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Form **990**  
 Department of the Treasury  
 Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)**  
 Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.  
 Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2013**  
**Open to Public Inspection**

**A For the 2013 calendar year, or tax year beginning 01-01-2013, 2013, and ending 12-31-2013**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization: PACMED CLINICS  
 Doing Business As: PACIFIC MEDICAL CENTERS  
 Number and street (or P O box if mail is not delivered to street address) Room/suite: 1200 12TH AVENUE S  
 City or town, state or province, country, and ZIP or foreign postal code: SEATTLE, WA 98144

**D** Employer identification number: 56-2290878  
**E** Telephone number: (206) 621-4203  
**G** Gross receipts \$ 236,804,093

**F** Name and address of principal officer: HARVEY SMITH, 1200 12TH AVENUE S, SEATTLE, WA 98144

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list (see instructions)  
**H(c)** Group exemption number ▶

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

**J** Website: WWW.PACIFICMEDICALCENTERS.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶  
**L** Year of formation: 2003  
**M** State of legal domicile: WA

**Part I Summary**

|  |  |                           |              |
|--|--|---------------------------|--------------|
| Activities & Governance  | <b>1</b> Briefly describe the organization's mission or most significant activities<br>TO PROVIDE RESPECTFUL, HIGH-QUALITY, PATIENT-FOCUSED HEALTHCARE TO EACH PERSON AND TO THE COMMUNITIES WE SERVE, FROM THE WELL INSURED TO THOSE WHO CANNOT AFFORD HEALTHCARE |                           |              |
|  | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets  |                           |              |
| Activities & Governance  | <b>3</b> Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>                  | 11           |
|  | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>                  | 11           |
|  | <b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)  | <b>5</b>                  | 1,004        |
|  | <b>6</b> Total number of volunteers (estimate if necessary)  | <b>6</b>                  | 11           |
|  | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12   | <b>7a</b>                 | 0            |
|  | <b>b</b> Net unrelated business taxable income from Form 990-T, line 34  | <b>7b</b>                 | 0            |
| Revenue  | <b>8</b> Contributions and grants (Part VIII, line 1h)   | Prior Year                | Current Year |
|  | <b>9</b> Program service revenue (Part VIII, line 2g)  | 15,152                    | 0            |
|  | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | 190,365,075               | 183,647,156  |
|  | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | 1,712,372                 | 895,550      |
|  | <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | 275,891                   | 262,244      |
|  |  | 192,368,490               | 184,804,950  |
| Expenses   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)   | 57,000                    | 82,250       |
|  | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)  | 0                         | 0            |
|  | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)  | 77,353,993                | 74,758,515   |
|  | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)   | 0                         | 0            |
|  | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0   |                           |              |
|  | <b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)   | 109,848,429               | 117,966,047  |
| <b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 187,259,422  | 192,806,812               |              |
| <b>19</b> Revenue less expenses Subtract line 18 from line 12                      | 5,109,068  | -8,001,862                |              |
| Net Assets or Fund Balances  |  | Beginning of Current Year | End of Year  |
|  | <b>20</b> Total assets (Part X, line 16)   | 130,255,410               | 119,947,273  |
|  | <b>21</b> Total liabilities (Part X, line 26)  | 42,277,221                | 40,142,684   |
| <b>22</b> Net assets or fund balances Subtract line 21 from line 20                | 87,978,189   | 79,804,589                |              |

**Part II Signature Block**

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

**Sign Here**  
 Signature of officer: \*\*\*\*\*  
 Date: 2014-11-05  
 Type or print name and title: SCOTT COMBS CHIEF FINANCIAL OFFICER

**Paid Preparer Use Only**  
 Print/Type preparer's name: JANE M SEARING  
 Preparer's signature: \_\_\_\_\_  
 Date: 2014-11-05  
 Check  if self-employed  
 PTIN: P00000565  
 Firm's name: CLARK NUBER PS  
 Firm's EIN: 91-1194016  
 Firm's address: 10900 NE 4TH STREET SUITE 1700, BELLEVUE, WA 98004  
 Phone no: (425) 454-4919

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

OUR MISSION IS TO PROVIDE RESPECTFUL, HIGH-QUALITY, PATIENT-FOCUSED HEALTHCARE TO EACH PERSON AND TO THE COMMUNITIES WE SERVE WE ARE AN ORGANIZATION THAT WELCOMES PATIENTS FROM THE WELL INSURED TO THOSE WHO CANNOT AFFORD HEALTHCARE

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

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

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

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 161,651,721 including grants of \$ 82,250 ) (Revenue \$ 183,629,775 )

PACIFIC MEDICAL CENTERS HAS A MISSION TO PROVIDE CARE FOR THOSE WHO ARE MEDICALLY UNDERSERVED OR UNABLE TO PAY FOR HEALTHCARE SERVICES IN 2013, THESE INDIVIDUALS ACCOUNTED FOR 7% OF OUR TOTAL PATIENT VISITS WE SERVE THIS POPULATION IN MANY WAYS - WE HAVE A LONG-TERM PARTNERSHIP TO PROVIDE SPECIALTY CARE FOR PATIENTS OF KING COUNTY COMMUNITY-BASED CLINICS IN 2013, GREATER THAN 9% OF OUR OTOLARYNGOLOGY, RHEUMATOLOGY, NEUROLOGY, NEPHROLOGY, ONCOLOGY AND ENDOCRINOLOGY SERVICES WENT TO UNDERINSURED INDIVIDUALS - AS A FOUNDING MEMBER OF PROJECT ACCESS NORTHWEST, WE HAVE HELPED TO DEVELOP ADDITIONAL NETWORKS IN THE COMMUNITY IN ORDER TO EXPAND ACCESS TO THE MEDICALLY UNDERSERVED IN OUR COMMUNITY - WITH MANY AREA PHYSICIANS CLOSING THEIR DOORS TO NEW MEDICARE, MEDICAID AND BASIC HEALTH PATIENTS, THE NEED FOR CARE IS GREAT - AND PACIFIC MEDICAL CENTERS IS PROUD OF ITS TRACK RECORD IN PROVIDING FOR THOSE IN NEED AND SUPPORTING COMMUNITY EFFORTS TO EXPAND ACCESS - AT PACIFIC MEDICAL CENTERS WE ARE COMMITTED TO MEDICAL EDUCATION INCLUDING THE TRAINING OF THE NEXT GENERATION OF PHYSICIANS AND ALLIED HEALTH PROFESSIONALS SUCH AS NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS WE ALSO PARTICIPATE IN EXTERN PROGRAMS FOR MEDICAL ASSISTANT AND MEDICAL TECHNICIAN PROGRAMS THE MEDICAL TEACHING PROGRAM AT PACMED IS A TEAM EFFORT AND DEMONSTRATES OUR BELIEF IN SERVICE TO OUR COMMUNITY, EXCELLENCE AND CONTINUOUS LEARNING, AND STEWARDSHIP OF OUR RESOURCES

**4b** (Code ) (Expenses \$ 664,033 including grants of \$ ) (Revenue \$ 7,951 )

OUR INTERPRETER SERVICES DEPARTMENT FACILITATES COMMUNICATION BETWEEN OUR PROVIDERS AND PATIENTS WHO DO NOT SPEAK ENGLISH OR SPEAK LIMITED ENGLISH AT PACIFIC MEDICAL CENTERS, WE HAVE USED TECHNOLOGY IN INNOVATIVE WAYS TO CONTINUE TO PROVIDE THIS VALUABLE SERVICE TO PATIENTS BY THE USE OF TECHNOLOGY, WE HAVE BEEN ABLE TO CONNECT CERTIFIED MEDICAL INTERPRETERS WITH OUR PROVIDERS AND PATIENTS IN THE EXAM ROOM THROUGH VIDEO CONFERENCING IN DOING SO, WE HAVE BECOME MORE EFFICIENT IN THE USE OF OUR RESOURCES SO WE CAN CONTINUE TO PROVIDE THIS VALUABLE SERVICE TO OUR PATIENTS

