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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

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

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

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

2017

Open to Public
Inspection

A For the 2017 calendar year, or tax year beginning and ending

B Check if applicable

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

C Name of organization

PROVIDENCE ST. JOSEPH HEALTH FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1801 LIND AVE. SW 9016

City or town, state or province, country, and ZIP or foreign postal code
RENTON, WA 98057-9016

F Name and address of principal officer: JO ANN ESCASA-HAIGH
SAME AS C ABOVE

D Employer identification number

94-3078543

E Telephone number

(818) 209-9348

G Gross receipts \$

544,554.

H(a) Is this a group return

for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: N/A

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1988

M State of legal domicile: WA

Part I Summary

1 Briefly describe the organization's mission or most significant activities. SEE SCHEDULE O.

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

3 Number of voting members of the governing body (Part VI, line 1a) 3 13

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 13

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 0

6 Total number of volunteers (estimate if necessary) 6 0

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.

b Net unrelated business taxable income from Form 990-T, line 34 7b 0.

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

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

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

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

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,500. 544,554.

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

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

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

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

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

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

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

19 Revenue less expenses. Subtract line 18 from line 12 1,500. 424,793.

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20 1,500. 917,202.

Part II Signature Block

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

Sign Here

Signature of officer

Date

JO ANN ESCASA-HAIGH, EVP/ASSISTANT TREASURER

Type or print name and title

Paid

Print/Type preparer's name

INAS RAOUF

Preparer's signature

Date

11/14/18

Check if self-employed

PTIN

01254678

Preparer

Firm's name ERNST & YOUNG U.S. LLP

Firm's EIN

34-6565596

Use Only

Firm's address 18101 VON KARMAN AVE # 1700
IRVINE, CA 92612

Phone no. (949) 794-2300

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

732001 11-28-17

LHA For Paperwork Reduction Act Notice, see the separate instructions.

See Schedule O for Organization Mission Statement Continuation

Form 990 (2017)

4633

(Part III) Statement of Program Service Accomplishments

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

☒ **X****1** Briefly describe the organization's mission:

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

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code _____) (Expenses \$ 78,985. including grants of \$ 78,985.) (Revenue \$ 0.)
SEE SCHEDULE O.

4b (Code _____) (Expenses \$ 27,258. including grants of \$ 0.) (Revenue \$ 0.)
SEE SCHEDULE O.

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

4d Other program services (Describe in Schedule O.)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses **▶** 106,243.

Form **990** (2017)

Part IV Checklist of Required Schedules

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

Form 990 (2017)

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 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? If "Yes," complete Schedule L, Part II		X
27 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? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c 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? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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)? If "Yes," complete Schedule R, Part V, line 2	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 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? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Form 990 (2017)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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		
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 <i>e-file</i> (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
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)?		X
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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter.		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
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.		
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		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Form 990 (2017)

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

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

Section A. Governing Body and Management

	1a	1b	13	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			13		
b Enter the number of voting members included in line 1a, above, who are independent			13		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?					X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?					X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?					X
6 Did the organization have members or stockholders?				X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
a The governing body?				X	
b Each committee with authority to act on behalf of the governing body?				X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.					X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ☒ None

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ☒
 JO ANN ESCASA-HAIGH - (949) 381-4000
 3345 MICHELSON DRIVE, SUITE 100, IRVINE, CA 92612

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DICK P ALLEN DIRECTOR	0.10 2.00	X						0.	30,360.	0.
(2) RICHARD BLAIR BOARD CHAIR	0.10 4.60	X		X				0.	60,360.	0.
(3) ISIAAH CRAWFORD, PHD DIRECTOR	0.10 4.10	X						0.	30,360.	0.
(4) LUCILLE DEAN, SP DIRECTOR	0.10 2.10	X						0.	0.	0.
(5) SR. DIANE HEJNA, CSJ, RN DIRECTOR	0.10 1.90	X						0.	0.	0.
(6) MICHAEL HOLCOMB DIRECTOR	0.10 5.30	X						0.	30,360.	0.
(7) SR. PHYLLIS HUGHES, RSM, DR.PH DIRECTOR	0.10 5.00	X						0.	0.	0.
(8) SALLYE LINER, MSN, RN DIRECTOR	0.10 4.70	X						0.	25,360.	0.
(9) MARY LYONS, PHD DIRECTOR	0.10 1.50	X						0.	30,360.	0.
(10) WALTER NOCE, JR DIRECTOR	0.10 2.00	X						0.	30,360.	0.
(11) DAVE OLSEN BOARD VICE CHAIR	0.10 5.50	X		X				0.	30,360.	0.
(12) CAROLINA REYES, MD DIRECTOR	0.10 4.60	X						0.	30,360.	0.
(13) PHOEBE YANG DIRECTOR	0.10 2.00	X						0.	25,360.	0.
(14) DONALD ANDERSON, JR. ASSISTANT SECRETARY FOR ENROLLMENT	0.10 5.50			X				0.	248,186.	20,011.
(15) VENKAT BHAMIDIPATI EVP/TREASURER	0.10 2.10			X				0.	638,309.	847,978.
(16) MIKE BUTLER PRESIDENT	0.10 59.90			X				0.	2,529,152.	2,095,457.
(17) JO ANN ESCASA-HAIGH EVP / ASSISTANT TREASURER	0.10 59.90			X				0.	1,372,090.	667,684.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CINDY STRAUSS SECRETARY	0.10 59.90			X				0.	1,743,082.	1,407,176.
(19) TAMMY TEODOSIO ASSISTANT SECRETARY	0.10 49.90			X				0.	117,493.	23,110.
(20) JOHN WHIPPLE ASSISTANT SECRETARY	0.10 49.90			X				0.	754,800.	485,048.
(21) PATRICIA E MODRZEJEWSKI VP/CDO	40.00 20.00			X				0.	626,334.	218,355.
1b Sub-total								0.	8,353,046.	5,764,819.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	8,353,046.	5,764,819.

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

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

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

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

Part VIII Statement of RevenueCheck 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
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	544,554.			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		544,554.			
Program Service Revenue	Business Code						
	2 a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)					
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real (ii) Personal				
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18					
	b	Less direct expenses					
	c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19					
	b	Less direct expenses					
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns and allowances					
b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See instructions.		544,554.	0.	0.	0.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	78,985.	78,985.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	13,453.		13,453.	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	27,305.	27,258.	47.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISC. OTHER EXPENSES	18.		18.	
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	119,761.	106,243.	13,518.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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

		(A) Beginning of year	(B) End of year	
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(3) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a		
	b Less accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,500.	15	917,202.
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,500.	16	917,202.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	0.	26	0.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	98,808.
	28 Temporarily restricted net assets		28	818,394.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,500.	33	917,202.
	34 Total liabilities and net assets/fund balances	1,500.	34	917,202.

Form 990 (2017)

(Part XI) Reconciliation of Net Assets

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	544,554.
2	Total expenses (must equal Part IX, column (A), line 25)	2	119,761.
3	Revenue less expenses. Subtract line 2 from line 1	3	424,793.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,500.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	490,909.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	917,202.

(Part XII) Financial Statements and Reporting

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

☐

	Yes	No
1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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		

Form 990 (2017)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				1,500.	544,554.	546,054.
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				1,500.	544,554.	546,054.
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)						158,158.
6 Public support. Subtract line 5 from line 4						387,896.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4				1,500.	544,554.	546,054.
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						546,054.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	71.04 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☒		
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐		
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐		
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► ☐		
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 ► ☐		

Schedule A (Form 990 or 990-EZ) 2017

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. 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 - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- b A family member of a person described in (a) above?
- c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? 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.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).

	Yes	No
1		

Section D. All Type III Supporting Organizations

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

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.
- 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? 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.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2017

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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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)

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047

2017

Open to Public
Inspection

Name of the organization

PROVIDENCE ST. JOSEPH HEALTH FOUNDATION

Employer identification number

94-3078543

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?		☐ Yes ☐ 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?		☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)	☐ Preservation of a historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ 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)? ☐ Yes ☐ 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	▶ \$ _____

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

Schedule D (Form 990) 2017

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 on Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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

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

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

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

Part VI Land, Buildings, and Equipment.

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

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

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

0.

Schedule D (Form 990) 2017

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	917,202.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	917,202.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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 ☐

Schedule D (Form 990) 2017

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

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

► Attach to Form 990.

