							
1801 LIND AVE SW, ATTN: TAX DEPT.	7						
RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	12,1	PHS SOCAL	х	
PROVIDENCE MILWAUKIE FOUNDATION - 94-3079515							
1801 LIND AVE SW, ATTN: TAX DEPT.							
RENTON WA 98057	HEALTHCARE	OREGON	501(C)(3)	7	PHS OR	х	
PROVIDENCE MINISTRIES							
1801 LIND AVE SW, ATTN: TAX DEPT.	1						
RENTON, WA 98057	RELIGIOUS ORG	WASHINGTON	501(C)(3)	1	N/A		x
PROVIDENCE MOUNT ST. VINCENT FOUNDATION -							
91-1188119, 1801 LIND AVE SW, ATTN: TAX	1						
DEPT., RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	7	PHS WA	х	

EASTERN WASHINGTON

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PROVIDENCE NEWBERG HEALTH FOUNDATION -						Yes	No
93-0889144, 1801 LIND AVE SW, ATTN: TAX	-						
DEPT., RENTON, WA 98057	HEALTHCARE	OREGON	501(C)(3)	7	PHS OR	x	
PROVIDENCE PETER CLAVER ASSOCIATION -							<u> </u>
31-1629656, 1801 LIND AVE SW, ATTN: TAX	-						
DEPT., RENTON, WA 98057	SUPPORT	WASHINGTON	501(C)(3)	7	PHS WA	x	
PROVIDENCE PLAN PARTNERS - 91-1861964							
1801 LIND AVE SW, ATTN: TAX DEPT.	1						
RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(4)	N/A	PHS OR	х	
PROVIDENCE PORTLAND MEDICAL FOUNDATION -							
93-1231494, 1801 LIND AVE SW, ATTN: TAX	1						
DEPT., RENTON, WA 98057	HEALTHCARE	OREGON	501(C)(3)	7	PHS OR	х	
PROVIDENCE ROSSI ASSOCIATION - 31-1584166							
1801 LIND AVE SW, ATTN: TAX DEPT.							
RENTON WA 98057	SUPPORT	WASHINGTON	501(C)(3)	10	PHS WA	х	
PROVIDENCE SAINT JOHN'S HEALTH CENTER -							
95-1684082, 1801 LIND AVE SW, ATTN: TAX	1						
DEPT., RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	3	PHS SOCAL	х	
PROVIDENCE SAINT JOHN'S MEDICAL FOUNDATION -							
81-4542216, 1801 LIND AVE SW, ATTN: TAX							
DEPT. RENTON WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	3	PHS SOCAL	x	
PROVIDENCE SEASIDE HOSPITAL FOUNDATION -							
93-0927320, 1801 LIND AVE SW, ATTN: TAX							
DEPT., RENTON, WA 98057	HEALTHCARE	OREGON	501(C)(3)	7	PHS OR	х	
PROVIDENCE ST. ELIZABETH HOUSE ASSOCIATION -							
91-2171539, 1801 LIND AVE SW, ATTN: TAX							
DEPT., RENTON, WA 98057	SUPPORT	WASHINGTON	501(C)(3)	7	PHS WA	x	
PROVIDENCE ST. FRANCIS ASSOCIATION -							
94-3244854, 1801 LIND AVE SW, ATTN: TAX	7						
DEPT., RENTON, WA 98057	SUPPORT	WASHINGTON	501(C)(3)	7	PHS WA	х	
PROVIDENCE ST. JOSEPH HEALTH - 81-1244422							
1801 LIND AVE SW, ATTN: TAX DEPT.							
RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	12,III	N/A	1	x
PROVIDENCE ST. JOSEPH HEALTH FOUNDATION -							
94-3078543, 1801 LIND AVE SW, ATTN: TAX	7					1	1
DEPT., RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	7	PHS WA	x	1