**4c** (Code ) (Expenses \$ 315,081 including grants of \$ ) (Revenue \$ 9,430 )

OUR PHYSICIANS AND STAFF PROVIDE HEALTH SCREENING EVENTS WITH YOUTH WHO ARE HOMELESS OR IN TRANSITIONAL HOUSING COMMUNITIES THROUGH THESE PROGRAMS, WE HAVE REACHED OUT TO HUNDREDS OF PEOPLE UNDERSERVED IN OUR REGION AND PROVIDED BASIC MEDICAL CARE AND FLU VACCINATIONS PACIFIC MEDICAL CENTERS, THE AMERICAN DIABETES ASSOCIATION AND PREMIER BLUE CROSS PARTNERED TO FORM THE LIVING WELL ALLIANCE (LWA) IN 2011 THE PARTNERSHIP PROVIDES COMPLIMENTARY WORKPLACE HEALTH RISK ASSESSMENT SCREENINGS AND EDUCATIONAL PROGRAMS TO CHANGE THE HEALTH OF THE OVERALL COMMUNITY IN THE PUGET SOUND REGION IN ADDITION TO EDUCATING AND EQUIPPING PARTICIPANTS WITH TOOLS TO IMPROVE THEIR OVERALL HEALTH, THE PROGRAM HAS ALSO SERVED AS A VEHICLE TO EDUCATE EMPLOYERS ON HEALTH ISSUES THAT IMPACT THEIR STAFF

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

**4e** Total program service expenses **162,630,835**

**Part IV Checklist of Required Schedules**

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

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

|            |  |            |     |    |
|------------|--|------------|-----|----|
| <b>21</b>  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .  | <b>21</b>  | Yes |    |
| <b>22</b>  | Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .  | <b>22</b>  |     | No |
| <b>23</b>  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .  | <b>23</b>  | Yes |    |
| <b>24a</b> | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .                            | <b>24a</b> |     | No |
| <b>b</b>   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .  | <b>24b</b> |     |    |
| <b>c</b>   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .   | <b>24c</b> |     |    |
| <b>d</b>   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .  | <b>24d</b> |     |    |
| <b>25a</b> | <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .  | <b>25a</b> |     | No |
| <b>b</b>   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                       | <b>25b</b> |     | No |
| <b>26</b>  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i> . . . . .                                    | <b>26</b>  |     | No |
| <b>27</b>  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . . | <b>27</b>  |     | No |
| <b>28</b>  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)   |            |     |    |
| <b>a</b>   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .   | <b>28a</b> |     | No |
| <b>b</b>   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  | <b>28b</b> |     | No |
| <b>c</b>   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  | <b>28c</b> |     | No |
| <b>29</b>  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .  | <b>29</b>  |     | No |
| <b>30</b>  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .  | <b>30</b>  |     | No |
| <b>31</b>  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .  | <b>31</b>  |     | No |
| <b>32</b>  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .  | <b>32</b>  |     | No |
| <b>33</b>  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .  | <b>33</b>  |     | No |
| <b>34</b>  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .  | <b>34</b>  | Yes |    |
| <b>35a</b> | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | <b>35a</b> |     | No |
| <b>b</b>   | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .   | <b>35b</b> |     |    |
| <b>36</b>  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .   | <b>36</b>  |     | No |
| <b>37</b>  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .   | <b>37</b>  |     | No |
| <b>38</b>  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .  | <b>38</b>  | Yes |    |

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

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

|            |  | Yes | No |
|------------|--|-----|----|
| <b>1a</b>  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <b>1a</b> 688  |     |    |
| <b>1b</b>  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <b>1b</b> 0   |     |    |
| <b>1c</b>  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   | Yes |    |
| <b>2a</b>  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. <b>2a</b> 1,004   |     |    |
| <b>2b</b>  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).   | Yes |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  |     | No |
| <b>3b</b>  | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.   |     |    |
| <b>4a</b>  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                                   |     | No |
| <b>b</b>   | If "Yes," enter the name of the foreign country: _____<br>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.   |     |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |     | No |
| <b>5b</b>  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |     | No |
| <b>5c</b>  | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?   |     |    |
| <b>6a</b>  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  |     | No |
| <b>6b</b>  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  |     |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |     |    |
| <b>a</b>   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  |     | No |
| <b>7b</b>  | If "Yes," did the organization notify the donor of the value of the goods or services provided?  |     |    |
| <b>7c</b>  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   |     | No |
| <b>7d</b>  | If "Yes," indicate the number of Forms 8282 filed during the year. <b>7d</b>   |     |    |
| <b>7e</b>  | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  |     | No |
| <b>7f</b>  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   |     | No |
| <b>7g</b>  | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   |     |    |
| <b>7h</b>  | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   |     |    |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? |     |    |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |     |    |
| <b>9a</b>  | Did the organization make any taxable distributions under section 4966?  |     |    |
| <b>9b</b>  | Did the organization make a distribution to a donor, donor advisor, or related person?   |     |    |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter  |     |    |
| <b>10a</b> | Initiation fees and capital contributions included on Part VIII, line 12. <b>10a</b>   |     |    |
| <b>10b</b> | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. <b>10b</b>  |     |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter   |     |    |
| <b>11a</b> | Gross income from members or shareholders. <b>11a</b>  |     |    |
| <b>11b</b> | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). <b>11b</b>  |     |    |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  |     |    |
| <b>12b</b> | If "Yes," enter the amount of tax-exempt interest received or accrued during the year. <b>12b</b>  |     |    |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |     |    |
| <b>13a</b> | Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O. <b>13a</b>   |     |    |
| <b>13b</b> | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. <b>13b</b>  |     |    |
| <b>13c</b> | Enter the amount of reserves on hand. <b>13c</b>   |     |    |
| <b>14a</b> | Did the organization receive any payments for indoor tanning services during the tax year?   |     | No |
| <b>14b</b> | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.   |     |    |

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

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

- 17** List the States with which a copy of this Form 990 is required to be filed  WA
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization  
 SCOTT COMBS 1200 12TH AVENUE S  
 SEATTLE, WA 98144 (206) 621-4203

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

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

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

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

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

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

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

| (A)<br>Name and Title                          | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (1) DOROTHY GRAHAM<br>CHAIR                    | 1 00<br>0 00   | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| (2) GENE J COLIN<br>VICE CHAIR                 | 1 00<br>0 00   | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| (3) MICHAL ALLAIRE<br>TREASURER                | 1 00<br>0 00   | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| (4) ANNE M REDMAN<br>SECRETARY                 | 1 00<br>0 00   | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| (5) DR WILLIAM DOWLING<br>DIRECTOR             | 1 00<br>0 00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (6) KATHY GERSCH<br>DIRECTOR                   | 1 00<br>0 00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (7) CATHERINE E GLEASON<br>DIRECTOR            | 1 00<br>0 00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (8) KAREN GLOVER<br>DIRECTOR                   | 1 00<br>0 00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (9) DAN M GUY III<br>DIRECTOR                  | 1 00<br>0 00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (10) MICHAEL MCSHERRY<br>DIRECTOR              | 1 00<br>0 00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (11) STAN ROBERTS<br>DIRECTOR                  | 1 00<br>0 00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (12) CHARLES LARKIN<br>DIRECTOR                | 1 00<br>0 00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| (13) HARVEY W SMITH<br>PRESIDENT & CEO         | 50 00<br>0 00  |   |                       | X       |              |                              |        | 899,876   | 0  | 104,925   |
| (14) DR VIKRAM DABHI<br>CMO                    | 50 00<br>0 00  |   |                       | X       |              |                              |        | 693,825   | 0  | 98,277  |
| (15) SCOTT L COMBS<br>CFO                      | 50 00<br>0 00  |   |                       | X       |              |                              |        | 327,772   | 0  | 71,865  |
| (16) LINDA A MARZANO<br>COO                    | 50 00<br>0 00  |   |                       | X       |              |                              |        | 424,608   | 0  | 74,770  |
| (17) PAUL W GOEBEL<br>VP STRATEGIC DEVELOPMENT | 50 00<br>0 00  |   |                       | X       |              |                              |        | 363,772   | 0  | 67,891  |