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

PROVIDENCE ST. JOSEPH HEALTH FOUNDATION

Employer identification number
94-3078543

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?

- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States**

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
INSTITUTE FOR MENTAL HEALTH & WELLNESS DBA WELL BEING TRUST - 1801 LIND AVENUE SW - RENTON, WA 98057	81-4260130	501(C)(3)	58,835.	0.			SUPPORT FOR MENTAL HEALTH INITIATIVE
ST. JOSEPH HEALTH DBA SANTA ROSA MEMORIAL HOSPITAL - 3345 MICHELSON DRIVE, SUITE 100 - IRVINE, CA 92612	95-3589356	501(C)(3)	20,000.	0.			RELIEF FOR LOCAL WILD FIRES

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

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

Schedule I (Form 990) (2017)

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2017

Open to Public
Inspection

Name of the organization

PROVIDENCE ST. JOSEPH HEALTH FOUNDATION

Employer identification number

94-3078543

Part III Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

☐ First-class or charter travel

☐ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☐ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ Personal services (such as, maid, chauffeur, chef)

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

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

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

☐ Compensation committee

☐ Independent compensation consultant

☐ Form 990 of other organizations

☐ Written employment contract

☐ Compensation survey or study

☐ Approval by the board or compensation committee

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

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

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

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
1a		
1b		
2		
3		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2017

Part III Supplemental Information

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

Part I, Line 3:

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

BY A RELATED ORGANIZATION, PROVIDENCE HEALTH & SERVICES - WASHINGTON, AND

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

PART VI, LINE 15A FOR THE PROCESS USED BY PROVIDENCE HEALTH & SERVICES -

WASHINGTON.

Part I, Line 4b:

BEGINNING IN JULY 2015, NEW EXECUTIVES PARTICIPATE IN A NON-QUALIFIED

SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN. THE PLAN PROVIDES FOR EMPLOYER

CONTRIBUTIONS BASED ON A PERCENTAGE OF EXECUTIVE BASE SALARY AND ARE

SUBJECT TO A FIVE YEAR OR AGE 65 VESTING SCHEDULE.

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

THESE PLANS.

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

THE PROVIDENCE EXECUTIVE INCENTIVE PROGRAM PROVIDES A LUMP SUM AWARD

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.

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 2017, 60 PERCENT OF THE PARTICIPANT AWARDS WERE BASED ON

PRE-DETERMINED ORGANIZATIONAL GOALS CONSISTENT WITH PROVIDENCE'S

STRATEGIC PRIORITIES.

IN 2017 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%

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.

MEDICAL GROUP PATIENT EXPERIENCE - 5%

COMMUNITY BENEFIT - 10%

CLINICAL EXCELLENCE - 15%

FREE CASH FLOW - 10%

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

DESIGNED TO ALIGN CRITICAL MISSION AND BUSINESS DRIVERS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

PROVIDENCE ST. JOSEPH HEALTH FOUNDATION

Employer identification number
94-3078543

Form 990, Part I, Line 1, Description of Organization Mission:

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

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

PROVIDENCE ST. JOSEPH HEALTH SYSTEM

ON JULY 1, 2016, PROVIDENCE HEALTH & SERVICES (PHS) AND ST. JOSEPH
HEALTH SYSTEM (SJHS) ENTERED INTO A BUSINESS COMBINATION AGREEMENT. BY
COMING TOGETHER, PROVIDENCE ST. JOSEPH HEALTH SEEKS TO BETTER SERVE ITS
COMMUNITIES THROUGH GREATER PATIENT AFFORDABILITY, OUTSTANDING CLINICAL
CARE, IMPROVEMENTS TO THE PATIENT EXPERIENCE AND INTRODUCTION OF NEW
SERVICES WHERE THEY ARE NEEDED MOST.

TOGETHER, OUR CAREGIVERS SERVE IN 50 HOSPITALS, 829 CLINICS ACROSS
ALASKA, CALIFORNIA, MONTANA, NEW MEXICO, OREGON, TEXAS AND WASHINGTON.

THE FOUNDERS OF BOTH ORGANIZATIONS WERE COURAGEOUS WOMEN AHEAD OF THEIR
TIME. THE SISTERS OF PROVIDENCE AND THE SISTERS OF ST. JOSEPH OF ORANGE
BROUGHT HEALTH CARE AND OTHER SOCIAL SERVICES TO THE AMERICAN WEST WHEN
IT WAS STILL A RUGGED, UNTAMED FRONTIER. NOW, AS WE FACE A DIFFERENT
LANDSCAPE A CHANGING HEALTH CARE ENVIRONMENT WE DRAW UPON THEIR
PIONEERING AND COMPASSIONATE SPIRIT TO PLAN FOR THE NEXT CENTURY OF
HEALTH CARE.

PROVIDENCE HEALTH & SERVICES

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Name of the organization	PROVIDENCE ST. JOSEPH HEALTH FOUNDATION	Employer identification number 94-3078543
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IN 1856, MOTHER JOSEPH AND FOUR SISTERS OF PROVIDENCE ESTABLISHED
HOSPITALS, SCHOOLS AND ORPHANAGES ACROSS THE NORTHWEST. OVER THE YEARS,
OTHER CATHOLIC SISTERS TRANSFERRED SPONSORSHIP OF THEIR MINISTRIES TO
PROVIDENCE, INCLUDING THE LITTLE COMPANY OF MARY, DOMINICANS AND
CHARITY OF LEAVENWORTH. RECENTLY, SWEDISH HEALTH SERVICES, KADLEC
REGIONAL MEDICAL CENTER AND PACIFIC MEDICAL CENTERS HAVE JOINED
PROVIDENCE AS SECULAR PARTNERS WITH A COMMON COMMITMENT TO SERVING ALL
MEMBERS OF THE COMMUNITY. TODAY, PROVIDENCE SERVES ALASKA, CALIFORNIA,
MONTANA, OREGON AND WASHINGTON.

ST. JOSEPH HEALTH SYSTEM

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

DURING THE YEAR, THE FOUNDATION PROVIDED GRANTS IN SUPPORT OF MENTAL
HEALTH INITIATIVES AND RELIEF FOR LOCAL WILD FIRES TO RELATED
ORGANIZATIONS.

Form 990, Part III, Line 4b, Program Service Accomplishments

THE ORGANIZATION INCURRED TRAVEL EXPENSES IN ORDER TO CONDUCT ITS
PROGRAM SERVICES.

Name of the organization

PROVIDENCE ST. JOSEPH HEALTH FOUNDATION

Employer identification number

94-3078543

Form 990, Part VI, Section A, line 4:

DURING DECEMBER OF 2017, THE GOVERNING DOCUMENTS OF PROVIDENCE ST. JOSEPH

HEALTH FOUNDATION WERE UPDATED TO REFLECT THE FOLLOWING SIGNIFICANT

CHANGES:

1. THE NAME OF CORPORATION WAS CHANGED TO PROVIDENCE ST. JOSEPH HEALTH

FOUNDATION FROM PROVIDENCE FOUNDATION.

2. THE SOLE MEMBER OF THE CORPORATION WAS CHANGED TO BE PROVIDENCE ST.

JOSEPH HEALTH FROM PROVIDENCE HEALTH & SERVICES - WASHINGTON

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

PROVIDENCE ST. JOSEPH HEALTH IS THE SOLE CORPORATE MEMBER OF PROVIDENCE

ST. JOSEPH HEALTH FOUNDATION.

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

PROVIDENCE ST. JOSEPH HEALTH FOUNDATION HAS A TIERED GOVERNANCE IN WHICH

THE CORPORATE MEMBERS RESERVE THE RIGHT TO APPOINT DIRECTORS TO THE

PROVIDENCE ST. JOSEPH HEALTH FOUNDATION BOARD.