EASTERN WASHINGTON

(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	(f) Direct controlling entity	contr	g) 512(b)(13) rolled zation?
				501(c)(3))		Yes	No
PROVIDENCE ST. JOSEPH MEDICAL CENTER -	_						
81-0463482, 1801 LIND AVE SW, ATTN: TAX	_			_			
DEPT., RENTON, WA 98057	HEALTHCARE	MONTANA	501(C)(3)	3	PHS WA	Х	<u> </u>
PROVIDENCE ST. MARY FOUNDATION - 45-2841492	_						
1801 LIND AVE SW, ATTN: TAX DEPT.							
RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	7	PHS WA	Х	
PROVIDENCE ST. PETER FOUNDATION - 91-1097056							
1801 LIND AVE SW, ATTN: TAX DEPT.							
RENTON, WA 98057	SUPPORT	WASHINGTON	501(C)(3)	7	PHS W WA	х	
PROVIDENCE ST. VINCENT MEDICAL FOUNDATION -							
93-0575982, 1801 LIND AVE SW, ATTN: TAX							
DEPT., RENTON, WA 98057	HEALTHCARE	OREGON	501(C)(3)	7	PHS OR	х	
PROVIDENCE TRINITYCARE HOSPICE - 95-3264139							
1801 LIND AVE SW, ATTN: TAX DEPT.	1						
RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	10	PHS SOCAL	х	
PROVIDENCE TRINITYCARE HOSPICE FOUNDATION -							
33-0261016, 1801 LIND AVE SW, ATTN: TAX							
DEPT., RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	7	РТСН	x	
PROVIDENCE WILLAMETTE FALLS MEDICAL							
FOUNDATION - 93-1003750, 1801 LIND AVE SW,	1						
ATTN: TAX DEPT., RENTON, WA 98057	HEALTHCARE	OREGON	501(C)(3)	12, I	PHS OR	х	
QUEEN OF THE VALLEY MEDICAL CENTER -				,			
~ 94-1243669, 1801 LIND AVE SW, ATTN: TAX	1						
DEPT., RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	3	SJHS	x	
REDWOOD MEMORIAL FOUNDATION - 94-2779313							
1801 LIND AVE SW, ATTN: TAX DEPT.							
RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	7	RMH	x	
REDWOOD MEMORIAL HOSPITAL - 94-1384665							<u> </u>
1801 LIND AVE SW, ATTN: TAX DEPT.	1						
RENTON WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	3	SJHS	x	
SAINT JOHN'S HOSPITAL/HEALTH CENTER				-			<u> </u>
FOUNDATION - 95-6100079, 1801 LIND AVE SW,	1						
ATTN: TAX DEPT. RENTON, WA 98057	SUPPORT	CALIFORNIA	501(C)(3)	7	PSJHC	x	
SANTA ROSA MEMORIAL HOSPITAL - 94-1231005							<u> </u>
1801 LIND AVE SW, ATTN: TAX DEPT.	4						
RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	2	SJHS	x	

EASTERN WASHINGTON

(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	(f) Direct controlling entity	cont	g) 512(b)(13) trolled ization?
				501(c)(3))		Yes	No
SEATTLE SCIENCE FOUNDATION - 61-1502822	-						
1801 LIND AVE SW, ATTN: TAX DEPT.			F01 (0) (2)	-			
RENTON, WA 98057	PHYSN COLLAB	WASHINGTON	501(C)(3)	/	WHC	Х	───
SISTERS OF PROVIDENCE OF MONTANA CORPORATION	_						
- 26-2612415, 1801 LIND AVE SW, ATTN: TAX			501 (2) (2)	-			
DEPT., RENTON, WA 98057	SHELL CORP	MONTANA	501(C)(3)	1	PHS WA		х
SISTERS OF ST. JOSEPH OF ORANGE - 95-1643383	_						
1801 LIND AVE SW, ATTN: TAX DEPT.	_						
RENTON, WA 98057	RELIGIOUS ORG	CALIFORNIA	501(C)(3)	1	N/A		х
SRM ALLIANCE HOSPITAL SERVICES (PVH) -	4						
68-0395200, 1801 LIND AVE SW, ATTN: TAX							
DEPT., RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	3	SRMH	Х	
ST. JOSEPH HEALTH MINISTRY - 27-1666576							
1801 LIND AVE SW, ATTN: TAX DEPT.							
RENTON, WA 98057	RELIGIOUS ORG	CALIFORNIA	501(C)(3)	1	SSJO		х
ST. JOSEPH HEALTH NORTHERN CALIFORNIA, LLC -							
81-4791043, 1801 LIND AVE SW, ATTN: TAX							
DEPT., RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	3	SJHS	х	
ST. JOSEPH HEALTH SYSTEM - 95-3589356							
1801 LIND AVE SW, ATTN: TAX DEPT.							
RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	12,I	PSJH		х
ST. JOSEPH HEALTH SYSTEM FOUNDATION -							
33-0143024, 1801 LIND AVE SW, ATTN: TAX							
DEPT., RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	10	SJHS	х	
ST. JOSEPH HERITAGE HEALTHCARE - 33-0185031							
1801 LIND AVE SW, ATTN: TAX DEPT.	-						
RENTON WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	3	SJHS	x	
ST. JOSEPH HOME CARE NETWORK - 68-0331084							
1801 LIND AVE SW, ATTN: TAX DEPT.	-						
RENTON WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	10	SJHS	x	
ST. JOSEPH HOSPITAL OF EUREKA - 94-1156596			1			1	1
1801 LIND AVE SW, ATTN: TAX DEPT.	1						
RENTON WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	3	SJHS	х	
ST. JOSEPH HOSPITAL OF ORANGE - 95-1643359							
1801 LIND AVE SW ATTN: TAX DEPT.	1						
RENTON WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	3	CHN	x	