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

| (A)<br>Name and Title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (18) GINA L MARBLE<br>VP PHYSICIAN PRACTICE SUPPORT            | 50 00<br>0 00  |   |                       | X       |              |                              |        | 268,702   | 0  | 62,753  |
| (19) ALLEN J SALMIERI<br>VP & CIO                              | 50 00<br>0 00  |   |                       | X       |              |                              |        | 263,928   | 0  | 63,181  |
| (20) DAVID A ROSS<br>ASSISTANT SECRETARY                       | 50 00<br>0 00  |   |                       | X       |              |                              |        | 93,723  | 0  | 5,789   |
| (21) CHAD J MARION<br>ORTHOPEDIC SURGEON                       | 50 00<br>0 00  |   |                       |         |              | X                            |        | 1,167,888   | 0  | 86,672  |
| (22) CHRISTOPHER A KUNTZ<br>OPHTHALMOLOGIST                    | 36 00<br>0 00  |   |                       |         |              | X                            |        | 673,337   | 0  | 66,086  |
| (23) DAVID M WHITE<br>GENERAL SURGEON                          | 40 00<br>0 00  |   |                       |         |              | X                            |        | 667,269   | 0  | 36,932  |
| (24) THOMAS A LAMPERTI<br>OTOLARYNGOLOGIST                     | 40 00<br>0 00  |   |                       |         |              | X                            |        | 629,672   | 0  | 51,521  |
| (25) TONY H HUYNH<br>OPHTHALMOLOGIST                           | 40 00<br>0 00  |   |                       |         |              | X                            |        | 784,512   | 0  | 67,086  |
| (26) KARYN R BECKLEY<br>FORMER VP MARKETING & ADMIN SVC        | 0 00<br>0 00   |   |                       |         |              |                              | X      | 261,732   | 0  | 0   |
| (27) NIRAJ PATEL<br>FORMER OPHTHALMOLOGIST                     | 0 00<br>0 00   |   |                       |         |              |                              | X      | 162,591   | 0  | 0   |
| <b>1b Sub-Total</b>  |  |   |                       |         |              |                              |        |   |  |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |        |   |  |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |        | 7,683,207   | 0  | 857,748   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **141**

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address                                       | (B)<br>Description of services | (C)<br>Compensation |
|--|--------------------------------|---------------------|
| INLAND IMAGING INC P O BOX 2813 SPOKANE WA 99220                       | IMAGING READS                  | 2,449,572           |
| INLAND IMAGING ASSOCIATES PS P O BOX 2814 SPOKANE WA 99220             | IMAGING READS                  | 1,708,711           |
| INTERMOUNTAIN DRUG CONSULTING PC 1945 SOUTH 800 WEST MAPLETON UT 84664 | CONSULTING SERVICES            | 336,480             |
| K & L GATES 925 FOURTH AVE SUITE 2900 SEATTLE WA 981041158             | LEGAL SERVICES                 | 235,583             |
| STOEL RIVES LLP ONE UNION SQUARE 600 UNIVERSITY ST SEATTLE WA 98101    | LEGAL SERVICES                 | 230,474             |

**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 **8**

**Part VIII Statement of Revenue**

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

|   |  |   | (A)<br>Total revenue   | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections<br>512-514 |         |
|---|--|---|--|--|---|---|---------|
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b> | <b>1a</b>  | Federated campaigns . . . . . <b>1a</b>   |  |  |   |   |         |
|   | <b>b</b>   | Membership dues . . . . . <b>1b</b>   |  |  |   |   |         |
|   | <b>c</b>   | Fundraising events . . . . . <b>1c</b>  |  |  |   |   |         |
|   | <b>d</b>   | Related organizations . . . . . <b>1d</b>   |  |  |   |   |         |
|   | <b>e</b>   | Government grants (contributions) <b>1e</b>   |  |  |   |   |         |
|   | <b>f</b>   | All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>  |  |  |   |   |         |
|   | <b>g</b>   | Noncash contributions included in lines 1a-1f \$  |  |  |   |   |         |
|   | <b>h</b>   | <b>Total.</b> Add lines 1a-1f . . . . .   |  |  |   |   |         |
| <b>Program Service Revenue</b>                                | <b>2a</b>  | MEDICAL GROUP PRACTICE<br>Business Code 621110  | 183,629,775  | 183,629,775  |   |   |         |
|   | <b>b</b>   | OUTREACH SERVICES<br>Business Code 621110   | 9,430  | 9,430  |   |   |         |
|   | <b>c</b>   | INTERPRETER SERVICES<br>Business Code 621110  | 7,951  | 7,951  |   |   |         |
|   | <b>d</b>   |   |  |  |   |   |         |
|   | <b>e</b>   |   |  |  |   |   |         |
|   | <b>f</b>   | All other program service revenue   |  |  |   |   |         |
|   | <b>g</b>   | <b>Total.</b> Add lines 2a-2f . . . . .   | 183,647,156  |  |   |   |         |
|   | <b>Other Revenue</b>   | <b>3</b>  | Investment income (including dividends, interest, and other similar amounts) . . . . . | 775,995  |   |   | 775,995 |
| <b>4</b>  |  | Income from investment of tax-exempt bond proceeds . . . . .  |  |  |   |   |         |
| <b>5</b>  |  | Royalties . . . . .   |  |  |   |   |         |
| <b>6a</b>   |  | Gross rents   | (i) Real   | 363,836  |   |   |         |
|   |  |   | (ii) Personal  |  |   |   |         |
|   |  |   | <b>b</b> Less rental expenses  | 101,592  |   |   |         |
|   |  |   | <b>c</b> Rental income or (loss)   | 262,244  |   |   |         |
| <b>d</b>  |  | Net rental income or (loss) . . . . .   | 262,244  |  |   | 262,244   |         |
| <b>7a</b>   |  | Gross amount from sales of assets other than inventory  | (i) Securities   | 51,998,139   | 18,967                                  |   |         |
|   |  |   | (ii) Other   |  |   |   |         |
|   |  |   | <b>b</b> Less cost or other basis and sales expenses                                   | 51,897,551   | 0                                       |   |         |
|   |  |   | <b>c</b> Gain or (loss)  | 100,588  | 18,967                                  |   |         |
| <b>d</b>  |  | Net gain or (loss) . . . . .  | 119,555  |  |   | 119,555   |         |
| <b>8a</b>   |  | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . |  |  |   |   |         |
| <b>b</b>  |  | Less direct expenses . . . . . <b>b</b>   |  |  |   |   |         |
| <b>c</b>  | Net income or (loss) from fundraising events . . . . .             |   |  |  |   |   |         |
| <b>9a</b>   | Gross income from gaming activities See Part IV, line 19 . . . . . |   |  |  |   |   |         |
| <b>b</b>  | Less direct expenses . . . . . <b>b</b>                            |   |  |  |   |   |         |
| <b>c</b>  | Net income or (loss) from gaming activities . . . . .              |   |  |  |   |   |         |
| <b>10a</b>  | Gross sales of inventory, less returns and allowances . . . . .    | <b>a</b>  |  |  |   |   |         |
|   |  | <b>b</b> Less cost of goods sold . . . . . <b>b</b>   |  |  |   |   |         |
|   |  | <b>c</b> Net income or (loss) from sales of inventory . . . . .   |  |  |   |   |         |
| Miscellaneous Revenue   |  | Business Code   |  |  |   |   |         |
| <b>11a</b>  |  |   |  |  |   |   |         |
| <b>b</b>  |  |   |  |  |   |   |         |
| <b>c</b>  |  |   |  |  |   |   |         |
| <b>d</b>  | All other revenue . . . . .  |   |  |  |   |   |         |
| <b>e</b>  | <b>Total.</b> Add lines 11a-11d . . . . .                          |   |  |  |   |   |         |
| <b>12</b>   | <b>Total revenue.</b> See Instructions . . . . .                   |   | 184,804,950  | 183,647,156  | 0                                       | 1,157,794   |         |