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

THE FOLLOWING POWERS RESIDE WITH THE MEMBER:

TO ADOPT AND AMEND THE ARTICLES OF INCORPORATION AND THE BYLAWS OF THE

FOUNDATION AFTER CONSULTATION WITH THE FOUNDATION'S BOARD OF DIRECTORS;

TO APPROVE THE MERGER, CONSOLIDATION, OR AFFILIATION OF THE FOUNDATION WITH

ANOTHER CORPORATION, ORGANIZATION OR PROGRAM, OR THE DISSOLUTION OF THE

Name of the organization	PROVIDENCE ST. JOSEPH HEALTH FOUNDATION	Employer identification number 94-3078543
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FOUNDATION;

TO APPROVE ANY STRATEGIC PLAN OF THE FOUNDATION;

TO APPROVE THE ANNUAL FUNDRAISING PLAN INCLUDING SPECIAL EVENTS, ANNUAL,
CAPITAL AND PLANNED GIVING ACTIVITIES;

TO APPROVE THE ACCEPTANCE OF ANY GIFT THAT CARRIES CONDITIONS OR
LIMITATIONS OR ANY GIFT RESTRICTED TO SERVICES, PROGRAMS OR FACILITIES NOT
CURRENTLY OFFERED OR APPROVED TO BE OFFERED BY THE CORPORATE MEMBER'S
BOARD; AND

TO DEVELOP AND IMPLEMENT INVESTMENT POLICIES AND/OR GUIDELINES THAT WILL BE
USED BY FOUNDATION IN DETERMINING APPROPRIATE INVESTMENTS.

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

THE FORM 990 WAS PREPARED BY THE TAX DEPARTMENT BASED ON INFORMATION
RECEIVED FROM VARIOUS DEPARTMENTS OF THE ORGANIZATION AND WAS REVIEWED BY
AN OFFICER OF THE ORGANIZATION. A COPY OF THE FORM 990 WAS DISTRIBUTED TO
ALL VOTING MEMBERS OF THE BOARD. DURING THE AUDIT COMMITTEE MEETING,
MANAGEMENT PRESENTED AND DISCUSSED CERTAIN DISCLOSURES AND INFORMATION
INCLUDED IN THE FORM 990. THE AUDIT COMMITTEE CHAIR THEN PROVIDED A SUMMARY
AT THE FULL BOARD MEETING.

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

BOARD MEMBERS, SPONSORS, SENIOR LEADERS AND KEY EMPLOYEES ARE REQUIRED TO
DISCLOSE ANY REAL OR POTENTIAL CONFLICT OF INTEREST IN ACCORDANCE WITH THE
PSJH COI POLICY AND IN CONNECTION WITH THAT INDIVIDUAL SATISFYING HIS OR

Name of the organization	PROVIDENCE ST. JOSEPH HEALTH FOUNDATION	Employer identification number 94-3078543
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HER FIDUCIARY OBLIGATIONS TO THE ORGANIZATION. DISCLOSURES ARE MADE ANNUALLY AND/OR IF AT ANY TIME AN ACTUAL, REAL OR POTENTIAL CONFLICT OF INTEREST ARISES. PSJH CHIEF LEGAL OFFICER AND/OR THE PSJH CHIEF RISK OFFICER, REVIEW ALL DISCLOSURES. WHERE APPROPRIATE, THE CEO AND/OR THE BOARD CHAIR CONSIDER MATTERS THAT INVOLVE SENIOR LEADERSHIP OR A BOARD MEMBER. PSJH CHIEF LEGAL OFFICER AND/OR CHIEF RISK OFFICER REVIEW MATTERS WHERE CONFLICT IS DIFFICULT OR CANNOT BE RESOLVED AND PRESENT RECOMMENDATIONS TO THE APPROPRIATE BOARD COMMITTEE OR THE CEO, FOR DISCUSSION AND RESOLUTION. WHEN APPROPRIATE, THE INDIVIDUAL WITH THE REAL/POTENTIAL CONFLICT THAT IS BEING REVIEWED MAY PARTICIPATE IN THE DISCUSSION BUT IS EXCUSED FROM THE MEETING WHEN ACTION IS DECIDED. WHERE APPROPRIATE, THE CHIEF RISK OFFICER OR CHIEF LEGAL OFFICER WILL PROVIDE PLAN TO MANAGE CONFLICTS. AUDITING AND MONITORING OF THIS PROCESS IS DONE PERIODICALLY.

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

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

THE ORGANIZATION'S EXECUTIVE DIRECTOR IS PAID BY A RELATED ORGANIZATION, PROVIDENCE HEALTH & SERVICES - WASHINGTON, AND IS DISCLOSED AS A PERSON PAID BY A RELATED ORGANIZATION.

IT IS PROVIDENCE ST. JOSEPH HEALTH'S INTENTION TO MAKE FINANCIAL INFORMATION ACCESSIBLE AND TRANSPARENT. ALTHOUGH THE FILING OF FORM 990 PROVIDES INSIGHT INTO HOW PROVIDENCE ST. JOSEPH HEALTH ACHIEVES ITS MISSION, DELIVERS ITS PROGRAMS AND STEWARDS ITS FINANCES, DECIPHERING THE INFORMATION DIRECTLY FROM FORM 990 CAN BE CHALLENGING. THE FOLLOWING

Name of the organization	PROVIDENCE ST. JOSEPH HEALTH FOUNDATION	Employer identification number 94-3078543
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PARAGRAPHS PROVIDE FURTHER INFORMATION ABOUT THE PROCESS WE USE TO

DETERMINE COMPENSATION FOR TOP MANAGEMENT, OFFICERS AND KEY EMPLOYEES.

PROVIDENCE ST. JOSEPH HEALTH HAS A SINGLE FIDUCIARY BOARD, WITH

RESPONSIBILITY FOR FINANCIAL OVERSIGHT ASSOCIATED WITH FULFILLMENT OF THE

PROVIDENCE ST. JOSEPH HEALTH MISSION, DEVELOPING SYSTEM POLICIES,

PROTECTING THE ASSETS ENTRUSTED TO THE ORGANIZATION AND OVERSEEING THE

STRATEGIC AND OPERATIONAL AFFAIRS OF PROVIDENCE ST. JOSEPH HEALTH'S LEGAL

ENTITIES. PROVIDENCE ST. JOSEPH HEALTH ALSO MAINTAINS A NETWORK OF

COMMUNITY ENTITY BOARDS WITH RESPONSIBILITY FOR QUALITY OF CARE OVERSIGHT,

COMMUNITY RELATIONS, ADVOCACY AND COMMUNITY NEEDS ASSESSMENTS.

PROVIDENCE ST. JOSEPH HEALTH HAS A CONSISTENT COMPENSATION PHILOSOPHY FOR

ALL OF ITS OFFICERS, INCLUDING OUR SENIOR EXECUTIVES. SALARIES FOR SENIOR

EXECUTIVES ARE REVIEWED BY THE PROVIDENCE ST. JOSEPH HEALTH COMMITTEE.

THE BOARD RETAINS AN INDEPENDENT CONSULTANT EACH YEAR TO REVIEW SALARIES OF

THOSE IN THE MOST SIGNIFICANT LEADERSHIP ROLES IN THE ORGANIZATION. PART OF

THE CONSULTANT'S ROLE IS TO REVIEW AN EXTENSIVE ARRAY OF COMPENSATION

SURVEYS OF LARGE, NOT-FOR-PROFIT HEALTH CARE SYSTEMS IN THE UNITED STATES.

PROVIDENCE ST. JOSEPH HEALTH IS ONE OF THE LARGER HEALTH SYSTEMS IN THE

COUNTRY, AND AS SUCH, THE BOARD BENCHMARKS EXECUTIVE COMPENSATION AGAINST

OTHER LARGE, NOT-FOR-PROFIT HEALTH SYSTEMS WHOSE REVENUE IS SIMILAR TO THAT

OF PROVIDENCE ST. JOSEPH HEALTH. ADDITIONALLY, PROVIDENCE ST. JOSEPH

HEALTH'S LABOR MARKET CONTINUES TO SPREAD ACROSS HEALTH CARE AND INTO

GENERAL INDUSTRY. BECAUSE OF THIS, PROVIDENCE ST. JOSEPH HEALTH ALSO TAKES

INTO CONSIDERATION GENERAL INDUSTRY FOR-PROFIT MARKET DATA, WHERE

APPLICABLE. BASE SALARIES FOR PROVIDENCE ST. JOSEPH HEALTH EXECUTIVES ARE

Name of the organization	PROVIDENCE ST. JOSEPH HEALTH FOUNDATION	Employer identification number	94-3078543
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GENERALLY TARGETED TO THE MEDIAN LEVEL OF THE MARKET, AS IDENTIFIED BY THE
INDEPENDENT CONSULTANT AND REVIEWED WITH THE EXECUTIVE COMPENSATION
COMMITTEE.

