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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

Department of the Treasury  
Internal Revenue Service

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final

☐ Return/terminated

☐ Amended return

☐ Application pending

C Name of organization

PROVIDENCE SAINT JOHN'S HEALTH CENTER

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

1801 LIND AVE SW No 9016

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

RENTON, WA 980579016

F Name and address of principal officer

Mike Butler

1801 LIND AVE SW No 9016

RENTON, WA 980579016

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

0928

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) ( ) ◀(insert no ) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

california providence org/saint-johns/

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

1942

M State of legal domicile

CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

Healthcare with special concern for the poor & vulnerable in Santa Monica & West L A County

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

13

4 Number of independent voting members of the governing body (Part VI, line 1b)

13

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

1,966

6 Total number of volunteers (estimate if necessary)

386

7a Total unrelated business revenue from Part VIII, column (C), line 12

4,905,705

7b Net unrelated business taxable income from Form 990-T, line 34

27,103

Revenue

8 Contributions and grants (Part VIII, line 1h)

12,747,697

9 Program service revenue (Part VIII, line 2g)

331,348,635

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d )

2,391,375

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

4,311,098

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

350,798,805

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 )

1,832,144

14 Benefits paid to or for members (Part IX, column (A), line 4)

0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

125,716,779

16a Professional fundraising fees (Part IX, column (A), line 11e)

0

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

181,959,807

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

309,508,730

19 Revenue less expenses Subtract line 18 from line 12

41,290,075

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 )

1,832,144

14 Benefits paid to or for members (Part IX, column (A), line 4)

0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

125,716,779

16a Professional fundraising fees (Part IX, column (A), line 11e)

0

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

181,959,807

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

309,508,730

19 Revenue less expenses Subtract line 18 from line 12

41,290,075

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

772,982,759

21 Total liabilities (Part X, line 26)

464,271,718

22 Net assets or fund balances Subtract line 21 from line 20

308,711,041

Prior Year

Current Year

Beginning of Current Year

End of Year

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

2017-11-29

Date

Jo Ann Escasa-Haigh EVP/CFO - Operations

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Sara Elizabeth J Hyre CPA

Preparer's signature

Sara Elizabeth J Hyre CPA

Date

Check ☐ if self-employed

PTIN

P00235495

Firm's name ▶ Clark Nuber PS

Firm's EIN ▶ 91-1194016

Firm's address ▶ 10900 NE 4th Suite 1400

Bellevue, WA 98004

Phone no (425) 454-4919

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

**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

As People of Providence, we reveal God's love for all, especially the poor and vulnerable, through our compassionate service Healthcare with special concern for the poor & vulnerable in Santa Monica and westside L A County communities

**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 \$ 267,948,127 including grants of \$ 0 ) (Revenue \$ 319,912,190 )  
See Additional Data

**4b** (Code ) (Expenses \$ 11,239,491 including grants of \$ 0 ) (Revenue \$ 13,682,877 )  
See Additional Data

**4c** (Code ) (Expenses \$ 594,175 including grants of \$ 594,175 ) (Revenue \$ 0 )  
See Additional Data

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

**4e** Total program service expenses ► 279,781,793

**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)? If "Yes," complete Schedule A	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>2</b> Yes	
<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? If "Yes," complete Schedule C, Part I	<b>3</b>	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? If "Yes," complete Schedule C, Part II	<b>4</b>	No
<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? If "Yes," complete Schedule C, Part III	<b>5</b>	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? If "Yes," complete Schedule D, Part I	<b>6</b>	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? If "Yes," complete Schedule D, Part II	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	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? If "Yes," complete Schedule D, Part IV	<b>9</b>	No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	<b>10</b>	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? If "Yes," complete Schedule D, Part VI	<b>11a</b> 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? If "Yes," complete Schedule D, Part VII	<b>11b</b>	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? If "Yes," complete Schedule D, Part VIII	<b>11c</b> Yes	
<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? If "Yes," complete Schedule D, Part IX	<b>11d</b> Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b> 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)? If "Yes," complete Schedule D, Part X	<b>11f</b>	No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b>	No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	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? If "Yes," complete Schedule F, Parts I and IV	<b>14b</b>	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? If "Yes," complete Schedule F, Parts II and IV	<b>15</b>	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? If "Yes," complete Schedule F, Parts III and IV	<b>16</b>	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? If "Yes," complete Schedule G, Part I (see instructions)	<b>17</b>	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? If "Yes," complete Schedule G, Part II	<b>18</b>	No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<b>19</b>	No

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .	<b>20a</b> Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b> Yes	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<b>21</b> Yes	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<b>22</b> Yes	
<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> Yes	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	No
<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>	No
<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>	No
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>	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 "Yes," 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> Yes	
<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> Yes	
<b>36 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
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	301	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	1,966	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year?If "No" to line 3b, provide an explanation in Schedule O	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments?If "No," provide an explanation in Schedule O	14b	

**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	13	
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>b</b>	Enter the number of voting members included in line 1a, above, who are independent	13	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>	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?	<b>3</b>	No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>	No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>	No
<b>6</b>	Did the organization have members or stockholders?	<b>6</b>	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?	<b>7a</b>	Yes
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	Yes
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	<b>8a</b>	Yes
<b>b</b>	Each committee with authority to act on behalf of the governing body?	<b>8b</b>	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	<b>9</b>	Yes

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

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

**Section C. Disclosure**

**17** List the States with which a copy of this Form 990 is required to be filed: CA

**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, address, and telephone number of the person who possesses the organization's books and records.  
 ▶ Karl E Fritschel CPA 1801 Lind Avenue SW 9016 Renton, WA 980579016 (425) 525-3339

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

**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

[illegible]

[illegible]

**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 ▶ 405

## Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
Rightsourcing Inc 1328 Twenty-Second Street Santa Monica, CA 90404	Staffing	9,714,335
AV Construction Inc 18444 Ward Street Fountain Valley, CA 92708	Construction	2,534,065
ARUP Laboratories Inc CCHCA PO Box 27964 Salt Lake City, UT 84127	Lab Services	1,482,995
Specialtycare Cardiovascular PO 11407 Birmingham, AL 35246	Transfusion Services	1,033,419
Perkins Eastman Architects 115 Fifth Avenue New York, NY 10003	Architect Services	903,690

Form 990 (2016)



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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<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>	1,573,667				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	5,544,851				
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____						
	<b>h Total.</b> Add lines 1a-1f . . . . .		7,118,518				
<b>Program Service Revenue</b>		Business Code					
	<b>2a</b> Pharmacy	446110	128,434,398	128,434,398			
	<b>b</b> Lab	621500	104,500,215	99,594,510	4,905,705		
	<b>c</b> Acute Care	900099	91,714,117	91,714,117			
	<b>d</b> Primary Care	621110	13,675,751	13,675,751			
	<b>e</b> _____						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f . . . . .		338,324,481				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .						
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		2,070,139	41,162				
		<b>b</b> Less rental expenses	2,629,395	0			
		<b>c</b> Rental income or (loss)	-559,256	41,162			
	<b>d</b> Net rental income or (loss) . . . . .		-518,094			-518,094	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			672,889				
		<b>b</b> Less cost or other basis and sales expenses		0			
		<b>c</b> Gain or (loss)		672,889			
	<b>d</b> Net gain or (loss) . . . . .		672,889			672,889	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .		<b>a</b>				
	<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>a</b>				
	<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>				
		205,453					
<b>b</b> Less cost of goods sold . . . . .		<b>b</b>	250,785				
<b>c</b> Net income or (loss) from sales of inventory . . . . .			-45,332		-45,332		
Miscellaneous Revenue		Business Code					
<b>11a</b> Cafeteria		722410	1,321,329			1,321,329	
<b>b</b> Parking Revenue		812930	500,833			500,833	
<b>c</b> Non-Invest Interest		900099	198,358	81,194		117,164	
<b>d</b> All other revenue . . . . .			486,577	95,097		391,480	
<b>e Total.</b> Add lines 11a-11d . . . . .			2,507,097				
<b>12 Total revenue.</b> See Instructions . . . . .			348,059,559	333,595,067	4,905,705	2,440,269	

**Part IX Statement of Functional Expenses**

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

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	582,250	582,250		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	11,925	11,925		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	1,495,296		1,495,296	
<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.	122,188,680	109,204,410	12,984,270	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	1,798,670	1,588,101	210,569	
<b>9</b> Other employee benefits.				
<b>10</b> Payroll taxes.	8,230,604	7,267,055	963,549	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.				
<b>b</b> Legal.	1,556,368	96,209	1,460,159	
<b>c</b> Accounting.				
<b>d</b> Lobbying.	10,000		10,000	
<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).	55,687,061	45,956,469	9,730,592	
<b>12</b> Advertising and promotion.	399,757		399,757	
<b>13</b> Office expenses.	3,890,989	2,956,116	934,873	
<b>14</b> Information technology.	330,091	262,822	67,269	
<b>15</b> Royalties.				
<b>16</b> Occupancy.	7,692,005	4,396,055	3,295,950	
<b>17</b> Travel.	114,063	59,857	54,206	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	311,855	203,611	108,244	
<b>20</b> Interest.	5,474,913	5,474,913		
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	10,244,002	7,727,386	2,516,616	
<b>23</b> Insurance.	338,645	253,441	85,204	
<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> Medical Supplies.	65,675,339	65,675,339		
<b>b</b> Provider Tax.	19,626,461	19,626,461		
<b>c</b> Bad Debts.	6,462,771	6,462,771		
<b>d</b> UBI Taxes.	105,010		105,010	
<b>e</b> All other expenses.	5,619,748	1,976,602	3,643,146	
<b>25</b> Total functional expenses. Add lines 1 through 24e.	317,846,503	279,781,793	38,064,710	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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 IX ☐

				(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		3,600	<b>1</b>	338,159
	<b>2</b>	Savings and temporary cash investments . . . . .			<b>2</b>	
	<b>3</b>	Pledges and grants receivable, net . . . . .		105,400	<b>3</b>	82,097
	<b>4</b>	Accounts receivable, net . . . . .		44,468,308	<b>4</b>	44,333,510
	<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.			<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 . . . . .		6,289,375	<b>8</b>	6,146,180
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		2,028,634	<b>9</b>	1,409,269
	<b>10a</b>	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D.	<b>10a</b>	317,089,228		
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	32,308,317		
				280,930,822	<b>10c</b>	284,780,911
	<b>11</b>	Investments—publicly traded securities . . . . .			<b>11</b>	
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .			<b>12</b>	
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		110,254,043	<b>13</b>	132,315,402
	<b>14</b>	Intangible assets . . . . .		462,466	<b>14</b>	
<b>15</b>	Other assets. See Part IV, line 11 . . . . .		328,440,111	<b>15</b>	27,111,357	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		772,982,759	<b>16</b>	496,516,885	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		29,102,419	<b>17</b>	36,808,358
	<b>18</b>	Grants payable . . . . .			<b>18</b>	
	<b>19</b>	Deferred revenue . . . . .		4,323,483	<b>19</b>	913,115
	<b>20</b>	Tax-exempt bond liabilities . . . . .		118,740,000	<b>20</b>	118,740,000
	<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.		312,105,816	<b>25</b>	98,916,090
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		464,271,718	<b>26</b>	255,377,563
<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		250,502,150	<b>27</b>	154,587,279
	<b>28</b>	Temporarily restricted net assets . . . . .		43,553,560	<b>28</b>	70,692,481
	<b>29</b>	Permanently restricted net assets		14,655,331	<b>29</b>	15,859,562
	<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>	<b>Total net assets or fund balances</b> . . . . .		308,711,041	<b>33</b>	241,139,322
	<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		772,982,759	<b>34</b>	496,516,885

**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>	348,059,559
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	317,846,503
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	30,213,056
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	308,711,041
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-97,784,775
<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>	241,139,322

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

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

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 95-1684082  
**Name:** PROVIDENCE SAINT JOHN'S HEALTH CENTER

Form 990 (2016)