**Part IX Statement of Functional Expenses**

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. |   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b>   | Grants and other assistance to governments and organizations in the United States. See Part IV, line 21   | 82,250                | 82,250                          |  |                             |
| <b>2</b>   | Grants and other assistance to individuals in the United States. See Part IV, line 22   |                       |                                 |  |                             |
| <b>3</b>   | Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16  |                       |                                 |  |                             |
| <b>4</b>   | Benefits paid to or for members   |                       |                                 |  |                             |
| <b>5</b>   | Compensation of current officers, directors, trustees, and key employees  | 3,885,651             | 792,101                         | 3,093,550                              |                             |
| <b>6</b>   | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                       |                                 |  |                             |
| <b>7</b>   | Other salaries and wages  | 56,511,765            | 46,322,656                      | 10,189,109                             |                             |
| <b>8</b>   | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 2,414,485             | 2,006,564                       | 407,921                                |                             |
| <b>9</b>   | Other employee benefits   | 8,122,260             | 6,351,840                       | 1,770,420                              |                             |
| <b>10</b>  | Payroll taxes   | 3,824,354             | 2,917,263                       | 907,091                                |                             |
| <b>11</b>  | Fees for services (non-employees)   |                       |                                 |  |                             |
| <b>a</b>   | Management  | 528,000               | 528,000                         |  |                             |
| <b>b</b>   | Legal   | 923,708               | 153,389                         | 770,319                                |                             |
| <b>c</b>   | Accounting  | 223,856               |                                 | 223,856                                |                             |
| <b>d</b>   | Lobbying  |                       |                                 |  |                             |
| <b>e</b>   | Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| <b>f</b>   | Investment management fees  |                       |                                 |  |                             |
| <b>g</b>   | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)  | 69,231,205            | 64,733,482                      | 4,497,723                              |                             |
| <b>12</b>  | Advertising and promotion   | 640,982               | 607,643                         | 33,339                                 |                             |
| <b>13</b>  | Office expenses   | 546,956               | 397,192                         | 149,764                                |                             |
| <b>14</b>  | Information technology  |                       |                                 |  |                             |
| <b>15</b>  | Royalties   |                       |                                 |  |                             |
| <b>16</b>  | Occupancy   | 6,553,483             | 5,156,733                       | 1,396,750                              |                             |
| <b>17</b>  | Travel  | 200,516               | 97,208                          | 103,308                                |                             |
| <b>18</b>  | Payments of travel or entertainment expenses for any federal, state, or local public officials  |                       |                                 |  |                             |
| <b>19</b>  | Conferences, conventions, and meetings  |                       |                                 |  |                             |
| <b>20</b>  | Interest  | 28,577                |                                 | 28,577                                 |                             |
| <b>21</b>  | Payments to affiliates  |                       |                                 |  |                             |
| <b>22</b>  | Depreciation, depletion, and amortization   | 5,465,150             | 2,960,359                       | 2,504,791                              |                             |
| <b>23</b>  | Insurance   | 1,900,624             | 789,514                         | 1,111,110                              |                             |
| <b>24</b>  | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)  |                       |                                 |  |                             |
| <b>a</b>   | SUPPLIES - DRUGS  | 22,335,573            | 22,166,335                      | 169,238                                |                             |
| <b>b</b>   | SUPPLIES - MEDICAL/SURG   | 1,911,765             | 1,789,143                       | 122,622                                |                             |
| <b>c</b>   | SOFTWARE  | 1,504,384             | 88,159                          | 1,416,225                              |                             |
| <b>d</b>   | REPAIR & MAINTENANCE  | 1,008,146             | 799,853                         | 208,293                                |                             |
| <b>e</b>   | All other expenses  | 4,963,122             | 3,891,151                       | 1,071,971                              |                             |
| <b>25</b>  | <b>Total functional expenses.</b> Add lines 1 through 24e   | 192,806,812           | 162,630,835                     | 30,175,977                             | 0                           |
| <b>26</b>  | <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|   |   | (A)                   |             | (B)                   |
|---|---|-----------------------|-------------|-----------------------|
|   |   | Beginning of year     |             | End of year           |
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing . . . . .  | 28,376,217            | <b>1</b>    | 24,571,062            |
|   | <b>2</b> Savings and temporary cash investments . . . . .   | 12,608,824            | <b>2</b>    | 7,555,790             |
|   | <b>3</b> Pledges and grants receivable, net . . . . .   |                       | <b>3</b>    |                       |
|   | <b>4</b> Accounts receivable, net . . . . .   | 5,228,242             | <b>4</b>    | 4,790,165             |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .   | 161,679               | <b>5</b>    |                       |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . . |                       | <b>6</b>    |                       |
|   | <b>7</b> Notes and loans receivable, net . . . . .  |                       | <b>7</b>    |                       |
|   | <b>8</b> Inventories for sale or use . . . . .  |                       | <b>8</b>    |                       |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .  | 2,098,518             | <b>9</b>    | 2,300,483             |
|   | <b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . .  | <b>10a</b> 62,678,957 |             |                       |
|   | <b>b</b> Less accumulated depreciation . . . . .  | <b>10b</b> 39,217,760 | 27,564,029  | <b>10c</b> 23,461,197 |
|   | <b>11</b> Investments—publicly traded securities . . . . .  | 49,675,785            | <b>11</b>   | 52,711,700            |
|   | <b>12</b> Investments—other securities See Part IV, line 11 . . . . .   | 94,955                | <b>12</b>   | 1,092,920             |
|   | <b>13</b> Investments—program-related See Part IV, line 11 . . . . .  |                       | <b>13</b>   |                       |
|   | <b>14</b> Intangible assets . . . . .   |                       | <b>14</b>   |                       |
|   | <b>15</b> Other assets See Part IV, line 11 . . . . .   | 4,447,161             | <b>15</b>   | 3,463,956             |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 130,255,410   | <b>16</b>             | 119,947,273 |                       |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .   | 36,546,108            | <b>17</b>   | 35,043,164            |
|   | <b>18</b> Grants payable . . . . .  |                       | <b>18</b>   |                       |
|   | <b>19</b> Deferred revenue . . . . .  | 211,848               | <b>19</b>   | 263,867               |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .   |                       | <b>20</b>   |                       |
|   | <b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .  |                       | <b>21</b>   |                       |
|   | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .   |                       | <b>22</b>   |                       |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .  |                       | <b>23</b>   |                       |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .  |                       | <b>24</b>   |                       |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .  | 5,519,265             | <b>25</b>   | 4,835,653             |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .  | 42,277,221            | <b>26</b>   | 40,142,684            |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>  |                       |             |                       |
|   | <b>27</b> Unrestricted net assets . . . . .   | 87,978,189            | <b>27</b>   | 79,804,589            |
|   | <b>28</b> Temporarily restricted net assets . . . . .   |                       | <b>28</b>   |                       |
|   | <b>29</b> Permanently restricted net assets . . . . .   |                       | <b>29</b>   |                       |
|   | <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>   |                       |             |                       |
|   | <b>30</b> Capital stock or trust principal, or current funds . . . . .  |                       | <b>30</b>   |                       |
|   | <b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .   |                       | <b>31</b>   |                       |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .  |                       | <b>32</b>   |                       |
| <b>33</b> Total net assets or fund balances . . . . .                         | 87,978,189  | <b>33</b>             | 79,804,589  |                       |
| <b>34</b> Total liabilities and net assets/fund balances . . . . .            | 130,255,410   | <b>34</b>             | 119,947,273 |                       |

**Part XI Reconciliation of Net Assets**

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

|           |   |           |             |
|-----------|---|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)   | <b>1</b>  | 184,804,950 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)  | <b>2</b>  | 192,806,812 |
| <b>3</b>  | Revenue less expenses Subtract line 2 from line 1   | <b>3</b>  | -8,001,862  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | <b>4</b>  | 87,978,189  |
| <b>5</b>  | Net unrealized gains (losses) on investments  | <b>5</b>  | -171,738    |
| <b>6</b>  | Donated services and use of facilities  | <b>6</b>  |             |
| <b>7</b>  | Investment expenses   | <b>7</b>  |             |
| <b>8</b>  | Prior period adjustments  | <b>8</b>  |             |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)  | <b>9</b>  | 0           |
| <b>10</b> | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 79,804,589  |

**Part XII Financial Statements and Reporting**

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

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

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

**2013**

**Open to Public Inspection**

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

- ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
- ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
PACMED CLINICS

Employer identification number  
56-2290878

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h  
  - a  Type I b  Type II c  Type III - Functionally integrated d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f  If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

|                 | Yes | No |
|-----------------|-----|----|
| <b>11g(i)</b>   |     |    |
| <b>11g(ii)</b>  |     |    |
| <b>11g(iii)</b> |     |    |

(ii) A family member of a person described in (i) above?  
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?  
 h Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? |    | (v) Did you notify the organization in col (i) of your support? |    | (vi) Is the organization in col (i) organized in the U S ? |    | (vii) Amount of monetary support |
|------------------------------------|----------|--|--|----|---|----|--|----|----------------------------------|
|                                    |          |  | Yes  | No | Yes   | No | Yes  | No |                                  |
|                                    |          |  |  |    |   |    |  |    |                                  |
| <b>Total</b>                       |          |  |  |    |   |    |  |    |                                  |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")   |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3  |          |          |          |          |          |           |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013  | (f) Total |
|---|----------|----------|----------|----------|-----------|-----------|
| <b>7</b> Amounts from line 4  |          |          |          |          |           |           |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   |          |          |          |          |           |           |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on   |          |          |          |          |           |           |
| <b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )  |          |          |          |          |           |           |
| <b>11 Total support</b> (Add lines 7 through 10)  |          |          |          |          |           |           |
| <b>12</b> Gross receipts from related activities, etc (see instructions)  |          |          |          |          | <b>12</b> |           |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/> |          |          |          |          |           |           |