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

PERFORMANCE INCENTIVES ALLOW EXECUTIVES TO EARN ADDITIONAL COMPENSATION IF
THEY ACHIEVE SPECIFIC ORGANIZATIONAL GOALS FOR FURTHERING PROVIDENCE ST.
JOSEPH HEALTH OPERATING COMMITMENTS AND STRATEGIC OBJECTIVES. THE BOARD OF
DIRECTORS CONDUCTS A THOROUGH REVIEW PROCESS TO ENSURE PERFORMANCE
INCENTIVES ARE ALIGNED WITH APPROPRIATE MARKET PRACTICES.

THE BOARD'S PROCESS FOR EXECUTIVE COMPENSATION FULLY COMPLIES WITH IRS
STANDARDS AND MIRRORS BEST PRACTICES.

THE PROCESS TO REVIEW COMPENSATION WAS LAST COMPLETED IN MARCH 2018.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE
PSJH COMMUNITY BENEFIT REPORTS, FINANCIAL REPORTS, AND PHILANTHROPY REPORTS
ARE ALSO AVAILABLE ON THE PSJH INTERNET SITE.

Form 990, Part XI, line 9, Changes in Net Assets:

Name of the organization

PROVIDENCE ST. JOSEPH HEALTH FOUNDATION

Employer identification number

94-3078543

TRANSFER FROM AFFILIATES

490,909.

Related Organizations and Unrelated Partnerships

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

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

2017

Open to Public Inspection

Employer identification number
94-3078543

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

[illegible]

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
COVENANT ACO - 61-1573313							
3615 19TH STREET							
LUBBOCK, TX 79410	HEALTHCARE	Texas	501(c)(3)	12, I	CHS	X	
COVENANT HEALTH NETWORK, INC - 46-1259908							
3345 MICHELSON DRIVE, SUITE 100							
IRVINE, CA 92612	HEALTHCARE	California	501(c)(3)	12, III	SJHS	X	
COVENANT HEALTH PARTNERS - 46-3516417							
3615 19TH STREET							
LUBBOCK, TX 79410	HEALTHCARE	Texas	501(c)(3)	12, I	CHS	X	
COVENANT HEALTH SYSTEM - 75-2765566							
3615 19TH STREET							
LUBBOCK, TX 79410	HEALTHCARE	Texas	501(c)(3)	3	SJHS	X	

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

Schedule R (Form 990) 2017

Part II**Continuation of Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
COVENANT HEALTH SYSTEM FOUNDATION - 75-2897026, 3623 22ND PLACE, LUBBOCK, TX 79410	HEALTHCARE	Texas	501(c)(3)	7	CHS		X
COVENANT MEDICAL GROUP - 75-2743883 3420 22ND PLACE LUBBOCK, TX 79410	HEALTHCARE	Texas	501(c)(3)	3	CHS		X
E. WA. & MT. UNEMPLOYMENT COMPENSATION INSURANCE TRUST - 91-1082119, 1801 LIND AVENUE SW, #9016, RENTON, WA 98057-9016	UNEMPLOYMENT	Washington	501(c)(3)	12, I	PHS WA		X
EVERETT TRANSITIONAL CARE SERVICES - 94-3264605, P.O. BOX 5128, EVERETT, WA 98206-5128	TRANS. CARE	Washington	501(c)(3)	10	N/A		X
FACEY MEDICAL FOUNDATION - 95-4322584 15451 SAN FERNANDO MISSION BLVD., #200 MISSION HILLS, CA 91345-1420	SUPPORT	California	501(c)(3)	7	PHS SOCIAL		X
GAMELIN WASHINGTON ASSOCIATION - 20-1910170 1423 FIRST AVENUE SEATTLE, WA 98101	SUPPORT	Washington	501(c)(3)	7	PHS WA		X
GLOBAL TO LOCAL HEALTH INITIATIVE - 27-3133200, 2800 SOUTH 192ND ST. #104, SEATAC, WA 98188	HEALTHCARE	Washington	501(c)(3)	7	SHS		X
HMTS, INC. - 45-3583707 1 HOAG DRIVE NEWPORT BEACH, CA 92658	HEALTHCARE	California	501(c)(3)	12, I	HMHP		X
HOAG CHARITY SPORTS - 45-2982422 330 PLACENTIA AVE. NEWPORT BEACH, CA 92663	SUPPORT	California	501(c)(3)	7	HHF		X
HOAG HOSPITAL FOUNDATION - 95-3222343 330 PLACENTIA AVE. NEWPORT BEACH, CA 92663	FUNDRAISING	California	501(c)(3)	7	HMHP		X
HOAG MEMORIAL HOSPITAL PRESBYTERIAN - 95-1643327, 1 HOAG ROAD, BOX 6100, NEWPORT BEACH, CA 92663	HEALTHCARE	California	501(c)(3)	3	CHN		X
HOSPICE OF LUBBOCK - 75-2133781 3702 21ST STREET LUBBOCK, TX 79410	HEALTHCARE	Texas	501(c)(3)	10	CHS		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 529(b)(13) controlled organization?	
						Yes	No
INLAND NORTHWEST HEALTH SERVICES - 91-1307555, 601 W. 1ST AVENUE, SPOKANE, WA 99201	HEALTHCARE	Washington	501(c)(3)	3	PHS WA		X
INSTITUTE FOR MENTAL HEALTH & WELLNESS - 81-4260130, 1801 LIND AVENUE SW, #9016, RENTON, WA 98057	HEALTHCARE	Washington	501(c)(3)	7	PHS / SJHS		X
INSTITUTE FOR SYSTEMS BIOLOGY - 91-2003593 401 TERRY AVE. N. SEATTLE, WA 98109	HEALTHCARE	Washington	501(c)(3)	7	WHC		X
JOHN WAYNE CANCER INSTITUTE - 95-4291515 2200 SANTA MONICA BLVD. SANTA MONICA, CA 90404	HEALTHCARE	California	501(c)(3)	4	PSJHC		X
KADLEC AUXILIARY, INC. - 91-6033089 888 SWIFT BLVD RICHLAND, WA 99352	SUPPORT	Washington	501(c)(3)	12, III	KRMC		X
KADLEC FOUNDATION - 23-7005501 888 SWIFT BLVD. RICHLAND, WA 99352	SUPPORT	Washington	501(c)(3)	12, I	KRMC		X
KADLEC NEUROLOGICAL RESOURCE CENTER - 91-1266345, 1268 LEE BLVD., RICHLAND, WA 99352	HEALTHCARE	Washington	501(c)(3)	10	WHC		X
KADLEC REGIONAL MEDICAL CENTER - 91-0655392 888 SWIFT BLVD. RICHLAND, WA 99352	HEALTHCARE	Washington	501(c)(3)	3	WHC		X
LITTLE COMPANY OF MARY ANCILLARY SERVICES CORPORATION - 33-0844408, 4101 TORRANCE BLVD., TORRANCE, CA 90503	IMAGING SVCS	California	501(c)(3)	10	PHS SOCAL		X
LUBBOCK METHODIST HOSPITAL FOUNDATION - 75-2220963, 3615 19TH STREET, LUBBOCK, TX 79410	HEALTHCARE	Texas	501(c)(3)	7	CHS		X
LUNDBERG ASSOCIATION - 91-1562797 5921 E. BURNSIDE PORTLAND, OR 97215	SUPPORT	Oregon	501(c)(3)	7	PHS OR		X
MARSHA RIVKIN CENTER FOR OVARIAN CANCER RESEARCH - 91-2054035, 747 BROADWAY, SEATTLE, WA 98122	RESEARCH	Washington	501(c)(3)	7	SHS		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
METHODIST CHILDREN'S HOSPITAL - 75-2428911 3610 21ST STREET LUBBOCK, TX 79410	HEALTHCARE	Texas	501(c)(3)	3	CHS		X
METHODIST HOSPITAL LEVELLAND - 75-2246348 1900 COLLEGE AVENUE LEVELLAND, TX 79336	HEALTHCARE	Texas	501(c)(3)	3	CHS		X
METHODIST HOSPITAL PLAINVIEW - 75-2426010 2601 DIMMITT ROAD PLAINVIEW, TX 79072	HEALTHCARE	Texas	501(c)(3)	3	CHS		X
MISSION HOSPITAL REGIONAL MEDICAL CTR - 95-1643360, 27700 MEDICAL CENTER ROAD, MISSION VIEJO, CA 92691	HEALTHCARE	California	501(c)(3)	3	CHN		X
PACMED CLINICS - 56-2290878 1200 12TH AVE. S. SEATTLE, WA 98144	HEALTHCARE	Washington	501(c)(3)	10	WHC		X
PH&S FOUNDATION/SFVSA & SCVSA - 95-3544877 501 S. BUENA VISTA STREET BURBANK, CA 91505	HEALTHCARE	California	501(c)(3)	7	PHS SOCAL		X
PROVIDENCE ALASKA FOUNDATION - 92-0093565 3300 PROVIDENCE DRIVE - B TOWER, #2 ANCHORAGE, AK 99508	HEALTHCARE	Alaska	501(c)(3)	12, I	PHS WA		X
PROVIDENCE BENEDICTINE NURSING CENTER FOUNDATION - 91-1940286, 540 SOUTH MAIN ST., MT ANGEL, OR 97362-9532	HEALTHCARE	Oregon	501(c)(3)	7	PHS OR		X
PROVIDENCE BLANCHET ASSOCIATION - 91-1789266 1700 PROVIDENCE PL. CENTRALIA, WA 98531	SUPPORT	Washington	501(c)(3)	7	PHS WA		X
PROVIDENCE CHILD CENTER FOUNDATION - 93-0800140, 830 NE 47TH, PORTLAND, OR 97213 PROVIDENCE COMMUNITY HEALTH FOUNDATION - 93-0692907, 1111 CRATER LAKE AVE., MEDFORD, OR 97504	SUPPORT	Oregon	501(c)(3)	7	PHS OR		X
PROVIDENCE DETHMAN HOUSE - 47-3385506 1205 MONTELLO AVE. HOOD RIVER, OR 97031	HEALTHCARE	Oregon	501(c)(3)	7	PHS OR		X
	SUPPORT	Washington	501(c)(3)	7	N/A		X



Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
PROVIDENCE GABELIN HOUSE ASSOCIATION - 31-1744654, 4515 MLK JR. WAY S., STE 200, SEATTLE, WA 98108	SUPPORT	Washington	501(c)(3)	7	PHS WA	X	
PROVIDENCE HEALTH & SERVICES - 91-1549796 1801 LIND AVENUE SW, #9016	HEALTHCARE	Washington	501(c)(3)	12, II	PSJH		X
PROVIDENCE HEALTH & SERVICES - MONTANA - 81-0231793, 500 W. BROADWAY, P.O. BOX 4587, MISSOULA, MT 59806-4587	HEALTHCARE	Montana	501(c)(3)	3	PHS WA	X	
PROVIDENCE HEALTH & SERVICES - OREGON - 51-0216587, 1801 LIND AVENUE SW, #9016, RENTON, WA 98057-9016	HEALTHCARE	Oregon	501(c)(3)	3	PHS	X	
PROVIDENCE HEALTH & SERVICES - WASHINGTON - 51-0216586, 1801 LIND AVENUE SW, #9016, RENTON, WA 98057-9016	HEALTHCARE	Washington	501(c)(3)	3	PHS	X	
PROVIDENCE HEALTH & SERVICES - WESTERN WASHINGTON - 91-1303277, 1801 LIND AVENUE SW, #9016, RENTON, WA 98057-9016	HEALTHCARE	Washington	501(c)(3)	3	PM/WHC	X	
PROVIDENCE HEALTH ASSURANCE - 55-0828701 4400 NE HALSEY, BLDG. #2 PORTLAND, OR 97213	MEDICAID	Oregon	501(c)(4)	N/A	PHP	X	
PROVIDENCE HEALTH CARE FOUNDATION - EASTERN WASHINGTON - 32-0014330, 101 W. 8TH AVE., SPOKANE, WA 99204	HEALTHCARE	Washington	501(c)(3)	7	PHS WA	X	
PROVIDENCE HEALTH CARE FOUNDATION (CENTRALIA) - 91-1433382, 914 S. SCHEUBER ROAD, CENTRALIA, WA 98531	HEALTHCARE	Washington	501(c)(3)	7	PHS W WA	X	
PROVIDENCE HEALTH PLAN - 93-0863097 4400 NE HALSEY, BLDG. #2 PORTLAND, OR 97213	HEALTHCARE	Oregon	501(c)(4)	N/A	PPP	X	
PROVIDENCE HEALTH SYSTEM - SO. CALIFORNIA - 51-0216589, 1801 LIND AVENUE SW, #9016, RENTON, WA 98057-9016	HEALTHCARE	California	501(c)(3)	3	PHS	X	
PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL FOUNDATION, INC. - 93-0921990, 811 13TH ST., HOOD RIVER, OR 97031	HEALTHCARE	Oregon	501(c)(3)	7	PHS OR	X	

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
PROVIDENCE HOSPICE AND HOME CARE FOUNDATION - 27-2552749, 2731 WETMORE AVENUE, SUITE 500, EVERETT, WA 98201	HEALTHCARE	Washington	501(c)(3)	7	PHS W WA		X
PROVIDENCE HOSPICE OF SEATTLE FOUNDATION - 91-2077378, 425 PONTIUS AVENUE NORTH, #300, SEATTLE, WA 98109-5452	HEALTHCARE	Washington	501(c)(3)	12, I	PHS W WA		X
PROVIDENCE LITTLE COMPANY OF MARY FOUNDATION - 51-0224944, 4101 TORRANCE BLVD., TORRANCE, CA 90503	HEALTHCARE	California	501(c)(3)	7	PHS SOCAL		X
PROVIDENCE MARIANWOOD FOUNDATION - 93-1554288, 3725 PROVIDENCE POINT DRIVE SE, ISSAQUAH, WA 98029-7219	HEALTHCARE	Washington	501(c)(3)	12, I	PHS W WA		X
PROVIDENCE MEDICAL INSTITUTE - 33-0283773 4101 TORRANCE BLVD. TORRANCE, CA 90503	HEALTHCARE	California	501(c)(3)	12, I	PHS SOCAL		X
PROVIDENCE MILWAUKIE FOUNDATION - 94-3079515 10150 SE 32ND MILWAUKIE, OR 97222	HEALTHCARE	Oregon	501(c)(3)	7	PHS OR		X
PROVIDENCE MINISTRIES 1801 LIND AVENUE SW, SUITE 9016 RENTON, WA 98057-9016	RELIGIOUS ORG	Washington	501(c)(3)	1	N/A		X
PROVIDENCE MOUNT ST. VINCENT FOUNDATION - 91-1188119, 4831 - 35TH AVENUE SW, SEATTLE, WA 98126-2799	HEALTHCARE	Washington	501(c)(3)	7	PHS WA		X
PROVIDENCE NEWBERG HEALTH FOUNDATION - 93-0889144, 1001 PROVIDENCE DRIVE, NEWBERG, OR 97132	HEALTHCARE	Oregon	501(c)(3)	7	PHS OR		X
PROVIDENCE PETER CLAVER ASSOCIATION - 31-1629656, 7101 38TH AVENUE SOUTH, SEATTLE, WA 98118	SUPPORT	Washington	501(c)(3)	7	PHS WA		X
PROVIDENCE PLAN PARTNERS - 91-1861964 4400 NE HALSEY, BLDG. #2 PORTLAND, OR 97213	HEALTHCARE	Washington	501(c)(4)	N/A	PHS OR		X
PROVIDENCE PORTLAND MEDICAL FOUNDATION - 93-1231494, 4805 NE GLISAN ST., PORTLAND, OR 97213-2967	HEALTHCARE	Oregon	501(c)(3)	7	PHS OR		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
PROVIDENCE ROSSI ASSOCIATION - 31-1584166 1700 PROVIDENCE PL. CENTRALIA, WA 98531	SUPPORT	Washington	501(c)(3)	10	PHS WA		X
PROVIDENCE SAINT JOHN'S HEALTH CENTER - 95-1684082, 2121 SANTA MONICA BLVD., SANTA MONICA, CA 90404	HEALTHCARE	California	501(c)(3)	3	PHS SOCAL		X
PROVIDENCE SAINT JOHN'S MEDICAL FOUNDATION - 81-4542216, 20555 EARL ST., TORRANCE, CA 90503	HEALTHCARE	California	501(c)(3)	PENDING	PHS SOCAL		X
PROVIDENCE SEASIDE HOSPITAL FOUNDATION - 93-0927320, 725 S WAHMANA RD., SEASIDE, OR 97138	HEALTHCARE	Oregon	501(c)(3)	7	PHS OR		X
PROVIDENCE ST. ELIZABETH HOUSE ASSOCIATION - 91-2171539, 3201 SW GRAHAM ST., SEATTLE, WA 98126	SUPPORT	Washington	501(c)(3)	7	PHS WA		X
PROVIDENCE ST. FRANCIS ASSOCIATION - 94-3244854, 3415 12TH AVENUE NE, OLYMPIA, WA 98506	SUPPORT	Washington	501(c)(3)	7	PHS WA		X
PROVIDENCE ST. JOSEPH HEALTH - 81-1244422 1801 LIND AVENUE SW, #9016 RENTON, WA 98057	HEALTHCARE	Washington	501(c)(3)	12, III	N/A		X
PROVIDENCE ST. JOSEPH MEDICAL CENTER - 81-0463482, P.O. BOX 1010, POLSON, MT 59860-1010	HEALTHCARE	Montana	501(c)(3)	3	PHS WA		X
PROVIDENCE ST. MARY FOUNDATION - 45-2841492 401 W POPLAR ST. WALLA WALLA, WA 99362	HEALTHCARE	Washington	501(c)(3)	7	PHS WA		X
PROVIDENCE ST. PETER FOUNDATION - 91-1097056 413 LILLY ROAD NE OLYMPIA, WA 98506-5166	SUPPORT	Washington	501(c)(3)	7	PHS W WA		X
PROVIDENCE ST. VINCENT MEDICAL FOUNDATION - 93-0575982, 9205 SW BARNES RD., PORTLAND, OR 97225	HEALTHCARE	Oregon	501(c)(3)	7	PHS OR		X
PROVIDENCE TRINITYCARE HOSPICE - 95-3264139 5315 TORRANCE BLVD., SUITE B1 TORRANCE, CA 90503	HEALTHCARE	California	501(c)(3)	10	PHS SOCAL		X