EASTERN WASHINGTON

(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	(f) Direct controlling entity	Section 5 contr organiz	rolled
ST. JUDE HOSPITAL, INC - 95-1643324				501(c)(3))		Yes	No
,	-						
1801 LIND AVE SW, ATTN: TAX DEPT.		CALIFORNIA	E01(0)(2)	3	CHN	x	
RENTON, WA 98057 ST. LUKE ASSOCIATION - 94-3176618	HEALTHCARE	CALIFORNIA	501(C)(3)	3	Сни	~	<u> </u>
	-						
1801 LIND AVE SW, ATTN: TAX DEPT.			E01(0)(2)	7		37	
RENTON, WA 98057	SUPPORT	WASHINGTON	501(C)(3)	/	PHS WA	x	┝───
ST. MARY MEDICAL CENTER - 95-1914489	-						
1801 LIND AVE SW, ATTN: TAX DEPT.	4						
RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	3	CHN	х	
ST. MARY OF THE PLAINS HOSPITAL FDN -	_						
75-1653181, 1801 LIND AVE SW, ATTN: TAX	4						
DEPT., RENTON, WA 98057	HEALTHCARE	TEXAS	501(C)(3)	7	CHS	Х	Ļ
ST. PATRICK HOSPITAL FOUNDATION - 23-7056976							
1801 LIND AVE SW, ATTN: TAX DEPT.							
RENTON, WA 98057	HEALTHCARE	MONTANA	501(C)(3)	7	PHS WA	Х	
ST. THOMAS CHILD AND FAMILY CENTER -							
81-0233495, 1801 LIND AVE SW, ATTN: TAX							
DEPT., RENTON, WA 98057	EDUCATION	MONTANA	501(C)(3)	10	PHS WA	х	
SWEDISH EDMONDS - 27-2305304							
1801 LIND AVE SW, ATTN: TAX DEPT.							
RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	3	мнс	х	
SWEDISH HEALTH SERVICES - 91-0433740							
1801 LIND AVE SW, ATTN: TAX DEPT.							
RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	3	WHC	х	
SWEDISH MEDICAL CENTER FOUNDATION -							
91-0983214, 1801 LIND AVE SW, ATTN: TAX							
DEPT., RENTON, WA 98057	HEALTHCARE	WASHINGTON	501(C)(3)	7	SHS	x	
SWEDISH MJM HOLDINGS - 27-3139262							
1801 LIND AVE SW, ATTN: TAX DEPT.							
RENTON WA 98057	HOLDING CO	WASHINGTON	501(C)(3)	12.I	SHS	x	
TARZANA MEDICAL CENTER LLC - 83-3972614	1			, , , , , , , , , , , , , , , , , , ,			<u> </u>
1801 LIND AVE SW, ATTN: TAX DEPT.	1						1
RENTON, WA 98057	HEALTHCARE	CALIFORNIA	501(C)(3)	3	PHS SOCAL	x	1
THE GAMELIN ASSOCIATION - 91-1180824				1			<u> </u>
1801 LIND AVE SW ATTN: TAX DEPT.	1						1
RENTON WA 98057	SUPPORT	WASHINGTON	501(C)(3)	7	PHS WA	x	1

EASTERN WASHINGTON

(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	(f) Direct controlling entity	Section 5 contr organi:	g) 512(b)(13) rolled zation?
				501(c)(3))		Yes	No
THE GAMELIN CALIFORNIA ASSOCIATION -							
91-1293869, 1801 LIND AVE SW, ATTN: TAX							
DEPT., RENTON, WA 98057	SUPPORT	CALIFORNIA	501(C)(3)	10	PHS SOCAL	Х	
THE GAMELIN OREGON ASSOCIATION - 91-1214491							
1801 LIND AVE SW, ATTN: TAX DEPT.							
RENTON, WA 98057	SUPPORT	OREGON	501(C)(3)	10	PHS OR	х	
UNIVERSITY OF PROVIDENCE - 81-0231777							
1801 LIND AVE SW, ATTN: TAX DEPT.]						
RENTON, WA 98057	EDUCATION	MONTANA	501(C)(3)	2	PHS	х	
WESTERN HEALTHCONNECT - 45-4171900							
1801 LIND AVE SW, ATTN: TAX DEPT.							
RENTON, WA 98057	SHELL CORPORATION	WASHINGTON	501(C)(3)	12,II	PHS W WA	х	
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Schedule R (Form 990) 2019 EASTERN WASHINGTON