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

|  |           |  |
|--|-----------|--|
| <b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))   | <b>14</b> |  |
| <b>15</b> Public support percentage for 2012 Schedule A, Part II, line 14  | <b>15</b> |  |
| <b>16a 33 1/3% support test—2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>  |           |  |
| <b>b 33 1/3% support test—2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>   |           |  |
| <b>17a 10%-facts-and-circumstances test—2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>    |           |  |
| <b>b 10%-facts-and-circumstances test—2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/> |           |  |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>  |           |  |

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2009    | (b) 2010    | (c) 2011    | (d) 2012    | (e) 2013    | (f) Total   |
|---|-------------|-------------|-------------|-------------|-------------|-------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")  | 1,438,769   | 1,817,594   | 1,156,093   | 15,152      |             | 4,427,608   |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 174,950,956 | 183,911,527 | 190,637,742 | 190,465,075 | 183,647,156 | 923,612,456 |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |             |             |             |             |             |             |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |             |             |             |             |             |             |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |             |             |             |             |             |             |
| <b>6 Total.</b> Add lines 1 through 5   | 176,389,725 | 185,729,121 | 191,793,835 | 190,480,227 | 183,647,156 | 928,040,064 |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |             |             |             |             |             | 0           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |             |             |             |             |             | 0           |
| <b>c</b> Add lines 7a and 7b  |             |             |             |             |             | 0           |
| <b>8 Public support</b> (Subtract line 7c from line 6.)   |             |             |             |             |             | 928,040,064 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2009    | (b) 2010    | (c) 2011    | (d) 2012    | (e) 2013    | (f) Total   |
|---|-------------|-------------|-------------|-------------|-------------|-------------|
| <b>9</b> Amounts from line 6  | 176,389,725 | 185,729,121 | 191,793,835 | 190,480,227 | 183,647,156 | 928,040,064 |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   | 1,271,258   | 1,809,632   | 2,182,329   | 1,949,519   | 21,139,831  | 28,352,569  |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  |             |             |             |             |             |             |
| <b>c</b> Add lines 10a and 10b  | 1,271,258   | 1,809,632   | 2,182,329   | 1,949,519   | 21,139,831  | 28,352,569  |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on   | 1,750       | 5,563       |             |             |             | 7,313       |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)   | 1,693,899   | 250,000     |             | 10,156      |             | 1,954,055   |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)  | 179,356,632 | 187,794,316 | 193,976,164 | 192,439,902 | 204,786,987 | 958,354,001 |
| <b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/> |             |             |             |             |             |             |

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

|  |           |         |
|--|-----------|---------|
| <b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) | <b>15</b> | 96.840% |
| <b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15                      | <b>16</b> | 98.790% |

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

|   |           |        |
|---|-----------|--------|
| <b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) | <b>17</b> | 2.960% |
| <b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17                        | <b>18</b> | 0.960% |

- 19a 33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

Return Reference

Explanation

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2013

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
See separate instructions. Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Table with 2 columns: Name of the organization (PACMED CLINICS) and Employer identification number (56-2290878)

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
2 Enter the amount of any excise tax incurred by organization managers under section 4955
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
4a Was a correction made?
b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
4 Did the filing organization file Form 1120-POL for this year?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check  if the filing organization checked box A and "limited control" provisions apply

| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.)   |   | (a) Filing organization's totals                         | (b) Affiliated group totals        |                    |                              |   |   |   |   |  |  |                   |             |  |  |
|---|---|--|------------------------------------|--------------------|------------------------------|---|---|---|---|--|--|-------------------|-------------|--|--|
| <b>1a</b>   | Total lobbying expenditures to influence public opinion (grass roots lobbying)  |  |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>b</b>  | Total lobbying expenditures to influence a legislative body (direct lobbying)   |  |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>c</b>  | Total lobbying expenditures (add lines 1a and 1b)   |  |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>d</b>  | Other exempt purpose expenditures   |  |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>e</b>  | Total exempt purpose expenditures (add lines 1c and 1d)   |  |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>f</b>  | Lobbying nontaxable amount. Enter the amount from the following table in both columns   |  |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> |   | If the amount on line 1e, column (a) or (b) is:          | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | Over \$17,000,000 | \$1,000,000 |  |  |
| If the amount on line 1e, column (a) or (b) is:   | The lobbying nontaxable amount is:  |  |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Not over \$500,000  | 20% of the amount on line 1e  |  |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Over \$500,000 but not over \$1,000,000   | \$100,000 plus 15% of the excess over \$500,000   |  |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Over \$1,000,000 but not over \$1,500,000   | \$175,000 plus 10% of the excess over \$1,000,000   |  |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Over \$1,500,000 but not over \$17,000,000  | \$225,000 plus 5% of the excess over \$1,500,000  |  |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| Over \$17,000,000   | \$1,000,000   |  |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>g</b>  | Grassroots nontaxable amount (enter 25% of line 1f)   |  |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>h</b>  | Subtract line 1g from line 1a. If zero or less, enter -0-   |  |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>i</b>  | Subtract line 1f from line 1c. If zero or less, enter -0-   |  |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |
| <b>j</b>  | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                    |                    |                              |   |   |   |   |  |  |                   |             |  |  |

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

**Lobbying Expenditures During 4-Year Averaging Period**

| Calendar year (or fiscal year beginning in)                      | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) Total |
|--|----------|----------|----------|----------|-----------|
| <b>2a</b> Lobbying nontaxable amount                             |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))    |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                             |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                            |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                        |          |          |          |          |           |

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

| For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. |  | (a) |    | (b)     |
|---|--|-----|----|---------|
|   |  | Yes | No | Amount  |
| <b>1</b>  | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of |     |    |         |
| <b>a</b>  | Volunteers?  |     | No |         |
| <b>b</b>  | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   |     | No |         |
| <b>c</b>  | Media advertisements?  |     | No |         |
| <b>d</b>  | Mailings to members, legislators, or the public?   |     | No |         |
| <b>e</b>  | Publications, or published or broadcast statements?  |     | No |         |
| <b>f</b>  | Grants to other organizations for lobbying purposes?   |     | No |         |
| <b>g</b>  | Direct contact with legislators, their staffs, government officials, or a legislative body?  | Yes |    | 112,274 |
| <b>h</b>  | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |     | No |         |
| <b>i</b>  | Other activities?  |     | No |         |
| <b>j</b>  | Total Add lines 1c through 1i  |     |    | 112,274 |
| <b>2a</b>   | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  |     | No |         |
| <b>b</b>  | If "Yes," enter the amount of any tax incurred under section 4912  |     |    |         |
| <b>c</b>  | If "Yes," enter the amount of any tax incurred by organization managers under section 4912   |     |    |         |
| <b>d</b>  | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   |     |    |         |

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

|  | Yes      | No |
|--|----------|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members?                      | <b>1</b> |    |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?                 | <b>2</b> |    |
| <b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? | <b>3</b> |    |

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

|          |  |           |  |
|----------|--|-----------|--|
| <b>1</b> | Dues, assessments and similar amounts from members   | <b>1</b>  |  |
| <b>2</b> | Section 162(e) nondeductible lobbying and political expenditures <b>(do not include amounts of political expenses for which the section 527(f) tax was paid).</b>  |           |  |
| <b>a</b> | Current year   | <b>2a</b> |  |
| <b>b</b> | Carryover from last year   | <b>2b</b> |  |
| <b>c</b> | Total  | <b>2c</b> |  |
| <b>3</b> | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  | <b>3</b>  |  |
| <b>4</b> | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | <b>4</b>  |  |
| <b>5</b> | Taxable amount of lobbying and political expenditures (see instructions)   | <b>5</b>  |  |

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

| Return Reference  | Explanation   |
|-------------------|---|
| PART II-B, LINE 1 | PACIFIC MEDICAL CENTERS' USFHP IS A TRICARE PRIME PROVIDER, AND IS IN FACT, THE HIGHEST RATED PLAN IN THE MILITARY HEALTH SYSTEM. WE FREQUENTLY MEET WITH OUR WASHINGTON STATE DELEGATES TO UPDATE THEM ON IMPORTANT ISSUES REGARDING PACIFIC MEDICAL CENTERS AND THE USFHP CONTRACT. WE ALSO UPDATE THEM REGARDING STRATEGIES WE ARE TAKING TO CONTINUE OUR PARTNERSHIP WITH THE DEPARTMENT OF DEFENSE TO IMPROVE HEALTHCARE IN THE MILITARY HEALTH SYSTEMS. |
|                   |   |
|                   |   |
|                   |   |
|                   |   |
|                   |   |



SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

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

Attach to Form 990. See separate instructions. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization PACMED CLINICS

Employer identification number 56-2290878

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

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Table with 3 columns: Question number, Description, and Held at the End of the Year (2a-2d). Includes questions 1-9 regarding conservation easements.