Part II**Continuation of Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
PROVIDENCE TRINITYCARE HOSPICE FOUNDATION - 33-0261016, 5315 TORRANCE BLVD. SUITE B1, TORRANCE, CA 90503	HEALTHCARE	California	501(c)(3)	7	PTCH	X	
PROVIDENCE WILLAMETTE FALLS MEDICAL FOUNDATION - 93-1003750, 1500 DIVISION STREET, OREGON CITY, OR 97045	HEALTHCARE	Oregon	501(c)(3)	12, I	PHS OR	X	
QUEEN OF THE VALLEY MEDICAL CENTER - 94-1243669, 1000 TRANCAS STREET, NAPA, CA 94558	HEALTHCARE	California	501(c)(3)	3	SJHS	X	
REDWOOD MEMORIAL FOUNDATION - 94-2779313 3300 RENNER DRIVE							
FORTUNA, CA 95540	HEALTHCARE	California	501(c)(3)	7	RMH	X	
REDWOOD MEMORIAL HOSPITAL - 94-1384665 3300 RENNER DRIVE							
FORTUNA, CA 95540	HEALTHCARE	California	501(c)(3)	3	SJHS	X	
SAINT JOHN'S HOSPITAL/HEALTH CENTER FOUNDATION - 95-6100079, 2121 SANTA MONICA BLVD., SANTA MONICA, CA 90404	SUPPORT	California	501(c)(3)	7	PSJHC	X	
SANTA ROSA MEMORIAL HOSPITAL - 94-1231005 1165 MONTGOMERY DR.							
SANTA ROSA, CA 95405	HEALTHCARE	California	501(c)(3)	3	SJHS	X	
SEATTLE SCIENCE FOUNDATION - 61-1502822 550 17TH AVE.							
SEATTLE, WA 98122	PHYSN COLLAB	Washington	501(c)(3)	7	WHC	X	
SISTERS OF PROVIDENCE OF MONTANA CORPORATION - 26-2612415, 1801 LIND AVENUE SW, #9016, RENTON, WA 98057-9016	SHELL CORP	Montana	501(c)(3)	1	PHS WA	X	
SISTERS OF ST. JOSEPH OF ORANGE - 95-1643383 480 S. BATAVIA							
ORANGE, CA 92868	RELIGIOUS ORG	California	501(c)(3)	1	N/A		X
SRM ALLIANCE HOSPITAL SERVICES (PVH) - 68-0395200, 400 NORTH MCDOWELL BLVD., PETALUMA, CA 94954							
ST. JOSEPH HEALTH MINISTRY - 27-1666576 3345 MICHELSON DRIVE, SUITE 100 IRVINE, CA 92612	HEALTHCARE	California	501(c)(3)	3	SRMH	X	
	RELIGIOUS ORG	California	501(c)(3)	1	SSJO		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
ST. JOSEPH HEALTH NORTHERN CALIFORNIA, LLC - 81-4791043, 3345 MICHELSON DRIVE, IRVINE, CA 92612	HEALTHCARE	California	501(c)(3)	3	SJHS	X	
ST. JOSEPH HEALTH SYSTEM - 95-3589356 3345 MICHELSON DRIVE, SUITE 100 IRVINE, CA 92612	HEALTHCARE	California	501(c)(3)	12, I	PSJH		X
ST. JOSEPH HEALTH SYSTEM FOUNDATION - 33-0143024, 3345 MICHELSON DRIVE, SUITE 100, IRVINE, CA 92612	HEALTHCARE	California	501(c)(3)	7	SJHS	X	
ST. JOSEPH HERITAGE HEALTHCARE - 33-0185031 200 WEST CENTER ST PROMENADE ANAHEIM, CA 92805	HEALTHCARE	California	501(c)(3)	3	SJHS	X	
ST. JOSEPH HOME CARE NETWORK - 68-0331084 1111 SONOMA STE 308 SANTA ROSA, CA 95405	HEALTHCARE	California	501(c)(3)	10	SJHS	X	
ST. JOSEPH HOSPITAL OF EUREKA - 94-1156596 2700 DOLBEER STREET EUREKA, CA 95501	HEALTHCARE	California	501(c)(3)	3	SJHS	X	
ST. JOSEPH HOSPITAL OF ORANGE - 95-1643359 1100 WEST STEWART DRIVE ORANGE, CA 92868	HEALTHCARE	California	501(c)(3)	3	CHN	X	
ST. JUDE HOSPITAL, INC - 95-1643324 101 EAST VALENCIA MESA DRIVE FULLERTON, CA 92635	HEALTHCARE	California	501(c)(3)	3	CHN	X	
ST. LUKE ASSOCIATION - 94-3176618 350 WASHINGTON AVE SE CHEHALIS, WA 98352	SUPPORT	Washington	501(c)(3)	7	PHS WA	X	
ST. MARY MEDICAL CENTER - 95-1914489 18300 HIGHWAY 18 APPLE VALLEY, CA 92307	HEALTHCARE	California	501(c)(3)	3	CHN	X	
ST. MARY OF THE PLAINS HOSPITAL PDN - 75-1653181, 4000 24TH STREET, LUBBOCK, TX 79410	HEALTHCARE	Texas	501(c)(3)	7	CHS	X	
ST. PATRICK HOSPITAL FOUNDATION - 23-7056976 500 WEST BROADWAY, P.O. BOX 4587 MISSOULA, MT 59806-4587	HEALTHCARE	Montana	501(c)(3)	7	PHS WA	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
ALPHA MEDICAL LABORATORY, LLC - 91-2017347, 611 N. PERRY, SPOKANE, WA 99202	OUTPATIENT LAB	ID	N/A	N/A	N/A	N/A			N/A	N/A	N/A
BROADWAY IMAGING, LLC - 52-2405971, 500 W. BROADWAY, MISSOULA, MT 59802	MEDICAL IMAGING	MT	N/A	N/A	N/A	N/A			N/A	N/A	N/A
CALIFORNIA LABORATORY ASSOCIATES, LLC - 27-3888692, 501 BUENA VISTA, BURBANK, CA 91505	OUTPATIENT LAB	CA	N/A	N/A	N/A	N/A			N/A	N/A	N/A
CALIFORNIA SPECIALTY SURGERY CENTER, LP - 33-0939003, 26371 CROWN VALLEY PARKWAY, MISSION VIEJO, CA 92691	HEALTHCARE	CA	N/A	N/A	N/A	N/A			N/A	N/A	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
1221 MADISON STREET OWNERS ASSOC - 20-1954319, 747 BROADWAY, SEATTLE, WA 98122	OWNERS' ASSOC.	WA	N/A	C CORP	N/A	N/A	N/A		X
AMERICAN UNITY GROUP, LTD 90 PITTS BAY ROAD PEMBROKE , BERMUDA, BERMUDA	CAPTIVE INSURANCE	Bermuda	N/A	C CORP	N/A	N/A	N/A		X
BOURGET HEALTH SERVICES, INC. - 91-1354431 P.O. BOX 2687	CLIN/MED LAB	WA	N/A	C CORP	N/A	N/A	N/A		X
SPOKANE, WA 99220									
CARON HEALTH CORPORATION - 81-0486082 510 W. FRONT ST.	MED PHYS SVCS	MT	N/A	C CORP	N/A	N/A	N/A		X
MISSOULA, MT 59802									
HOAG CLINIC - 33-0676831 1 HOAG DRIVE, BOX 6100 NEWPORT BEACH, CA 92658	HEALTHCARE	CA	N/A	C CORP	N/A	N/A	N/A		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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			
CENTER FOR SPECIALTY SURGERY, LLC - 26-3638838, 11782 SW BARNES RD., PORTLAND, OR 97225	AMBULATORY SURG	OR	N/A	N/A	N/A	N/A			N/A	N/A	N/A
CLACKAMAS RADIATION ONCOLOGY CENTER, LLC - 26-0381897, 4400 NE HALSEY ST, BLDG. II, #495, PORTLAND, OR 97213	RADIATION ONCOL	OR	N/A	N/A	N/A	N/A			N/A	N/A	N/A
COASTAL ASC HOLDINGS, LLC - 81-0986844, ONE HOAG DRIVE, BOX 6100, NEWPORT BEACH, CA 92658	HEALTHCARE	CA	N/A	N/A	N/A	N/A			N/A	N/A	N/A
COVENANT LONG-TERM CARE, LP - 20-5033419, 4000 24TH STREET, LUBBOCK, TX 79410	HEALTHCARE	TX	N/A	N/A	N/A	N/A			N/A	N/A	N/A
CTR. FOR MED. IMAGING-BRIDGEPORT, LLC - 26-0796953, 4400 NE HALSEY, #495, PORTLAND, OR 97213	IMAGING DIAG.	OR	N/A	N/A	N/A	N/A			N/A	N/A	N/A