**Form 990, Part III, Line 4a:**

Providence Saint John's Health Center has been serving the Santa Monica and Westside Los Angeles county communities since 1942, and since that time has earned a reputation for clinical excellence and award-winning care in a compassionate and tranquil healing environment Today, Providence Saint John's is a nationally renowned 266-bed hospital with physicians, nurses, volunteers and support staff who work as a team to provide the best possible medical care to its patients and the community Providence Saint John's provides the latest in diagnostic technology and specialty care with a strong commitment to its core service lines heart and vascular care, oncology, orthopedics and women's health Saint John's also is home to the world-renowned John Wayne Cancer Institute, dedicated to clinical research and medical advancements in cancer care Providence Saint John's reputation for academically-based care guided by research and evidence-based medicine is due to the commitment to excellence by our physicians, nurses and caregivers Our cancer surgeons care for patients in the Cancer Center and hold faculty positions at the John Wayne Cancer Institute and other teaching institutions in the community Nearly every core service line at Providence Saint John's participates in research or clinical trials Founded by the Sisters of Charity of Leavenworth, who in 2014 passed its sponsorship to Providence Health & Services, Providence Saint John's is rooted in the Catholic health care tradition, which is devoted to providing leading-edge medicine with unwavering compassion and personalized care In line with both its Catholic Mission and its responsibilities as a non-profit health care provider, Providence Saint John's seeks to create healthier communities by investing in community benefit programs, with an emphasis on the poor and vulnerable Providence Saint John's continually has achieved top ratings and distinguished hospital awards for clinical excellence and patient safety by the nation's leading accreditation organizations, such as Healthgrades, the Joint Commission and Leapfrog Group Within the past decade, Providence Saint John's has received multiple acclamations by these organizations for a variety of services including cardiac care, coronary intervention, critical care, orthopedics, pulmonary care, joint replacement, neurosurgery, and women's health Through the dedication and collaborative efforts of the community, friends, patrons, physicians, nurses, staff and volunteers, Providence Saint John's continues its world-class tradition established more than 70 years ago by providing breakthrough medicine in an environment of inspired healing Year after year, Providence Saint John's Health Center along with its staff, physicians and nurses are recognized by the nation's leading healthcare rating organizations, the medical community and the media for clinical excellence and exceptional patient care This comes naturally, given Providence Saint John's mission towards providing cutting-edge medicine with unwavering compassion and personalized care The following are a few of the most recent honors and awards that have been presented to Providence Saint John's -Overall Clinical Performance and Quality, and Providence Saint John's is the only hospital in California to be named one of Healthgrades America's 50 Best Hospitals for 9 years in a row, -Distinguished Hospital for Clinical Excellence for 13 years in a row, -Patient Safety Excellence Award for 6 years in a row, -One of America's 50 Best Hospitals for Cardiac Care Award for 3 years in a row, -One of America's 100 Best Hospitals for Joint Replacement for 4 years in a row, -Named among the Top 10% in the Nation for Overall Cardiac Services for 6 years in a row, -Five-Star Recipient for Coronary Interventional Procedures for 7 years in a row, -Five-Star Recipient for Treatment of Heart Attack for 13 years in a row, -Named among the Top 5% in the Nation for Joint Replacement for 4 years in a row, -Five-Star Recipient for Total Knee Replacement for 5 years in a row, -Five-Star Recipient for Total Hip Replacement for 4 years in a row, -Named among the Top 10% in the Nation for GI Medical Treatment for 2 years in a row, -Five-Star Recipient for Esophageal/Stomach Surgeries for 3 years in a row, -Five-Star Recipient for Treatment of GI Bleed for 2 years in a row, -Five-Star Recipient for Treatment of Sepsis for 13 years in a row Statistics Licensed beds - 266 Births - 1,770 Admissions - 12,370 ED Visits - 30,316 Inpatient Surgeries - 5,166 Outpatient Surgeries - 3,752

**Form 990, Part III, Line 4b:**

Primary Care See Line 4a Narrative

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## **Form 990, Part III, Line 4c:**

Grants & Allocations - Saint John's motto, "and the greatest of these is charity," reminds us that love and charity are the same Caritas is the Latin word for both "love and "charity " Caritas Benefits are the focus and priority for the Providence Saint John's community benefit program These benefits are the goods, services and financial resources that Saint John's provides, manages or coordinates for those living in poverty in our community Our community is fortunate to have many outstanding organizations and agencies delivering vital services for those living in poverty OPCC, Saint Joseph Center, Venice Family Clinic, and Westside Family Health Center are just a few examples of these partners Providence Saint John's commitment to care for the poor and underserved is a commitment to their work Our care of those living in poverty is built on yet another partnership The dedicated physicians who provide professional services in Providence Saint John's Laboratory, Imaging Department, and Heart Institute are our essential partners in caring for patients referred to Saint John's for diagnostic and other services by community agencies These physicians volunteer their time and professional skills, as Providence Saint John's volunteers its staff, resources and facilities, to provide these services at no charge to those living in poverty Providence Saint John's has been blessed by many extraordinary partners, such as Santa Monica-Malibu Unified School District (SMMUSD) and St Anne's School Providence Saint John's supports SMMUSD's School Nurse Program in order to enhance the health status of our community's school age children Saint John's partners with St Anne's School by funding a school nurse and providing a school counseling program, thereby extending its community health mission into local parochial schools Providence Saint John's is a major employer and a not-for-profit corporate citizen on the Westside As such, we support community organizations such as the Venice Family Clinic, the Santa Monica-Malibu Unified School District, the Westside Family Health Center, OPCC, Saint Joseph's Center, WISE & Healthy Aging, Upward Bound House, St Anne's School, Pico Youth & Family Center, Palisades Will Rogers 5 & 10K Run Foundation, Meals on Wheels West, Boys & Girls Club of Santa Monica Community Partners for Safe Place for Youth, and Opica Adult Day Care Center

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors			
(A)	(B)	(C)	(D)
1. Name of the officer, director, trustee, key employee, highest compensated employee, or independent contractor	2. Title	3. Compensation for services rendered in the capacity of officer, director, trustee, key employee, highest compensated employee, or independent contractor	4. Compensation for services rendered in the capacity of officer, director, trustee, key employee, highest compensated employee, or independent contractor
		(a) Salary or fixed compensation	(b) Other compensation
		(c) Total compensation	(d) Compensation for services rendered in the capacity of officer, director, trustee, key employee, highest compensated employee, or independent contractor

(A) Compensated Employees, and Independent Contractors		(B)						(C)							(D)		(E)		(F)	
Name and Title		Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations									
			Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former												
Richard Blair ..... Chair - Eff 7/16		0 10 ..... 4 60	X		X					0	30,180	0								
Dave Olsen ..... Vice Chair - Eff 7/16		0 10 ..... 5 50	X		X					0	24,135	0								
Dick P Allen ..... Director - Eff 7/16		0 10 ..... 2 00	X							0	15,180	0								
Isiaah Crawford ..... Director		0 10 ..... 4 10	X							0	24,360	0								
Sister Lucille Dean SP ..... Director - Eff 7/16		0 10 ..... 2 10	X							0	0	0								
Sister Diane Hejna CSJ RN ..... Director - Eff 7/16		0 10 ..... 1 90	X							0	0	0								
Michael Holcomb ..... Director /Chair Thru 6/16		0 10 ..... 5 30	X		X					0	45,360	0								
Phyllis Hughes RSM ..... Director		0 10 ..... 5 00	X							0	0	0								
Sallye Liner ..... Director		0 10 ..... 4 70	X							0	20,360	0								
Mary Lyons PhD ..... Director - Eff 7/16		0 10 ..... 1 50	X							0	15,180	0								





Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Kirby McDonald ..... Director - Thru 6/16	0 10 ..... 2 80	X						0	7,680	0
Charles Chuck Watts ..... Director - Thru 6/16	0 10 ..... 2 80	X						0	9,180	0
Rod F Hochman MD ..... President / CEO - Thru 6/16	1 00 ..... 64 00			X				0	4,060,921	43,543
Mike Butler ..... President - Eff 7/16	1 00 ..... 59 00			X				0	6,906,693	349,633
Todd Hofheins ..... EVP/CFO /Treas Thru 11/16	1 00 ..... 59 00			X				0	1,571,440	60,670
Jo Ann Escasa-Haigh ..... Interim CFO/Treasurer - Eff 12/16	1 00 ..... 49 00			X				0	755,416	168,190
Cindy Strauss ..... EVP/Chief Legal Officer	1 00 ..... 59 00			X				0	1,462,780	58,266
Marcel Loh ..... CEO/St John's	45 00 ..... 5 00			X				0	1,159,933	41,146
James Uli ..... CFO/St John's	48 00 ..... 2 00			X				302,476	0	20,770
Erik Wexler ..... CE/CA Region - Eff 5/16	1 00 ..... 64 00				X			0	1,358,828	359,677

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Karl Carrier ..... Interim CE/CA Region	1 00 ..... 59 00				X			0	666,411	0
Mary Cranstoun ..... VP/Total Rewards	1 00 ..... 59 00				X			0	663,031	114,417
Debra Canales ..... EVP/CAO	1 00 ..... 59 00				X			0	2,092,357	611,609
Janice Newell ..... SVP/Chief Information Officer	1 00 ..... 59 00				X			0	1,137,493	34,098
Joel Gilbertson ..... SVP/Community Partnerships	1 00 ..... 59 00				X			0	842,027	247,847
Orest Holubec ..... SVP/Chief Comm /Ext Affairs Officer	1 00 ..... 54 00				X			0	782,688	207,806
Greg Till ..... VP/Chief Talent Officer	1 00 ..... 64 00				X			0	776,011	122,367
Sharon Toncray ..... SVP / Chief Labor Employee Counsel	1 00 ..... 59 00				X			0	764,977	243,728
Jack Mudd - Thru 316 ..... SVP/Mission Leadership	1 00 ..... 28 00				X			0	718,728	157,778
Aaron Martin ..... SVP/Strategy & Innovation	1 00 ..... 69 00				X			0	852,934	219,285

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors				
(C)	(D)	(E)	(F)	(G)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Tom McDonagh ..... VP/Chief Investment Officer	1 00 ..... 57 00				X			0	849,462	53,521
Rhonda Medows MD ..... EVP/Population Health	1 00 ..... 59 00				X			0	1,565,700	320,279
Harvey Smith ..... SVP/Chief Customer Svc. Officer	1 00 ..... 49 00				X			0	1,226,156	23,791
Lisa Vance ..... SVP/Clinical Program Services	1 00 ..... 59 00				X			0	1,220,348	125,445
Mike Waters ..... VP,CAO/Physician Services	1 00 ..... 64 00				X			0	703,777	184,023
Amy Compton-Phillips ..... EVP/Chief Clinical Officer	1 00 ..... 54 00				X			0	1,113,493	278,894
David Brown ..... VP/Strategy & Business Development	1 00 ..... 54 00				X			0	700,461	226,430
Debbie Burton ..... SVP/ Chief Nrsgr Officer	1 00 ..... 59 00				X			0	713,480	90,015
Paul Stoddart - Thru 916 ..... VP/Marketing	1 00 ..... 54 00				X			0	641,423	22,381
Robert O Klein ..... President/CEO Foundation	1 00 ..... 40 00					X		546,491	0	35,961

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Dawna Hendel ..... CNO	40 00 ..... 0 00					X		321,985	0	35,325
Stella Nichols ..... CFO/Foundation	1 00 ..... 40 00					X		297,365	0	32,912
David Tam ..... COO	40 00 ..... 0 00					X		470,745	0	32,338
Donald Larsen Jr ..... CMO	40 00 ..... 0 00					X		418,950	0	21,333
Michael Hunn ..... Former /CE / CA Region	0 00 ..... 0 00						X	0	385,737	1,110
Randy Axelrod MD - Former ..... SVP/Clinical & Patient Services	0 00 ..... 0 00						X	0	1,419,333	0
Craig Wright MD ..... Former SVP/Physician Services	0 00 ..... 0 00						X	0	1,119,939	20,455
Jack Friedman - Former ..... SVP/Accountable Care & Payor Rel	0 00 ..... 0 00						X	0	299,327	0

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
**2016**  
**Open to Public Inspection**

**Name of the organization**  
PROVIDENCE SAINT JOHN'S HEALTH CENTER

**Employer identification number**  
95-1684082

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.  
The organization is not a private foundation because it is (For lines 1 through 12, check only one box )

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10

☐

An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations \_\_\_\_\_
- g

Provide the following information about the supported organization(s) \_\_\_\_\_

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2015 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2016. 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 <span>▶ <input type="checkbox"/></span>		
b	33 1/3% support test—2015. 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 <span>▶ <input type="checkbox"/></span>		
17a	10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <span>▶ <input type="checkbox"/></span>		
b	10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <span>▶ <input type="checkbox"/></span>		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <span>▶ <input type="checkbox"/></span>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2015</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2016.** 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—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

**Section A - Adjusted Net Income**

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

**Section B - Minimum Asset Amount**

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

**Section C - Distributable Amount**

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

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013. . . . .			
d From 2014. . . . .			
e From 2015. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013. . . . .			
c Excess from 2014. . . . .			
d Excess from 2015. . . . .			
e Excess from 2016. . . . .			

**Part VI**   **Supplemental Information.**

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

<b>Facts And Circumstances Test</b>

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

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

OMB No 1545-0047

**2016**

**Open to Public Inspection**

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

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

Name of the organization PROVIDENCE SAINT JOHN'S HEALTH CENTER	<b>Employer identification number</b> 95-1684082
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**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 7202 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

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? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

**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

**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing  
organization's  
totals**(b)** Affiliated  
group totals

**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)

**b** Total lobbying expenditures to influence a legislative body (direct lobbying)

**c** Total lobbying expenditures (add lines 1a and 1b)

**d** Other exempt purpose expenditures

**e** Total exempt purpose expenditures (add lines 1c and 1d)

**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

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

**g** Grassroots nontaxable amount (enter 25% of line 1f)

**h** Subtract line 1g from line 1a If zero or less, enter -0-

**i** Subtract line 1f from line 1c If zero or less, enter -0-

**j** 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?

☐ Yes ☐ 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 separate instructions for lines 2a through 2f.)