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(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	512(t contr	(i) ction b)(13) rolled tity?
		country)				455015		Yes	No
1221 MADISON STREET OWNERS ASSOC -	-								
20-1954319, 747 BROADWAY, SEATTLE, WA 98122	OWNERS' ASSOC.	WA	N/A	C CORP	N/A	N/A	N/A		х
AMERICAN UNITY GROUP, LTD									1
90 PITTS BAY ROAD PEMBROKE									
BERMUDA	CAPTIVE INSURANCE	BERMUDA	N/A	C CORP	N/A	N/A	N/A		х
AYIN HEALTH SOLUTIONS, INC 83-3037172									1
1801 LIND AVE SW, ATTN: TAX DEPT.									
RENTON, WA 98057	HEALTHCARE	DE	N/A	C CORP	N/A	N/A	N/A		х
BLUETREE NETWORK INC 90-0872936									
1801 LIND AVE SW, ATTN: TAX DEPT.									
RENTON, WA 98057	HEALTHCARE	WI	N/A	C CORP	N/A	N/A	N/A		х
BOURGET HEALTH SERVICES, INC 91-1354431									1
101 W. 8TH AVE., TAF C-9									
SPOKANE, WA 99220	CLIN/MED LAB	WA	N/A	C CORP	N/A	N/A	N/A		х

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	ר)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated,	Share of total income	Share of end-of-year	Disprop ate alloc		Code V-UBI amount in box	manag	ownership
5		foreign country)	,	excluded from tax under sections 512-514)		assets	Yes	No No	20 of Schedule K-1 (Form 1065)		r?
COASTAL ASC HOLDINGS, LLC -		country					165	NU		resi	
81-0986844, ONE HOAG DRIVE,	-										
BOX 6100, NEWPORT BEACH, CA											
92663	HEALTHCARE	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
COVENANT LONG-TERM CARE, LP -											
20-5033419, 1801 LIND AVE SW,											
ATTN: TAX DEPT., RENTON, WA											
98057	HEALTHCARE	тх	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
BRIDGEPORT MEDICAL IMAGING											
(BMI) - 26-0796953, 4400 NE											
HALSEY, #495, PORTLAND, OR											
97213	IMAGING DIAG.	OR	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
CENTER FOR MEDICAL IMAGING											
(CMI) - 20-0477972, 4400 NE											
HALSEY, #495, PORTLAND, OR											
97213	IMAGING DIAG.	OR	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
FULLERTON SURGICAL CENTER LP											
- 47-0927394, 1801 LIND AVE											
SW, ATTN: TAX DEPT., RENTON,											
WA 98057	AMBULATORY SURG	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
GREATER VALLEY MEDICAL											
BUILDING, L.P 95-4570858,											
501 S. BUENA VISTA ST,	REAL ESTATE -										
BURBANK, CA 91505	МОВ	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
HCSA PROPERTIES, LLC -											
46-0620892, 1600 M STREET NW,	REAL ESTATE										
AUBURN, WA 98001	RENT	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
HERITAGE INVESTMENT GROUP I,											
LLC - 27-1000061, 500 S. MAIN											
STREET, STE 1000, ORANGE, CA											
92868	INVESTMENTS	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
HOAG ORTHOPEDIC INSTITUTE -											
61-1588294, ONE HOAG DRIVE,											
BOX 6100, NEWPORT BEACH, CA											
92658	HEALTHCARE	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A

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

EASTERN WASHINGTON

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income (related, unrelated,	Share of total income	Share of end-of-year	Dispro		Code V-UBI amount in box	General c managing	Percentage ownership
of related organization		(state or foreign	Chilly	excluded from tax under	moonie	assets		cations?	20 of Schedule	partner?	-
TNACTNO ACCOLATEC IIO		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
IMAGING ASSOCIATES LLC -	-										
20-3906048, 3650 PIPER	-										
STREET, STE A, ANCHORAGE, AK 99508	MEDICAL IMAGING	7.12	N/A	N/A	N/A	N/A	NT / 7		N/A	N/A	N/A
33308	MEDICAL IMAGING	AK	N/A	N/A	N/A	N/A	N/A		N/A	N/A	IN/A
INLAND IMAGING, LLC -	-										
91-1855796, 801 S. STEVENS											
ST., SPOKANE, WA 99204	MEDICAL IMAGING	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
· · · ·											
LSC REAL PROPERTY, LLC -											
47-4646059, 2301 QUAKER											
AVENUE, LUBBOCK, TX 79410	REAL ESTATE	тх	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
METHODIST DIAGNOSTIC IMAGING											
- 75-2343261, 4005 24TH											
STREET, LUBBOCK, TX 79410	HEALTHCARE	ТХ	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
NEWPORT IMAGING CENTER -											
33-0191776, 360 SAN MIGUEL,											
NEWPORT BEACH, CA 92660	HEALTHCARE	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
NEWPORT SURGICAL PARTNERS,											
LLC - 39-2060266, 27271 LAS											
RAMBLAS #350, MISSION VIEJO,											
CA 92691	HEALTHCARE	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
	_										
OREGON ADVANCED IMAGING, LLC	_										
- 45-0471748, 881 O'HARE			(-		/ -	(-					
PARKWAY, MEDFORD, OR 97504	MEDICAL IMAGING	OR	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
	-										
OREGON OUTPATIENT SURGERY CENTER - 22-3883387, 7300 SW	-										
CHILDS RD, TIGARD, OR 97224	AMBULATORY SURG	OR	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
PET/CT IMAGING AT SWEDISH	AND	OK	N/A	N/A	N/A	N/A	M/A		N/A		IN/A
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
SINDEL, SERTIES, WA 90104	MIDICAL HAGING	117	N/A	II/A	11/12	11/12	m/ A	1	11/12	- N / A	11/4

