

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493318009028

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

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

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

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

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

PROVIDENCE SAINT JOHN'S HEALTH CENTER

Doing business as

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

1801 LIND AVE SW No 9016

Room/suite

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

RENTON, WA 980579016

F Name and address of principal officer

MIKE BUTLER

1801 LIND AVE SW No 9016

RENTON, WA 980579016

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

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

H(c) Group exemption number

0928

D Employer identification number

95-1684082

E Telephone number

(310) 829-5511

G Gross receipts \$

403,656,789

I Tax-exempt status

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

J Website: ▶

CALIFORNIA PROVIDENCE ORG/SAINT-JOHNS/

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

1942

M State of legal domicile

CA

Part I Summary

Activities & Governance

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

SEE SCHEDULE OAS 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 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)

313

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

413

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

52,154

6 Total number of volunteers (estimate if necessary)

6377

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

7a5,610,436

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

7b31,955

Revenue

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

87,118,518

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

9338,324,481

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

10672,889

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

111,943,671

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

12348,059,559

Expenses

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

13594,175

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

140

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

15133,713,250

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

160

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

16183,539,078

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

17317,846,503

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

1830,213,056

19 Revenue less expenses Subtract line 18 from line 12

1918,200,095

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

20496,516,885

21 Total liabilities (Part X, line 26)

21255,377,563

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

22241,139,322

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

2018-11-13

Date

JO ANN ESCASA-HAIGH EVP/ASSISTANT TREASURER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

EVA NITTA

Preparer's signature

EVA NITTA

Date

Check ☐ if self-employed

PTIN P01286320

Firm's name ▶

ERNST & YOUNG US LLP

Firm's EIN ▶

34-6565596

Firm's address ▶

560 MISSION STREET SUITE 1600

SAN FRANCISCO, CA 94105

Phone no (415) 894-8000

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2017)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

| | | | | |
|---------------------|---------|--------------------------|------------------------|---------------------------|
| 4a | (Code) | (Expenses \$ 338,440,043 | including grants of \$ | (Revenue \$ 388,746,047) |
| See Additional Data | | | | |

| | | | | |
|---------------------|---------|----------------------|----------------------------------|---------------|
| 4b | (Code) | (Expenses \$ 807,987 | including grants of \$ 807,987) | (Revenue \$) |
| See Additional Data | | | | |

| | | | | |
|-----------|---------|--------------|------------------------|---------------|
| 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 ▶ | 339,248,030 |
|-----------|---|-------------|

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

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|----------------|----|
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | 20a Yes | |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b Yes | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | 21 Yes | |
| 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? <i>If "Yes," complete Schedule I, Parts I and III</i> | 22 Yes | |
| 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? <i>If "Yes," complete Schedule J</i> | 23 Yes | |
| 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | 24a | No |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | |
| 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? | 24c | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | 25a | No |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | 25b | No |
| 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? <i>If "Yes," complete Schedule L, Part II</i> | 26 | No |
| 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? <i>If "Yes," complete Schedule L, Part III</i> | 27 | No |
| 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? <i>If "Yes," complete Schedule L, Part IV</i> | 28a | No |
| b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> | 28b | No |
| 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? <i>If "Yes," complete Schedule L, Part IV</i> | 28c | No |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | 29 | No |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | 30 | No |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | 31 | No |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | 32 | No |
| 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? <i>If "Yes," complete Schedule R, Part I</i> | 33 | No |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | 34 Yes | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a Yes | |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 35b Yes | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | 36 | No |
| 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? <i>If "Yes," complete Schedule R, Part VI</i> | 37 | No |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 Yes | |

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 | 1a | 344 |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 1b | 0 |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | Yes |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 2,154 |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 2b | Yes |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | Yes |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | Yes |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | No |
| b | If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | No |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | No |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | No |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | No |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | No |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | |
| 9a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | |
| 10 | Section 501(c)(7) organizations. Enter | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | |
| 11 | Section 501(c)(12) organizations. Enter | | |
| a | Gross income from members or shareholders | 11a | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | 11b | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O | 13a | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | |
| c | Enter the amount of reserves on hand | 13c | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | No |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructionsCheck if Schedule O contains a response or note to any line in this Part VI ☒**Section A. Governing Body and Management**

| | | Yes | No |
|--|--------------|-----|----|
| 1a Enter the number of voting members of the governing body at the end of the tax year | 1a 13 | | |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O | | | |
| b Enter the number of voting members included in line 1a, above, who are independent | 1b 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? | 2 | | No |
| 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? | 3 | | No |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | No |
| 6 Did the organization have members or stockholders? | 6 | Yes | |
| 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? | 7a | Yes | |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | Yes | |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | | |
| a The governing body? | 8a | Yes | |
| b Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 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 | 9 | | No |

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? | 10a | No |
| 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? | 10b | |
| 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | Yes |
| 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 | 12a | Yes |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes |
| c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | Yes |
| 13 Did the organization have a written whistleblower policy? | 13 | Yes |
| 14 Did the organization have a written document retention and destruction policy? | 14 | Yes |
| 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 | 15a | No |
| b Other officers or key employees of the organization | 15b | No |
| 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? | 16a | Yes |
| 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? | 16b | Yes |

Section C. Disclosure

| | |
|--|----|
| 17 List the States with which a copy of this Form 990 is required to be filed | CA |
| 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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 3345 MICHELSON DRIVE SUITE 100 IRVINE, CA 92612 (949) 381-4000 | |

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

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

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

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

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

[illegible]

[illegible]

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 442

Section B. Independent Contractors

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| RIGHTSOURCING INC PO BOX 515743 LOS ANGELES, CA 90051 | STAFFING | 9,714,335 |
| AV CONSTRUCTION INC 18444 WARD STREET FOUNTAIN VALLEY, CA 92708 | CONSTRUCTION | 2,534,065 |
| ARUP LABORATORIES INC CCHCA PO BOX 27964 SALT LAKE CITY, UT 84127 | LAB SERVICES | 1,482,995 |
| SPECIALTYCARE CARDIOVASCULAR PO 11407 BIRMINGHAM, AL 35246 | TRANSFUSION SERVICES | 1,033,419 |
| PERKINS EASTMAN ARCHITECTS 115 FIFTH AVENUE NEW YORK, NY 10003 | ARCHITECT SERVICES | 903,690 |

Form 990 (2017)

Part VIII Statement of Revenue

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

Contributions, Gifts, Grants
and Other Similar Amounts

| | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|---|----------------------|--|---|--|
| 1a Federated campaigns | 1a | | | |
| b Membership dues | 1b | | | |
| c Fundraising events | 1c | | | |
| d Related organizations | 1d | 7,295,041 | | |
| e Government grants (contributions) | 1e | 1,885,668 | | |
| f All other contributions, gifts, grants, and similar amounts not included above | 1f | 99,527 | | |
| g Noncash contributions included in lines 1a-1f \$ | | | | |
| h Total. Add lines 1a-1f | | 9,280,236 | | |

Program Service Revenue

| | Business Code | | | | |
|--|---------------|-------------|-------------|-----------|--|
| 2a ACUTE CARE | 900099 | 329,916,320 | 324,305,884 | 5,610,436 | |
| b PRIMARY CARE | 621110 | 57,010,327 | 57,010,327 | | |
| c HEALTHCARE JV | 621110 | 6,000 | 6,000 | | |
| d | | | | | |
| e | | | | | |
| f All other program service revenue | | | | | |
| g Total. Add lines 2a-2f | | 386,932,647 | | | |

Other Revenue

| | | | | |
|--|----------------|---------------|-------------|-----------|
| 3 Investment income (including dividends, interest, and other similar amounts) | | | | |
| 4 Income from investment of tax-exempt bond proceeds | | | | |
| 5 Royalties | | | | |
| 6a Gross rents | (i) Real | (ii) Personal | | |
| | 1,511,481 | | | |
| b Less rental expenses | 407,441 | | | |
| c Rental income or (loss) | 1,104,040 | | | |
| d Net rental income or (loss) | | | 1,104,040 | 1,104,040 |
| 7a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | |
| | | 650,499 | | |
| b Less cost or other basis and sales expenses | | 0 | | |
| c Gain or (loss) | | 650,499 | | |
| d Net gain or (loss) | | | 650,499 | 650,499 |
| 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 | a | | | |
| b Less direct expenses | b | | | |
| c Net income or (loss) from fundraising events | | | | |
| 9a Gross income from gaming activities See Part IV, line 19 | a | | | |
| b Less direct expenses | b | | | |
| c Net income or (loss) from gaming activities | | | | |
| 10a Gross sales of inventory, less returns and allowances | a | | | |
| | 197,996 | | | |
| b Less cost of goods sold | b | 222,850 | | |
| c Net income or (loss) from sales of inventory | | | -24,854 | -24,854 |
| Miscellaneous Revenue | Business Code | | | |
| 11a CAFETERIA | 722410 | 1,410,897 | | 1,410,897 |
| b CONCIERGE REVENUE | 621110 | 1,377,827 | 1,377,827 | |
| c PARKING REVENUE | 812930 | 494,480 | | 494,480 |
| d All other revenue | | 1,800,726 | 435,573 | 1,365,153 |
| e Total. Add lines 11a-11d | | 5,083,930 | | |
| 12 Total revenue. See Instructions | | 403,026,498 | 383,135,611 | 5,610,436 |
| | | | | 5,000,215 |

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. | 772,972 | 772,972 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22. | 35,015 | 35,015 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 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. | 134,376,986 | 119,939,976 | 14,437,010 | |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions). | 1,922,165 | 1,715,654 | 206,511 | |
| 9 Other employee benefits. | | | | |
| 10 Payroll taxes. | 9,858,102 | 8,798,981 | 1,059,121 | |
| 11 Fees for services (non-employees): | | | | |
| a Management. | | | | |
| b Legal. | 1,451,489 | | 1,451,489 | |
| c Accounting. | 45,900 | | 45,900 | |
| 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 Schedule O). | 100,623,593 | 88,138,306 | 12,485,287 | |
| 12 Advertising and promotion. | 398,565 | | 398,565 | |
| 13 Office expenses. | 4,877,907 | 3,551,348 | 1,326,559 | |
| 14 Information technology. | 700,750 | 566,641 | 134,109 | |
| 15 Royalties. | | | | |
| 16 Occupancy. | 17,693,458 | 11,414,586 | 6,278,872 | |
| 17 Travel. | 224,711 | 143,267 | 81,444 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. | | | | |
| 19 Conferences, conventions, and meetings. | 348,676 | 178,716 | 169,960 | |
| 20 Interest. | 4,773,112 | 4,773,112 | | |
| 21 Payments to affiliates. | | | | |
| 22 Depreciation, depletion, and amortization. | 9,840,049 | 6,135,446 | 3,704,603 | |
| 23 Insurance. | 1,765,202 | 1,599,319 | 165,883 | |
| 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 MEDICAL SUPPLIES | 76,166,633 | 76,166,633 | | |
| b PROVIDER TAX | 11,713,554 | 11,713,554 | | |
| c PARKING | 3,144,224 | | 3,144,224 | |
| d BAD DEBTS | 3,074,662 | 3,074,662 | | |
| e All other expenses | 1,018,678 | 529,842 | 488,836 | |
| 25 Total functional expenses. Add lines 1 through 24e. | 384,826,403 | 339,248,030 | 45,578,373 | 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

Part X Balance Sheet

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



| | | | | (A) Beginning of year | | (B) End of year |
|------------------------------------|--|---|-------------|--------------------------|-------------|--------------------|
| Assets | 1 | Cash—non-interest-bearing | | 338,159 | 1 | 19,207 |
| | 2 | Savings and temporary cash investments | | | 2 | |
| | 3 | Pledges and grants receivable, net | | 82,097 | 3 | 94,968 |
| | 4 | Accounts receivable, net | | 44,333,510 | 4 | 53,433,639 |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | | | 6 | |
| | 7 | Notes and loans receivable, net | | | 7 | |
| | 8 | Inventories for sale or use | | 6,146,180 | 8 | 6,756,759 |
| | 9 | Prepaid expenses and deferred charges | | 1,409,269 | 9 | 7,871,017 |
| | 10a | Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D | 10a | 338,220,905 | | |
| | b | Less: accumulated depreciation | 10b | 42,092,754 | | |
| | | | | 284,780,911 | 10c | 296,128,151 |
| | 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 | | 132,315,402 | 13 | 145,474,015 |
| | 14 | Intangible assets | | | 14 | 8,181,359 |
| 15 | Other assets. See Part IV, line 11 | | 27,111,357 | 15 | 16,344,869 | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | 496,516,885 | 16 | 534,303,984 | |
| Liabilities | 17 | Accounts payable and accrued expenses | | 36,808,358 | 17 | 50,643,175 |
| | 18 | Grants payable | | | 18 | |
| | 19 | Deferred revenue | | 913,115 | 19 | 2,237,190 |
| | 20 | Tax-exempt bond liabilities | | 118,740,000 | 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 | | 98,916,090 | 25 | 181,434,576 |
| | 26 | Total liabilities. Add lines 17 through 25 | | 255,377,563 | 26 | 234,314,941 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | | |
| | 27 | Unrestricted net assets | | 154,587,279 | 27 | 205,030,816 |
| | 28 | Temporarily restricted net assets | | 70,692,481 | 28 | 80,022,400 |
| | 29 | Permanently restricted net assets | | 15,859,562 | 29 | 14,935,827 |
| | Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34. | | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | | 32 | |
| | 33 | Total net assets or fund balances | | 241,139,322 | 33 | 299,989,043 |
| | 34 | Total liabilities and net assets/fund balances | | 496,516,885 | 34 | 534,303,984 |