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

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(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 on 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?			
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b>	Media advertisements?			
<b>d</b>	Mailings to members, legislators, or the public?			
<b>e</b>	Publications, or published or broadcast statements?			
<b>f</b>	Grants to other organizations for lobbying purposes?	Yes		10,000
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b>	Other activities?			
<b>j</b>	Total. Add lines 1c through 1i			10,000
<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 (do not include amounts of political expenses for which the section 527(f) tax was paid).	<b>2a</b>	
<b>a</b> Current year	<b>2b</b>	
<b>b</b> Carryover from last year	<b>2c</b>	
<b>c</b> Total	<b>3</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		
<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, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
Part II-B, Line 1	Lobbying to oppose a proposed Santa Monica measure - an antidevelopment initiative



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<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.</div> <div>Information about Schedule D (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a>.</div>			<div>OMB No 1545-0047</div> <div>2016</div> <div>Open to Public Inspection</div>
Name of the organization PROVIDENCE SAINT JOHN'S HEALTH CENTER				Employer identification number 95-1684082	
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.					
		(a) Donor advised funds		(b) Funds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?				<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.					
1	Purpose(s) of conservation easements held by the organization (check all that apply) <input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year				
a	Total number of conservation easements	Held at the End of the Year			
b	Total acreage restricted by conservation easements	2a			
c	Number of conservation easements on a certified historic structure included in (a)	2b			
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2c			
		2d			
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►				
4	Number of states where property subject to conservation easement is located ►				
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?				<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►				
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$				
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?				<input type="checkbox"/> Yes <input type="checkbox"/> No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements				
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.					
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items				
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items				
(i) Revenue included on Form 990, Part VIII, line 1		► \$			
(ii) Assets included in Form 990, Part X		► \$			
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items				
a	Revenue included on Form 990, Part VIII, line 1	► \$			
b	Assets included in Form 990, Part X	► \$			
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
		Cat No 52283D		Schedule D (Form 990) 2016	

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g 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 on lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

	Yes	No
3a(i)		
3a(ii)		
3b		

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		150,000,000		150,000,000
b Buildings		99,598,558	7,083,502	92,515,056
c Leasehold improvements		3,327,737	908,739	2,418,998
d Equipment		47,044,070	24,316,076	22,727,994
e Other		17,118,863		17,118,863
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				284,780,911

Part VII

Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b.  
See Form 990, Part X, line 12.

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

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c.  
See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Investment in Foundation	132,301,402	C
(2) Investment in PPH	14,000	C
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 ) ▶	132,315,402	

Part IX

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

(a) Description	(b) Book value
(1) Other Receivable	1,104,166
(2) Due from Affiliates	23,771,923
(3) Unamortized Bond Financing Costs	1,319,580
(4) Third Party Settlements	915,688
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) . . . . . ▶	27,111,357

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	120,000
Third Party Settlements	20,828
Other payables	24,256,945
Due To Affiliates	67,440,229
Bond Premium Discount	7,078,088
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	98,916,090

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

☐

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

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

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

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

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

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation	
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<b>Part XIII</b>	<b>Supplemental Information <i>(continued)</i></b>
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Return Reference	Explanation
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SCHEDULE H  
(Form 990)

Hospitals

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.  
► Attach to Form 990.  
► Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Employer identification number

PROVIDENCE SAINT JOHN'S HEALTH CENTER

95-1684082

Part I

Financial Assistance and Certain Other Community Benefits at Cost

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1a

Yes

1b

If "Yes," was it a written policy?

1b

Yes

2

If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year

☐ Applied uniformly to all hospital facilities

☐ Applied uniformly to most hospital facilities

☐ Generally tailored to individual hospital facilities

3

Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year

a

Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care

3a

Yes

☐ 100%

☐ 150%

☐ 200%

☒ Other 30000 0000000000 %

b

Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care

3b

Yes

☐ 200%

☐ 250%

☐ 300%

☒ 350%

☐ 400%

☐ Other %

c

If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care

4

Yes

5a

Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

5a

Yes

b

If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

5b

Yes

c

If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

5c

No

6a

Did the organization prepare a community benefit report during the tax year?

6a

Yes

b

If "Yes," did the organization make it available to the public?

6b

Yes

Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		340	2,334,656		2,334,656	0 750 %
b Medicaid (from Worksheet 3, column a)		2,475	16,985,444	-8,974,243	25,959,687	8 340 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		2,815	19,320,100	-8,974,243	28,294,343	9 090 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		2,209	1,029,066	3,500	1,025,566	0 330 %
f Health professions education (from Worksheet 5)		215	1,248,737		1,248,737	0 400 %
g Subsidized health services (from Worksheet 6)		4,561	6,716,713	4,433,535	2,283,178	0 730 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)		33,342	1,450,318		1,450,318	0 470 %
j Total Other Benefits		40,327	10,444,834	4,437,035	6,007,799	1 930 %
k Total. Add lines 7d and 7j		43,142	29,764,934	-4,537,208	34,302,142	11 020 %

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

Cat No 50192T

Schedule H (Form 990) 2016

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
<b>1</b> Physical improvements and housing						
<b>2</b> Economic development						
<b>3</b> Community support						
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building		75	2,500	200	2,300	0 %
<b>7</b> Community health improvement advocacy		107	1,601,636	609,098	992,538	0 320 %
<b>8</b> Workforce development						
<b>9</b> Other						
<b>10 Total</b>		182	1,604,136	609,298	994,838	0 320 %

**Part III Bad Debt, Medicare, & Collection Practices****Section A. Bad Debt Expense**

		Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	<b>1</b>	Yes	
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	<b>2</b>	6,462,771	
<b>3</b> Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	<b>3</b>		
<b>4</b> Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

**Section B. Medicare**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME).	<b>5</b>	125,886,742
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5.	<b>6</b>	194,115,158
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall).	<b>7</b>	-68,228,416
<b>8</b> Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

**Section C. Collection Practices**

<b>9a</b> Did the organization have a written debt collection policy during the tax year?	<b>9a</b>	Yes	
<b>b</b> If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	<b>9b</b>	Yes	

**Part IV Management Companies and Joint Ventures**

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
<b>1</b> SM Wilshire Imaging	Outpatient imaging center	50 000 %		50 000 %
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				
<b>13</b>				

**Part V Facility Information****Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?  
**1**

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Other (Describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	Facility reporting group
See Additional Data Table										



**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
 Saint John's Health Center

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_

1

**Community Health Needs Assessment**

	Yes	No
<b>1</b> Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	<b>1</b>	No
<b>2</b> Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .	<b>2</b>	No
<b>3</b> During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	<b>3</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b> <input type="checkbox"/> Other (describe in Section C) _____		
<b>4</b> Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
<b>5</b> In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b> Yes	
<b>6 a</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	No
<b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	<b>6b</b>	No
<b>7</b> Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	<b>7</b> Yes	
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>See Part V, Section C</u>		
<b>b</b> <input type="checkbox"/> Other website (list url) _____		
<b>c</b> <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C) _____		
<b>8</b> Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	<b>8</b> Yes	
<b>9</b> Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>13</u>		
<b>10</b> Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) <u>See Part V, Section C</u>	<b>10</b> Yes	
<b>a</b> _____		
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b> Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b> Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>12a</b>	No
<b>b</b> If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b> If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

Saint John's Health Center			
Name of hospital facility or letter of facility reporting group			
		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300 000000000000 % and FPG family income limit for eligibility for discounted care of 350 000000000000 %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input checked="" type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input checked="" type="checkbox"/> Underinsurance discount			
g <input checked="" type="checkbox"/> Residency			
h <input type="checkbox"/> Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) www.providence.org/obp/ca/financial-assistance			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) www.providence.org/obp/ca/financial-assistance-application			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) www.providence.org/obp/plain-language-summary			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input type="checkbox"/> Other (describe in Section C)			

**Part V Facility Information** (continued)**Billing and Collections**

Saint John's Health Center

**Name of hospital facility or letter of facility reporting group**

		Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment? . . . . .	<b>17</b>	Yes	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .	<b>19</b>		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)			
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made			

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .	<b>21</b>	Yes	
If "No," indicate why			
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)			

**Part V Facility Information** *(continued)*

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Saint John's Health Center

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C

	Yes	No
<b>22</b>		
<b>23</b>		No
<b>24</b>	Yes	

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

[illegible]

**Part V**   **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 13

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

**Part VI Supplemental Information**

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part I, Line 3c	Eligibility for Charity is determined by an inability to pay defined in the policy based on one or more of the following criteria: Presumptive Charity and Charity. Presumptive Charity determines that financial Assistance Application is not required if a patient is either homeless, or is enrolled in some sort of Medicaid Program, or is verified to be unable to pay under income/asset test. Charity requires completion of Financial Assistance Application and validation that a patient's gross income is less than 350% of FPG.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 7	Costs for table 7 are from actual expenses incurred



## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 7, Column (f)	The Bad Debt expense included on Form 990, Part IX, Line 25, Column (A), but subtracted for purposes of calculating the percentage in this column is \$ 6,462,771

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part II, Community Building Activities	<p>We extend our care beyond our hospital's walls in order to improve the health of our community. Our community building activities demonstrate this commitment. During this year, our community building activities included environmental stewardship, presentations to educational professional by Child &amp; Family Development Center mental health providers, participation in the faith committee of the Westside Shelter &amp; Hunger Coalition. We are an important part of our community and serve in many ways, from delivering core health care to preventive care to support of other civic groups. Our executives serve on the boards of many local nonprofit agencies throughout the community and our board of directors represents medical and business professionals, and all provide hours of service in support of our hospital. They are deeply involved in our needs assessment process, building programs and services, and community outreach to ensure that people know about services available to them through our hospital. When Saint John's has excess revenue over operating expenses, we use those funds to obtain current health care technologies and equipment, improve patient care, provide medical training education and research, and to expand access to points of care. These investments ensure we'll be here to care for future generations. We have an open medical staff, we provide several educational events designed to promote healthy behaviors, and access to medical care, and continue to donate unused supplies to nonprofit corporations in the community and those that serve international needs. We also support our employees in volunteering for community organizations, including serving on community boards, and provide opportunities for them to support causes through volunteer opportunities promoted by the hospital such as -Autism Advisory Board-Boys and Girls Club of Santa Monica-CA Professional Society on the Abuse of Children (CAPSAC)-CA State College, Los Angeles-Child Abuse Professional Providers Association (CAPPA)-Clare Foundation-Hospital Association of Southern California-Interagency Council on Abuse and Neglect (ICAN)-Institute of Contemporary Psychology-John Adams Middle School Student Success Team Meetings-Los Angeles Unified School District (LAUSD)-Los Angeles Service Area 5 Provider Advisory Committee-LA County Department of Mental Health Networking Meetings-LA United School District Fair for Parents of Deaf and Hard of Hearing Children-Los Angeles Chapter of the Hearing Loss Association-Lifelong Learning Community Partnership-Lincoln School Counselor Meetings-McKinley Elementary School English Language Advisory Committee-Meals on Wheels West-OPCC (formerly Ocean Park Community Center)-Organization of Community Human Service Agencies-Pico Neighborhood Project and Pico Youth and Family Center-Rand Corporation Meetings (as invited)-Rideshare-Santa Monica Chamber of Commerce-Santa Monica Child Care Task Force-Santa Monica College - Child Development Department-Santa Monica Early Childhood Task Force-Santa Monica Rotary Club-Santa Monica Malibu Unified School District-Santa Monica College Foundation-Search to Involve Pilipino Americans-Southern California Bioethics Consortium-St Joseph Center-Unity Fair at Virginia Ave Park-Upward Bound House-Venice Family Clinic-West Service Planning Area-Westside Child Trauma Council-Westside Children's Center-Westside Diabetes Task Force-Westside Directors (UCLA/Connections for Children)-Westside Domestic Violence Coalition-Westside Family Health Center-West LA Department of Mental Health Child Mental Health Providers Group-Westside Health Coalition-Westside Transportation Collaborative-Wise &amp; Healthy Aging-Youth Resource Team of Virginia Avenue ParkWe are good citizens and partner with other organizations and agencies to support a thriving community, including -Santa Monica Chamber of Commerce-Santa Monica College Foundation-Santa Monica Police Activities League-Santa Monica Fire Department-Santa Monica YMCA -Westside Domestic Violence Network-Westside Housing, Hunger and Health Coalition</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 2	Bad debt expense represents the amount of gross charges for patients who do not have insurance and which Providence Saint John's Health Center was unable to qualify for assistance under either government programs or our internal charity care policy

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part III, Line 4	<p>The Health System provides for an allowance against patient accounts receivable for amounts that could become uncollectible. The Health System estimates this allowance based on the aging of accounts receivable, historical collection experience by payor, and other relevant factors. There are various factors that can impact the collection trends, such as changes in the economy, which in turn have an impact on unemployment rates and the number of uninsured and underinsured patients, the increased burden of copayments to be made by patients with insurance coverage and business practices related to collection efforts. These factors continuously change and can have an impact on collection trends and the estimation process used by the Health System. The Health System records a provision for bad debts in the period of services on the basis of past experience, which has historically indicated that many patients are unresponsive or are otherwise unwilling to pay the portion of their bill for which they are financially responsible.</p>

990 Schedule H, Supplemental Information	
Form and Line Reference	Explanation
Part III, Line 8	It is the organization's policy to exclude any Medicare shortfall from Community Benefit information The amount reported on Part III, Section B, line 6, was determined by applying the Cost-to-Charge Ratio to the Medicare revenue