CTR. FOR MED. IMAGING-TANASBOURNE, LLC - 20-0477972, 4400 NE HALSEY, #495, PORTLAND, OR 97213	IMAGING DIAG.	OR	N/A	N/A	N/A	N/A			N/A	N/A	N/A
GREATER VALLEY MEDICAL BUILDING, L.P. - 95-4570858, 501 S. BUENA VISTA ST., BURBANK, CA 91505	REAL ESTATE - MOB	CA	N/A	N/A	N/A	N/A			N/A	N/A	N/A
HCSA PROPERTIES, LLC - 46-0620892, 1600 M STREET NW, AUBURN, WA 98001	REAL ESTATE RENT	WA	N/A	N/A	N/A	N/A			N/A	N/A	N/A
HERITAGE INVESTMENT GROUP I, LLC - 27-1000061, 500 S. MAIN STREET, STE 1000, ORANGE, CA 92868	INVESTMENTS	CA	N/A	N/A	N/A	N/A			N/A	N/A	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
HOAG ORTHOPEDIC INSTITUTE - 61-1588294, ONE HOAG DRIVE, BOX 6100, NEWPORT BEACH, CA 92658	HEALTHCARE	CA	N/A	N/A	N/A	N/A			N/A	N/A	N/A
LSC REAL PROPERTY, LLC - 47-4646059, 2301 QUAKER AVENUE, LUBBOCK, TX 79410	REAL ESTATE	TX	N/A	N/A	N/A	N/A			N/A	N/A	N/A
METHODIST DIAGNOSTIC IMAGING - 75-2343261, 4005 24TH STREET, LUBBOCK, TX 79410	HEALTHCARE	TX	N/A	N/A	N/A	N/A			N/A	N/A	N/A
MOUNTAINSTAR CLINICAL LABORATORIES, LLC - 26-1345983, 611 N. PERRY, SPOKANE, WA 99202	OUTPATIENT LAB	MT	N/A	N/A	N/A	N/A			N/A	N/A	N/A
NEWPORT IMAGING CENTER - 33-0191776, 360 SAN MIGUEL, NEWPORT BEACH, CA 92660	HEALTHCARE	CA	N/A	N/A	N/A	N/A			N/A	N/A	N/A
NORTH BAY ENDOSCOPY CENTER - 61-1559876, 1383 N. MCDOWELL BLVD, STE 110, PETALUMA, CA 94954	HEALTHCARE	CA	N/A	N/A	N/A	N/A			N/A	N/A	N/A
OREGON ADVANCED IMAGING, LLC - 45-0471748, 881 O'HARE PARKWAY, MEDFORD, OR 97504	MEDICAL IMAGING	OR	N/A	N/A	N/A	N/A			N/A	N/A	N/A
OREGON OUTPATIENT SURGERY CENTER - 22-3883387, 7300 SW CHILDS RD, TIGARD, OR 97224	AMBULATORY SURG	OR	N/A	N/A	N/A	N/A			N/A	N/A	N/A
PACLAB, LLC - 91-1743952 611 N. PERRY SPOKANE SPOKANE, WA 99202	OUTPATIENT LAB	WA	N/A	N/A	N/A	N/A			N/A	N/A	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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			
PATHOLOGY ASSOCIATES MEDICAL LABORATORIES, LLC - 27-0943279, 611 N. PERRY SPOKANE, SPOKANE, WA 99202	OUTPATIENT LAB	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
PET/CT IMAGING AT SWEDISH CANCER INSTITUTE, LLC - 20-3132044, 1221 MADISON STREET, SEATTLE, WA 98104	MEDICAL IMAGING	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
PHS INVESTMENT TRANSITION PORTFOLIO - 47-2279711, 1801 LIND AVENUE SW 9016, RENTON, WA 98057	INVESTMENTS	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
PHS INVESTMENT TRUST 2015 PRIVATE ASSETS PORTFOLIO - 47-3393740, 1801 LIND AVENUE SW 9016, RENTON, WA 98057	INVESTMENTS	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
PHS INVESTMENT TRUST 2016 PRIVATE ASSETS PORTFOLIO - 81-1532735, 1801 LIND AVENUE SW 9016, RENTON, WA 98057	INVESTMENTS	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
PHS INVESTMENT TRUST 2016 PRIVATE RE PORTFOLIO - 81-2960145, 1801 LIND AVENUE SW 9016, RENTON, WA 98057	INVESTMENTS	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
PHS INVESTMENT TRUST BANK LOANS PORTFOLIO - 47-2357735, 1801 LIND AVENUE SW 9016, RENTON, WA 98057	INVESTMENTS	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
PHS INVESTMENT TRUST COMMODITIES PORTFOLIO - 47-2269004, 1801 LIND AVENUE SW 9016, RENTON, WA 98057	INVESTMENTS	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
PHS INVESTMENT TRUST HEDGE FUND PORTFOLIO - 47-2293255, 1801 LIND AVENUE SW 9016, RENTON, WA 98057	INVESTMENTS	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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			
PHS INVESTMENT TRUST LDI PORTFOLIO - 47-2392060, 1801 LIND AVENUE SW 9016, RENTON, WA 98057	INVESTMENTS	WA	N/A	N/A	N/A	N/A			N/A	N/A	N/A
PHS INVESTMENT TRUST LONG TREASURIES PORTFOLIO - 47-2385238, 1801 LIND AVENUE SW 9016, RENTON, WA 98057	INVESTMENTS	WA	N/A	N/A	N/A	N/A			N/A	N/A	N/A
PHS INVESTMENT TRUST MLP PORTFOLIO - 47-2367538, 1801 LIND AVENUE SW 9016, RENTON, WA 98057	INVESTMENTS	WA	N/A	N/A	N/A	N/A			N/A	N/A	N/A
PHS INVESTMENT TRUST PUBLIC DEBT PORTFOLIO - 47-2353569, 1801 LIND AVENUE SW 9016, RENTON, WA 98057	INVESTMENTS	WA	N/A	N/A	N/A	N/A			N/A	N/A	N/A
PHS INVESTMENT TRUST PUBLIC EQUITY PORTFOLIO - 47-2283974, 1801 LIND AVENUE SW 9016, RENTON, WA 98057	INVESTMENTS	WA	N/A	N/A	N/A	N/A			N/A	N/A	N/A
PHS INVESTMENT TRUST RELATIVE VALUE PORTFOLIO - 47-2314743, 1801 LIND AVENUE SW 9016, RENTON, WA 98057	INVESTMENTS	WA	N/A	N/A	N/A	N/A			N/A	N/A	N/A
PHS INVESTMENT TRUST RISK PARITY PORTFOLIO - 47-2336377, 1801 LIND AVENUE SW 9016, RENTON, WA 98057	INVESTMENTS	WA	N/A	N/A	N/A	N/A			N/A	N/A	N/A
PHS INVESTMENT TRUST SHORT TERM INVESTMENT PORTFOLIO - 81-2701056, 1801 LIND AVENUE SW 9016, RENTON, WA 98057	INVESTMENTS	WA	N/A	N/A	N/A	N/A			N/A	N/A	N/A
PHS INVESTMENT TRUST TACTICAL TRADING PORTFOLIO - 47-2327491, 1801 LIND AVENUE SW 9016, RENTON, WA 98057	INVESTMENTS	WA	N/A	N/A	N/A	N/A			N/A	N/A	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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			
PHS INVESTMENT TRUST TIPS PORTFOLIO - 47-2402609, 1801 LIND AVENUE SW 9016, RENTON, WA 98057	INVESTMENTS	WA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
PORTLAND MEDICAL IMAGING, LLC - 20-1054971, 4400 NE HALSEY #495, PORTLAND, OR 97213	IMAGING DIAGNOSTI	OR	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
PROV. RADIATION ONCOLOGY DEVELOP. ASSN. - 26-0682491, 4400 NE HALSEY #495, PORTLAND, OR 97213	REAL ESTATE - MOB	OR	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