Part XI Reconciliation of Net AssetsCheck 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 | 403,026,498 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 384,826,403 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 18,200,095 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 241,139,322 |
| 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 | 40,649,626 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 299,989,043 |

Part XII Financial Statements and ReportingCheck 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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O | | |
| 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | No |
| b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | Yes | |
| 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 | Yes | |
| 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? | Yes | |
| b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | Yes | |

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

Form 990 (2017)

Form 990, Part III, Line 4a:

SEE SCHEDULE O 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 IN 1856, MOTHER JOSEPH AND FOUR SISTERS OF PROVIDENCE ESTABLISHED HOSPITALS, SCHOOLS AND ORPHANAGES ACROSS THE NORTHWEST OVER THE YEARS, OTHER CATHOLIC SISTERS TRANSFERRED SPONSORSHIP OF THEIR MINISTRIES TO PROVIDENCE, INCLUDING THE LITTLE COMPANY OF MARY, DOMINICANS AND CHARITY OF LEAVENWORTH RECENTLY, SWEDISH HEALTH SERVICES, KADLEC REGIONAL MEDICAL CENTER AND PACIFIC MEDICAL CENTERS HAVE JOINED PROVIDENCE AS SECULAR PARTNERS WITH A COMMON COMMITMENT TO SERVING ALL MEMBERS OF THE COMMUNITY TODAY, PROVIDENCE SERVES ALASKA, CALIFORNIA, MONTANA, OREGON AND WASHINGTON ST JOSEPH HEALTH SYSTEM IN 1912, A SMALL GROUP OF SISTERS OF ST JOSEPH LANDED ON THE RUGGED SHORES OF EUREKA, CALIFORNIA TO PROVIDE EDUCATION AND HEALTH CARE THEY LATER ESTABLISHED ROOTS IN ORANGE, CALIFORNIA, AND EXPANDED TO SERVE SOUTHERN CALIFORNIA, NORTHERN CALIFORNIA AND TEXAS THE HEALTH SYSTEM ESTABLISHED MANY KEY PARTNERSHIPS, INCLUDING A MERGER BETWEEN LUBBOCK METHODIST HOSPITAL SYSTEM AND ST MARY HOSPITAL TO FORM COVENANT HEALTH IN LUBBOCK TEXAS RECENTLY, AN AFFILIATION WAS ESTABLISHED WITH HOAG HEALTH TO INCREASE ACCESS TO SERVICES IN ORANGE COUNTY, CALIFORNIA PROVIDENCE SAINT JOHN'S HEALTH CENTER HAS BEEN SERVING THE SANTA MONICA AND WESTSIDE LOS ANGELES COUNTY COMMUNITIES SINCE 1942, AND SINCE THAT TIME HAS EARNED A REPUTATION FOR CLINICAL EXCELLENCE AND AWARD-WINNING CARE IN A COMPASSIONATE AND TRANQUIL HEALING ENVIRONMENT TODAY, PROVIDENCE SAINT JOHN'S IS A NATIONALLY RENOWNED 266-BED HOSPITAL WITH PHYSICIANS, NURSES, VOLUNTEERS AND SUPPORT STAFF WHO WORK AS A TEAM TO PROVIDE THE BEST POSSIBLE MEDICAL CARE TO ITS PATIENTS AND THE COMMUNITY PROVIDENCE SAINT JOHN'S PROVIDES THE LATEST IN DIAGNOSTIC TECHNOLOGY AND SPECIALTY CARE WITH A STRONG COMMITMENT TO ITS CORE SERVICE LINES HEART AND VASCULAR CARE, ONCOLOGY, ORTHOPEDICS AND WOMEN'S HEALTH SAINT JOHN'S ALSO IS HOME TO THE WORLD-RENOWNED JOHN WAYNE CANCER INSTITUTE, DEDICATED TO CLINICAL RESEARCH AND MEDICAL ADVANCEMENTS IN CANCER CARE PROVIDENCE SAINT JOHN'S REPUTATION FOR ACADEMICALLY-BASED CARE GUIDED BY RESEARCH AND EVIDENCE-BASED MEDICINE IS DUE TO THE COMMITMENT TO EXCELLENCE BY OUR PHYSICIANS, NURSES AND CAREGIVERS OUR CANCER SURGEONS CARE FOR PATIENTS IN THE CANCER CENTER AND HOLD FACULTY POSITIONS AT THE JOHN WAYNE CANCER INSTITUTE AND OTHER TEACHING INSTITUTIONS IN THE COMMUNITY NEARLY EVERY CORE SERVICE LINE AT PROVIDENCE SAINT JOHN'S PARTICIPATES IN RESEARCH OR CLINICAL TRIALS FOUNDED BY THE SISTERS OF CHARITY OF LEAVENWORTH, WHO IN 2014 PASSED ITS SPONSORSHIP TO PROVIDENCE HEALTH & SERVICES, PROVIDENCE SAINT JOHN'S IS ROOTED IN THE CATHOLIC HEALTH CARE TRADITION, WHICH IS DEVOTED TO PROVIDING LEADING-EDGE MEDICINE WITH UNWAVERING COMPASSION AND PERSONALIZED CARE IN LINE WITH BOTH ITS CATHOLIC MISSION AND ITS RESPONSIBILITIES AS A NON-PROFIT HEALTH CARE PROVIDER, PROVIDENCE SAINT JOHN'S SEEKS TO CREATE HEALTHIER COMMUNITIES BY INVESTING IN COMMUNITY BENEFIT PROGRAMS, WITH AN EMPHASIS ON THE POOR AND VULNERABLE PROVIDENCE SAINT JOHN'S CONTINUALLY HAS ACHIEVED TOP RATINGS AND DISTINGUISHED HOSPITAL AWARDS FOR CLINICAL EXCELLENCE AND PATIENT SAFETY BY THE NATION'S LEADING ACCREDITATION ORGANIZATIONS, SUCH AS HEALTHGRADES, THE JOINT COMMISSION AND LEAPFROG GROUP WITHIN THE PAST DECADE, PROVIDENCE SAINT JOHN'S HAS RECEIVED MULTIPLE ACCLAMATIONS BY THESE ORGANIZATIONS FOR A VARIETY OF SERVICES INCLUDING CARDIAC CARE, CORONARY INTERVENTION, CRITICAL CARE, ORTHOPEDICS, PULMONARY CARE, JOINT REPLACEMENT, NEUROSURGERY, AND WOMEN'S HEALTH THROUGH THE DEDICATION AND COLLABORATIVE EFFORTS OF THE COMMUNITY, FRIENDS, PATRONS, PHYSICIANS, NURSES, STAFF AND VOLUNTEERS, PROVIDENCE SAINT JOHN'S CONTINUES ITS WORLD-CLASS TRADITION ESTABLISHED MORE THAN 70 YEARS AGO BY PROVIDING BREAKTHROUGH MEDICINE IN AN ENVIRONMENT OF INSPIRED HEALING YEAR AFTER YEAR, PROVIDENCE SAINT JOHN'S HEALTH CENTER ALONG WITH ITS STAFF, PHYSICIANS AND NURSES ARE RECOGNIZED BY THE NATION'S LEADING HEALTHCARE RATING ORGANIZATIONS, THE MEDICAL COMMUNITY AND THE MEDIA FOR CLINICAL EXCELLENCE AND EXCEPTIONAL PATIENT CARE THIS COMES NATURALLY, GIVEN PROVIDENCE SAINT JOHN'S MISSION TOWARDS PROVIDING CUTTING-EDGE MEDICINE WITH UNWAVERING COMPASSION AND PERSONALIZED CARE STATISTICS LICENSED BEDS - 266 BIRTHS - 1,879 ADMISSIONS - 12,378 VISITS - 29,374 INPATIENT SURGERIES - 4,727 OUTPATIENT SURGERIES - 4,048

Form 990, Part III, Line 4b:

SEE SCHEDULE OAS STATED IN THE MISSION OF PROVIDENCE SAINT JOHN'S HEALTH CENTER, "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," IT HIGHLIGHTS THE ORGANIZATION'S COMMITMENT TO SERVING THOSE MOST IN NEED THE MAJORITY OF THE COMMUNITY BENEFITS PROVIDED BY PROVIDENCE SAINT JOHN'S (INCLUDING GOODS, SERVICES AND FINANCIAL RESOURCES) ARE FOCUSED ON THOSE LIVING IN POVERTY IN OUR COMMUNITY OUR COMMUNITY IS FORTUNATE TO HAVE MANY OUTSTANDING ORGANIZATIONS AND AGENCIES DELIVERING VITAL SERVICES FOR THOSE LIVING IN POVERTY THE PEOPLE CONCERN, SAINT JOSEPH CENTER, VENICE FAMILY CLINIC, AND WESTSIDE FAMILY HEALTH CENTER ARE JUST A FEW EXAMPLES OF THESE PARTNERS PROVIDENCE SAINT JOHN'S COMMITMENT TO CARE FOR THE POOR AND UNDERSERVED INCLUDES PARTNERSHIPS WITH DEDICATED ORGANIZATIONS SUCH AS THESE OUR CARE OF THOSE LIVING IN POVERTY IS BUILT ON YET ANOTHER ESSENTIAL PARTNERSHIP THE DEDICATED PHYSICIANS WHO PROVIDE PROFESSIONAL DIAGNOSTIC AND THERAPEUTIC SERVICES TO THE PATIENTS REFERRED FROM AREA CLINICS THESE PHYSICIANS VOLUNTEER THEIR TIME AND PROFESSIONAL SKILLS, AS PROVIDENCE SAINT JOHN'S PROVIDES THE STAFF, RESOURCES AND FACILITIES TO OFFER THESE SERVICES AT NO CHARGE TO THOSE PATIENTS LIVING IN POVERTY PROVIDENCE SAINT JOHN'S HEALTH CENTER HAS BEEN FORTUNATE TO COLLABORATE WITH MANY EXTRAORDINARY PARTNERS, SUCH AS THE SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT (SMMUSD), VENICE FAMILY CLINIC AND THE PEOPLE CONCERN TO SERVE THE NEEDS OF THE COMMUNITY PROVIDENCE SAINT JOHN'S SUPPORTS SMMUSD'S SCHOOL NURSE PROGRAM IN ORDER TO ENHANCE THE HEALTH STATUS OF OUR COMMUNITY'S SCHOOL AGE CHILDREN THE HEALTH CENTER WORKS WITH THE PEOPLE CONCERN TO ADDRESS THE NEEDS OF THOSE WHO ARE HOMELESS AND LIVING IN THE AREA THROUGH THE PARTNERSHIP WITH VENICE FAMILY CLINIC, THOSE PERSONS WHO ARE UNINSURED ARE ABLE TO GET THE MEDICAL CARE AND HELP THAT THEY NEED PROVIDENCE SAINT JOHN'S IS A MAJOR EMPLOYER AND A NOT-FOR-PROFIT CORPORATE CITIZEN ON THE WESTSIDE AS SUCH, WE SUPPORT COMMUNITY ORGANIZATIONS SUCH AS VENICE FAMILY CLINIC, SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT, WESTSIDE FAMILY HEALTH CENTER, THE PEOPLE CONCERN, ST JOSEPH CENTER, SAINT JOHN'S CHILD AND FAMILY DEVELOPMENT CENTER, WISE & HEALTHY AGING, STEP UP ON SECOND, UPWARD BOUND HOUSE, ST ANNE'S SCHOOL, PICO YOUTH & FAMILY CENTER, MEALS ON WHEELS WEST, BOYS AND GIRLS CLUB OF SANTA MONICA, SAFE PLACE FOR YOUTH AND THE WESTSIDE COALITION IN ADDITION TO PARTNERING WITH AND SUPPORTING LOCAL ORGANIZATIONS IN THE COMMUNITY, PSJHC ALSO PROVIDES COMMUNITY OUTREACH PROGRAMS TO ADDRESS SOME OF THE PRIORITY HEALTH NEEDS IN THE AREA THESE PROGRAMS INCLUDE THE CHILD AND FAMILY DEVELOPMENT CENTER PROVIDING OUTPATIENT MENTAL HEALTH SERVICES TO LOW INCOME CHILDREN AND THEIR FAMILIES THE HOMELESS CARE COORDINATION PROGRAM SERVES PATIENTS WHO ARE HOMELESS SEEKING CARE AT THE HOSPITAL BY TRYING TO LINK THEM WITH SHELTER AND OTHER SERVICES THE COMMUNITY HEALTH PARTNERSHIP PROGRAM FOCUSES ON DISEASE PREVENTION AND HEALTH PROMOTION BY BRINGING EDUCATION, ACTIVITIES, AND SCREENING PROGRAMS TO THE LOCAL RESIDENTS THE COMMUNITY HEALTH EDUCATION PROGRAM OFFERS A SERIES OF FREE HEALTH FORUMS FOR THE WESTSIDE RESIDENTS FOCUSED ON DIFFERENT HEALTH TOPICS OF INTEREST TO THE COMMUNITY