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part III, Line 9b	<p><b>BILLING &amp; COLLECTION PRACTICES</b> Providence has written policies about when and under whose authority patient debt is advanced for collection, and uses its best efforts to ensure that patient accounts are processed fairly and consistently Providence ensures that practices to be used by their outside (non-hospital) collection agencies conform to the standards set forth in this policy, and obtains written commitments from such agencies that they will adhere to those standards Providence also conducts an assessment of each collection agency's adherence to the policy Such assessments are conducted at least annually At time of billing, we provide to all low-income uninsured patients the same information concerning services and charges provided to all other patients who receive care at the hospital When sending a bill to a patient, Providence includes a) a statement that indicates that if the patient meets certain income requirements the patient may be eligible for a government-sponsored program or for financial assistance from the hospital, and b) a statement that provides the patient with the name and telephone number of a hospital employee or office from whom or which the patient may obtain information about Providence's financial assistance policies for patients and how to apply for such assistance Any patient (or the patient's legal representative) seeking financial assistance from Providence provides the individual facility with information concerning health benefits coverage, financial status (i e income, assets) and any other information that is necessary for the hospital to make a determination regarding the patient's status relative to Providence's financial assistance policy, discounted payment policy, or eligibility for government-sponsored programs For patients who have an application pending determination for either government-sponsored coverage or for the hospitals' own financial assistance program, Providence will not knowingly send that patient's bill to a collection agency Eligibility for financial assistance will be determined as closely as possible to the date of service</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part VI, Line 2	<p>NEEDS ASSESSMENT Process and Methods Every three years, Providence Saint John's Health Center conducts a community health needs assessment (CHNA) for the Westside area/Service Planning Area 5. The CHNA is an evaluation of key health indicators of this targeted area. The assessment process includes a review of secondary data/studies completed on the area and primary research completed through telephone interviews with community stakeholders, written surveys of area residents, and in-person meetings with members of the Providence Saint John's Community Advisory Committee. A written survey was distributed at four community education forums to solicit input from community residents regarding the key health needs and contributing factors impacting the area. These community forums had representation from a broad sector of the community. There were a total of eighty-five residents who completed the surveys at these community events. As part of the CHNA data collection, Providence Saint John's Health Center partnered with the three other hospital systems in the area to identify key sectors in the community to seek input and those community stakeholders representing these areas. A list of questions was developed in collaboration with the other hospitals and forty-one individuals were selected to be interviewed via phone. These individuals included representation from local government, education, public health, health care providers, social services, mental health, community development, faith-based institutions, foundations, homeless agencies, programs serving the elderly, and organizations serving children. In order to get community input regarding the needs and issues impacting the Westside area, a written survey was developed to use with local residents. The survey was one page in length and asked for input on what the residents saw as the key needs facing the area, what contributing factors they felt impacted these needs, and what opportunities they saw for PSJHC to address the needs. The surveys were distributed at four community forum events to approximately 350 people and eighty-five people completed the surveys. Secondary data collected for the assessment included a review of demographic/census data, information from Community Commons, Think Health L A, American Community Survey and Ask CHS datasets and public health and mortality/morbidity data available from the County, State and Federal governments.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part VI, Line 3	<p>COMMUNICATION TO THE PUBLIC Providence hospitals post notices regarding the availability of financial assistance to low-income uninsured patients. These notices are posted in visible locations throughout the hospital such as admitting/registration, billing office, emergency department and other outpatient settings. Every posted notice regarding financial assistance policies contains brief instructions on how to apply for financial assistance or a discounted payment. The notices also include a contact telephone number that a patient or family member can call to obtain more information. At the time of registration, patients receive a packet that includes information on charity care and financial assistance. If patients have any questions, Providence has financial counselors that will educate them on any financial assistance through the hospital or any government program that the patient may qualify for. Providence ensures that appropriate staff members are knowledgeable about the existence of the hospital's financial assistance policies. Training is provided to staff members (i.e., billing office, financial department, etc.) who directly interact with patients regarding their hospital bills. When communicating to patients regarding their financial assistance policies, Providence attempts to do so in the primary language of the patient, or his/her family, if reasonably possible, and in a manner consistent with all applicable federal and state laws and regulations. Providence shares their financial assistance policies with appropriate community health and human services agencies and other organizations that assist such patients.</p>



Form and Line Reference	Explanation
Part VI, Line 4	<p>The service area defined for the Providence Saint John's Health Center Community Health Needs Assessment includes the zip codes located within Service Planning Area (SPA) 5 of Los Angeles County. The planning area includes the communities located on the Westside of Los Angeles County and represents the area where a significant portion (over 70%) of the patients served by the hospital reside. Since the service planning area matched closely with where a majority of PSJHC's patients reside, it was decided to use this geographic area for the CHNA. The area includes 20 distinct communities and 30 zip codes. In looking at areas of the Westside with significant health, social, economic and other needs there were several composite measurements of needs utilized. These indices looked at multiple factors to measure the level of need in the community including the number of persons who were uninsured; household income level, unemployment rate, levels of poverty, education level, English proficiency, home ownership rate, environmental risk factors, and data elements identified with the social determinants of health. These measurements calculated need at a local level either at a census tract or zip code breakdown. The measurements used to identify higher need communities include the Community Need Index, SocioNeeds Index, Health Disparity Index, and the California Environmental Screen Index. Based on these four composite measures the following areas scored high in three or more of the indices -West Los Angeles (zip code 90025)-Palms (zip code 90034)-Mar Vista (zip code 90066)-Culver City (zip code 90230)-Santa Monica (zip code 90404). As part of this community health improvement plan, PSJHC plans to target programs and services to these higher need areas to address the priority health issues. The total population of the area in 2016 was 674,787 persons which represent a 5 percent increase compared to the population in 2010, or an additional 32,000 residents living in the area. A breakdown of the population by age/gender for the area shows -8.1 percent male youth (0-17 years)-7.8 percent female youth (0-17 years)-33.2 percent male adults (18-64 years)-34.7 percent female adults (18-64 years)-7.2 percent male senior adults (65+ years)-9.1 percent female senior adults (65+ years). Among Westside/SPA-5 residents in 2016, 68.5 percent were White, 13.4 percent Asian/Pacific Islander/Hawaiian, 0.43 percent were Alaska Native or American Indian, 6.0 percent were African American or Black, and 5.5 percent were of two or more races. In looking at the Latino population that resides in the area, approximately 15.4 percent of the residents identify themselves as being part of this group. In 2016, the median household income of the area varied significantly from a low of \$ 55,025 for the community of Westwood to \$158,545 for the community of Bel Air. This difference in income was also reflected in average household income of the area with the average being \$78,891 in the community of Palms and \$215,718 in the community of Bel Air. Although the Westside contains many affluent communities, the income data shows that there are areas within the service area with a higher portion of low-income households. Approximately, 24 percent of the population has annual incomes below 200% of the Federal Poverty Level compared to 41 percent in Los Angeles County as a whole. While most of the adults age 25+ living in households on the Westside have at least graduated from high school, there are several zip codes that had a higher percentage of adults who did not compete high school. The zip codes include Palms (90034) 11.5%, Mar Vista (90066) 11.5%, Culver City (90230) 12.1% and Culver City (90232) 10.2%. The share of Westside residents who are uninsured was 5.3 percent in 2016. Compared to the entire Los Angeles County with 79.3 percent of the population insured, the Westside has a higher percentage of insured (94.7 percent). For the same period, approximately 26.8 percent of area residents were covered by Medi-Cal. The increase in the number of people insured in the area is due in large part to the passage of the Affordable Care Act. One of the major health care access issues in the area is the lack of specialty care for those persons covered by Medi-Cal due to the low number of physicians in the area who accept this insurance. The most recent count identified that eighty-three specialty physicians in the Westside area accept Medi-Cal managed care patients. The Westside area has a large supply of physicians due in part because there is a large medical school and academic medical center in the vicinity. The increased number of physicians is also due to the fact that many of the communities in the area include higher income neighborhoods and residents with more generous health coverage benefits. One of the major issues impacting the area is that a good portion of the physicians located on the Westside do not accept all insurance plans, including Medicare and</p>

Form and Line Reference	Explanation
Part VI, Line 4	<p>Medi-Cal This problem of limited access to physicians for those covered by these plans raises access issues with a significant number of local residents The City of Santa Monica is taking a more active role in trying to improve the health and wellbeing of its residents The City recently completed a survey of its residents to get input on issues of concern regarding health and wellbeing As part of this process, the City has created the Office of Civic Wellbeing to become more involved in this aspect of making the community a better place to live and work Providence Saint John's Health Center will be working with staff from this new City office to identify areas of collaboration and opportunities to coordinate activities</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 5	<p>Providence Saint John's Health Center seeks input from key community leaders regarding the programs, funding and services provided to improve the health of the community. This advisory committee meets approximately three times per year and includes representatives from local government, nonprofits, health care providers, schools, businesses and faith communities. Community benefit grants are provided by PSJHC to local nonprofits in the community working to improve the health and wellbeing of area residents, especially those who are poor and vulnerable. In 2016 the Health Center provided grants to 15 local nonprofits in the community supporting nineteen projects with an emphasis on helping those most vulnerable and in need.</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 6	<p>AFFILIATED HEALTH CARE SYSTEM Effective July 1, 2016, Providence Health &amp; Services and St Joseph Health came together to serve more people in a partnership that joins two remarkable organizations with rich heritages We are now connected by a new parent organization, Providence St Joseph Health</p> <p>Together, over 100,000 of our caregivers (employees) now serve in 50 hospitals, over 800 clinics and a comprehensive range of health and social services across Alaska, California, Montana, New Mexico, Oregon, Texas and Washington All hospitals and other ministries will maintain their current names and identities This parent structure allows our family of diverse organizations to work together to meet the needs of our communities both today and into the future</p>

990 Schedule H, Supplemental Information	
Form and Line Reference	Explanation
Part VI, Line 7, Reports Filed With States	AK,CA,MT,OR,WA

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 95-1684082  
**Name:** PROVIDENCE SAINT JOHN'S HEALTH CENTER

**Form 990 Schedule H, Part V Section A. Hospital Facilities**

Section A. Hospital Facilities		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>1</b>											
Name, address, primary website address, and state license number											
1	Saint John's Health Center 2121 Santa Monica Blvd Santa Monica, CA 90404 california.providence.org/saint-johns/ 930000158	X	X					X			

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Saint John's Health Center	Part V, Section B, Line 5 Elan Schultz - L A County Board of Supervisors Rosemary Veniegas - California Community Foundation Elizabeth Forer - Venice Family Clinic Yolanda Vera - L A County Board of Supervisors Kita Curry - Didi Hirsch Mental Health Center Nina Vaccaro - Southside Coalition of Community Health Centers Laurel Rosen - Santa Monica Chamber of Commerce Mary Odell - UniHealth Foundation Deb Farmer - Westside Family Health Center Jeff Bujer - Saban Clinic Mark Mariscal - L A City Dept of Parks and Rec Susan Cohen - L A Gay and Lesbian Center Lucia Diaz - Mar Vista Family Center Ivan Mason - U S Veteran's Initiative Maryjane Puffer - The L A Trust for Children's Health Armen D Ross - Crenshaw Chamber of Commerce Richard Bruckner - L A County Dept of Planning Nolan Rollins - Los Angeles Urban League Vivian Sauer - Jewish Family Services Connie Chung - Korean American Family Services Liz Romo - South L A Women, Infants & Child David Giugni - City of West Hollywood Loretta Jones - Healthy African American Families Lora Morn - Santa Monica-Malibu Unified School District Alison Herrmann - UCLA Kaiser Permanente Center for Health Equity Dr David Carlisle - Charles R Drew University of Medicine and Science Dr John King - City of L A Housing Authority Veronica Lewis - Homeless Outreach Program Integrated Care System Heather Hays - First African American Episcopal Church of LA Tunua Thrash-Ntuk - West Los Angeles Community Development Corp John Maceri - Ocean Park Community Center Maureen Cyr - L A County Dept of Mental Health Grace Cheng Braun - WISE and Healthy Aging Tod Lipka - Step Up on Second Dr Kimberly Uyeda - Los Angeles Unified School District Dr Patrick Dowling - UCLA David Geffen School of Med Louise Jaffe - Santa Monica College Msgr Lloyd Torgerson - St Monica Church Chris Baca - Meals on Wheels West Leticia Segura - L A Care Health Plan Dr Jan King - L A County Department of Public Health

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Saint John's Health Center	<p>Part V, Section B, Line 11 Based on a review of both primary and secondary data, five key priority health issues were identified to focus on over the next several years</p> <ol style="list-style-type: none"> <li>1 Access to Care - access to affordable primary and specialty care -Work in partnership with Providence Medical Institute, Doctors of Saint John's, Venice Family Clinic, and Westside Family Health Center to serve Medi-Cal patients for Obstetrical care and GI services -Expand access to 2-3 more medical specialties for Medi-Cal and uninsured patients residing on the Westside by working with physicians on the medical staff at PSJHC</li> <li>2 Chronic Disease - better management and prevention of chronic illnesses -Develop key partnerships with PSJHC and 8 to 10 area churches on the Westside to implement chronic disease education and screening programs -Develop 3 to 4 chronic disease support groups for residents of the Westside area -Conduct 4 community education forums on select chronic diseases serving 800 people - Implement ongoing free blood pressure, body mass index, and glucose screenings at least six sites in the community -Develop program for medically fragile seniors with WISE and Healthy Aging to improve their outcomes and functioning serving at least 100 patients/yr</li> <li>3 Obesity and Nutrition - more programs focused on reducing obesity and improving nutrition -Implement eight healthy eating education programs in the community serving 125 people/yr -Link 300 eligible people/families with government food assistance benefits -Partner with three area grocery stores to conduct nutrition education programs -Develop walking groups at three partnering church locations</li> <li>4 Mental Health/Substance Abuse - improve access to affordable mental health and substance abuse programs-Expand the preschool consultation program administered by the Child and Family Development Center to seventeen new sites -Expand the Child and Family Development Center program for new mothers dealing with postpartum depression, with a focus on Venice Family Clinic and Westside Family Health Center patients -Provide at least two community benefit grants per year to local nonprofit organizations addressing substance abuse treatment and mental health needs for low income residents</li> <li>5 Homelessness - growing number of homeless persons living in the area -Expand the Homeless Care Navigation Program at PSJHC by adding a second full-time Community Care Coordinator and serving an additional 350 pts/yr -Get an approved license to allow PSJHC to access the Coordinated Entry System database to help direct homeless patients to available resources -Work with The People Concern/OPCC on the development of their comprehensive wellness program for their homeless clients -In collaboration with UCLA Santa Monica and Trinity Care Hospice, develop hospice services for the homeless residents with terminal illnesses living on the Westside targeting 15 to 20 patients/yr There was an extensive list of needs and issues identified through the</li> </ol>