EASTERN WASHINGTON

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h	ı)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income (related, unrelated,	Share of total income	Share of end-of-year	Disprop		Code V-UBI amount in box	managir	or Percentage ownership
		(state or foreign		excluded from tax under sections 512-514)		assets	ate alloc		20 of Schedule K-1 (Form 1065)	partner	?
PHS INVESTMENT TRUST SHORT		country)		36010113 5 12-5 14)			Yes	No		Yes N	0
TERM INVESTMENT PORTFOLIO -											
81-2701056, 1801 LIND AVE SW,											
ATTN: TAX DEPT., RENTON, WA	INVESTMENTS	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
PROV. RADIATION ONCOLOGY											
DEVELOP. ASSN 26-0682491											
4400 NE HALSEY #495,	REAL ESTATE -										
PORTLAND, OR 97213	мов	OR	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
PROVIDENCE CHILDREN'S											
NEONATAL SERVICES -											
47-0918549, 1801 LIND AVE SW,											
ATTN: TAX DEPT., RENTON, WA	NEONATAL CARE	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
PROVIDENCE HOUSE HEARING											
HEALTH CENTERS LLC, 1801 LIND											
AVE SW, ATTN: TAX DEPT.,											
RENTON, WA 98057	HEALTHCARE	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
PROVIDENCE IMAGING CENTER											
JOINT VENTURE - 92-0118807,											
1801 LIND AVE SW, ATTN: TAX											
DEPT., RENTON, WA 98057	MEDICAL IMAGING	AK	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
PROVIDENCE ST. JOSEPH HEALTH											
LONG TERM PORTFOLIO -											
82-3190634, 1801 LIND AVE SW,											
ATTN: TAX DEPT., RENTON, WA	INVESTMENTS	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
PROVIDENCE SURGERY CENTER,											
LLC - 84-1401625, 902 N.											
ORANGE ST, MISSOULA, MT											
59802	AMBULATORY SURG	MT	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
PROVIDENCE/SILVERTON REHAB,											
LLC - 48-1287267, 4400 NE											
HALSEY, #425, PORTLAND, OR											
97213	REHAB SERVICES	OR	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
PROVIDENCE UCLA USP SURGERY											
CENTER JV - 32-0503030, 15305]										
DALLAS PKWY, STE 1600, LB 28,	1										
ADDISON, TX 75001	AMBULATORY SURG	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A

932223 04-01-19

EASTERN WASHINGTON

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	ר)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income (related, unrelated,	Share of total income	Share of end-of-year	Disprop		Code V-UBI amount in box	Genera manag	or Percentage
of related organization		(state or foreign	entity	excluded from tax under	Income	assets	ate alloc		20 of Schedule	partne	r?
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yest	lo
PROVIDENCE/USP SOUTH BAY											
SURGERY CENTERS - 47-5064486, 15305 DALLAS PKWY, STE 1600,											
LB 28 ADDISON TX 75001	AMBULATORY SURG	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
PROVIDENCE/USP SURGERY	AMBOLATORI SUNG	CA	N/A	N/A	N/A	N/A	N/A		N/A		N/A
CENTERS, LLC - 20-0684116,											
11550 INDIAN HILLS ROAD #160											
MISSION HILLS, CA 91345	AMBULATORY SURG	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
RADIATION THERAPY		011	11/21	14771	14711		14/ 23		11/11		
INNOVATIONS_LLC -											
30-0553035, 1221 MADISON											
STREET, 1ST FL, SEATTLE, WA	HEALTHCARE	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
REDMOND AMBULATORY SURGERY											
CENTER LLC - 81-3558711, 805											
MADISON ST STE 901, SEATTLE,											
	AMBULATORY SURG	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
SANTA ANA MOB, LLC -					-						
75-3205306, 1800 QUAIL											
STREET, STE 100, NEWPORT	REAL ESTATE -										
BEACH CA 92660	мов	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
· · ·											
SHA, LLC - 75-2569094											
12940 NORTH HIGHWAY 183											
AUSTIN, TX 78750	HEALTHCARE	тх	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
SJO ASC HOLDINGS LLC -											
82-1655501, 1140 W. LA VETA											
AVE, ORANGE, CA 92868	HEALTHCARE	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
ST JOSEPH PHYSICIAN VENTURES											
I, LLC - 45-4521884, 1100											
WEST STEWART DRIVE, ORANGE,											
CA 92868	REAL ESTATE	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
ST. JOSEPH/SATELLITE DIALYSIS											
CENTERS, LLC - 81-4657391,]										
300 SANTANA ROW, STE 300, SAN											
JOSE, CA 95128	HEALTHCARE	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A