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| RICHARD BLAIR CHAIR | 0 10 | X | | | | | | 0 | 60,360 | 0 |
| DAVE OLSEN VICE CHAIR | 0 10 | X | | | | | | 0 | 30,360 | 0 |
| DICK P ALLEN DIRECTOR | 0 10 | X | | | | | | 0 | 30,360 | 0 |
| ISIAAH CRAWFORD PHD DIRECTOR | 0 10 | X | | | | | | 0 | 30,360 | 0 |
| LUCILLE DEAN SP DIRECTOR | 0 10 | X | | | | | | 0 | 0 | 0 |
| SR DIANE HEJNA CSJ RN DIRECTOR | 0 10 | X | | | | | | 0 | 0 | 0 |
| MICHAEL HOLCOMB DIRECTOR | 0 10 | X | | | | | | 0 | 30,360 | 0 |
| SR PHYLLIS HUGHES RSM DIRECTOR | 0 10 | X | | | | | | 0 | 0 | 0 |
| SALLYE LINER MSN RN DIRECTOR | 0 10 | X | | | | | | 0 | 25,360 | 0 |
| MARY LYONS PHD DIRECTOR | 0 10 | X | | | | | | 0 | 30,360 | 0 |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| WALTER NOCE JR DIRECTOR | 0 10 5 50 | X | | | | | | 0 | 30,360 | 0 |
| CAROLINA REYES MD DIRECTOR | 0 10 6 00 | X | | | | | | 0 | 30,360 | 0 |
| PHOEBE YANG DIRECTOR | 0 10 5 50 | X | | | | | | 0 | 25,360 | 0 |
| MIKE BUTLER PRESIDENT | 1 00 59 00 | | | X | | | | 0 | 2,529,152 | 2,095,457 |
| VENKAT BHAMIDIPATI EVP/TREASURER | 1 00 59 00 | | | X | | | | 0 | 638,309 | 847,978 |
| JO ANN ESCASA-HAIGH EVP/ASSISTANT TREASURER | 1 00 59 00 | | | X | | | | 0 | 1,372,090 | 667,685 |
| CINDY STRAUSS SECRETARY | 1 00 59 00 | | | X | | | | 0 | 1,743,082 | 1,020,214 |
| TAMMY TEODOSIO ASSISTANT SECRETARY | 1 00 59 00 | | | X | | | | 0 | 117,493 | 23,110 |
| JOHN WHIPPLE ASSISTANT SECRETARY | 1 00 59 00 | | | X | | | | 0 | 754,800 | 485,048 |
| DONALD ANDERSON JR ASSISTANT SECRETARY FOR ENROLLMENT | 1 00 59 00 | | | X | | | | 0 | 248,186 | 20,012 |

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| JAMES ULI CFO/ST JOHN'S | 48 00 2 00 | | | | X | | | 0 | 316,579 | 24,095 |
| MARCEL LOH CEO/ST JOHN'S | 45 00 5 00 | | | | X | | | 0 | 1,364,710 | 768,684 |
| ERIK WEXLER CE/CA REGION | 8 00 57 00 | | | | X | | | 0 | 1,324,542 | 1,156,330 |
| DAWNA HENDEL CNO - THRU 4/17 | 40 00 0 00 | | | | | X | | 386,239 | 0 | 21,748 |
| ROBERT KLEIN PRESIDENT/CEO FOUNDATION | 1 00 40 00 | | | | | X | | 516,157 | 0 | 59,915 |
| DONALD LARSEN JR CMO | 40 00 0 00 | | | | | X | | 493,082 | 0 | 41,079 |
| STELLA NICHOLS CFO/FOUNDATION | 1 00 40 00 | | | | | X | | 290,933 | 0 | 35,557 |
| DAVID TAM COO | 40 00 0 00 | | | | | X | | 570,240 | 0 | 59,083 |
| ROD HOCHMAN MD FORMER - PRESIDENT/CEO | 0 00 65 00 | | | | | | X | 0 | 5,269,095 | 6,313,965 |
| TODD HOFHEINS FORMER - EVP/CFO/TREAS | 0 00 60 00 | | | | | | X | 0 | 2,139,114 | 45,475 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| TOM MCDONAGH FORMER - VP/CHIEF INVESTMENT OFFICER | 0 00 58 00 | | | | | | X | 0 | 830,621 | 546,487 |
| RHONDA MEDOWS MD FORMER - EVP/POPULATION HEALTH | 0 00 60 00 | | | | | | X | 0 | 1,582,404 | 1,126,342 |
| JACK MUDD FORMER - SVP/MISSION LEADERSHIP | 0 00 0 00 | | | | | | X | 0 | 439,799 | 277,760 |
| JANICE NEWELL FORMER - SVP/CHIEF INFORMATION OFFCR | 0 00 60 00 | | | | | | X | 0 | 1,396,825 | 738,630 |
| HARVEY SMITH FORMER - SVP/CHIEF CUSTOMER SVC OFF | 0 00 50 00 | | | | | | X | 0 | 1,048,182 | 47,496 |
| GREG TILL FORMER - VP/CHIEF TALENT OFFICER | 0 00 65 00 | | | | | | X | 0 | 713,560 | 491,592 |
| SHARON TONCRAY FORMER - SVP/CHIEF LABOR EE COUNSEL | 0 00 60 00 | | | | | | X | 0 | 766,530 | 557,321 |
| LISA VANCE FORMER - SVP/CLINICAL PROGRAM SRVCS | 0 00 60 00 | | | | | | X | 0 | 1,691,102 | 682,325 |
| MIKE WATERS FORMER - VP,CAO/PHYSICIAN SERVICES | 0 00 60 00 | | | | | | X | 0 | 642,910 | 463,750 |
| PAUL STODDART FORMER - VP/MARKETING | 0 00 0 00 | | | | | | X | 0 | 175,547 | 8,264 |

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
PROVIDENCE SAINT JOHN'S HEALTH CENTER

Employer identification number
95-1684082

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

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

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

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Section A. Public Support | | | | | | | |
|---------------------------|---|----------|----------|----------|----------|----------|-----------|
| | Calendar year (or fiscal year beginning in) ► | (a) 2013 | (b) 2014 | (c) 2015 | (d) 2016 | (e) 2017 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ") | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | |

| Section B. Total Support | | | | | | | |
|--|--|---------|---------|---------|---------|-----------|----------|
| Calendar year (or fiscal year beginning in) ► | | (a)2013 | (b)2014 | (c)2015 | (d)2016 | (e)2017 | (f)Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, etc (see instructions) | | | | | 12 | |
| 13 | First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/> | | | | | | |

| Section C. Computation of Public Support Percentage | | |
|---|---|----|
| 14 | Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) | 14 |
| 15 | Public support percentage for 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 ▶ <input type="checkbox"/> | |
| 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 ▶ <input type="checkbox"/> | |
| 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 ▶ <input type="checkbox"/> | |
| 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 ▶ <input type="checkbox"/> | |
| 18 | Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/> | |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 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 on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|----------|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| | 1 | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| | 2 | |
| 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |
| | 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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 2 Activities Test. Answer (a) and (b) below. | | |
| a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | | |
| | 2a | |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| | 2b | |
| 3 Parent of Supported Organizations. Answer (a) and (b) below. | | |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | | |
| | 3a | |
| b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |
| | 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) | 1 | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI) | | | |
| 2 Acquisition indebtedness applicable to non-exempt use assets | 2 | | |
| 3 Subtract line 2 from line 1d | 3 | | |
| 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by .035 | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C - Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1 | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3 | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | | |
| 7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) | | | |

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 If the amount is greater than zero, explain in Part VI See instructions | | | |
| 6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is 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. | | | |

Additional Data

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

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)

| |
|------------------------------|
| Facts And Circumstances Test |
| |

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493318009028

SCHEDULE D

(Form 990)

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.

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

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

PROVIDENCE SAINT JOHN'S HEALTH CENTER

Employer identification number

95-1684082

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|---|------------------------------|
| 1 | Total number at end of year | |
| 2 | Aggregate value of contributions to (during year) | |
| 3 | Aggregate value of grants from (during year) | |
| 4 | Aggregate value at end of year | |

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ 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 an 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 Year |
|---|--|
| a | Total number of conservation easements |
| b | Total acreage restricted by conservation easements |
| c | Number of conservation easements on a certified historic structure included in (a) |
| d | Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register |

3

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

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and 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

► \$

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

Cat No 52283D

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 in Part XIII

☐

Part V

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

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

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 150,000,000 | | 150,000,000 |
| b Buildings | | 103,775,485 | 11,229,889 | 92,545,596 |
| c Leasehold improvements | | 1,399,244 | 615,330 | 783,914 |
| d Equipment | | 60,150,729 | 30,247,535 | 29,903,194 |
| e Other | | 22,895,447 | | 22,895,447 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) | | | | 296,128,151 |

Part VII

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

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

Part VIII

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

| (a) Description of investment | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|----------------|---|
| (1) BENEFICIAL INTEREST IN FOUNDATION | 145,474,015 | C |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶ | 145,474,015 | |

Part IX

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

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

Part X

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

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | 120,000 |
| THIRD PARTY SETTLEMENTS | 78,841 |
| OTHER PAYABLES | 23,616,763 |
| DUE TO AFFILIATES | 37,696,688 |
| I/C - TAX-EXEMPT BOND LIABILITIES | 118,740,000 |
| UNPAID CLAIMS PAYABLE | 1,182,284 |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ | 181,434,576 |

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

☐

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

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

| | | | | |
|----------|--|-----------|-----------|--|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | |
| a | Net unrealized gains (losses) on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII) | 2d | | |
| e | Add lines 2a through 2d | | 2e | |
| 3 | Subtract line 2e from line 1 | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII) | 4b | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12) | | 5 | |

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

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

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

Part XIII Supplemental Information

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

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

| | |
|------------------|--|
| Part XIII | Supplemental Information <i>(continued)</i> |
|------------------|--|

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

efile GRAPHIC print - DO NOT PROCESSAs Filed Data -DLN: 93493318009028

SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury

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

Internal Revenue Service

Name of the organization

PROVIDENCE SAINT JOHN'S HEALTH CENTER

Employer identification number

95-1684082

Part I

Financial Assistance and Certain Other Community Benefits at Cost

| | | |
|---|--------|----|
| | Yes | No |
| 1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a | 1a Yes | |
| b If "Yes," was it a written policy? | 1b Yes | |
| 2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year | | |
| <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities | | |
| <input type="checkbox"/> Applied uniformly to most hospital facilities | | |
| <input type="checkbox"/> Generally tailored to individual hospital facilities | | |
| 3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year | | |
| a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care | 3a Yes | |
| <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other 30000 0000000000 % | | |
| b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care | 3b Yes | |
| <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input checked="" type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other % | | |
| c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care | | |
| 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? | 4 Yes | |
| 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? | 5a Yes | |
| b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? | 5b Yes | |
| c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? | 5c | No |
| 6a Did the organization prepare a community benefit report during the tax year? | 6a Yes | |
| b If "Yes," did the organization make it available to the public? | 6b Yes | |
| Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H | | |