**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Saint John's Health Center	is assessment process and the organization is unable to address all of them during this cycle due to funding and resource availability. There are other community organizations focusing on such issues, and Providence St. John's Health Center will be an engaged partner with other community led collaborative efforts.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Saint John's Health Center	Part V, Section B, Line 24 For non-medically necessary services, a patient may be charged full billed charges

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Part V, Section B, Line 7a	<a href="http://communitybenefit.providence.org/community-health-needs-assessments/">http //communitybenefit.providence.org/community-health-needs-assessments/</a>

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
Part V, Section B, Line 10a	<a href="http://communitybenefit.providence.org/community-health-needs-assessments/">http //communitybenefit.providence.org/community-health-needs-assessments/</a>

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address	Type of Facility (describe)
1 - Santa Monica Wilshire Imaging 2200-2202 Wilshire Blvd Santa Monica, CA 90404	Outpatient/Imaging Ctr
2 - Family and Obesity Medicine 12304 Santa Monica Blvd Suite 101 Los Angeles, CA 90025	Primary Care
3 - Pediatrics KIDDOX 1245 16th St Suite 305 Santa Monica, CA 90404	Primary Care
4 - Family Medicine 1811 Wilshire Blvd Suite 201 Santa Monica, CA 90403	Primary Care
5 - Family Medicine 1821 Wilshire Blvd Suite 301 Santa Monica, CA 90403	Primary Care
6 - Pediatrics 2021 Santa Monica Blvd Suite 245E Santa Monica, CA 90404	Primary Care
7 - Pediatrics 2021 Santa Monica Blvd Suite 421E Santa Monica, CA 90404	Primary Care
8 - Family Medicine PEAK 2143 S Sepulveda Bl 300 Los Angeles, CA 90025	Primary Care
9 - Internal Medicine 1301 20th St Suite 110 Santa Monica, CA 90404	Specialty Clinic
10 - Nephrology & Internal Medicine 1301 20th St Suite 290 Santa Monica, CA 90404	Specialty Clinic
11 - Rheumatology 2021 Santa Monica Blvd Suite 335E Santa Monica, CA 90404	Specialty Clinic
12 - Hospital Medicine 2121 Santa Monica Blvd Santa Monica, CA 90404	Specialty Clinic
13 - Rheumatology 2336 Santa Monica Bl 207 Santa Monica, CA 90404	Specialty Clinic

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As Filed Data -

DLN: 93493333004207

Schedule I  
(Form 990)

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

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

Name of the organization  
PROVIDENCE SAINT JOHN'S HEALTH CENTER

Employer identification number  
95-1684082

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . 

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 14

3 Enter total number of other organizations listed in the line 1 table . . . . . 0

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

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) Nursing scholarship, scholarships for pet program	4	3,056			
(2) Patient assistance	288		8,869	Cost	Grocery gift cards, toys for needy children, rent
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Part I, Line 2	Providence Saint John's Health Center monitors the use of grant funds through regular meetings with agency representatives to discuss programs. Additionally, Saint John's receives an annual report of fund usage on the number of individuals served for certain programs.

Additional Data

Software ID:  
Software Version:  
EIN: 95-1684082  
Name: PROVIDENCE SAINT JOHN'S HEALTH CENTER

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Venice Family Clinic 604 Rose Ave Venice, CA 90291	95-2769432	501(c)(3)	175,000				Support homeless healthcare program
St Joseph Center 204 Hampton Dr Venice, CA 90291	95-3874381	501(c)(3)	55,000				Support cafe serving homeless and low income clients



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Santa Monica Malibu Unified School District 1651 16th St Santa Monica, CA 90401	95-6002855	Government	50,000				Support school nursing services
Westside Family Health Center 1711 Ocean Park Blvd Santa Monica, CA 90405	95-2931931	501(c)(3)	50,000				Support diabetes management program

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Saint Anne School 2015 Colorado Blvd Santa Monica, CA 90404	95-1690538	501(c)(3)	50,000				Support school nursing, counseling, tuition
Ocean Park Community Center 1453 16th St Santa Monica, CA 90404	95-6143865	501(c)(3)	50,000				Support recuperative care program for homeless recovering from illness

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Palisades Will Rogers 5 and 10K Run Foundation P O Box 601 Pacific Palisades, CA 90272	46-3944524	501(c)(3)	35,000				Support 5/10K runs
Pico Youth and Family Center 715 Pico Blvd Santa Monica, CA 90405	48-1269398	501(c)(3)	25,000				Support programs - fitness, health education, mental wellness

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Meals on Wheels West 1823 Michigan Ave Ste A Santa Monica, CA 90404	95-4613280	501(c)(3)	20,000				Support home delivered meals program
Wise and Healthy Aging 1527 4th Street Floor 2 Santa Monica, CA 90401	95-2788014	501(c)(3)	15,000				Support training and education center

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Upward Bound House 1104 Washington Blvd Santa Monica, CA 90403	95-4288926	501(c)(3)	15,000				Support temporary/transitional shelter program
Boys and Girls Club of Santa Monica 1220 Lincoln Blvd Santa Monica, CA 90401	95-1890706	501(c)(3)	15,000				Support Healthy Lifestyles program

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Community Partners for Safe Place for Youth 2469 Lincoln Blvd Santa Monica, CA 90291	95-4302067	501(c)(3)	14,000				Support for mental health services for homeless youth at drop-in center
OPICA 11759 Missouri Ave Los Angeles, CA 90025	95-3493725	501(c)(3)	10,000				Support services for those with Alzheimer's disease and memory loss

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

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

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

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization PROVIDENCE SAINT JOHN'S HEALTH CENTER	Employer identification number 95-1684082
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Part I

Questions Regarding Compensation

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
<b>b</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	<b>1b</b>	
<b>2</b> 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?	<b>2</b>	
<b>3</b> 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 <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b> Yes	
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b> Yes	
<b>c</b> 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	<b>4c</b>	No
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
<b>a</b> The organization?	<b>5a</b>	No
<b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III	<b>5b</b>	No
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
<b>a</b> The organization?	<b>6a</b>	No
<b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III	<b>6b</b>	No
<b>7</b> For persons listed on 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	<b>7</b>	No
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	<b>8</b>	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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 in column(B) reported as deferred on 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
See Additional Data	

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 95-1684082  
**Name:** PROVIDENCE SAINT JOHN'S HEALTH CENTER

**Part III, Supplemental Information**

Return Reference	Explanation
Part I, Line 1a	<p>The reporting organization did not provide any of the benefits listed in Part I, Line 1a. However, as part of the related organization's philosophy of transparency, the narrative that follows relates to the compensation and benefits provided by the related organization. Providence Health &amp; Services Expense Reimbursement Procedures include the following policies: Travel or Charter Travel or Travel of Companions. Air travel is reimbursable and should be at the least expensive airfare, which permits departures and arrivals at reasonable times and reasonable distance traveled. Employees are encouraged to plan in advance to get available discounts. Airline frequent flyer upgrades will never be reimbursed. First class full fare tickets and charter must be approved by a senior level supervisor. Companion travel will only be reimbursed by the organization for travel related to relocation, and should not exceed two relocation-related visits, unless approved by the Executive Vice President, Chief Administrative Officer (EVP, CAO) of Providence St. Joseph Health. Spouse or Companion Travel: Travel expenses incurred by a PH&amp;S employee's spouse or companion will not be reimbursed by PH&amp;S unless the spouse or companion is required to, or invited to attend a PH&amp;S System-sponsored meeting. These expenses may be considered a taxable benefit by the IRS and if so, will be included on the employee's W-2. During 2016, there were 22 First Class tickets utilized by Officers, Directors or Key Employees listed on Form 990, Part VII Tax Indemnifications or Gross-Up Payments - Relocation. Providence Health &amp; Services follows the federal and state taxation laws related to relocation expenses paid to the employee or to a third party on the employee's behalf. They are considered income and are therefore subject to payroll taxes. Based on the way Providence has chosen to pay the relocation expenses, Providence reports reimbursements and payments to vendors as income and these expense payments are reflected on the executive's Form W-2. Providence will gross-up the relocation benefits to offset the personal tax burden to the employee for IRS allowable expenses. During 2016, there were 5 Key Employees receiving gross-up payments. The amounts reported for these gross-up payments are included on Schedule J, Part II, Column B (iii) - Other Reportable Compensation on the Form 990. Tax Indemnifications or Gross-Up Payments - Financial/Retirement Planning. Providence Health &amp; Services follows the federal and state taxation laws related to other expenses paid to the employee or to a third party on the employee's behalf. They are considered income and are therefore subject to payroll taxes. Based on the way Providence has chosen to pay these other expenses, Providence reports reimbursements and payments to vendors as income and these expense payments are reflected on the executive's Form W-2. Providence will gross-up the financial/retirement planning benefits, during 2016 only, to offset the personal tax burden to the employee for IRS allowable expenses. During 2016, there were 4 Officers, 13 Key Employees and 2 Former Key Employees receiving this type of gross-up payment. The amounts reported for these gross-up payments are included on Schedule J, Part II, Column B (iii) - Other Reportable Compensation on the Form 990. Housing Allowance or Residence for Personal Use. Providence Health &amp; Services provides housing allowances for purposes of relocation assistance only. Providence may pay temporary living expenses for the employee up to a maximum of 90 calendar days. Covered expenses are rent (excluding "rent" which may be paid in order to occupy a new permanent residence until the title clears) and utilities, including heat, electricity, gas, water, local internet and local telephone and garbage services. The EVP, CAO PSJH may approve temporary housing assistance for up to six months when family relocation is delayed to accommodate the school year or equivalent circumstances. Only in extenuating circumstances is housing extended beyond this six month period. During 2016, there were 5 Key Employees receiving relocation/housing program payments. The amounts reported for these relocation/housing payments are included on Schedule J, Part II, Column B (iii) - Other Reportable Compensation on the Form 990.</p>

Part III, Supplemental Information

Return Reference	Explanation
Part I, Lines 4a-b	NONQUALIFIED RETIREMENT PLANS A) SERP = Supplemental Executive Retirement Plan B) DCRP = Defined Contribution Restoration Plan 1) Rod Hochman, MD a) SERP Earned but not Paid - \$71,434 2) Cindy Strauss a) SERP Earned but not Paid - \$23,073 3) Michael Butler a) SERP Vested but not Paid - \$4,194,363 b) SERP Interest Credit - \$280,622 4) Jo Ann Escasa-Haigh a) SERP Earned but not Vested - \$144,759 5) Marcel Loh a) SERP Earned but not Paid - \$36,805 6) Debra Canales a) SERP Earned but not Vested - \$578,244 7) Rhonda Medows, MD a) SERP Earned but not Vested - \$267,369 b) SERP Interest Credit - \$11,866 8) Erik Wexler a) SERP Earned but not Vested - \$339,335 9) Lisa Vance a) SERP Interest Credit - \$79,015 10) Janice Newell a) SERP Earned but not Paid - \$23,422 11) Amy Compton-Phillips a) SERP Earned but not Vested - \$223,438 b) SERP Interest Credit - \$8,418 12) Aaron Martin a) SERP Earned but not Vested - \$188,376 13) Joel Gilbertson a) SERP Earned but not Vested - \$160,455 b) SERP Interest Credit - \$39,169 14) Orest Holubec a) SERP Earned but not Vested - \$144,707 b) SERP Interest Credit - \$19,483 15) Greg Till a) SERP Earned but not Vested - \$78,010 b) SERP Interest Credit - \$10,002 16) Sharon Toncray a) SERP Earned but not Vested- \$172,369 b) SERP Interest Credit - \$22,823 17) Jack Mudd a) SERP Earned but not Paid - \$5,896 b) SERP Interest Credit - \$115,845 18) Debbie Burton a) SERP Earned but not Paid - \$16,879 b) SERP Interest Credit - \$37,391 19) Mike Waters a) SERP Earned but not Vested - \$143,129 b) SERP Interest Credit - \$10,334 20) David Brown a) SERP Earned but not Vested - \$134,921 b) SERP Interest Credit - \$42,528 21) Mary Kingston a) SERP Earned but not Vested - \$168,011 b) SERP Interest Credit - \$1,203 c) Taxable DCRP Earned - \$4,903 22) Randy Axelrod, MD a) SERP Paid - \$564,384 23) Craig Wright, MD a) SERP Earned but not Paid - \$233,982 24) Robert Klein a) Taxable DCRP Earned - \$27,605

**Part III, Supplemental Information**

Return Reference	Explanation
Part I, Lines 4a-b	SEVERANCE 1) Paul Stoddart - \$77,130 2) Randy Axelrod - \$850,776 3) Craig Wright, MD - \$525,300 4) Michael Hunn - \$374,738

Part III, Supplemental Information

Return Reference	Explanation
FORM 990, SCHEDULE J, PART II - EXECUTIVE INCENTIVE PROGRAM	The Providence Executive Incentive Program provides a lump sum award annually as a percent of the executive's base pay. Percent opportunities are aligned with our total compensation philosophy as outlined in Part VI, Section B, Line 15 (Process for determining compensation of top management, officers & key employees). For Providence leaders, the performance award is based on the level of accomplishment of annual system and functional (or market) objectives. In 2016, 60 percent of the participant awards were based on pre-determined organizational goals consistent with Providence's strategic priorities. In 2016 the percent allocation for each of these strategic priorities was as outlined below: System Goals: First-year Turnover - 10%; Inpatient Experience - 5%; Patient Experience - 5%; Medical Group Patient Experience - 5%; Community Benefit - 10%; Clinical Excellence - 15%; Free Cash Flow - 10%. The remaining 40% was based on a robust set of function specific goals designed to align critical mission and business drivers.