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

Table with 3 columns: Question number, Description, and Amount. Includes questions 1a-2 regarding collections of art and historical treasures.

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

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

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange programs
- e**  Other

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

**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

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

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

|   | Amount |
|---|--------|
| <b>1c</b> Beginning balance             |        |
| <b>1d</b> Additions during the year     |        |
| <b>1e</b> Distributions during the year |        |
| <b>1f</b> Ending balance                |        |

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

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

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

|   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance . . . . .                     |                  |                |                    |                      |                     |
| <b>b</b> Contributions . . . . .                                  |                  |                |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses               |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs . . . . . |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance . . . . .                            |                  |                |                    |                      |                     |

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

- a** Board designated or quasi-endowment ▶
  - b** Permanent endowment ▶
  - c** Temporarily restricted endowment ▶
- The percentages in lines 2a, 2b, and 2c should equal 100%

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

|  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |

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

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property   | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .  |                                      | 2,262,098                       |                              | 2,262,098      |
| <b>b</b> Buildings . . . . .  |                                      | 22,578,774                      | 12,747,860                   | 9,830,914      |
| <b>c</b> Leasehold improvements . . . . .   |                                      |                                 |                              |                |
| <b>d</b> Equipment . . . . .  |                                      | 37,696,344                      | 26,469,900                   | 11,226,444     |
| <b>e</b> Other . . . . .  |                                      | 141,741                         |                              | 141,741        |
| <b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . . |                                      |                                 |                              | 23,461,197     |



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

|          |   |           |             |
|----------|---|-----------|-------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                      | <b>1</b>  | 184,056,160 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12                                      |           |             |
| <b>a</b> | Net unrealized gains on investments . . . . .   | <b>2a</b> | 1,187,576   |
| <b>b</b> | Donated services and use of facilities . . . . .  | <b>2b</b> |             |
| <b>c</b> | Recoveries of prior year grants . . . . .   | <b>2c</b> |             |
| <b>d</b> | Other (Describe in Part XIII ) . . . . .  | <b>2d</b> | -2,080,284  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .   | <b>2e</b> | -892,708    |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .  | <b>3</b>  | 184,948,868 |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>                              |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                              | <b>4a</b> |             |
| <b>b</b> | Other (Describe in Part XIII ) . . . . .  | <b>4b</b> | -143,918    |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .   | <b>4c</b> | -143,918    |
| <b>5</b> | Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . . | <b>5</b>  | 184,804,950 |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

|          |  |           |             |
|----------|--|-----------|-------------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                     | <b>1</b>  | 192,229,760 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25   |           |             |
| <b>a</b> | Donated services and use of facilities . . . . .   | <b>2a</b> |             |
| <b>b</b> | Prior year adjustments . . . . .   | <b>2b</b> |             |
| <b>c</b> | Other losses . . . . .   | <b>2c</b> |             |
| <b>d</b> | Other (Describe in Part XIII ) . . . . .   | <b>2d</b> | 1,503,232   |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .  | <b>2e</b> | 1,503,232   |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .   | <b>3</b>  | 190,726,528 |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :                               |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> |             |
| <b>b</b> | Other (Describe in Part XIII ) . . . . .   | <b>4b</b> | 2,080,284   |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .  | <b>4c</b> | 2,080,284   |
| <b>5</b> | Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . . | <b>5</b>  | 192,806,812 |

**Part XIII Supplemental Information**

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

| Return Reference                      | Explanation  |
|---------------------------------------|--|
| PART XI, LINE 2D - OTHER ADJUSTMENTS  | BAD DEBT EXPENSES -2,055,284 GRANT EXPENSES -25,000  |
| PART XI, LINE 4B - OTHER ADJUSTMENTS  | RENTAL EXPENSES -101,592 NET REALIZED LOSS ON SECURITIES -42,326   |
| PART XII, LINE 2D - OTHER ADJUSTMENTS | RENTAL EXPENSES 101,592 NET UNREALIZED LOSS ON SECURITIES 1,359,314 NET REALIZED LOSS ON SECURITIES 42,326 |
| PART XII, LINE 4B - OTHER ADJUSTMENTS | BAD DEBT EXPENSE 2,055,284 GRANT EXPENSES 25,000   |
|                                       |  |
|                                       |  |



Schedule I (Form 990)

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

OMB No 1545-0047

2013

Open to Public Inspection

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

Attach to Form 990

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization PACMED CLINICS

Employer identification number 56-2290878

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Includes entries for PACIFIC SCIENCE CENTER and PRESCRIPTION DRUG ASSISTANCE FOUNDATION.

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

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

Part III can be duplicated if additional space is needed.

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

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

| <b>Return Reference</b> | <b>Explanation</b>  |
|-------------------------|---|
| PART I, LINE 2          | PACIFIC MEDICAL CENTERS PROVIDES GRANTS AND SUPPORT TO ORGANIZATIONS THAT HAVE A CURRENT 501(C)(3) EXEMPT STATUS AND WHOSE MISSION IS CONSISTENT WITH THE EXEMPT PURPOSE OF PACIFIC MEDICAL CENTERS |

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2013**

**Open to Public Inspection**

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

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

▶ **Attach to Form 990. ▶ See separate instructions.**

▶ **Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
PACMED CLINICS

Employer identification number

56-2290878

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- |   |  |
|---|--|
| <input type="checkbox"/> First-class or charter travel            | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                    | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account           | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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

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

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

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

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

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

**Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.**

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

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

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

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

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

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

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

|           | Yes | No |
|-----------|-----|----|
| <b>1b</b> |     |    |
| <b>2</b>  |     |    |
| <b>4a</b> | Yes |    |
| <b>4b</b> | Yes |    |
| <b>4c</b> |     | No |
| <b>5a</b> |     | No |
| <b>5b</b> |     | No |
| <b>6a</b> |     | No |
| <b>6b</b> |     | No |
| <b>7</b>  |     | No |
| <b>8</b>  |     | No |
| <b>9</b>  |     |    |

**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 in 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 are not listed on Form 990, Part VII

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

| (A) Name and Title        | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported as deferred in prior Form 990 |
|---------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|                           | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| See Additional Data Table |  |                                     |                                     |  |                         |                                 |   |

**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

| Return Reference | Explanation  |
|------------------|--|
| PART I, LINE 4A  | THE FOLLOWING INDIVIDUALS RECEIVED A SEVERANCE PAYMENT IN 2013 KARYN R BECKLEY (\$224,183) NIRAJ PATEL (\$121,943)   |
| PART I, LINE 4B  | THE FOLLOWING OFFICERS AND PROVIDERS (MDS) PARTICIPATED IN THE EXECUTIVE AND PROVIDER SUPPLEMENTAL COMPENSATION PLANS (457(F)) VIKRAM DABHI (\$40,360) SCOTT L COMBS (\$20,408) LINDA A MARZANO (\$25,377) PAUL W GOEBEL (\$20,596) GINA L MARBLE (\$16,775) ALLEN J SALMIERI (\$18,540) CHAD J MARION (\$68,838) CHRISTOPHER A KUNTZ (\$43,152) DAVID M WHITE (\$19,098) THOMAS A LAMPERTI (\$33,687) TONY H HUYNH (\$49,252) |

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 56-2290878  
**Name:** PACMED CLINICS