7

Financial Assistance and Certain Other Community Benefits at Cost

| Financial Assistance and Means-Tested Government Programs | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|---|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| a Financial Assistance at cost (from Worksheet 1) | | | 3,454,994 | | 3,454,994 | 0 910 % |
| b Medicaid (from Worksheet 3, column a) | | | 21,498,443 | 1,157,655 | 20,340,788 | 5 330 % |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | | | | |
| d Total Financial Assistance and Means-Tested Government Programs | | | 24,953,437 | 1,157,655 | 23,795,782 | 6 240 % |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | | | 1,178,678 | 456,896 | 721,782 | 0 190 % |
| f Health professions education (from Worksheet 5) | | | 669,051 | | 669,051 | 0 180 % |
| g Subsidized health services (from Worksheet 6) | | | 5,009,464 | | 5,009,464 | 1 310 % |
| h Research (from Worksheet 7) | | | | | | |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | | 1,050,349 | | 1,050,349 | 0 280 % |
| j Total. Other Benefits | | | 7,907,542 | 456,896 | 7,450,646 | 1 960 % |
| k Total. Add lines 7d and 7j | | | 32,860,979 | 1,614,551 | 31,246,428 | 8 200 % |

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

| | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|--|---|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| 1 Physical improvements and housing | | | | | | |
| 2 Economic development | | | | | | |
| 3 Community support | | | | | | |
| 4 Environmental improvements | | | | | | |
| 5 Leadership development and training for community members | | | | | | |
| 6 Coalition building | | | | | | |
| 7 Community health improvement advocacy | | | 1,766,805 | 593,127 | 1,173,678 | 0 310 % |
| 8 Workforce development | | | | | | |
| 9 Other | | | | | | |
| 10 Total | | | 1,766,805 | 593,127 | 1,173,678 | 0 310 % |

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

| | | Yes | No |
|---|----------|-----|-----------|
| 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? | 1 | Yes | |
| 2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount | 2 | | 3,074,662 |
| 3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit | 3 | | 0 |
| 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements | | | |

Section B. Medicare

| | | |
|---|--|--------------------------------|
| 5 Enter total revenue received from Medicare (including DSH and IME) | 5 | 146,806,041 |
| 6 Enter Medicare allowable costs of care relating to payments on line 5 | 6 | 225,697,537 |
| 7 Subtract line 6 from line 5. This is the surplus (or shortfall) | 7 | -78,891,496 |
| 8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: | | |
| <input type="checkbox"/> Cost accounting system | <input checked="" type="checkbox"/> Cost to charge ratio | <input type="checkbox"/> Other |

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

| (a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions) | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership % | (e) Physicians' profit % or stock ownership % |
|---|---|--|--|---|
| 1 SM WILSHIRE IMAGING | OUTPATIENT IMAGING CENTER | 50 000 % | | 50 000 % |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |

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

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

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

1

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

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

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
SAINT JOHN'S HEALTH CENTER**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____

1

Community Health Needs Assessment

| | Yes | No |
|---|---------------|----|
| 1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? | 1 | No |
| 2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C | 2 | No |
| 3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply) | 3 Yes | |
| a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility | | |
| b <input checked="" type="checkbox"/> Demographics of the community | | |
| c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community | | |
| d <input checked="" type="checkbox"/> How data was obtained | | |
| e <input checked="" type="checkbox"/> The significant health needs of the community | | |
| f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups | | |
| g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs | | |
| h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests | | |
| i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s) | | |
| j <input type="checkbox"/> Other (describe in Section C) | | |
| 4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u> | | |
| 5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | 5 Yes | |
| 6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C | 6a Yes | |
| b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C | 6b | No |
| 7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply) | 7 Yes | |
| a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE LINE 10A URL BELOW</u> | | |
| b <input type="checkbox"/> Other website (list url) _____ | | |
| c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility | | |
| d <input type="checkbox"/> Other (describe in Section C) | | |
| 8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 | 8 Yes | |
| 9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>17</u> | | |
| 10 Is the hospital facility's most recently adopted implementation strategy posted on a website? WWW.PSJHEALTH.ORG/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS- | 10 Yes | |
| a If "Yes" (list url) <u>ASSESSMENTS</u> | | |
| b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? | 10b | |
| 11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed | | |
| 12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? | 12a | No |
| b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? | 12b | |
| c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____ | | |

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

SAINT JOHN'S HEALTH CENTER

Name of hospital facility or letter of facility reporting group _____

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

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

SAINT JOHN'S HEALTH CENTER

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

SAINT JOHN'S HEALTH CENTER

Name of hospital facility or letter of facility reporting group _____

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

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

| | Yes | No |
|-----------|-----|----|
| 22 | | |
| 23 | | No |
| 24 | Yes | |

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

[illegible]

Part V **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 13

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

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|--|
| Part I, Line 3c | IN DETERMINING ELIGIBILITY FOR FREE OR DISCOUNTED CARE, FPG IS A KEY FACTOR THE ORGANIZATION ALSO CONSIDERED CERTAIN ASSETS OF A PATIENT IN ADDITION, A PATIENT'S SPECIAL CIRCUMSTANCES WERE ALSO CONSIDERED WHEN DETERMINING ELIGIBILITY, INCLUDING BUT NOT LIMITED TO, DISABILITY AND HOMELESSNESS |
| Part I, Line 6a | PROVIDENCE SAINT JOHN'S HEALTH CENTER PREPARES AN ANNUAL REPORT AND IT IS PUBLICLY AVAILABLE AT HTTPS //CALIFORNIA PROVIDENCE ORG/SAINT-JOHNS/ABOUT/COMMUNITY-OUTREACH/ |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|---|
| Part I, Line 7 | THE AMOUNTS REPORTED IN THE TABLE WERE CALCULATED USING THE ORGANIZATION'S COST ACCOUNTING SYSTEM |
| Part I, Line 7g | NO COSTS ATTRIBUTABLE TO PHYSICIAN CLINICS WERE INCLUDED |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|--|--|
| Part I, Line 7, Column (f) | The Bad Debt expense included on Form 990, Part IX, Line 25, Column (A), but subtracted for purposes of calculating the percentage in this column is \$ 3,074,662 |
| Part II, Community Building Activities | PROVIDENCE SAINT JOHN'S EXTENDS CARE BEYOND THE HOSPITAL'S WALLS TO IMPROVE THE HEALTH OF THE COMMUNITY THROUGH COMMUNITY BUILDING ACTIVITIES THE ORGANIZATION FOCUSES ON ISSUES SUCH AS HOMELESSNESS, POVERTY, ENVIRONMENTAL STEWARDSHIP AND IMPROVEMENTS IN EDUCATION PROVIDENCE SAINT JOHN'S LEADERS SERVE ON THE BOARDS OF LOCAL NONPROFIT ORGANIZATIONS SUCH AS MEALS ON WHEELS WEST AND WISE AND HEALTHY AGING MANY OF THE EMPLOYEES AT THE HOSPITAL DONATE THEIR TIME THROUGH VOLUNTEER ACTIVITIES WITH NONPROFITS IN THE AREA PROVIDENCE ST JOSEPH HEALTH (THE PARENT COMPANY OF PROVIDENCE SAINT JOHN'S HEALTH CENTER) ENCOURAGES VOLUNTEERISM AMONG THE EMPLOYEES THROUGH THE VOLUNTEERS IN PARTNERSHIP PROGRAM IN ADDITION, PROVIDENCE SAINT JOHN'S DOES COLLECTIONS OF GOODS THROUGHOUT THE YEAR TO HELP ORGANIZATIONS SERVING THOSE MOST IN NEED EXAMPLES OF THESE DONATION DRIVES INCLUDE A SHOE COLLECTION, SCHOOL SUPPLY COLLECTION, SOCKS AND UNDERWEAR FOR THE HOMELESS SHELTER, AND GIFTS FOR LOW INCOME FAMILIES AT THE HOLIDAYS |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|--|
| Part III, Line 2 | THE ORGANIZATION ANALYZES ITS HISTORICAL EXPERIENCE AND TRENDS TO ESTIMATE THE APPROPRIATE BAD DEBT EXPENSE DISCOUNTS AND PAYMENTS ON PATIENT ACCOUNTS ARE RECORDED PRIOR TO CALCULATING BAD DEBT EXPENSE |
| Part III, Line 3 | THE ORGANIZATION RECOGNIZES THAT A PORTION OF THE UNINSURED OR UNDERINSURED PATIENT POPULATION MAY NOT ENGAGE IN THE TRADITIONAL FINANCIAL ASSISTANCE APPLICATION PROCESS THEREFORE, THE ORGANIZATION ALSO USED AN AUTOMATED PREDICTIVE SCORING TOOL TO IDENTIFY AND QUALIFY PATIENTS FOR FINANCIAL ASSISTANCE FOR ACCOUNTS THAT WERE INITIALLY CLASSIFIED AS BAD DEBT COLLECTION ACTIONS WERE NOT PURSUED ON THESE ACCOUNTS ONCE THEY WERE RECLASSIFIED BECAUSE RECLASSIFIED ACCOUNTS WERE GRANTED 100 PERCENT FINANCIAL ASSISTANCE (FREE CARE) AFTER THE RECLASSIFICATION, THERE WAS NO REMAINING AMOUNT OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER OUR FINANCIAL ASSISTANCE POLICY |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|---|
| Part III, Line 4 | THE HEALTH SYSTEM PROVIDES FOR AN ALLOWANCE AGAINST PATIENT ACCOUNTS RECEIVABLE FOR AMOUNTS THAT COULD BECOME UNCOLLECTIBLE THE HEALTH SYSTEM ESTIMATES THIS ALLOWANCE BASED ON THE AGING OF ACCOUNTS RECEIVABLE, HISTORICAL COLLECTION EXPERIENCE BY PAYOR, AND OTHER RELEVANT FACTORS THERE ARE VARIOUS FACTORS THAT CAN IMPACT THE COLLECTION TRENDS, SUCH AS CHANGES IN THE ECONOMY, WHICH IN TURN HAVE AN IMPACT ON UNEMPLOYMENT RATES AND THE NUMBER OF UNINSURED AND UNDERINSURED PATIENTS, THE INCREASED BURDEN OF COPAYMENTS TO BE MADE BY PATIENTS WITH INSURANCE COVERAGE AND BUSINESS PRACTICES RELATED TO COLLECTION EFFORTS THESE FACTORS CONTINUOUSLY CHANGE AND CAN HAVE AN IMPACT ON COLLECTION TRENDS AND THE ESTIMATION PROCESS USED BY THE HEALTH SYSTEM THE HEALTH SYSTEM RECORDS A PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICES ON THE BASIS OF PAST EXPERIENCE, WHICH HAS HISTORICALLY INDICATED THAT MANY PATIENTS ARE UNRESPONSIVE OR ARE OTHERWISE UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE |
| Part III, Line 8 | THE ORGANIZATION DOES NOT REPORT MEDICARE REVENUES AND EXPENSES AS COMMUNITY BENEFIT |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|--|
| Part III, Line 9b | PATIENT ACCOUNTS WERE NOT FORWARDED TO COLLECTION STATUS WHEN THE PATIENT MADE A GOOD FAITH EFFORT TO RESOLVE OUTSTANDING ACCOUNT BALANCES SUCH EFFORTS INCLUDE APPLYING FOR FINANCIAL ASSISTANCE, NEGOTIATING A PAYMENT PLAN, OR APPLYING FOR MEDICAID COVERAGE PRIOR TO ADVANCING ANY ACCOUNT FOR EXTERNAL COLLECTION, THE ORGANIZATION PERFORMED AN EVALUATION TO IDENTIFY IF THE ACCOUNT QUALIFIED FOR FINANCIAL ASSISTANCE ACCOUNTS FOR PATIENTS WHO QUALIFIED FOR FREE CARE WERE WRITTEN OFF AND COLLECTION EFFORTS WERE NOT PURSUED THE ORGANIZATION'S COLLECTION POLICY ALSO APPLIED TO ACCOUNTS FOR PATIENTS WHO QUALIFIED FOR DISCOUNTED CARE |
| Part VI, Line 2 | NEEDS ASSESSMENT IN ADDITION TO COMPLETING A TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENT, PROVIDENCE SAINT JOHN'S SEEKS FEEDBACK ON EMERGING NEEDS AND ISSUES IN THE COMMUNITY THIS IS ACCOMPLISHED THROUGH A NUMBER OF WAYS -THE HOSPITAL PARTICIPATES ON THE WESTSIDE COALITION WHICH IS A MULTI-SECTORAL GROUP OF ORGANIZATIONS ADDRESSING ISSUES OF HEALTH, MENTAL HEALTH, SOCIAL ISSUES AND HOUSING WITHIN SERVICE PLANNING AREA 5 -PROVIDENCE SAINT JOHN'S MAINTAINS ONGOING COMMUNICATION WITH KEY COLLABORATORS IN THE COMMUNITY TO IDENTIFY KEY NEEDS AND ISSUES FACING THE AREA THESE ORGANIZATIONS INCLUDE VENICE FAMILY CLINIC, THE PEOPLE CONCERN, SAFE PLACE FOR YOUTH, CITY OF SANTA MONICA, ST MONICA CHURCH, KAISER PERMANENTE WEST LOS ANGELES, UCLA MEDICAL CENTER, CEDARS SINAI MEDICAL CENTER AND WISE AND HEALTHY AGING -PROVIDENCE SAINT JOHN'S HOLDS AN ANNUAL MEETING WITH LOCAL RESIDENTS TO SEEK THEIR INPUT ON ISSUES THEY FEEL ARE FACING THE COMMUNITY |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|--|
| Part VI, Line 3 | COMMUNICATION TO THE PUBLIC PROVIDENCE HOSPITALS POST NOTICES REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE TO LOW-INCOME UNINSURED PATIENTS THESE NOTICES ARE POSTED IN VISIBLE LOCATIONS THROUGHOUT THE HOSPITAL SUCH AS ADMITTING/REGISTRATION, BILLING OFFICE, EMERGENCY DEPARTMENT AND OTHER OUTPATIENT SETTINGS EVERY POSTED NOTICE REGARDING FINANCIAL ASSISTANCE POLICIES CONTAINS BRIEF INSTRUCTIONS ON HOW TO APPLY FOR FINANCIAL ASSISTANCE OR A DISCOUNTED PAYMENT THE NOTICES ALSO INCLUDE A CONTACT TELEPHONE NUMBER THAT A PATIENT OR FAMILY MEMBER CAN CALL TO OBTAIN MORE INFORMATION AT THE TIME OF REGISTRATION, PATIENTS RECEIVE A PACKET THAT INCLUDES INFORMATION ON CHARITY CARE AND FINANCIAL ASSISTANCE IF PATIENTS HAVE ANY QUESTIONS, PROVIDENCE HAS FINANCIAL COUNSELORS THAT WILL EDUCATE THEM ON ANY FINANCIAL ASSISTANCE THROUGH THE HOSPITAL OR ANY GOVERNMENT PROGRAM THAT THE PATIENT MAY QUALIFY FOR PROVIDENCE ENSURES THAT APPROPRIATE STAFF MEMBERS ARE KNOWLEDGEABLE ABOUT THE EXISTENCE OF THE HOSPITAL'S FINANCIAL ASSISTANCE POLICIES TRAINING IS PROVIDED TO STAFF MEMBERS (I E , BILLING OFFICE, FINANCIAL DEPARTMENT, ETC) WHO DIRECTLY INTERACT WITH PATIENTS REGARDING THEIR HOSPITAL BILLS WHEN COMMUNICATING TO PATIENTS REGARDING THEIR FINANCIAL ASSISTANCE POLICIES, PROVIDENCE ATTEMPTS TO DO SO IN THE PRIMARY LANGUAGE OF THE PATIENT, OR HIS/HER FAMILY, IF REASONABLY POSSIBLE, AND IN A MANNER CONSISTENT WITH ALL APPLICABLE FEDERAL AND STATE LAWS AND REGULATIONS PROVIDENCE SHARES THEIR FINANCIAL ASSISTANCE POLICIES WITH APPROPRIATE COMMUNITY HEALTH AND HUMAN SERVICES AGENCIES AND OTHER ORGANIZATIONS THAT ASSIST SUCH PATIENTS |
| Part VI, Line 4 | THE COMMUNITY SERVED BY PROVIDENCE SAINT JOHN'S HEALTH CENTER INCLUDES THE AREA THAT REPRESENTS SERVICE PLANNING AREA 5 OF LOS ANGELES COUNTY THIS AREA INCLUDES THE WESTERN PORTION OF LOS ANGELES COUNTY STRETCHING FROM THE SANTA MONICA MOUNTAINS TO THE COAST THE AREA INCLUDES 20 DISTINCT COMMUNITIES AND 30 ZIP CODES AND INCLUDES A POPULATION OF OVER 674,700 PERSONS A BREAKDOWN OF THE DEMOGRAPHICS OF THE AREA SHOWS -68 5% OF THE POPULATION IS WHITE, 13 4% ASIAN, AND 6 0% AFRICAN AMERICAN LATINOS REPRESENT APPROXIMATELY 15 4% OF THE AREA POPULATION -APPROXIMATELY 24% OF THE POPULATION IN THE AREA HAS ANNUAL INCOMES BELOW 200% OF THE FEDERAL POVERTY LEVEL -THE AREA INCLUDES COMMUNITIES WITH SIGNIFICANT INCOME SUCH AS BEL AIR AND PACIFIC PALISADES AND AREAS WITH A MIX OF LOWER INCOME HOUSEHOLDS SUCH AS MAR VISTA -THOSE PERSONS OVER 25 YEARS OF AGE WHO HAVE NOT GRADUATED FROM HIGH SCHOOLS REPRESENT 6% OF THE POPULATION -SENIORS, AGE 65+, REPRESENT 16 3% OF THE POPULATION WHILE CHILDREN/YOUTH, AGE 0-17 REPRESENT 15 9% OF THE POPULATION -THE AREA IS EVENLY SPLIT BETWEEN MALES AND FEMALES -THE NUMBER OF HOUSING UNITS IN THE AREA IS 330,749 -APPROXIMATELY 5 3% OF THE RESIDENTS IN THE AREA ARE UNINSURED -OF THE POPULATION AGE 5 AND OLDER, APPROXIMATELY 10 8% HAVE LIMITED ENGLISH PROFICIENCY THERE ARE SIX OTHER HOSPITALS SERVING THE PROVIDENCE SAINT JOHN'S HEALTH CENTER COMMUNITY |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|-------------------------|---|
| Part VI, Line 5 | PROVIDENCE SAINT JOHN'S HEALTH CENTER PROVIDES VITAL COMMUNITY HEALTH SERVICES AND ADDRESSES THE NEEDS OF THE UNINSURED AND UNDERSINSURED THROUGH ITS FINANCIAL ASSISTANCE PROGRAM PROVIDING FREE AND DISCOUNTED CARE PROVIDENCE SAINT JOHN'S HEALTH CENTER IS COMMITTED TO PROMOTING THE HEALTH AND QUALITY OF LIFE IN ITS SURROUNDING COMMUNITY THIS IS DEMONSTRATED THROUGH THE FOLLOWING MECHANISMS 1) OPEN MEDICAL STAFF 2) ROBUST COMMUNITY BENEFIT PROGRAMS THAT ADDRESS COMMUNITY HEALTH NEEDS SEE STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS |
| Part VI, Line 6 | 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 AND 829 CLINICS ACROSS ALASKA, CALIFORNIA, MONTANA, NEW MEXICO, OREGON, TEXAS AND WASHINGTON |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|--|-------------|
| Part VI, Line 7, Reports Filed With States | CA |