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

EASTERN WASHINGTON

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Dispro	portion-	Code V-UBI	Genera	l or Percentage
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under	income	end-of-year assets	ate allo	cations?	amount in box 20 of Schedule	manag partn	^{ing} ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No
ST. JUDE SURGICAL CENTERS,											
LLC - 82-3352570, 1801 LIND											
AVE SW, ATTN: TAX DEPT.,											
RENTON, WA 98057	AMBULATORY SURG	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
SURGERY CENTER AT											
TANASBOURNE, LLC -											
20-8187971, 11221 ROE AVE.,											
STE 300, LEAWOOD, KS 66211	AMBULATORY SURG	KS	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
	_										
TARZANA PEDIATRIC VENTURES	_										
LLC - 82-1308306, 18321 CLARK	_										
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
YELM MEDICAL OFFICE BUILDING	_										
- 26-3685020, 2840 CRITES ST	_										
SW STE 104, TUMATER, WA	REAL ESTATE -										
98512	мов	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
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Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

EASTERN WASHINGTON

(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	512(l conti ent	(i) ction (b)(13) rolled tity?
CARON HEALTH CORPORATION - 81-0486082								Yes	No
1801 LIND AVE SW, ATTN: TAX DEPT.									
RENTON, WA 98057	MED PHYS SVCS	мт	N/A	C CORP	N/A	N/A	N/A		x
COMMUNITY TECHNOLOGIES, INC 84-4722399									
1801 LIND AVE SW ATTN: TAX DEPT.	-								
RENTON, WA 98057	IT SVCS	DE	N/A	C CORP	N/A	N/A	N/A		х
DATU HEALTH, INC. AND SUBSIDIARIES -									
46-3070062, 1801 LIND AVE SW, ATTN: TAX									
DEPT., RENTON, WA 98057	IT SVCS	DE	N/A	C CORP	N/A	N/A	N/A		х
ENGAGE IT SERVICES, INC 84-4058573									
1801 LIND AVE SW, ATTN: TAX DEPT.									
RENTON, WA 98057	IT SVCS	DE	N/A	C CORP	N/A	N/A	N/A		х
HOAG MANAGEMENT SERVICES, INC 33-0731587									
1 HOAG DRIVE, BOX 6100									
NEWPORT BEACH, CA 92658	HEALTHCARE	CA	N/A	C CORP	N/A	N/A	N/A		х
HOAG PHYSICIAN PARTNERS - 83-4276044									
16148 SAND CANYON AVE									
IRVINE, CA 92618	HEALTHCARE	CA	N/A	C CORP	N/A	N/A	N/A		х
LUBBOCK METHODIST HOSP PRACTICE MGMT -									1
75-2578995, 1801 LIND AVE SW, ATTN: TAX									
DEPT., RENTON, WA 98057	INACTIVE	тх	N/A	C CORP	N/A	N/A	N/A		х
LUBBOCK METHODIST HOSPITAL SVCS - 75-2118585	5								
1801 LIND AVE SW, ATTN: TAX DEPT.									
RENTON, WA 98057	HEALTHCARE	тх	N/A	C CORP	N/A	N/A	N/A		х
LUMEDIC ACQUISITION CO INC - 83-3881097									
1801 LIND AVE SW, ATTN: TAX DEPT.									
RENTON, WA 98057	HEALTHCARE	WA	N/A	C CORP	N/A	N/A	N/A		х
MISSION VIEJO MEDICAL VENTURES - 33-0212905									
27800 MEDICAL CENTER RD									
MISSION VIEJO, CA 92691	HEALTHCARE	CA	N/A	C CORP	N/A	N/A	N/A		х
PERFORMANCE HEALTH TECHNOLOGY, LTD									
93-1211733, 3993 FAIRVIEW INDUSTRIAL DR SE,									
SALEM, OR 97302	HEALTHCARE	OR	N/A	C CORP	N/A	N/A	N/A		х
MEDIREVV INC 20-8783763									
1801 LIND AVE SW, ATTN: TAX DEPT.									
RENTON, WA 98057	HEALTHCARE	DE	N/A	C CORP	N/A	N/A	N/A		х