**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

| (A) Name   |             | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                          | (C) Deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|--|-------------|--|-------------------------------------|--------------------------|---------------------------|-------------------------|---------------------------------|--|
|  |             | (i) Base Compensation                              | (ii) Bonus & incentive compensation | (iii) Other compensation |                           |                         |                                 |  |
| HARVEY W SMITH<br>PRESIDENT & CEO                  | (i)<br>(ii) | 544,916<br>0                                       | 95,594<br>0                         | 259,366<br>0             | 22,934<br>0               | 81,991<br>0             | 1,004,801<br>0                  | 0<br>0   |
| DR VIKRAM DABHI<br>CMO                             | (i)<br>(ii) | 635,578<br>0                                       | 36,720<br>0                         | 21,527<br>0              | 60,744<br>0               | 37,533<br>0             | 792,102<br>0                    | 20,847<br>0  |
| SCOTT L COMBS<br>CFO                               | (i)<br>(ii) | 276,435<br>0                                       | 31,204<br>0                         | 20,133<br>0              | 43,342<br>0               | 28,523<br>0             | 399,637<br>0                    | 19,466<br>0  |
| LINDA A MARZANO<br>COO                             | (i)<br>(ii) | 361,809<br>0                                       | 41,155<br>0                         | 21,644<br>0              | 48,311<br>0               | 26,459<br>0             | 499,378<br>0                    | 17,081<br>0  |
| PAUL W GOEBEL<br>VP STRATEGIC DEVELOPMENT          | (i)<br>(ii) | 327,762<br>0                                       | 35,330<br>0                         | 680<br>0                 | 38,430<br>0               | 29,461<br>0             | 431,663<br>0                    | 0<br>0   |
| GINA L MARBLE<br>VP PHYSICIAN PRACTICE SUPPORT     | (i)<br>(ii) | 240,511<br>0                                       | 24,716<br>0                         | 3,475<br>0               | 39,709<br>0               | 23,044<br>0             | 331,455<br>0                    | 2,894<br>0   |
| ALLEN J SALMIERI<br>VP & CIO                       | (i)<br>(ii) | 235,695<br>0                                       | 27,642<br>0                         | 591<br>0                 | 36,374<br>0               | 26,807<br>0             | 327,109<br>0                    | 0<br>0   |
| CHAD J MARION<br>ORTHOPEDIC SURGEON                | (i)<br>(ii) | 1,132,991<br>0                                     | 34,217<br>0                         | 680<br>0                 | 86,672<br>0               | 0<br>0                  | 1,254,560<br>0                  | 0<br>0   |
| CHRISTOPHER A KUNTZ<br>OPHTHALMOLOGIST             | (i)<br>(ii) | 609,879<br>0                                       | 18,695<br>0                         | 44,763<br>0              | 66,086<br>0               | 0<br>0                  | 739,423<br>0                    | 44,084<br>0  |
| DAVID M WHITE<br>GENERAL SURGEON                   | (i)<br>(ii) | 664,739<br>0                                       | 1,850<br>0                          | 680<br>0                 | 36,932<br>0               | 0<br>0                  | 704,201<br>0                    | 0<br>0   |
| THOMAS A LAMPERTI<br>OTOLARYNGOLOGIST              | (i)<br>(ii) | 612,410<br>0                                       | 16,582<br>0                         | 680<br>0                 | 51,521<br>0               | 0<br>0                  | 681,193<br>0                    | 0<br>0   |
| TONY H HUYNH<br>OPHTHALMOLOGIST                    | (i)<br>(ii) | 760,983<br>0                                       | 22,849<br>0                         | 680<br>0                 | 67,086<br>0               | 0<br>0                  | 851,598<br>0                    | 0<br>0   |
| KARYN R BECKLEY<br>FORMER VP MARKETING & ADMIN SVC | (i)<br>(ii) | 0<br>0   | 27,642<br>0                         | 234,090<br>0             | 0<br>0                    | 0<br>0                  | 261,732<br>0                    | 0<br>0   |
| NIRAJ PATEL<br>FORMER OPHTHALMOLOGIST              | (i)<br>(ii) | 0<br>0   | 0<br>0                              | 162,591<br>0             | 0<br>0                    | 0<br>0                  | 162,591<br>0                    | 0<br>0   |

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

Department of the Treasury  
Internal Revenue Service

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

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

**▶ Attach to Form 990 or 990-EZ.**

**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).**

**2013**

**Open to Public  
Inspection**

Name of the organization  
PACMED CLINICS

**Employer identification number**

56-2290878

| Return Reference                        | Explanation   |
|---|---|
| FORM 990, PART I, LINE 6,<br>VOLUNTEERS | VOLUNTEERS PROVIDE ADMINISTRATIVE SERVICES TO CLINICS AND PURCHASING AS WELL AS SERVE TIME PARTICIPATING AS BOARD MEMBERS OF THE ORGANIZATION |

| Return Reference                              | Explanation  |
|---|--|
| FORM 990,<br>PART VI,<br>SECTION A,<br>LINE 6 | PER SECTION 2.1 OF THE ORGANIZATION'S BYLAWS, THE ORGANIZATION'S SOLE CORPORATE MEMBER IS PACIFIC HOSPITAL AND PRESERVATION DEVELOPMENT AUTHORITY (PHPDA), A PUBLIC AUTHORITY ORGANIZED PURSUANT TO THE REVISED CODE OF WASHINGTON (THE "RCW") 35.21.660, 35.21.670, AND 35.21.730-755 AND SEATTLE MUNICIPAL CODE CH. 3.110. PRIOR TO THE ORGANIZATION'S INCEPTION, THE HEALTH CARE ACTIVITIES IT CURRENTLY CARRIES ON WERE UNDERTAKEN BY THE PHPDA. THE PHPDA'S HISTORY DATES BACK TO 1933, WHEN ITS BEACON HILL CAMPUS WAS CONSTRUCTED AS THE FIRST UNITED STATES PUBLIC HEALTH SERVICE HOSPITAL IN THE SEATTLE AREA. OVER THE YEARS, THE REGION'S HEALTH CARE DEMANDS CHANGED AND IN 1981, THE U.S. PUBLIC HEALTH SERVICE HOSPITAL METAMORPHOSED INTO A PUBLIC DEVELOPMENT AUTHORITY. THE PHPDA WAS RECOGNIZED AS EXEMPT FROM TAXATION UNDER SECTION 501(C)(3) OF THE CODE IN 1982. (THE PHPDA'S EIN IS 91-1153993) |

| Return Reference                               | Explanation   |
|--|---|
| FORM 990,<br>PART VI,<br>SECTION A,<br>LINE 7B | SECTION 2.2 OF THE BYLAWS SETS FORTH THE VOTING RIGHTS OF THE SOLE MEMBER (PHPDA), WHICH FUNCTION AS APPROVAL RIGHTS WITH RESPECT TO THE TRANSACTIONS DESCRIBED IN SECTION 2.2 "(A) AMENDMENT OF ARTICLES OF INCORPORATION AND AMENDMENT OF THIS ARTICLE II AND SECTION 10.6 OF THE BYLAWS, (B) ADOPTION OF A PLAN OF MERGER OR CONSOLIDATION WITH ANOTHER CORPORATION, (C) AUTHORIZATION OF THE SALE, LEASE, OR EXCHANGE OF ALL OR SUBSTANTIALLY ALL OF THE PROPERTY OR ASSETS OF THE CORPORATION, (D) AUTHORIZATION OF THE VOLUNTARY DISSOLUTION OF THE CORPORATION OR REVOCATION OF PROCEEDINGS THEREFOR, OR (E) ADOPTION OF A PLAN FOR THE DISTRIBUTION OF THE ASSETS OF THE CORPORATION" |

| Return Reference                      | Explanation  |
|---------------------------------------|--|
| FORM 990, PART VI, SECTION B, LINE 11 | THE BOARD OF DIRECTORS DELEGATES THE REVIEW OF THE FORM 990 TO THE BOARD'S COMPLIANCE AND AUDIT COMMITTEE (C&A C) THE ORGANIZATION'S CONTROLLER WORKS CLOSELY WITH AN OUTSIDE ACCOUNTING FIRM IN PREPARING THE RETURN THE FINAL DRAFT OF FORM 990 IS ALSO REVIEWED BY THE CONTROLLER AND CHIEF FINANCIAL OFFICER PRIOR TO PROVIDING THIS DRAFT TO THE C&A C THE C&A C THEN MEETS WITH THE ACCOUNTING FIRM TO DISCUSS THE FORM 990 SUBSEQUENT TO THE C&A C'S REVIEW, THE COMMITTEE DISTRIBUTES COPIES OF THE RETURN TO THE ENTIRE VOTING BOARD BEFORE THE RETURN IS FILED |