Schedule H (Form 990) 2017

Additional Data

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

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

| Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1 | | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER—24 hours | ER—other | Other (Describe) | Facility reporting group |
|--|---|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| 1 | SAINT JOHN'S HEALTH CENTER 2121 SANTA MONICA BLVD SANTA MONICA, CA 90404 CALIFORNIA PROVIDENCE ORG/SAINT-JOHNS/ 930000158 | X | X | | | | | X | | | |

| | |
|--|--|
| Form 990 Part V Section C Supplemental Information for Part V, Section B. | |
| Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc. | |
| Form and Line Reference | Explanation |
| SAINT JOHN'S HEALTH CENTER | Part V, Section B, Line 3j PART V, SECTION B, LINE 3jTHE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFIED THROUGH THE CHNA |

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|----------------------------|--|
| SAINT JOHN'S HEALTH CENTER | <p>Part V, Section B, Line 5 PROVIDENCE SAINT JOHN'S SOUGHT THE INPUT FROM KEY LEADERS IN TH E FOLLOWING ORGANIZATIONS IN CONDUCTING THE LAST COMMUNITY HEALTH NEEDS ASSESSMENT IN 2017 -HEALTH DEPUTIES FROM SPAS 2 AND 3 FOR THE L A COUNTY BOARD OF SUPERVISORS (LOCAL COUNTY GOVERNMENT REPRESENTATIVE SERVING ALL RESIDENTS OF THE TWO SPAS) -CALIFORNIA COMMUNITY FOU NDATION (LOCAL PHILANTHROPY PROVIDING GRANTS TO SERVE LOW-INCOME, UNDERSERVED, MARGINALIZE D, DIFFERENT ETHNIC GROUPS AND OTHERS IN L A)- VENICE FAMILY CLINIC (ORGANIZATION SERVES THE LOCAL INCOME AND UNINSURED BY PROVIDING MEDICAL CARE SERVICES)-DIDI HIRSCH MENTAL HEAL TH CENTER (PROVIDES MENTAL HEALTH SERVICES TO THOSE WHO ARE LOW INCOME ON THE WESTSIDE OF L A)-SOUTHSIDE COALITION OF COMMUNITY HEALTH CENTERS (ORGANIZATION REPRESENTS COMMUNITY C LINICS SERVING THE LOW INCOME AND UNINSURED)-SANTA MONICA CHAMBER OF COMMERCE (REPRESENTS BUSINESSES IN THE SANTA MONICA COMMUNITY)-UNIHEALTH FOUNDATION (PHILANTHROPIC FOUNDATION P ROVIDING FUNDS FOR PROJECTS THAT SERVE THOSE IN POVERTY, UNINSURED, MARGINALIZED, ETHNIC M INORITIES AND OTHERS IN THE SOUTHERN CALIFORNIA AREA)-WESTSIDE FAMILY HEALTH CENTER (COMMU NITY CLINIC PROVIDING PRIMARY MEDICAL CARE TO THOSE LIVING IN POVERTY AND THE UNINSURED RE SIDING ON THE WESTSIDE)-SABAN CLINIC (COMMUNITY CLINIC PROVIDING PRIMARY MEDICAL CARE TO T HOSE LIVING IN POVERTY AND THE UNINSURED ON THE WESTSIDE OF L A)-LOS ANGELES CITY DEPARTM ENT OF PARKS AND RECREATION (GOVERNMENT DEPARTMENT OVERSEEING PARKS AND RECREATION PROGRAM S WITHIN THE CITY OF L A)-L A GAY AND LESBIAN CENTER (NONPROFIT THAT PROVIDES FREE AND D ISCOUNTED SERVICES SUCH AS CLASSES, SUPPORT GROUPS, MEDICAL CARE AND MENTAL HEALTH SERVICE S TO LGBTQ PERSONS RESIDING IN LOS ANGELES)-MAR VISTA FAMILY CENTER (COMMUNITY CENTER PROV IDING CLASSES, COUNSELING, INFORMATION AND OTHER SERVICES TO LOW INCOME RESIDENTS LIVING I N MAR VISTA)-U S VETERAN'S INITIATIVE (NONPROFIT PROVIDING SERVICES TO VETERANS LIVING IN L A)- THE L A TRUST FOR CHILDREN'S HEALTH (NONPROFIT SERVING LOW INCOME AND VULNERABLE C HILDREN AND THEIR FAMILIES)-CRENSHAW CHAMBER OF COMMERCE (ORGANIZATION REPRESENTING BUSINE SSES IN THE CRENSHAW AREA)-L A COUNTY DEPARTMENT OF PLANNING (COUNTY DEPARTMENT OVERSEIN G URBAN PLANNING FOR LOS ANGELES COUNTY)-LOS ANGELES URBAN LEAGUE(NONPROFIT THAT HELPS THE UNDERSERVED COMMUNITIES IN L A TO PARTICIPATE TO THE FULLEST EXTENT IN AMERICAN LIFE BY HELPING TO CHANGE SOCIAL AND ECONOMIC CONDITIONS) -JEWISH FAMILY SERVICES (NONPROFIT PROVID ING SOCIAL SERVICES, INFORMATION AND REFERRAL TO MEMBERS OF THE JEWISH COMMUNITY AND OTHER S LIVING ON THE WESTSIDE) -KOREAN AMERICAN FAMILY SERVICES (NONPROFIT PROVIDING SOCIAL SERV ICES, INFORMATION AND REFERRAL TO MEMBERS OF THE KOREAN COMMUNITY AND OTHERS)-SOUTH L A W OMEN, INFANTS AND CHILDREN (NONPROFIT PROVIDING INFORMATION AND OTHER SERVICES TO LOW INCO ME WOMEN, INFANTS AND CHILDREN LIVING IN THE SOUTHERN PART OF L A COUNTY)-CITY OF WEST HO LLYWOOD (CITY GOVERNMENT REPRE</p> |