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

EASTERN WASHINGTON

(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	512(t contr ent	(i) bi(13) rolled tity?
PHN HOLDINGS - 46-1814184								res	No
1801 LIND AVE SW, ATTN: TAX DEPT.									
RENTON WA 98057	STRAT PLAN SVCS	CA	N/A	C CORP	N/A	N/A	N/A		х
PIONEER INNOVATIONS INC 36-4818191									
1801 LIND AVE SW, ATTN: TAX DEPT.									
RENTON, WA 98057	HEALTH INNOVATNS	WA	N/A	C CORP	N/A	N/A	N/A		х
PROVIDENCE ASSURANCE INC 20-8194071									<u> </u>
1801 LIND AVE SW, ATTN: TAX DEPT.									
RENTON, WA 98057	CAPTIVE INSURANCE	AZ	N/A	C CORP	N/A	N/A	N/A		х
PROVIDENCE GLOBAL CENTER LLP - 98-1516461									<u> </u>
1801 LIND AVE SW. ATTN: TAX DEPT.									
RENTON WA 98057	IT SVCS	INDIA	N/A	C CORP	N/A	N/A	N/A		х
PROVIDENCE HEALTH CARE VENTURES INC							-		<u> </u>
90-0155714, 101 W. 8TH AVE., TAF C-9,									
SPOKANE, WA 99220	CLIN/MED LAB	WA	N/A	C CORP	N/A	N/A	N/A		х
PROVIDENCE HEALTH NETWORK - 80-0886966							-		<u> </u>
1801 LIND AVE SW, ATTN: TAX DEPT.									
RENTON, WA 98057	PREPAID HEALTH	CA	N/A	C CORP	N/A	N/A	N/A		х
PROVIDENCE HEALTH VENTURES INC							-		<u> </u>
33-0122216, 1801 LIND AVE SW, ATTN: TAX									
DEPT. RENTON WA 98057	INVESTMENT	CA	N/A	C CORP	N/A	N/A	N/A		х
PROVIDENCE PHYSICIAN SERVICES CO -									
91-1216033, 101 W. 8TH AVE., TAF C-9,									
SPOKANE, WA 99220	HEALTHCARE	WA	N/A	C CORP	N/A	N/A	N/A		х
PROVIDENCE RCM GROUP - 84-4686520									
1801 LIND AVE SW, ATTN: TAX DEPT.									
RENTON WA 98057	HOLDING COMPANY	DE	N/A	C CORP	N/A	N/A	N/A		х
PROVIDENCE SERVICES GROUP INC 84-4704409									
1801 LIND AVE SW ATTN: TAX DEPT.									
RENTON WA 98057	HOLDING COMPANY	DE	N/A	C CORP	N/A	N/A	N/A		х
ST. JOSEPH HEALTH - 46-2340232									
1801 LIND AVE SW, ATTN: TAX DEPT.	1								
RENTON, WA 98057	HOLDING COMPANY	CA	N/A	C CORP	N/A	N/A	N/A		х
ST. JOSEPH HEALTH SOURCE, INC 46-1900168									
1801 LIND AVE SW, ATTN: TAX DEPT.	1								
RENTON WA 98057	HEALTHCARE	CA	N/A	C CORP	N/A	N/A	N/A		х

932224 04-01-19

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

EASTERN WASHINGTON

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp,	(f) Share of total income	(g) Share of end-of-year	(h) Percentage ownership	512(I conti	(i) btion b)(13) rolled tity?
		country)		or trust)		assets			No
ST. JOSEPH PROF SVCS ENTERPRSES, INC									
33-0155323, 1801 LIND AVE SW, ATTN: TAX									
DEPT., RENTON, WA 98057	HEALTHCARE	CA	N/A	C CORP	N/A	N/A	N/A		х
VINSERRA, INC 95-3943315									
1801 LIND AVE SW, ATTN: TAX DEPT.									
RENTON, WA 98057	INVESTMENTS	CA	N/A	C CORP	N/A	N/A	N/A		х
WESTERN HEALTHCONNECT VENTURES, INC									
80-0953654, 1801 LIND AVE SW, ATTN: TAX									
DEPT., RENTON, WA 98057	INVESTMENTS	WA	N/A	C CORP	N/A	N/A	N/A		х
ENDOSCOPY CENTER OF SOUTHERN CALIFORNIA -									
95-2880495, 1301 20TH ST STE 280, SANTA									
MONICA, CA 90404	HEALTHCARE	CA	N/A	S CORP	N/A	N/A	N/A		х
GRADY BLOCKER LLC - 84-2092143									
1801 LIND AVE SW, ATTN: TAX DEPT.									
RENTON, WA 98057	HOLDING COMPANY	DE	N/A	C CORP	N/A	N/A	N/A		х
PROVIDENCE ST. JOSEPH HEALTH NETWORK -									
82-3771547, 20555 EARL ST, TORRANCE, CA	_								
90503	HEALTHCARE	CA	N/A	C CORP	N/A	N/A	N/A		х
									<u> </u>
	_								
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PROVIDENCE HEALTH CARE FOUNDATION