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> Rod F Hochman MD President / CEO - Thru 6/16	(i)0	0	0	0	0	0	0
	(ii)1,912,650	2,130,271	18,000	25,159	-	-	0
					18,384	4,104,464	
<b>1</b> Mike Butler President - Eff 7/16	(i)0	0	0	0	0	0	0
	(ii)1,241,463	5,618,732	46,498	324,347	-	-	2,182,191
					25,286	7,256,326	
<b>2</b> Todd Hofheins EVP/CFO /Treas Thru 11/16	(i)0	0	0	0	0	0	0
	(ii)765,052	762,582	43,806	33,684	-	-	0
					26,986	1,632,110	
<b>3</b> Jo Ann Escasa-Haigh Interim CFO/Treasurer - Eff 12/16	(i)0	0	0	0	0	0	0
	(ii)284,195	465,096	6,125	158,719	-	-	0
					9,471	923,606	
<b>4</b> Cindy Strauss EVP/Chief Legal Officer	(i)0	0	0	0	0	0	0
	(ii)657,902	762,672	42,206	35,775	-	-	0
					22,491	1,521,046	
<b>5</b> Marcel LohCEO/St John's	(i)0	0	0	0	0	0	0
	(ii)553,674	351,014	255,245	20,961	-	-	0
					20,185	1,201,079	
<b>6</b> James UliCFO/St John's	(i)260,108	26,165	16,203	11,925	8,845	323,246	0
	(ii)0	0	0	0	-	-	0
					0	0	
<b>7</b> Enk Wexler CE/CA Region - Eff 5/16	(i)0	0	0	0	0	0	0
	(ii)521,453	600,000	237,375	347,285	-	-	0
					12,392	1,718,505	
<b>8</b> Karl Camer Interim CE/CA Region	(i)0	0	0	0	0	0	0
	(ii)666,411	0	0	0	-	-	0
					0	666,411	
<b>9</b> Mary Cranstoun VP/Total Rewards	(i)0	0	0	0	0	0	0
	(ii)372,857	272,174	18,000	91,147	-	-	0
					23,270	777,448	
<b>10</b> Debra CanalesEVP/CAO	(i)0	0	0	0	0	0	0
	(ii)801,127	1,168,376	122,854	598,119	-	-	0
					13,490	2,703,966	
<b>11</b> Janice Newell SVP/Chief Information Officer	(i)0	0	0	0	0	0	0
	(ii)576,214	517,269	44,010	18,550	-	-	0
					15,548	1,171,591	
<b>12</b> Joel Gilbertson SVP/Community Partnerships	(i)0	0	0	0	0	0	0
	(ii)443,246	350,838	47,943	224,819	-	-	0
					23,028	1,089,874	
<b>13</b> Orest Holubec SVP/Chief Comm /Ext Affairs Officer	(i)0	0	0	0	0	0	0
	(ii)396,372	343,782	42,534	185,290	-	-	0
					22,516	990,494	
<b>14</b> Greg Till VP/Chief Talent Officer	(i)0	0	0	0	0	0	0
	(ii)396,660	378,331	1,020	99,936	-	-	0
					22,431	898,378	
<b>15</b> Sharon Toncray SVP / Chief Labor Employee Counsel	(i)0	0	0	0	0	0	0
	(ii)408,183	308,273	48,521	221,561	-	-	0
					22,167	1,008,705	
<b>16</b> Jack Mudd - Thru 316 SVP/Mission Leadership	(i)0	0	0	0	0	0	0
	(ii)249,590	426,247	42,891	141,404	-	-	0
					16,374	876,506	
<b>17</b> Aaron Martin SVP/Strategy & Innovation	(i)0	0	0	0	0	0	0
	(ii)542,637	292,297	18,000	210,328	-	-	0
					8,957	1,072,219	
<b>18</b> Tom McDonagh VP/Chief Investment Officer	(i)0	0	0	0	0	0	0
	(ii)478,005	330,119	41,338	28,774	-	-	0
					24,747	902,983	
<b>19</b> Rhonda Medows MD EVP/Population Health	(i)0	0	0	0	0	0	0
	(ii)824,899	698,359	42,442	299,110	-	-	0
					21,169	1,885,979	

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21Harvey Smith SVP/Chief Customer Svc Officer	(i)	0	0	0	0	0	0	0
	(ii)	579,168	628,988	18,000	7,950	-	-	0
						15,841	1,249,947	
1Lisa Vance SVP/Clinical Program Services	(i)	0	0	0	0	0	0	0
	(ii)	571,069	606,964	42,315	110,502	-	-	0
						14,943	1,345,793	
2Mike Waters VP,CAO/Physician Services	(i)	0	0	0	0	0	0	0
	(ii)	426,739	274,903	2,135	172,012	-	-	0
						12,011	887,800	
3Amy Compton-Phillips EVP/Chief Clinical Officer	(i)	0	0	0	0	0	0	0
	(ii)	713,661	303,268	96,564	251,731	-	-	0
						27,163	1,392,387	
4David Brown VP/Strategy & Business Development	(i)	0	0	0	0	0	0	0
	(ii)	388,819	311,642	0	203,986	-	-	0
						22,444	926,891	
5Debbie Burton SVP/ Chief Nrsg Officer	(i)	0	0	0	0	0	0	0
	(ii)	355,010	315,852	42,618	66,297	-	-	0
						23,718	803,495	
6Paul Stoddart - Thru 916 VP/Marketing	(i)	0	0	0	0	0	0	0
	(ii)	239,356	306,938	95,129	11,537	-	-	0
						10,844	663,804	
7Robert O Klein President/CEO Foundation	(i)	410,501	117,990	18,000	19,875	16,086	582,452	0
	(ii)	0	0	0	0	-	-	0
						0	0	
8Dawna HendelCNO	(i)	248,227	55,758	18,000	19,875	15,450	357,310	0
	(ii)	0	0	0	0	-	-	0
						0	0	
9Stella Nichols CFO/Foundation	(i)	263,646	33,719	0	19,875	13,037	330,277	0
	(ii)	0	0	0	0	-	-	0
						0	0	
10David TamCOO	(i)	450,892	19,853	0	11,925	20,413	503,083	0
	(ii)	0	0	0	0	-	-	0
						0	0	
11Donald Larsen JrCMO	(i)	372,801	46,149	0	11,925	9,408	440,283	0
	(ii)	0	0	0	0	-	-	0
						0	0	
12Michael Hunn Former /CE / CA Region	(i)	0	0	0	0	0	0	0
	(ii)	0	0	385,737	1,110	-	-	0
						0	386,847	
13Randy Axelrod MD - Former EVP/Clinical & Patient Services	(i)	0	0	0	0	0	0	0
	(ii)	0	564,384	854,949	0	-	-	0
						0	1,419,333	
14Craig Wnght MD Former SVP/Physician Services	(i)	0	0	0	0	0	0	0
	(ii)	14,760	551,522	553,657	2,107	-	-	0
						18,348	1,140,394	
15Jack Friedman - Former SVP/Accountable Care & Payor Rel	(i)	0	0	0	0	0	0	0
	(ii)	0	299,327	0	0	-	-	0
						0	299,327	

Schedule K  
(Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
Attach to Form 990.

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

Name of the organization  
PROVIDENCE SAINT JOHN'S HEALTH CENTER

Employer identification number  
95-1684082

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A California Health Financing Authority	52-1643828	13033L4N4	08-06-2014	126,434,498	Acquisition of Saint John's Health Center		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired . . . . .								
2	Amount of bonds legally defeased . . . . .								
3	Total proceeds of issue . . . . .	126,434,498							
4	Gross proceeds in reserve funds . . . . .								
5	Capitalized interest from proceeds . . . . .								
6	Proceeds in refunding escrows . . . . .								
7	Issuance costs from proceeds . . . . .	1,434,498							
8	Credit enhancement from proceeds . . . . .								
9	Working capital expenditures from proceeds . . . . .								
10	Capital expenditures from proceeds . . . . .	125,000,000							
11	Other spent proceeds . . . . .								
12	Other unspent proceeds . . . . .								
13	Year of substantial completion . . . . .	2014							
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . . .		X						
15	Were the bonds issued as part of an advance refunding issue? . . . . .		X						
16	Has the final allocation of proceeds been made? . . . . .	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X							

Part III

Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X						



**Part III Private Business Use** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X							
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .	X							
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X							
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . .	0 %							
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . .	0 %							
<b>6</b> Total of lines 4 and 5 . . . . .	0 %							
<b>7</b> Does the bond issue meet the private security or payment test? . . .		X						
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X						
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X							

**Part IV Arbitrage**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X						
<b>2</b> If "No" to line 1, did the following apply? . . . .								
<b>a</b> Rebate not due yet? . . . . .	X							
<b>b</b> Exception to rebate? . . . . .		X						
<b>c</b> No rebate due? . . . . .		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		X						
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X						
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . .	X							

**Part V Procedures To Undertake Corrective Action**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X							

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue ServiceName of the organization  
PROVIDENCE SAINT JOHN'S HEALTH CENTER**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

**2016****Open to Public  
Inspection****Employer identification number**

95-1684082

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	The sole Corporate Member is Providence Health System - Southern California, a California nonprofit religious corporation

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	The Corporate Member has the power to 1) Appoint or remove, with or without cause, after consultation with the Corporation's Board of Directors, any member of the Board of Directors 2) Appoint or remove, with or without cause, after consultation with the Corporation's Board of Directors and the President/CEO of the Corporate Member, the President/CEO of this Corporation

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	Powers of the Corporate Member include the power to 1) Change the Mission and Philosophy 2) Adopt, amend or repeal the Articles of Incorporation or Bylaws 3) Implement corporate goals, policies and procedures 4) Approve the acquisition of assets, incurrence of indebtedness or the lease, sale, transfer, assumption, or encumbering of assets 5) Approve the merger, dissolution or corporate restructuring 6) Approve all long-range and strategic plans and operating and capital budgets and deviations thereto 7) Appoint the auditors

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	The Form 990 is prepared internally by experienced Providence Health & Services staff and reviewed by the internal PH&S Director of Taxes and external tax advisors. The Board of Directors reviewed the Form 990 prior to filing with the IRS.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	<p>Providence Health &amp; Services maintains a conflict of interest policy that applies to board members and management of all Providence-related organizations. The purpose of the policy is to guide and direct those serving the Providence Health &amp; Services' corporations and other legal entities so they can (1) fulfill their fiduciary responsibilities and exercise stewardship in ways that promote and protect the best interests of Providence and, (2) avoid situations that create a conflict, or the appearance of a conflict, between the interests of an individual associated with Providence and Providence. On an annual basis, each board member and management level employee must complete and submit an updated conflict of interest statement. Conflict of interest disclosures are reviewed by the System Integrity Department working in conjunction with the Department of Legal Affairs. If it is determined that an actual conflict exists, appropriate follow-up action is taken with the individual to rectify the conflict.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Section B, line 15	<p>It is Providence's intention to make financial information accessible and transparent. Although the filing of Form 990 provides insight into how Providence achieves its Mission, delivers its programs and stewards its finances, deciphering the information directly from Form 990 can be challenging. The following paragraphs provide further information about the process we use to determine compensation for top management, officers and key employees. Providence has a single fiduciary Board, with responsibility for financial oversight associated with fulfillment of the Providence Mission, developing system policies, protecting the assets entrusted to the organization and overseeing the strategic and operational affairs of Providence's legal entities. Providence also maintains a network of community ministry boards with responsibility for quality of care oversight, community relations, advocacy and community needs assessments. Providence has a consistent compensation philosophy for all of its officers, including our senior executives. Salaries for senior executives are reviewed by the Providence St. Joseph Health Committee and approved by the full Board of Directors, none of whom is a Providence employee. The Board retains an independent consultant each year to review salaries of those in the most significant leadership roles in the organization. Part of the consultant's role is to review an extensive array of compensation surveys of large, not-for-profit health care systems in the United States. Providence is one of the larger health systems in the country, and as such, the Board benchmarks executive compensation against other large, not-for-profit health systems whose revenue is similar to that of Providence. Additionally, Providence's labor market continues to spread across health care and into general industry. Because of this, Providence also takes into consideration general industry for-profit market data, where applicable. Base salaries for Providence executives are generally targeted to the median level of the market, as identified by the independent consultant and reviewed with the Executive Compensation Committee. Each year, the Board Chair conducts a formal performance evaluation of the President/CEO that considers input from the other directors and senior leaders reporting to the President. The evaluation is discussed with the Executive Compensation Committee and then a recommendation is made by the committee to the full Board. The Board Chair and the Chair of the Executive Compensation Committee also meet with an independent consultant to develop a salary recommendation, which is reviewed and approved first by the committee and then by the Board of Directors. Additionally, the President/CEO utilizes the market information provided by the consultant along with formal performance evaluations, to determine salary recommendations for other senior executives. This process includes a rigorous analysis of those recommendations with the Executive C</p>



## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	compensation Committee as a part of the review and approval process. Performance incentives allow executives to earn additional compensation if they achieve specific organizational goals for furthering Providence operating commitments and strategic objectives. The Board of Directors conducts a thorough process to ensure performance incentives are aligned with appropriate market practices. The Board's process for executive compensation fully complies with IRS standards and mirrors best practices.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	Public disclosure of governing documents, conflict of interest policy and 990 filings are made available to the public upon written request. The consolidated financial statements are available on our public Internet site <a href="http://www2.providence.org">www2.providence.org</a> . All governing policies including the conflict of interest policy, as well as 990 filings are available to employees on the Intranet site.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII Contact Addresses for Officers, Directors, Etc	Marcel Loh - 2121 Santa Monica Blvd, Santa Monica, CA 90503 James Uli - 2121 Santa Monica Blvd, Santa Monica, CA 90503 Erik Wexler - 20555 Earl Street, Torrance, CA 90503 Karl Carrier - 20555 Earl Street, Torrance, CA 90503 Robert O Klein - 2121 Santa Monica Blvd, Santa Monica, CA 90503 Dawna Hendel - 2121 Santa Monica Blvd, Santa Monica, CA 90503 Stella Nichols - 2121 Santa Monica Blvd, Santa Monica, CA 90503 David Tam - 2121 Santa Monica Blvd, Santa Monica, CA 90503 Donald Larsen, Jr - 2121 Santa Monica Blvd, Santa Monica, CA 90503 Michael Hunn - 501 S Buena Vista Street, Burbank, CA 91505

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part IX, line 11g	<p>Medical Director/Medical Physicians Fees Program service expenses 14,590,646 Management and general expenses 0 Fundraising expenses 0 Total expenses 14,590,646 Agency Contract Program service expenses 14,693,353 Management and general expenses 1,502,632 Fundraising expenses 0 Total expenses 16,195,985 Transcription Program service expenses 24,713 Management and general expenses 0 Fundraising expenses 0 Total expenses 24,713 General Consulting Fees Program service expenses 39,453 Management and general expenses 362,653 Fundraising expenses 0 Total expenses 402,106 Repairs &amp; Maintenance Program service expenses 2,094,011 Management and general expenses 1,809,622 Fundraising expenses 0 Total expenses 3,903,633 Other Administrative Services Program service expenses 1,773,476 Management and general expenses 3,116,633 Fundraising expenses 0 Total expenses 4,890,109 Other Patient Services Program service expenses 11,319,258 Management and general expenses 0 Fundraising expenses 0 Total expenses 11,319,258 Dietary Program service expenses 1,421,559 Management and general expenses 2,939,052 Fundraising expenses 0 Total expenses 4,360,611</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	FAS 136 Adjustments 24,255,696 IAF Equity Transfers -122,040,470 Rounding -1

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 6 - VOLUNTEERS	Volunteers helped in the following ways * Providing clerical support in various areas * Rounding on patients and providing non-medical patient assistance on nursing units and in the Emergency Department * Directing and escorting patients and visitors at Information Desks * Making handmade gifts for patients (quilts, caps and booties, etc ) * Visiting with patients, staff and visitors in our Pawsitive Pet Program * Playing music in our dining court * Supporting family and visitors in our Surgery Waiting Room * Running errands, stocking supplies and assisting with discharges from nursing units * Assisting teachers in the Child and Family Development Center * Sitting with end of life patients

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART XII, LINE 2C - AUDIT & COMPLIANCE	The Audit and Compliance Committee assists the Board of Directors with the oversight of the integrity of the financial statements and reporting, the audit process and the internal financial controls and policies, compliance with ethical, legal and regulatory standards and requirements, the independence, qualifications and performance of the internal and external auditors, the investment committee, and informs the Board of Directors of critical risk areas and recommended mitigation

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, SCHEDULE R - RELATED ORGANIZATIONS	<p>AFFILIATION AGREEMENTS Effective April 1, 2016, the Health System (Providence Health &amp; Services) entered into a business combination agreement with the Institute for Systems Biology (ISB) The transaction was accounted for as an acquisition under ASC 958-805 On July 1, 2016, Providence Health &amp; Services (PHS) and St Joseph Health System (SJHS) entered into a business combination agreement, the purpose of which was to better serve both organizations' communities, maintain strong traditions of Catholic healthcare, and provide greater affordability and access to healthcare services As part of the business combination, PHS and SJHS aligned under a single parent corporation, Providence St Joseph Health, with a consolidated board of directors and cosponsorship from the public juridic persons Providence Ministries and St Joseph Health Ministry SJHS provides a full range of care facilities including 16 acute care hospitals, home health agencies, hospice care, outpatient services, skilled nursing facilities, community clinics, and physician groups spanning California, west Texas, and eastern New Mexico The results of operations of these entities have been included in the combined statements of operations of the Health System since July 1, 2016, the effective date of the business combination</p>



efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493333004207	
SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships				OMB No 1545-0047
					2016
	▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.				Open to Public Inspection
▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at <a href="http://www.irs.gov/form990">www.irs.gov/form990</a> .					
Department of the Treasury Internal Revenue Service					
Name of the organization PROVIDENCE SAINT JOHN'S HEALTH CENTER				Employer identification number 95-1684082	

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
See Additional Data Table							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

**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.

See Additional Data Table

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

**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.

See Additional Data Table

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

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

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b> Yes	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b> Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b> Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) John Wayne Cancer Institute	A	1,280,100	

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

[illegible]

**Part VII****Supplemental Information**

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

Return Reference	Explanation
------------------	-------------

Additional Data

Software ID:  
Software Version:  
EIN: 95-1684082  
Name: PROVIDENCE SAINT JOHN'S HEALTH CENTER

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1)  1801 Lind Avenue SW 9016 Renton, WA 980579016 51-0216586	Healthcare System	WA	501( c)(3)	Line 3	Providence Health & Services		No
(1)  1801 Lind Avenue SW 9016 Renton, WA 980579016 51-0216587	Healthcare System	OR	501( c)(3)	Line 3	Providence Health & Services		No
(2)  1801 Lind Avenue SW 9016 Renton, WA 980579016 51-0216589	Healthcare System	CA	501( c)(3)	Line 3	Providence Health & Services		No
(3)  PO Box 5128 Everett, WA 982065128 94-3264605	Transitional Care	WA	501( c)(3)	Line 10	N/A		No
(4)  4400 NE Halsey Bldg 2 Portland, OR 97213 91-1861964	Healthcare Services	WA	501( c)(4)	N/A	PH & S - Oregon		No
(5)  4400 NE Halsey Bldg 2 Portland, OR 97213 93-0863097	Health Service Contractor	OR	501( c)(4)	N/A	Providence Plan Partners		No
(6)  4400 NE Halsey Bldg 2 Portland, OR 97213 55-0828701	Medicaid Healthcare Provider	OR	501( c)(4)	N/A	Providence Health Plan		No
(7)  4101 Torrance Blvd Torrance, CA 90503 33-0283773	Healthcare	CA	501( c)(3)	Line 12/Type I	PHS - So California		No
(8)  4101 Torrance Blvd Torrance, CA 90503 33-0844408	Imaging Services	CA	501( c)(3)	Line 10	PHS - So California		No
(9)  5315 Torrance Blvd Suite B1 Torrance, CA 90503 95-3264139	Hospice	CA	501( c)(3)	Line 10	PHS - So California		No
(10)  1700 Providence Pl Centralia, WA 98531 91-1789266	Supportive Housing	WA	501( c)(3)	Line 7	PH & S - Washington		No
(11)  350 Washington Ave SE Chehalis, WA 98352 94-3176618	Supportive Housing	WA	501( c)(3)	Line 7	PH & S - Washington		No
(12)  1700 Providence Pl Centralia, WA 98531 31-1584166	Supportive Housing	WA	501( c)(3)	Line 10	PH & S - Washington		No
(13)  5921 E Burnside Portland, OR 97215 91-1562797	Supportive Housing	OR	501( c)(3)	Line 7	PH & S - Oregon		No
(14)  3415 12th Avenue NE Olympia, WA 98506 94-3244854	Supportive Housing	WA	501( c)(3)	Line 7	PH & S - Washington		No
(15)  7101 38th Avenue South Seattle, WA 98118 31-1629656	Supportive Housing	WA	501( c)(3)	Line 7	PH & S - Washington		No
(16)  3201 SW Graham St Seattle, WA 98126 91-2171539	Supportive Housing	WA	501( c)(3)	Line 7	PH & S - Washington		No
(17)  4515 MLK Jr Way S Ste 200 Seattle, WA 98108 31-1744654	Supportive Housing	WA	501( c)(3)	Line 7	PH & S - Washington		No
(18)  312 North Fourth St Yakima, WA 98901 91-1180824	Supportive Housing	WA	501( c)(3)	Line 7	PH & S - Washington		No
(19)  5520 NE Glisan Portland, OR 97213 91-1214491	Supportive Housing	OR	501( c)(3)	Line 10	PH & S - Oregon		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(21)  540 23rd St Oakland, CA 94612 91-1293869	Supportive Housing	CA	501( c)(3)	Line 10	PHS - So California		No
(1)  1423 First Avenue Seattle, WA 98101 20-1910170	Supportive Housing	WA	501( c)(3)	Line 7	PH & S - Washington		No
(2)  1205 Montello Ave Hood River, OR 97031 47-3385506	Supportive Housing	WA	501( c)(3)	Line 7	N/A		No
(3)  1801 Lind Avenue SW 9016 Renton, WA 980579016 94-3078543	Support PH&S and W HealthConnect	WA	501( c)(3)	Line 12/Type I	PH & S - Washington		No
(4)  3300 Providence Drive - B Tower2 Anchorage, AK 99508 92-0093565	Support PHS-Alaska	AK	501( c)(3)	Line 12/Type I	PH & S - Washington		No
(5)  413 Lilly Road NE Olympia, WA 985065166 91-1097056	Support Affiliated Tax-Exempt Organization	WA	501( c)(3)	Line 7	PH & S - Washington		No
(6)  914 S Scheuber Road Centralia, WA 98531 91-1433382	Support Providence Centralia Hospital	WA	501( c)(3)	Line 7	PH & S - Washington		No
(7)  4831 - 35th Avenue SW Seattle, WA 981262799 91-1188119	Support Providence Mount St Vincent	WA	501( c)(3)	Line 7	PH & S - Washington		No
(8)  3725 Providence Point Drive SE Issaquah, WA 980297219 93-1554288	Support Providence Marianwood	WA	501( c)(3)	Line 12/Type I	PH & S - Washington		No
(9)  1001 Providence Drive Newberg, OR 97132 93-0889144	Support Providence Newberg Medical Center	OR	501( c)(3)	Line 7	PH & S - Oregon		No
(10)  725 S Wahanna Rd Seaside, OR 97138 93-0927320	Support Providence Seaside Hospital	OR	501( c)(3)	Line 7	PH & S - Oregon		No
(11)  1111 Crater Lake Ave Medford, OR 97504 93-0692907	Support Providence Medford Medical Center	OR	501( c)(3)	Line 7	PH & S - Oregon		No
(12)  540 South Main St Mt Angel, OR 973629532 91-1940286	Support Providence Benedictine Nursing Center	OR	501( c)(3)	Line 7	PH & S - Oregon		No
(13)  4805 NE Glisan St Portland, OR 972132967 93-1231494	Support Providence Portland Medical Center	OR	501( c)(3)	Line 7	PH & S - Oregon		No
(14)  9205 SW Barnes Rd Portland, OR 97225 93-0575982	Support Providence St Vincent Medical Center	OR	501( c)(3)	Line 7	PH & S - Oregon		No
(15)  10150 SE 32nd Milwaukie, OR 97222 94-3079515	Support Providence Milwaukie Hospital	OR	501( c)(3)	Line 7	PH & S - Oregon		No
(16)  830 NE 47th Portland, OR 97213 93-0800140	Support Providence Child Center	OR	501( c)(3)	Line 7	PH & S - Oregon		No
(17)  5315 Torrance Blvd Suite B1 Torrance, CA 90503 33-0261016	Support TrinityCare Hospice	CA	501( c)(3)	Line 7	Providence TrinityCare Hospice		No
(18)  4101 Torrance Blvd Torrance, CA 90503 51-0224944	Support Little Company of Mary Service Area	CA	501( c)(3)	Line 7	PHS - So California		No
(19)  501 S Buena Vista Street Burbank, CA 91505 95-3544877	Support Program & Activities of SFVSA & SCVSA	CA	501( c)(3)	Line 7	PHS - So California		No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(41)  425 Pontius Avenue North 300 Seattle, WA 981095452 91-2077378	Support Hospice of Seattle	WA	501( c)(3)	Line 12/Type I	PH & S - Washington		No
(1)  1801 Lind Avenue SW 9016 Renton, WA 980579016 91-1303277	Healthcare	WA	501( c)(3)	Line 3	Providence MinistriesWHC		No
(2)  1801 Lind Avenue SW 9016 Renton, WA 980579016 91-1549796	Support Providence Institutions	WA	501( c)(3)	Line 12/Type II	Providence St Joseph Health		No
(3)  500 W Broadway PO Box 4587 Missoula, MT 598064587 81-0231793	Healthcare	MT	501( c)(3)	Line 3	PH & S - Washington		No
(4)  PO Box 1010 Polson, MT 598601010 81-0463482	Healthcare	MT	501( c)(3)	Line 3	PH & S - Washington		No
(5)  1710 Benefis Court Great Falls, MT 59405 81-0233495	Early Childhood Education	MT	501( c)(3)	Line 10	PH & S - Washington		No
(6)  1801 Lind Avenue SW 9016 Renton, WA 980579016 26-2612415	Shell Corporation	MT	501( c)(3)	Line 1	PH & S - Washington		No
(7)  101 W 8th Ave Spokane, WA 99204 32-0014330	Support PH&S-WA Ministries in E WA	WA	501( c)(3)	Line 7	PH & S - Washington		No
(8)  500 West Broadway PO Box 4587 Missoula, MT 598064587 23-7056976	Support Healthcare in W Montana	MT	501( c)(3)	Line 7	PH & S - Montana		No
(9)  1301 20th Street South Great Falls, MT 59405 81-0231777	Post Secondary Education	MT	501( c)(3)	Line 2	Providence Health & Services		No
(10)  1801 Lind Avenue SW 9016 Renton, WA 980579016 91-1082119	Unemployment Benefits	WA	501( c)(3)	Line 12/Type I	PH & S - Washington		No
(11)  1500 Division Street Oregon City, OR 97045 93-1003750	Support Willamette Falls Hospital	OR	501( c)(3)	Line 12/Type I	PH & S - Oregon		No
(12)  811 13th St Hood River, OR 97031 93-0921990	Support Providence Hood River Memorial Hospital	OR	501( c)(3)	Line 7	PH & S - Oregon		No
(13)  2731 Wetmore Avenue Suite 500 Everett, WA 98201 27-2552749	Support Program & Ministries of PHHC	WA	501(c )(3)	Line 7	PH & S - Washington		No
(14)  401 W Poplar St Walla Walla, WA 99362 45-2841492	Support Program & Ministries of SMMC	WA	501(c )(3)	Line 7	PH & S - Washington		No
(15)  15451 San Fernando Mission Blvd 200 Mission Hills, CA 913451420 95-4322584	Support Facey Medical Group	CA	501(c )(3)	Line 7	PHS - So California		No
(16)  747 Broadway Seattle, WA 98122 91-0433740	Healthcare	WA	501(c )(3)	Line 3	Western HealthConnect		No
(17)  21601 76th Ave W Edmonds, WA 98026 27-2305304	Healthcare	WA	501(c )(3)	Line 3	Western HealthConnect		No
(18)  747 Broadway Seattle, WA 98122 91-0983214	Support Swedish Health Services	WA	501(c )(3)	Line 7	Swedish Health Services		No
(19)  2800 South 192nd St 104 SeaTac, WA 98188 27-3133200	Healthcare	WA	501(c )(3)	Line 7	Swedish Health Services		No



Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations						
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						YesNo
(61)  747 Broadway Seattle, WA 98122 27-3139262	Holding Company	WA	501(c )(3)	Line 12/Type I	Swedish Health Services	No
(1)  747 Broadway Seattle, WA 98122 91-2054035	Ovarian Cancer Research	WA	501(c )(3)	Line 7	Swedish Health Services	No
(2)  747 Broadway Seattle, WA 98122 45-4171900	Shell Corporation	WA	501(c )(3)	Line 12/Type II	PH&S Western Washington	No
(3)  601 W 1st Avenue Spokane, WA 99201 91-1307555	Healthcare	WA	501( c )(3)	Line 3	PH&S - Washington	No
(4)  888 Swift Blvd Richland, WA 99352 91-0655392	Healthcare	WA	501(c )(3)	Line 3	Western HealthConnect	No
(5)  1268 Lee Blvd Richland, WA 99352 91-1266345	Healthcare	WA	501(c )(3)	Line 10	Western HealthConnect	No
(6)  888 Swift Blvd Richland, WA 99352 23-7005501	Support Kadlec Regional Medical Center	WA	501(c )(3)	Line 12/Type I	Kadlec Regional Medical Center	No
(7)  1200 12th Ave S Seattle, WA 98144 56-2290878	Healthcare	WA	501(c )(3)	Line 10	Western HealthConnect	No
(8)  550 17th Ave Seattle, WA 98122 61-1502822	Physician Collaboration	WA	501(c )(3)	Line 7	Western HealthConnect	No
(9)  2200 Santa Monica Blvd Santa Monica, CA 90404 95-4291515	Cancer Treatment	CA	501(c )(3)	Line 4	Providence Saint John's Health Center	Yes
(10)  1801 Lind Avenue SW 9016 Renton, WA 98057 81-1244422	Support PH&S and St Joseph Health System	WA	501(c )(3)	Line 12, Type III	N/A	No
(11)  401 Terry Ave N Seattle, WA 98109 91-2003593	Predict, prevent & cure disease	WA	501(c )(3)	Line 7	Western HealthConnect	No
(12)  20555 Earl St Torrance, CA 90503 81-4542216	Healthcare	CA	501(c )(3)	Pending	PHS - So California	No
(13)  1801 Lind Avenue SW 9016 Renton, WA 98057 81-4260130	Mental Healthcare	WA	501(c )(3)	Line 7	PH&SSt Joseph Health System	No
(14)  3345 Michelson Drive Suite 100 Irvine, CA 92612 46-1259908	Healthcare	CA	501 (C )(3)	Line 12, Type III	St Joseph Health System	No
(15)  3615 19th Street Lubbock, TX 79410 61-1573313	Healthcare	TX	501 (C )(3)	Line 12, Type I	Covenant Health System	No
(16)  3615 19th Street Lubbock, TX 79410 75-2765566	Healthcare	TX	501 (C )(3)	Line 3	St Joseph Health System	No
(17)  3623 22nd Place Lubbock, TX 79410 75-2897026	Healthcare	TX	501 (C )(3)	Line 7	Covenant Health System	No
(18)  3420 22nd Place Lubbock, TX 79410 75-2743883	Healthcare	TX	501 (C )(3)	Line 3	Covenant Health System	No
(19)  3615 19Th Street Lubbock, TX 79410 46-3516417	Healthcare	TX	501 (C )(3)	Line 12, Type I	Covenant Health System	No

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations						
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?
						YesNo
(81)  1 Hoag Drive Newport Beach, CA 92658 45-3583707	Healthcare	CA	501 (C )(3)	Line 12, Type I	Hoag Memorial Hospital Presbyterian	No
(1)  330 Placentia Ave Newport Beach, CA 92663 45-2982422	Support	CA	501 (C )(3)	Line 7	Hoag Hospital Foundation	No
(2)  330 Placentia Ave Newport Beach, CA 92663 95-3222343	Fundraising	CA	501 (C )(3)	Line 7	Hoag Memorial Hospital Presbyterian	No
(3)  1 Hoag Road Box 6100 Newport Beach, CA 92663 95-1643327	Healthcare	CA	501 (C )(3)	Line 3	Covenant Health Network	No
(4)  1165 Montgomery Dr Santa Rosa, CA 95405 68-0318656	Inactive	CA	501 (C )(3)	Line 3	Santa Rosa Memorial Hospital	No
(5)  3702 21st Street Lubbock, TX 79410 75-2133781	Healthcare	TX	501 (C )(3)	Line 10	Covenant Health System	No
(6)  3615 19th Street Lubbock, TX 79410 75-2220963	Healthcare	TX	501 (C )(3)	Line 7	Covenant Health System	No
(7)  3610 21st Street Lubbock, TX 79410 75-2428911	Healthcare	TX	501 (C )(3)	Line 3	Covenant Health System	No
(8)  1900 College Avenue Levelland, TX 79336 75-2246348	Healthcare	TX	501 (C )(3)	Line 3	Covenant Health System	No
(9)  2601 Dimmitt Road Plainview, TX 79072 75-2426010	Healthcare	TX	501 (C )(3)	Line 3	Covenant Health System	No
(10)  27700 Medical Center Road Mission Viejo, CA 92691 95-1643360	Healthcare	CA	501 (C )(3)	Line 3	Covenant Health Network	No
(11)  1000 Trancas Street Napa, CA 94558 94-1243669	Healthcare	CA	501 (C )(3)	Line 3	St Joseph Health System	No
(12)  3300 Renner Drive Fortuna, CA 95540 94-2779313	Healthcare	CA	501 (C )(3)	Line 7	Redwood Memorial Hospital	No
(13)  3300 Renner Drive Fortuna, CA 95540 94-1384665	Healthcare	CA	501 (C )(3)	Line 3	St Joseph Health System	No
(14)  1165 Montgomery Dr Santa Rosa, CA 95405 94-1231005	Healthcare	CA	501 (C )(3)	Line 3	St Joseph Health System	No
(15)  400 North McDowell Blvd Petaluma, CA 94954 68-0395200	Healthcare	CA	501 (C )(3)	Line 3	Santa Rosa Memorial Hospital	No
(16)  3345 Michelson Drive Suite 100 Irvine, CA 92612 95-3589356	Healthcare	CA	501 (C )(3)	Line 12, Type I	Providence St Joseph Health	No
(17)  3345 Michelson Drive Suite 100 Irvine, CA 92612 33-0143024	Healthcare	CA	501 (C )(3)	Line 7	St Joseph Health System	No
(18)  1111 Sonoma Ste 308 Santa Rosa, CA 95405 68-0331084	Healthcare	CA	501 (C )(3)	Line 10	St Joseph Health System	No
(19)  2700 Dolbeer Street Eureka, CA 95501 94-1156596	Healthcare	CA	501 (C )(3)	Line 3	St Joseph Health System	No

**Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(101)  1100 West Stewart Drive Orange, CA 92868 95-1643359	Healthcare	CA	501 (C )(3)	Line 3	Covenant Health Network		No
(1)  200 West Center St Promenade Anaheim, CA 92805 33-0185031	Healthcare	CA	501 (C )(3)	Line 3	St Joseph Health System		No
(2)  101 East Valencia Mesa Drive Fullerton, CA 92635 95-1643324	Healthcare	CA	501 (C )(3)	Line 3	Covenant Health Network		No
(3)  18300 Highway 18 Apple Valley, CA 92307 95-1914489	Healthcare	CA	501 (C )(3)	Line 3	Covenant Health Network		No
(4)  4000 24th Street Lubbock, TX 79410 75-1653181	Healthcare	TX	501 (C )(3)	Line 7	Covenant Health System		No
(5)  3345 Michelson Drive Irvine, CA 92612 81-4791043	Healthcare	CA	501 (C )(3)	Line 3	St Joseph Health System		No
(6)  480 S Batavia Orange, CA 92868 95-1643383	Religious Org	CA	501 (C )(3)	Line 1	N/A		No
(7)  3345 Michelson Drive Suite 100 Irvine, CA 92612 27-1666576	Religious Org	CA	501 (C )(3)	Line 1	Sisters of St Joseph of Orange		No
(8)  888 Swift Blvd Richland, WA 99352 91-6033089	Support Kadlec Regional Medical Center	WA	501 (C )(3)	Line 12, Type III	Kadlec Regional Medical Center		No

**Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership**[illegible]





**Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) Providence Health Ventures Inc 4101 Torrance Blvd Torrance, CA 90503 33-0122216	Investment	CA	N/A	C					No
(1) Caron Health Corporation 510 W Front St Missoula, MT 59802 81-0486082	Medical Physician Service	MT	N/A	C					No
(2) Providence Health Care Ventures Inc 101 W 8th Ave TAF C-9 Spokane, WA 99204 90-0155714	Clinical/Medical Lab	WA	N/A	C					No
(3) Providence Physician Services Co 101 W 8th Ave TAF C-9 Spokane, WA 99204 91-1216033	Clinical/Medical Lab	WA	N/A	C					No
(4) Yakima Medical Arts Inc 611 N Perry 100 Spokane, WA 99202 91-0787963	Rental Real Estate	WA	N/A	C					No
(5) Bourget Health Services Inc PO Box 2687 Spokane, WA 99220 91-1354431	Clinical/Medical Lab	WA	N/A	C					No
(6) 1221 Madison Street Owners Assoc 747 Broadway Seattle, WA 98122 20-1954319	Owners' Association	WA	N/A	C					No
(7) Western HealthConnect Ventures Inc 1801 Lind Ave SW 9016 Renton, WA 98057 80-0953654	Investment	WA	N/A	C					No
(8) PHN Holdings 20555 Earl Street Torrance, CA 90503 46-1814184	Strategic Planning Services	CA	N/A	C					No
(9) Providence Health Network 20555 Earl Street Torrance, CA 90503 80-0886966	Prepaid Healthcare	CA	N/A	C					No
(10) Pioneer Innovations Inc 800 5th Ave 10th Floor Seattle, WA 98104 36-4818191	Healthcare Innovations	WA	N/A	C					No
(11) Vinserra Inc 1328 22nd Street Santa Monica, CA 90404 95-3943315	Investment	CA	N/A	C					No
(12) American Unity Group Ltd 90 Pitts Bay Road HM08 Pembroke BD	Captive Insurance	BD	N/A	C					No
(13) Coastal Management Services Organization 1 Hoag Drive Box 6100 Newport Beach, CA 92658 33-0676831	Healthcare	CA	N/A	C					No
(14) Datu Health Inc 16150 Main Circle Dr Suite 250 Chesterfield, MO 63017 46-3070062	IT Svcs	DE	N/A	C					No

**Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(16) Hoag Management Services Inc 1 Hoag Drive Box 6100 Newport Beach, CA 92658 33-0731587	Healthcare	CA	N/A	C					No
(1) Lubbock Methodist Hosp Practice Mgmt 2107 Oxford Street Ste 300 Lubbock, TX 79410 75-2578995	Inactive	TX	N/A	C					No
(2) Lubbock Methodist Hospital Svcs PO Box 120 Lubbock, TX 79410 75-2118585	Healthcare	TX	N/A	C					No
(3) Mission Viejo Medical Ventures 27800 Medical Center Rd 354 Mission Viejo, CA 92691 33-0212905	Healthcare	CA	N/A	C					No
(4) St Joseph Health 3345 Michelson Drive Suite 100 Irvine, CA 92612 46-2340232	Holding Company	CA	N/A	C					No
(5) St Joseph Health Source Inc 3345 Michelson Drive Suite 100 Irvine, CA 92612 46-1900168	Healthcare	CA	N/A	C					No
(6) St Joseph Prof Svcs Enterprses Inc 3345 Michelson Drive Suite 100 Irvine, CA 92612 33-0155323	Healthcare	CA	N/A	C					No
(7) Ophie Healthcare Services Inc 3345 Michelson Drive Suite 100 Irvine, CA 92612 27-1002825	Healthcare	CA	N/A	C					No