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|----------------------------|---|
| SAINT JOHN'S HEALTH CENTER | SENTING THE RESIDENTS OF WEST HOLLYWOOD)-HEALTHY AFRICAN AMERICAN FAMILIES (NONPROFIT FOCU SED ON IMPROVING THE HEALTH OUTCOMES FOR LOW INCOME AFRICAN AMERICANS, LATINOS AND KOREANS LIVING IN L A)-SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT (LOCAL SCHOOL DISTRICT SERVIN G THE CITIES OF SANTA MONICA AND MALIBU)-UCLA KAISER PERMANENTE CENTER FOR HEALTH EQUITY (ACADEMIC RESEARCH CENTER ADDRESSING HEALTH DISPARITIES AMONG DIFFERENT ETHNIC GROUPS, GEND ERS, AND INCOME LEVELS WITHIN L A COUNTY)-CHARLES R DREW UNIVERSITY OF MEDICINE AND SCIE NCE (MEDICAL COLLEGE LOCATED IN AN UNDERSERVED AND LOW INCOME AREA OF L A COUNTY AND TRAI NING A LARGE PROPORTION OF ETHNIC MINORITIES)-CITY OF L A HOUSING AUTHORITY (CITY GOVERNMENT AGENCY OVERSEEING AFFORDABLE, PUBLIC AND SECTION 8 HOUSING WITHIN THE CITY OF L A)-HOMELESS OUTREACH PROGRAM INTEGRATED CARE SYSTEM (NONPROFIT ORGANIZATION HELPING TO COORDINA TE HOMELESS SERVICES AND RESOURCES FOR PERSONS WITHOUT PERMANENT HOUSING)-FIRST AFRICAN AM ERICAN EPISCOPAL CHURCH OF L A (EPISCOPAL CHURCH IN L A PROVIDING OUTREACH SERVICES TO LOW INCOME PERSONS LIVING IN THE SOUTHERN AREA OF L A COUNTY)-WEST LOS ANGELES COMMUNITY D EVELOPMENT CORP (NONPROFIT ORGANIZATION FOCUSED ON INCREASING ECONOMIC AND SOCIAL JUSTICE AND TO ALLEVIATE POVERTY AMONG THOSE WHO ARE CONSIDERED LOW INCOME IN LOS ANGELES)-OPCC/T HE PEOPLE CONCERN (NONPROFIT ORGANIZATION PROVIDING TEMPORARY SHELTER, PERMANENT HOUSING A ND OTHER SERVICES TO HOMELESS INDIVIDUALS LIVING ON THE WESTSIDE OF L A)-LOS ANGELES COUN TY DEPARTMENT OF MENTAL HEALTH (COUNTY AGENCY OVERSEEING MENTAL HEALTH SERVICES IN L A AN D PROVIDING COUNSELING AND OTHER MENTAL HEALTH SERVICES TO THE LOW INCOME AND UNINSURED PO PULATIONS)-WISE AND HEALTHY AGING (NONPROFIT PROVIDING SOCIAL, MENTAL HEALTH, EDUCATIONAL, AND OTHER SERVICES TO SENIORS LIVING ON THE WESTSIDE OF L A)-STEP UP ON SECOND (NONPROFI T SERVING HOMELESS INDIVIDUALS BY PROVIDING SHELTER, HOUSING AND OTHER SERVICES LOCATED ON THE WESTSIDE OF L A)-LOS ANGELES UNIFIED SCHOOL DISTRICT (SCHOOL DISTRICT ADMINISTERING ELEMENTARY, MIDDLE, HIGH AND ADULT SCHOOLS WITHIN THE CITY OF L A)-UCLA DAVID GEFFEN SCHO OL OF MEDICINE (MAJOR MEDICAL SCHOOL LOCATED ON THE WESTSIDE)-SANTA MONICA COLLEGE (COMMUN ITY COLLEGE SERVING STUDENTS OF ALL ETHNICITIES, GENDERS, AND INCOME LEVELS SERVING THE WE STSIDE OF L A)-ST MONICA CHURCH (CATHOLIC CHURCH PROVIDING VARIOUS OUTREACH PROGRAMS TO SERVE THOSE WHO ARE LOW INCOME AND LIVING IN THE SANTA MONICA AREA)-MEALS ON WHEELS WEST (NONPROFIT PROVIDING FREE AND LOW COST MEALS TO SENIORS AND THOSE ARE LOW INCOME LIVING ON THE WESTSIDE OF L A)-L A CARE HEALTH PLAN (INSURANCE COMPANY PROVIDING COVERAGE TO THOSE WHO ARE LOW INCOME LIVING IN L A COUNTY)-LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH AREA HEALTH OFFICER (LOCAL COUNTY PUBLIC HEALTH DEPARTMENT OFFICE SERVING RESIDENTS OF THE WESTSIDE AND SOUTHSIDE OF L A COUNTY) |

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|----------------------------|---|
| SAINT JOHN'S HEALTH CENTER | Part V, Section B, Line 6a PROVIDENCE SAINT JOHN'S HEALTH CENTER CONDUCTED PART OF THE PRIMARY DATA COLLECTION FOR THE CHNA IN PARTNERSHIP WITH THE OTHER HOSPITALS IN THE AREA INCLUDING -CEDARS-SINAI MEDICAL CENTER-KAISER PERMANENTE MEDICAL CENTER WEST LOS ANGELES-UCLA MEDICAL CENTER, RONALD REAGAN AND SANTA MONICA CAMPUSES |

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|----------------------------|---|
| SAINT JOHN'S HEALTH CENTER | Part V, Section B, Line 11 PROVIDENCE SAINT JOHN'S SOLICITED INPUT FROM KEY COMMUNITY STAKEHOLDERS, MEMBERS OF THE COMMUNITY ADVISORY COMMITTEE AND LOCAL RESIDENTS TO HELP IDENTIFY THE PRIORITY NEEDS THESE TOP FIVE PRIORITY NEEDS IDENTIFIED IN THE 2016 CHNA INCLUDED -ACCESS TO AFFORDABLE PRIMARY AND SPECIALTY CARE -BETTER MANAGEMENT AND PREVENTION OF CHRONIC ILLNESSES -THE NEED FOR MORE PREVENTION PROGRAMS FOCUSED ON REDUCING OBESITY AND IMPROVING NUTRITION -IMPROVE ACCESS TO AFFORDABLE MENTAL HEALTH AND SUBSTANCE ABUSE PROGRAMS -GROWING NUMBER OF HOMELESS PERSONS LIVING IN THE AREA PROVIDENCE SAINT JOHN'S DEVELOPED IMPLEMENTATION STRATEGIES AROUND EACH OF THESE FIVE PRIORITY NEEDS THAT INCLUDED SPECIFIC METRICS TO ACHIEVE THE STRATEGIES A COPY OF THE COMMUNITY HEALTH IMPROVEMENT PLAN IS INCLUDED AS AN APPENDIX WITHIN THE COMMUNITY HEALTH NEEDS ASSESSMENT WITH SOME STRATEGIES THE ORGANIZATION IS DEVELOPING SPECIFIC PROGRAMS TO ADDRESS THE NEEDS, SUCH AS THE IMPLEMENTATION OF THE HOMELESS CARE COORDINATION PROGRAM WITH OTHER STRATEGIES PROVIDENCE SAINT JOHN'S IS PARTNERING WITH OTHER ORGANIZATIONS TO WORK ON ADDRESSING THE NEEDS COLLABORATIVELY THROUGH JOINT PROJECTS OR GRANT FUNDING FOR NEEDS THAT PROVIDENCE SAINT JOHN'S IS UNABLE TO FOCUS ON AT THIS TIME (DUE TO LACK OF EXPERTISE IN THIS AREA AND THE AVAILABILITY OF FUNDING) SUCH AS HAVING MORE AFFORDABLE HOUSING TO ADDRESS HOMELESSNESS OR PROVIDING MORE ECONOMIC OPPORTUNITIES, THE HOSPITAL IS FUNDING ORGANIZATIONS IN THE COMMUNITY THROUGH GRANTS TO SUPPORT THEIR EFFORTS THESE INCLUDE GRANTS TO ORGANIZATIONS SUCH AS UPWARD BOUND HOUSE, STEP UP ON SECOND, AND SAFE PLACE FOR YOUTH |

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

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference | Explanation |
|----------------------------|---|
| SAINT JOHN'S HEALTH CENTER | Part V, Section B, Line 24 FOR NON-MEDICALLY NECESSARY SERVICES, A PATIENT MAY BE CHARGED FULL BILLED CHARGES |

| | |
|---|-----------------------------|
| Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility | |
| (list in order of size, from largest to smallest) | |
| How many non-hospital health care facilities did the organization operate during the tax year? _____ | |
| Name and address | Type of Facility (describe) |
| 1 1 - SANTA MONICA WILSHIRE IMAGING 2200-2202 WILSHIRE BLVD SANTA MONICA, CA 90404 | OUTPATIENT/IMAGING CTR |
| 1 2 - FAMILY AND OBESITY MEDICINE 12304 SANTA MONICA BLVD SUITE 101 LOS ANGELES, CA 90025 | PRIMARY CARE |
| 2 3 - PEDIATRICS KIDDOX 1245 16TH ST SUITE 305 SANTA MONICA, CA 90404 | PRIMARY CARE |
| 3 4 - FAMILY MEDICINE 1811 WILSHIRE BLVD SUITE 201 SANTA MONICA, CA 90403 | PRIMARY CARE |
| 4 5 - FAMILY MEDICINE 1821 WILSHIRE BLVD SUITE 301 SANTA MONICA, CA 90403 | PRIMARY CARE |
| 5 6 - PEDIATRICS 2021 SANTA MONICA BLVD SUITE 245E SANTA MONICA, CA 90404 | PRIMARY CARE |
| 6 7 - PEDIATRICS 2021 SANTA MONICA BLVD SUITE 421E SANTA MONICA, CA 90404 | PRIMARY CARE |
| 7 8 - FAMILY MEDICINE PEAK 2143 S SEPULVEDA BL 300 LOS ANGELES, CA 90025 | PRIMARY CARE |
| 8 9 - INTERNAL MEDICINE 1301 20TH ST SUITE 110 SANTA MONICA, CA 90404 | SPECIALTY CLINIC |
| 9 10 - NEPHROLOGY & INTERNAL MEDICINE 1301 20TH ST SUITE 290 SANTA MONICA, CA 90404 | SPECIALTY CLINIC |
| 10 11 - RHEUMATOLOGY 2021 SANTA MONICA BLVD SUITE 335E SANTA MONICA, CA 90404 | SPECIALTY CLINIC |
| 11 12 - HOSPITAL MEDICINE 2121 SANTA MONICA BLVD SANTA MONICA, CA 90404 | SPECIALTY CLINIC |
| 12 13 - RHEUMATOLOGY 2336 SANTA MONICA BL 207 SANTA MONICA, CA 90404 | SPECIALTY CLINIC |

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493318009028

Schedule I
(Form 990)

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

Name of the organization
PROVIDENCE SAINT JOHN'S HEALTH CENTER

Employer identification number
95-1684082

Part I

General Information on Grants and Assistance

- 1

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

☒ Yes ☐ No
- 2

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

Part II

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

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

- 2

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

18
- 3

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

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

Part III can be duplicated if additional space is needed

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---|
| (1) PROVISION OF SUPPLIES | 1000 | | 21,533 | COST | SUPPLIES SUCH AS THROWS, CLOTHING AND HYGIENE KITS FOR HOMELESS PERSONS |
| (2) NURSING SCHOLARSHIPS | 8 | 7,832 | | | |
| (3) GROCERY GIFT CARDS | 60 | | 5,650 | COST | GROCERY GIFTS CARDS FOR NEEDY FAMILIES |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |

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

| Return Reference | Explanation |
|------------------|--|
| Part I, Line 2 | PROVIDENCE SAINT JOHN'S HEALTH CENTER MONITORS THE USE OF GRANT FUNDS THROUGH REGULAR MEETINGS WITH AGENCY REPRESENTATIVES TO DISCUSS PROGRAMS ADDITIONALLY, SAINT JOHN'S RECEIVES AN ANNUAL REPORT OF FUND USAGE ON THE NUMBER OF INDIVIDUALS SERVED FOR CERTAIN PROGRAMS |