Schedule R (Form 990) 2019 EASTERN WASHINGTON

Part V Transactions With Related Organizations. Complete if the organization answ	wered "Yes" on Form	1 990, 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.					Yes	No			
1 During the tax year, did the organization engage in any of the following transactions	s with one or more re	lated organizations listed i	n Parts II-IV?						
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/	-		1a		х			
b Gift, grant, or capital contribution to related organization(s)				1b	Х				
c Gift, grant, or capital contribution from related organization(s)				1c	Х				
d Loans or loan guarantees to or for related organization(s)				1d		Х			
e Loans or loan guarantees by related organization(s)				1e		Х			
f Dividends from related organization(s)				1f		Х			
g Sale of assets to related organization(s)									
h Purchase of assets from related organization(s)									
i Exchange of assets with related organization(s)									
j Lease of facilities, equipment, or other assets to related organization(s)									
k Lease of facilities, equipment, or other assets from related organization(s)				1k		X X			
I Performance of services or membership or fundraising solicitations for related organization(s)									
m Performance of services or membership or fundraising solicitations by related organization(s)									
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
o Sharing of paid employees with related organization(s)									
p Reimbursement paid to related organization(s) for expenses				1p		Х			
q Reimbursement paid by related organization(s) for expenses				1q		x			
				1r		Х			
				1s	Х				
2 If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th I	is line, including covered r	elationships and transaction thresholds.			<u> </u>			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount ir	ivolved					
(1) PROVIDENCE HEALTH & SERVICES WASHINGTON	с	1,739,449.	COST						
(2) PROVIDENCE HEALTH & SERVICES WASHINGTON	В	5,474,535.	COST						
<u>(3)</u>									
<u>(4)</u>									

932163 09-10-19

(5)

PROVIDENCE HEALTH CARE FOUNDATION

Schedule R (Form 990) 2019 EASTERN WASHINGTON

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 domicie (state or foreign country) Pridominant none (related) unrelation sections 512-514) (c) Primary relation sections 512-514) (c) Primary relation recomment income (c) Primary sections 512-514) (c) Primary relation recomment income (c) Primary relation recomment income (c) Primary relation recomment income (c) Primary relation recomment income (c) Primary relation recomment income (c) Primary relation recomment income (c) Primary relation recomment income (c) Primary relation recomment income (c) Primary relation relation recomment income (c) Primary relation relation relation recomment income (c) Primary relation relatio relation relation relation relation relation relati	(a)	(b)	(c)	(d)	6	2)	(f)	(g)	()	5	(i)	(j)	(k)
Induction Laboration Induction Laboration			Legal domicile	Predominant income	Are	all				opor-	Code V-UBI	Genera	
Country excluded from tax inder sections 512:514) yes no of Schedule K-1 preduces	of entity	T finally doubly	(state or foreign	(related, unrelated,	501(c)(3)		end-of-vear	tior	iate	amount in box 20	manag	
	er enny		country)	excluded from tax under	org Mara	S.?		assets		10115 ?	of Schedule K-1 (Form 1065)	partne	
				36610113 3 12-3 14)	Yes	NO			Yes	NO	(10111-1003)	Yes	0
					-								

Schedule R (Form 990) 2019

PROVIDENCE HEALTH CARE FOUNDATION EASTERN WASHINGTON 32-0014330 Schedule R (Form 990) 2019 Page 5 Part VII | Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions. PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP: NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION: PHS INVESTMENT TRUST SHORT TERM INVESTMENT PORTFOLIO EIN: 81-2701056 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION: PROVIDENCE CHILDREN'S NEONATAL SERVICES EIN: 47-0918549 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION: PROVIDENCE ST. JOSEPH HEALTH LONG TERM PORTFOLIO EIN: 82-3190634 1801 LIND AVE SW, ATTN: TAX DEPT. RENTON, WA 98057 NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION: RADIATION THERAPY INNOVATIONS, LLC EIN: 30-0553035 1221 MADISON STREET, 1ST FL SEATTLE, WA 98104

932165 09-10-19