PROVIDENCE IMAGING CENTER - 92-0118807, 3340 PROVIDENCE DRIVE, ANCHORAGE, AK 99508	MEDICAL IMAGING	AK	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
PROVIDENCE PARTNERS FOR HEALTH, LLC - 45-4041798, 501 S. BUENA VISTA ST, BURBANK, CA 91505	CLIN QUALITY/INT	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
PROVIDENCE SURGERY CENTER, LLC - 84-1401625, 902 N. ORANGE ST, MISSOULA, MT 59802	AMBULATORY SURG	MT	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
PROVIDENCE/SILVERTON REHAB, LLC - 48-1287267, 4400 NE HALSEY, #425, PORTLAND, OR 97213	REHAB SERVICES	OR	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
PROVIDENCE/USP SANTA CLARITA GP LLC - 20-2829660, 11550 INDIAN HILLS ROAD #160, MISSION HILLS, CA 91345	AMBULATORY SURG	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
PROVIDENCE/USP SURGERY CENTERS, LLC - 20-0905938, 11550 INDIAN HILLS ROAD #160, MISSION HILLS, CA 91345	AMBULATORY SURG	CA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) 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			
SHA, LLC - 75-2569094 12940 NORTH HIGHWAY 183 AUSTIN, TX 78750	HEALTHCARE	TX	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
SJO ASC HOLDINGS LLC - 82-1655501, 1140 W. LA VETA AVE, ORANGE, CA 92868	HEALTHCARE	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
SOUTHERN CALIFORNIA SURGERY CENTER, LLC - 33-0939000, 18321 VENTURA BLVD, STE 740, TARZANA, CA 91356	HEALTHCARE	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
SOUTHERN IDAHO REGIONAL LABORATORY, LLC - 82-0511819, 611 N. PERRY SPOKANE, SPOKANE, WA 99202	OUTPATIENT LAB	ID	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
ST JOSEPH PHYSICIAN VENTURES I, LLC - 45-4521884, 1100 WEST STEWART DRIVE, ORANGE, CA 92868	REAL ESTATE	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
ST. JOSEPH/SATELLITE DIALYSIS CENTERS, LLC - 81-4657391, 300 SANTANA ROW, STE 300, SAN JOSE, CA 95128	HEALTHCARE	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
THE MADISON SPOKANE INN, LLC - 84-1606484, 15 WEST ROCKWOOD BLVD, SPOKANE, WA 99204	HOTEL SERVICES	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
TRI-CITIES LABORATORY, LLC - 91-1773986, 611 N. PERRY, SPOKANE, WA 99202	OUTPATIENT LAB	WA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
HOAG OUTPATIENT CENTERS, LLC - 45-3587572, 27271 LAS RAMBLAS #350, MISSION VIEJO, CA 92691	HEALTHCARE	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
DATU HEALTH, INC. AND SUBSIDIARIES - 46-3070062, 16150 MAIN CIRCLE DR, SUITE 250, CHESTERFIELD, MO 63017	IT SVCS	DE	N/A	C CORP	N/A	N/A	N/A		X
HOAG MANAGEMENT SERVICES, INC. - 33-0731587 1 HOAG DRIVE, BOX 6100 NEWPORT BEACH, CA 92658	HEALTHCARE	CA	N/A	C CORP	N/A	N/A	N/A		X
LUBBOCK METHODIST HOSP PRACTICE MGMT - 75-2578995, 2107 OXFORD STREET, STE 300, LUBBOCK, TX 79410	INACTIVE	TX	N/A	C CORP	N/A	N/A	N/A		X
LUBBOCK METHODIST HOSPITAL SVCS - 75-2118585 P.O. BOX 1201 LUBBOCK, TX 79410	HEALTHCARE	TX	N/A	C CORP	N/A	N/A	N/A		X
MISSION VIEJO MEDICAL VENTURES - 33-0212905 27800 MEDICAL CENTER RD MISSION VIEJO, CA 92691	HEALTHCARE	CA	N/A	C CORP	N/A	N/A	N/A		X
OPHIE HEALTHCARE SERVICES, INC. - 27-1002825 3345 MICHELSON DRIVE, SUITE 100 IRVINE, CA 92612	HEALTHCARE	CA	N/A	C CORP	N/A	N/A	N/A		X
PHN HOLDINGS - 46-1814184 20555 EARL STREET TORRANCE, CA 90503	STRAT PLAN SVCS	CA	N/A	C CORP	N/A	N/A	N/A		X
PIONEER INNOVATIONS, INC. - 36-4818191 800 5TH AVE., 10TH FLOOR SEATTLE, WA 98104	HEALTH INNOVATNS	WA	N/A	C CORP	N/A	N/A	N/A		X
PROVIDENCE ASSURANCE, INC. - 20-8194071 3131 CAMELBACK ROAD, STE 400 PHOENIX, AZ 85016	CAPTIVE INSURANCE	AZ	N/A	C CORP	N/A	N/A	N/A		X
PROVIDENCE HEALTH CARE VENTURES, INC. - 90-0155714, 101 W. 8TH AVE., TAF C-9, SPOKANE, WA 99204	CLIN/MED LAB	WA	N/A	C CORP	N/A	N/A	N/A		X
PROVIDENCE HEALTH NETWORK - 80-0886966 20555 EARL STREET TORRANCE, CA 90503	PREPAID HEALTH	CA	N/A	C CORP	N/A	N/A	N/A		X
PROVIDENCE HEALTH VENTURES, INC. - 33-0122216, 4101 TORRANCE BLVD., TORRANCE, CA 90503	INVESTMENT	CA	N/A	C CORP	N/A	N/A	N/A		X

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to related organization(s)**c** Gift, grant, or capital contribution from related organization(s)**d** Loans or loan guarantees to or for related organization(s)**e** Loans or loan guarantees by related organization(s)**f** Dividends from related organization(s)**g** Sale of assets to related organization(s)**h** Purchase of assets from related organization(s)**i** Exchange of assets with related organization(s)**j** Lease of facilities, equipment, or other assets to related organization(s)**k** Lease of facilities, equipment, or other assets from related organization(s)**l** Performance of services or membership or fundraising solicitations for related organization(s)**m** Performance of services or membership or fundraising solicitations by related organization(s)**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)**o** Sharing of paid employees with related organization(s)**p** Reimbursement paid to related organization(s) for expenses**q** Reimbursement paid by related organization(s) for expenses**r** Other transfer of cash or property to related organization(s)**s** Other transfer of cash or property from related organization(s)**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) INSTITUTE FOR MENTAL HEALTH & WELLNESS	B	58,835.00	COST
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information.

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