Additional Data

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

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| VENICE FAMILY CLINIC 604 ROSE AVE VENICE, CA 90291 | 95-2769432 | 501(c)(3) | 175,000 | | | | SUPPORT HOMELESS HEALTHCARE PROGRAM |
| OCEAN PARK COMMUNITY CENTER 1453 16TH ST SANTA MONICA, CA 90404 | 95-6143865 | 501(c)(3) | 150,000 | | | | SUPPORT RECUPERATIVE CARE PROGRAM FOR HOMELESS RECOVERING FROM ILLNESS |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| WISE AND HEALTHY AGING 1527 4TH STREET FLOOR 2 SANTA MONICA, CA 90401 | 95-2788014 | 501(c)(3) | 86,622 | | | | SUPPORT TRAINING AND EDUCATION CENTER |
| WESTSIDE FAMILY HEALTH CENTER 1711 OCEAN PARK BLVD SANTA MONICA, CA 90405 | 95-2931931 | 501(c)(3) | 50,000 | | | | SUPPORT DIABETES MANAGEMENT PROGRAM |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| SANTA MONICA MALIBU UNIFIED SCHOOL DISTRICT 1651 16TH ST SANTA MONICA, CA 90401 | 95-6002855 | Government | 50,000 | | | | SUPPORT SCHOOL NURSING SERVICES |
| SAINT ANNE SCHOOL 2015 COLORADO BLVD SANTA MONICA, CA 90404 | 95-1690538 | 501(c)(3) | 40,000 | | | | SUPPORT SCHOOL NURSING, COUNSELING, TUITION |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| PALISADES WILL ROGERS 5 AND 10K RUN FOUNDATION P O BOX 601 PACIFIC PALISADES, CA 90272 | 46-3944524 | 501(c)(3) | 35,000 | | | | SUPPORT 5/10K RUNS |
| ST JOSEPH CENTER 204 HAMPTON DR VENICE, CA 90291 | 95-3874381 | 501(c)(3) | 35,000 | | | | SUPPORT CAFE SERVING HOMELESS AND LOW INCOME CLIENTS |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| THE ACHIEVABLE FOUNDATION 5901 GREEN VALLEY CIR STE 405 CULVER CITY, CA 90230 | 95-4552419 | 501(c)(3) | 26,000 | | | | SUPPORT TO SERVE UNMET NEEDS OF MOST VULNERABLE COMMUNITY MEMBERS |
| BEAUTY BUS FOUNDATION 2716 OCEAN PARK BLVD STE 1062 SANTA MONICA, CA 90405 | 26-3075655 | 501(c)(3) | 20,000 | | | | PROVIDE PAMPERING SERVICES FOR PATIENTS AND CAREGIVERS |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| CLARIS HEALTH 11500 W OLYMPIC BLVD STE 560 LOS ANGELES, CA 90064 | 95-4806856 | 501(c)(3) | 16,000 | | | | SUPPORT SATELLITE CLINIC AND SUPPORT SERVICES |
| UPWARD BOUND HOUSE 1104 WASHINGTON BLVD SANTA MONICA, CA 90403 | 95-4288926 | 501(c)(3) | 15,000 | | | | SUPPORT TEMPORARY/TRANSITIONAL SHELTER PROGRAM |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| COMMUNITY PARTNERS FOR SAFE PLACE FOR YOUTH 2469 LINCOLN BLVD SANTA MONICA, CA 90291 | 95-4302067 | 501(c)(3) | 11,000 | | | | SUPPORT FOR MENTAL HEALTH SERVICES FOR HOMELESS YOUTH AT DROP-IN CENTER |
| MEALS ON WHEELS WEST 1823 MICHIGAN AVE STE A SANTA MONICA, CA 90404 | 95-4613280 | 501(c)(3) | 10,000 | | | | SUPPORT HOME DELIVERED MEALS PROGRAM |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| SANTA MONICA HISTORICAL SOCIETY P O BOX 3059 SANTA MONICA, CA 90408 | 95-3019295 | 501(c)(3) | 10,000 | | | | SPONSOR "KEEPING HISTORY ALIVE" PROGRAM |
| BOYS AND GIRLS CLUB OF SANTA MONICA 1220 LINCOLN BLVD SANTA MONICA, CA 90401 | 95-1890706 | 501(c)(3) | 10,000 | | | | SUPPORT HEALTHY LIFESTYLES PROGRAM |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| STEP UP ON SECOND STREET 1328 2ND ST SANTA MONICA, CA 90401 | 95-4109386 | 501(c)(3) | 10,000 | | | | SUPPORT SERVICES FOR HOMELESS CLIENTS |
| PICO YOUTH AND FAMILY CENTER 715 PICO BLVD SANTA MONICA, CA 90405 | 48-1269398 | 501(c)(3) | 10,000 | | | | SUPPORT PROGRAMS - FITNESS, HEALTH EDUCATION, MENTAL WELLNESS |

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

- For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**
- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
- ▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

2017

Open to Public Inspection

Name of the organization
PROVIDENCE SAINT JOHN'S HEALTH CENTER

Employer identification number

95-1684082

Part I Questions Regarding Compensation

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

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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

1b Yes No

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

2 Yes No

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

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

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

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

4a Yes No

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

4b Yes No

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

4c Yes No

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

Only 501(c)(3), 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?

5a Yes No

b Any related organization?

5b Yes No

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?

6a Yes No

b Any related organization?

6b Yes No

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 in lines 5 and 6? If "Yes," describe in Part III

7 Yes No

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

8 Yes No

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

9 Yes No

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

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

See Additional Data Table

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.

| Return Reference | Explanation |
|---|---|
| Part I, Line 3 | THE CEO/PRESIDENT IS PAID BY ITS TAX EXEMPT PARENT, PROVIDENCE ST JOSEPH HEALTH (PSJH), AND IS DISCLOSED AS A PERSON PAID BY A RELATED ORGANIZATION. SEE SCHEDULE O, PART VI, LINE 15A FOR THE PROCESS USED BY PSJH. |
| Part I, Lines 4a-b | THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS DURING THE YEAR: HARVEY SMITH - \$519,285; TODD HOFHEINS - \$793,260; PAUL STODDART - \$177,790; CRAIG WRIGHT, MD - \$144,200. 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. CERTAIN EXECUTIVES PARTICIPATE IN A NON-QUALIFIED SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN PROVIDED BY A RELATED ENTITY. THE AMOUNTS SHOWN IN COLUMN F OF PART II REFLECT CURRENT YEAR PAYOUTS FROM THESE PLANS. |
| FORM 990, SCHEDULE J, PART II - EXECUTIVE INCENTIVE PROGRAM | THE PROVIDENCE EXECUTIVE INCENTIVE PROGRAM PROVIDES A LUMP SUM AWARD ANNUALLY AS A PERCENT OF THE EXECUTIVE'S BASE PAY. PERCENT OPPORTUNITIES ARE ALIGNED WITH OUR TOTAL COMPENSATION PHILOSOPHY AS OUTLINED IN PART VI, SECTION B, LINE 15 (PROCESS FOR DETERMINING COMPENSATION OF TOP MANAGEMENT, OFFICERS & KEY EMPLOYEES). FOR PROVIDENCE LEADERS, THE PERFORMANCE AWARD IS BASED ON THE LEVEL OF ACCOMPLISHMENT OF ANNUAL SYSTEM AND FUNCTIONAL (OR MARKET) OBJECTIVES. IN 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%; 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. |

Additional Data

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1MIKE BUTLER PRESIDENT | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 1,294,695 | 1,189,568 | 44,889 | 2,065,833 | 29,624 | 4,624,609 | 0 |
| 1VENKAT BHAMIDIPATI EVP/TREASURER | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 318,745 | 300,000 | 19,564 | 832,107 | 15,871 | 1,486,287 | 0 |
| 2JO ANN ESCASA-HAIGH EVP/ASSISTANT TREASURER | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 623,838 | 711,543 | 36,709 | 647,363 | 20,322 | 2,039,775 | 0 |
| 3CINDY STRAUSS SECRETARY | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 697,944 | 624,379 | 420,759 | 988,958 | 31,256 | 2,763,296 | 386,962 |
| 4JOHN WHIPPLE ASSISTANT SECRETARY | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 415,579 | 303,904 | 35,317 | 459,620 | 25,428 | 1,239,848 | 0 |
| 5DONALD ANDERSON JR ASSISTANT SECRETARY FOR ENROLLMENT | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 192,673 | 44,659 | 10,854 | 11,200 | 8,812 | 268,198 | 0 |
| 6JAMES ULI CFO/ST JOHN'S | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 266,195 | 23,979 | 26,405 | 15,430 | 8,665 | 340,674 | 0 |
| 7MARCEL LOH CEO/ST JOHN'S | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 546,332 | 210,183 | 608,195 | 742,649 | 26,035 | 2,133,394 | 336,641 |
| 8ERIK WEXLER CE/CA REGION | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 802,883 | 474,585 | 47,074 | 1,134,710 | 21,620 | 2,480,872 | 0 |
| 9DAWNA HENDEL CNO - THRU 4/17 | (i) | 68,094 | 44,793 | 273,352 | 15,018 | 6,730 | 407,987 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10ROBERT KLEIN PRESIDENT/CEO FOUNDATION | (i) | 411,983 | 45,483 | 58,691 | 44,353 | 15,562 | 576,072 | 28,284 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11DONALD LARSEN JR CMO | (i) | 376,750 | 63,894 | 52,438 | 28,030 | 13,049 | 534,161 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12STELLA NICHOLS CFO/FOUNDATION | (i) | 270,094 | 18,323 | 2,516 | 22,655 | 12,902 | 326,490 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13DAVID TAM COO | (i) | 457,058 | 75,660 | 37,522 | 33,689 | 25,394 | 629,323 | 0 |
| | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 14ROD HOCHMAN MD FORMER - PRESIDENT/CEO | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 1,974,688 | 2,203,431 | 1,090,976 | 6,285,602 | 28,363 | 11,583,060 | 1,049,676 |
| 15TODD HOFEINS FORMER - EVP/CFO/TREAS | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 15,196 | 527,139 | 1,596,779 | 10,544 | 34,931 | 2,184,589 | 777,867 |
| 16CRAIG WRIGHT MD FORMER - SVP/PHYSICIAN SERVICES | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 0 | 0 | 245,590 | 3,661 | 7,255 | 256,506 | 100,000 |
| 17DAVID BROWN FORMER - VP/STRATEGY & BIZ DVLPMT | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 373,180 | 325,150 | 1,955 | 429,702 | 27,658 | 1,157,645 | 0 |
| 18DEBBIE BURTON FORMER - SVP/CHIEF NURSING OFFICER | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 353,784 | 266,872 | 155,793 | 356,594 | 30,608 | 1,163,651 | 118,981 |
| 19DEBRA CANALES FORMER - EVP/CAO | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 835,135 | 795,839 | 43,428 | 1,213,992 | 22,272 | 2,910,666 | 0 |

| Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees | | | | | | | | |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 21 AMY COMPTON-PHILLIPS FORMER - EVP/CHIEF CLINICAL OFFICER | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 745,415 | 499,341 | 246,460 | 992,391 | 32,410 | 2,516,017 | 0 |
| 1 MARY CRANSTOUN FORMER - VP/TOTAL REWARDS | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 393,699 | 291,571 | 20,135 | 454,896 | 27,450 | 1,187,751 | 0 |
| 2 JOHN FLETCHER FORMER - VP/OPERATIONS SUPPORT | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 101,601 | 0 | 2,369 | 8,415 | 11,971 | 124,356 | 0 |
| 3 JOEL GILBERTSON FORMER - SVP/COMMUNITY PARTNERSHIPS | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 470,184 | 351,171 | 34,959 | 523,643 | 28,741 | 1,408,698 | 0 |
| 4 OREST HOLUBEC FORMER - SVP/CHIEF COMM/EXT AFF OFF | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 415,423 | 338,118 | 35,329 | 455,947 | 28,061 | 1,272,878 | 0 |
| 5 AARON MARTIN FORMER - SVP/STRATEGY & INNOVATION | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 564,005 | 316,363 | 20,003 | 707,371 | 8,648 | 1,616,390 | 0 |
| 6 TOM MCDONAGH FORMER - VP/CHIEF INVESTMENT OFFICER | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 467,734 | 324,164 | 38,723 | 516,307 | 30,180 | 1,377,108 | 0 |
| 7 RHONDA MEDOWS MD FORMER - EVP/POPULATION HEALTH | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 858,356 | 681,403 | 42,645 | 1,101,998 | 24,344 | 2,708,746 | 0 |
| 8 JACK MUDD FORMER - SVP/MISSION LEADERSHIP | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 183,227 | 160,613 | 95,959 | 260,329 | 17,431 | 717,559 | 59,649 |
| 9 JANICE NEWELL FORMER - SVP/CHIEF INFORMATION OFFCR | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 599,228 | 478,973 | 318,624 | 721,041 | 17,589 | 2,135,455 | 286,030 |
| 10 HARVEY SMITH FORMER - SVP/CHIEF CUSTOMER SVC OFF | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 48,492 | 372,926 | 626,764 | 34,353 | 13,143 | 1,095,678 | 86,922 |
| 11 GREG TILL FORMER - VP/CHIEF TALENT OFFICER | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 396,535 | 297,987 | 19,038 | 461,102 | 30,490 | 1,205,152 | 0 |
| 12 SHARON TONCRAY FORMER - SVP/CHIEF LABOR EE COUNSEL | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 416,606 | 321,829 | 28,095 | 526,958 | 30,363 | 1,323,851 | 0 |
| 13 LISA VANCE FORMER - SVP/CLINICAL PROGRAM SRVCS | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 562,680 | 510,329 | 618,093 | 654,509 | 27,816 | 2,373,427 | 579,369 |
| 14 MIKE WATERS FORMER - VP, CAO/PHYSICIAN SERVICES | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 431,525 | 194,089 | 17,296 | 451,441 | 12,309 | 1,106,660 | 0 |
| 15 PAUL STODDART FORMER - VP/MARKETING | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 0 | 0 | 175,547 | 0 | 8,264 | 183,811 | 0 |