| Return Reference                       | Explanation  |
|--|--|
| FORM 990, PART VI, SECTION B, LINE 12C | <p>THE COMPLIANCE COMMITTEE OF THE BOARD IS CHARGED WITH MONITORING PROPOSED OR ONGOING TRANSACTIONS FOR CONFLICTS OF INTEREST AND ADDRESSING ANY POTENTIAL OR ACTUAL CONFLICTS PURSUANT TO THE CONFLICTS OF INTEREST POLICY, AN ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE, AIMED AT DETERMINING ANY FAMILY AND BUSINESS RELATIONSHIPS AND TRANSACTIONS OR OTHER TRANSACTIONS THAT MAY POSE A POTENTIAL CONFLICT, IS DISTRIBUTED TO ALL COVERED PERSONS (I E, BOARD MEMBERS, OFFICERS AND EXECUTIVE LEADERSHIP OR KEY EMPLOYEES) COVERED PERSONS ARE REQUIRED TO DISCLOSE REAL OR POTENTIAL CONFLICTS AT THE TIME WHEN SUCH CONFLICTS ARISE. WHEN SOMEONE BECOMES A COVERED PERSON AND ANNUALLY THEREAFTER, EACH COVERED PERSON IS REQUIRED TO SIGN A STATEMENT AFFIRMING THAT HE/SHE (1) HAS RECEIVED A COPY OF THE CONFLICTS OR INTEREST POLICY, (2) HAS READ THE POLICY AND UNDERSTANDS SAID POLICY, AND (3) AGREES TO COMPLY WITH ALL REQUIREMENTS OF THE POLICY, INCLUDING COMPLETING THE CONFLICTS OF INTEREST QUESTIONNAIRE. THE COMPLETED QUESTIONNAIRES ARE REVIEWED BY THE COMPLIANCE COMMITTEE AND ANY PERSONS WITH ACTUAL OR POTENTIAL CONFLICTS ARE INFORMED VIA WRITTEN COMMUNICATION. THE PROCEDURES FOR ADDRESSING ANY CONFLICT OF INTEREST INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING (1) THE CONFLICTING INTEREST IS FULLY DISCLOSED TO THE BOARD, (2) THE INTERESTED PERSON RESPONDS TO FACTUAL QUESTIONS RELATED TO THE SUBSTANCE OF THE TRANSACTION OR ARRANGEMENT BEING CONSIDERED, AFTER WHICH HE/SHE SHALL LEAVE THE MEETING, (3) THE PERSON WITH THE CONFLICT OF INTEREST IS EXCLUDED FROM THE DISCUSSION AND APPROVAL OF SUCH TRANSACTION, (4) ALTERNATIVES TO THE PROPOSED TRANSACTION ARE INVESTIGATED, COMPETITIVE BIDS OR COMPARABLE VALUATIONS ARE OBTAINED, (5) ANY CONFLICTING ISSUES DURING THE COURSE OF A BOARD MEETING WHICH CANNOT BE RESOLVED IS REFERRED TO THE GOVERNANCE COMMITTEE, AND (6) THE TRANSACTION OR ACTION MUST BE APPROVED BY A MAJORITY OF DISINTERESTED PERSONS.</p> |

| Return Reference                               | Explanation   |
|--|---|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 15 | THE BOARD, THROUGH ITS COMPENSATION COMMITTEE CHARTER ADOPTED APRIL 27, 2006, ESTABLISHES A REQUIREMENT THAT ANY COMPENSATION ARRANGEMENT FOR THE CEO OR ANY OTHER "DISQUALIFIED PERSONS" (AS DEFINED IN SECTION 4958 OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED (THE "IRC")) BE ESTABLISHED PURSUANT TO A PROCESS THAT IS CONSISTENT WITH THE ORGANIZATION'S STATUS AS AN ENTITY DESCRIBED IN SECTION 501(C)(3) OF THE IRC. THE PROCESS ESTABLISHED BY THE COMMITTEE REQUIRES THAT COMPENSATION PAID TO SUCH INDIVIDUALS BE REASONABLE, THAT DECISIONS WITH RESPECT TO SUCH INDIVIDUALS' COMPENSATION BE DETERMINED BY DISINTERESTED PERSONS BASED ON APPROPRIATE COMPARABILITY DATA, AND THAT THE ORGANIZATION CONTEMPORANEOUSLY DOCUMENT THE BASIS FOR SUCH DECISIONS. |

| Return Reference                      | Explanation   |
|---------------------------------------|---|
| FORM 990, PART VI, SECTION C, LINE 19 | WHILE FEDERAL TAX LAWS DO NOT MANDATE THAT THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, OR FINANCIAL STATEMENTS BE MADE AVAILABLE FOR PUBLIC INSPECTION, THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE UPON REQUEST. THE FINANCIAL STATEMENTS ARE SUMMARIZED IN THE COMPANY'S COMMUNITY SERVICE REPORT WHICH IS ALSO AVAILABLE UPON REQUEST. |

| Return Reference                  | Explanation  |
|-----------------------------------|--|
| FORM 990,<br>PART IX, LINE<br>11G | CONSULTANTS PROGRAM SERVICE EXPENSES 2,192,143 MANAGEMENT AND GENERAL EXPENSES 1,285,037<br>FUNDRAISING EXPENSES 0 TOTAL EXPENSES 3,477,180 PURCHASED SERVICES - MEDICAL PROGRAM SERVICE<br>EXPENSES 57,460,429 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES<br>57,460,429 PURCHASED SERVICES - NON-MEDICAL PROGRAM SERVICE EXPENSES 2,886,529 MANAGEMENT AND<br>GENERAL EXPENSES 2,516,793 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 5,403,322 CONTRACT STAFF PROGRAM<br>SERVICE EXPENSES 2,194,381 MANAGEMENT AND GENERAL EXPENSES 695,893 FUNDRAISING EXPENSES 0 TOTAL<br>EXPENSES 2,890,274 |

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2013**

**Open to Public Inspection**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization  
PACMED CLINICS

Employer identification number

56-2290878

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

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

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

| (a)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity   | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|--|---|--|----------------------------|---|----------------------------------|--|----|
|  |   |  |                            |   |                                  | Yes  | No |
| (1) PACIFIC HOSPITAL PRESERVATION & DEVELOPMENT AUTHORITY<br>1200 12TH AVE S Q2<br>SEATTLE, WA 98144<br>91-1153993 | CHAMPION EFFECTIVE HEALTH CARE FOR THE VULNERABLE AND DISADVANTAGED | WA   | 501(C)(3)                  | LINE 6  | N/A                              |  | No |
|  |   |  |                            |   |                                  |  |    |
|  |   |  |                            |   |                                  |  |    |
|  |   |  |                            |   |                                  |  |    |
|  |   |  |                            |   |                                  |  |    |
|  |   |  |                            |   |                                  |  |    |
|  |   |  |                            |   |                                  |  |    |
|  |   |  |                            |   |                                  |  |    |

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

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

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

| (a)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S<br>corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-<br>of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------------|---|---------------------------------|---|--------------------------------|--|----|
|  |                         |   |                                     |   |                                 |   |                                | Yes  | No |
|  |                         |   |                                     |   |                                 |   |                                |  |    |
|  |                         |   |                                     |   |                                 |   |                                |  |    |
|  |                         |   |                                     |   |                                 |   |                                |  |    |
|  |                         |   |                                     |   |                                 |   |                                |  |    |
|  |                         |   |                                     |   |                                 |   |                                |  |    |
|  |                         |   |                                     |   |                                 |   |                                |  |    |
|  |                         |   |                                     |   |                                 |   |                                |  |    |
|  |                         |   |                                     |   |                                 |   |                                |  |    |
|  |                         |   |                                     |   |                                 |   |                                |  |    |

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

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

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

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
  
- f** Dividends from related organization(s)
- 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)
- l** 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
- q** Reimbursement paid by related organization(s) for expenses
  
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

|           | Yes | No |
|-----------|-----|----|
|           |     |    |
| <b>1a</b> |     | No |
| <b>1b</b> |     | No |
| <b>1c</b> |     | No |
| <b>1d</b> |     | No |
| <b>1e</b> |     | No |
| <b>1f</b> |     | No |
| <b>1g</b> |     | No |
| <b>1h</b> |     | No |
| <b>1i</b> |     | No |
| <b>1j</b> |     | No |
| <b>1k</b> | Yes |    |
| <b>1l</b> | Yes |    |
| <b>1m</b> |     | No |
| <b>1n</b> |     | No |
| <b>1o</b> |     | No |
| <b>1p</b> |     | No |
| <b>1q</b> | Yes |    |
| <b>1r</b> |     | No |
| <b>1s</b> |     | No |

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

| (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
|                                     |                               |                        |  |
|                                     |                               |                        |  |
|                                     |                               |                        |  |
|                                     |                               |                        |  |
|                                     |                               |                        |  |



**Part VII Supplemental Information**

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

**Return Reference****Explanation**