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017**Open to Public
Inspection****Employer identification number**

95-1684082

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| Form 990, Part VI, Section A, line 6 | PROVIDENCE HEALTH SYSTEM - SOUTHERN CALIFORNIA IS THE SOLE CORPORATE MEMBER OF PROVIDENCE SAINT JOHN'S HEALTH CENTER |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Section A, line 7a | PROVIDENCE SAINT JOHN'S HEALTH CENTER HAS A TIERED GOVERNANCE IN WHICH THE CORPORATE MEMBERS RESERVE THE RIGHT TO APPOINT DIRECTORS TO THE PROVIDENCE SAINT JOHN'S HEALTH CENTER BOARD |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Section A, line 7b | POWERS OF THE CORPORATE MEMBER INCLUDE THE POWER TO 1) CHANGE THE MISSION AND PHILOSOPHY 2) ADOPT, AMEND OR REPEAL THE ARTICLES OF INCORPORATION OR BYLAWS 3) IMPLEMENT CORPORATE GOALS, POLICIES AND PROCEDURES 4) APPROVE THE ACQUISITION OF ASSETS, INCURRENCE OF INDEBTEDNESS OR THE LEASE, SALE, TRANSFER, ASSUMPTION, OR ENCUMBERING OF ASSETS 5) APPROVE THE MERGER, DISSOLUTION OR CORPORATE RESTRUCTURING 6) APPROVE ALL LONG-RANGE AND STRATEGIC PLANS AND OPERATING AND CAPITAL BUDGETS AND DEVIATIONS THERETO 7) APPOINT THE AUDITORS |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Section B, line 11b | THE FORM 990 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 FINANCE COMMITTEE MEETING, MANAGEMENT PRESENTED AND DISCUSSED CERTAIN DISCLOSURES AND INFORMATION INCLUDED IN THE FORM 990 THE FINANCE COMMITTEE CHAIR THEN PROVIDED A SUMMARY AT THE FULL BOARD MEETING |

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------------|--|
| Form 990, Part VI, Section B, line 15 | <p>THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER/PRESIDENT/EXECUTIVE DIRECTOR IS PAID BY ITS TAX EXEMPT PARENT, PROVIDENCE ST JOSEPH HEALTH, AND IS DISCLOSED AS A PERSON PAID BY A RELATED ORGANIZATION. IT IS PROVIDENCE ST JOSEPH HEALTH'S INTENTION TO MAKE FINANCIAL INFORMATION ACCESSIBLE AND TRANSPARENT. ALTHOUGH THE FILING OF FORM 990 PROVIDES INSIGHT INTO HOW PROVIDENCE ST JOSEPH HEALTH ACHIEVES ITS MISSION, DELIVERS ITS PROGRAMS AND STEWARDS ITS FINANCES, DECIPHERING THE INFORMATION DIRECTLY FROM FORM 990 CAN BE CHALLENGING. THE FOLLOWING PARAGRAPHS PROVIDE FURTHER INFORMATION ABOUT THE PROCESS WE USE TO DETERMINE COMPENSATION FOR TOP MANAGEMENT, OFFICERS AND KEY EMPLOYEES. PROVIDENCE ST JOSEPH HEALTH HAS A SINGLE FIDUCIARY BOARD, WITH RESPONSIBILITY FOR FINANCIAL OVERSIGHT ASSOCIATED WITH FULFILLMENT OF THE PROVIDENCE ST JOSEPH HEALTH MISSION, DEVELOPING SYSTEM POLICIES, PROTECTING THE ASSETS ENTRUSTED TO THE ORGANIZATION AND OVERSEEING THE STRATEGIC AND OPERATIONAL AFFAIRS OF PROVIDENCE ST JOSEPH HEALTH'S LEGAL ENTITIES. PROVIDENCE ST JOSEPH HEALTH ALSO MAINTAINS A NETWORK OF COMMUNITY ENTITY BOARDS WITH RESPONSIBILITY FOR QUALITY OF CARE OVERSIGHT, COMMUNITY RELATIONS, ADVOCACY AND COMMUNITY NEEDS ASSESSMENTS. PROVIDENCE ST JOSEPH HEALTH HAS A CONSISTENT COMPENSATION PHILOSOPHY FOR ALL OF ITS OFFICERS, INCLUDING OUR SENIOR EXECUTIVES. SALARIES FOR SENIOR EXECUTIVES ARE REVIEWED BY THE PROVIDENCE ST JOSEPH HEALTH COMMITTEE. THE BOARD RETAINS AN INDEPENDENT CONSULTANT EACH YEAR TO REVIEW SALARIES OF THOSE IN THE MOST SIGNIFICANT LEADERSHIP ROLES IN THE ORGANIZATION. PART OF THE CONSULTANT'S ROLE IS TO REVIEW AN EXTENSIVE ARRAY OF COMPENSATION SURVEYS OF LARGE, NOT-FOR-PROFIT HEALTH CARE SYSTEMS IN THE UNITED STATES. PROVIDENCE ST JOSEPH HEALTH IS ONE OF THE LARGER HEALTH SYSTEMS IN THE COUNTRY, AND AS SUCH, THE BOARD BENCHMARKS EXECUTIVE COMPENSATION AGAINST OTHER LARGE, NOT-FOR-PROFIT HEALTH SYSTEMS WHOSE REVENUE IS SIMILAR TO THAT OF PROVIDENCE ST JOSEPH HEALTH. ADDITIONALLY, PROVIDENCE ST JOSEPH HEALTH'S LABOR MARKET CONTINUES TO SPREAD ACROSS HEALTH CARE AND INTO GENERAL INDUSTRY. BECAUSE OF THIS, PROVIDENCE ST JOSEPH HEALTH ALSO TAKES INTO CONSIDERATION GENERAL INDUSTRY FOR-PROFIT MARKET DATA, WHERE APPLICABLE. BASE SALARIES FOR PROVIDENCE ST JOSEPH HEALTH EXECUTIVES ARE GENERALLY TARGETED TO THE MEDIAN LEVEL OF THE MARKET, AS IDENTIFIED BY THE INDEPENDENT CONSULTANT AND REVIEWED WITH THE EXECUTIVE COMPENSATION COMMITTEE. THE PRESIDENT/CEO UTILIZES THE MARKET INFORMATION PROVIDED BY THE CONSULTANT ALONG WITH FORMAL PERFORMANCE EVALUATIONS, TO DETERMINE SALARY RECOMMENDATIONS FOR OTHER SENIOR EXECUTIVES. THIS PROCESS INCLUDES A RIGOROUS ANALYSIS OF THOSE RECOMMENDATIONS WITH THE EXECUTIVE COMPENSATION COMMITTEE AS A PART OF THE REVIEW AND APPROVAL PROCESS. PERFORMANCE INCENTIVES ALLOW EXECUTIVES TO EARN ADDITIONAL COMPENSATION IF THEY ACHIEVE SPECIFIC ORGANIZATIONAL GOALS FOR FURTHERING PROVIDENCE ST JOSEPH HEALTH OPERATING COMMITTEES.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Section B, line 15 | TMENTS AND STRATEGIC OBJECTIVES THE BOARD OF DIRECTORS CONDUCTS A THOROUGH REVIEW PROCESS TO ENSURE PERFORMANCE INCENTIVES ARE ALIGNED WITH APPROPRIATE MARKET PRACTICES THE BOARD 'S PROCESS FOR EXECUTIVE COMPENSATION FULLY COMPLIES WITH IRS STANDARDS AND MIRRORS BEST PRACTICES THE PROCESS TO REVIEW COMPENSATION WAS LAST COMPLETED MARCH 2018 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| 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 AUDITED FINANCIAL STATEMENTS ARE ATTACHED TO FORM 990 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------------|---|
| Form 990, Part IX, line 11g | AGENCY CONTRACT Program service expenses 12,166,567 Management and general expenses 1,074,675 Fundraising expenses 0 Total expenses 13,241,242 MEDICAL DIRECTOR/MEDICAL PHYSICIANS FEES Program service expenses 56,968,919 Management and general expenses 0 Fundraising expenses 0 Total expenses 56,968,919 REPAIRS AND MAINTENANCE Program service expenses 2,742,781 Management and general expenses 2,356,217 Fundraising expenses 0 Total expenses 5,098,998 TRANSCRIPTION Program service expenses 9,916 Management and general expenses 0 Fundraising expenses 0 Total expenses 9,916 DIETARY Program service expenses 1,883,369 Management and general expenses 2,790,003 Fundraising expenses 0 Total expenses 4,673,372 OTHER PATIENT SERVICES Program service expenses 11,843,286 Management and general expenses 0 Fundraising expenses 0 Total expenses 11,843,286 OTHER ADMINISTRATIVE SERVICES Program service expenses 2,168,726 Management and general expenses 3,983,668 Fundraising expenses 0 Total expenses 6,152,394 GENERAL CONSULTING FEES Program service expenses 326,745 Management and general expenses 2,058,901 Fundraising expenses 0 Total expenses 2,385,646 BILLING AND COLLECTIONS Program service expenses 0 Management and general expenses 221,823 Fundraising expenses 0 Total expenses 221,823 RECORDS MANAGMENT Program service expenses 27,997 Management and general expenses 0 Fundraising expenses 0 Total expenses 27,997 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------|---|
| FORM 990, PART X, LINE 20 | THE TAX-EXEMPT BOND LIABILITIES WERE TRANSFERRED FROM PROVIDENCE SAINT JOHN'S HEALTH CENTER TO ITS TAX EXEMPT PARENT, PROVIDENCE ST JOSEPH HEALTH, DURING THE YEAR ENDED 12/31/17 THE TAX-EXEMPT BOND LIABILITY IN PART X, LINE 20 HAS BEEN RECLASSSED AS AN INTERCOMPANY LIABILITY FOR TAX-EXEMPT BONDS IN PART X, LINE 25 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------|--|
| Form 990, Part XI, line 9 | FAS 136 RECLASSIFIED FROM REVENUE TO CHANGE IN NET ASSETS 4,766,429 REVERSE 2016 OVERACCRUAL OF CHARITY CARE 1,133,795 RECLASS OVERACCRUAL OF 2017 CHARITY CARE TO CHANGE IN NET ASSETS 212,084 FAS 136 IN NET ASSETS 8,406,184 NET ASSET TRANSFERS TO/FROM AFFILIATES 26,131,133 ROUNDING 1 |

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
PROVIDENCE SAINT JOHN'S HEALTH CENTER

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

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number
95-1684082

Part I

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

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

Part II

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

See Additional Data Table

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| | | | | | | Yes | No |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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

See Additional Data Table

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

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

| (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 |
| See Additional Data Table | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

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

| | Yes | No |
|--|---------------|----|
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a Yes | |
| b Gift, grant, or capital contribution to related organization(s) | 1b | No |
| c Gift, grant, or capital contribution from related organization(s) | 1c Yes | |
| d Loans or loan guarantees to or for related organization(s) | 1d | No |
| e Loans or loan guarantees by related organization(s) | 1e | No |
| f Dividends from related organization(s) | 1f | No |
| g Sale of assets to related organization(s) | 1g | No |
| h Purchase of assets from related organization(s) | 1h | No |
| i Exchange of assets with related organization(s) | 1i | No |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1j | No |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k | No |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 1l | No |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m | No |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | No |
| o Sharing of paid employees with related organization(s) | 1o Yes | |
| p Reimbursement paid to related organization(s) for expenses | 1p Yes | |
| q Reimbursement paid by related organization(s) for expenses | 1q | No |
| r Other transfer of cash or property to related organization(s) | 1r | No |
| s Other transfer of cash or property from related organization(s) | 1s | No |

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|----------------------------------|------------------------|--|
| (1) SAINT JOHN'S HEALTH CENTER FOUNDATION | C | 7,280,566 | COST |
| (2) JOHN WAYNE CANCER INSTITUTE | A | 1,280,100 | COST |
| | | | |
| | | | |
| | | | |
| | | | |

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

[illegible]

Part VII **Supplemental Information**

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

Additional Data

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

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c) (3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
|--|-------------------------|--|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| 3615 19TH STREET LUBBOCK, TX 79410 61-1573313 | HEALTHCARE | TX | 501(c)(3) | 12,I | CHS | Yes | |
| 3345 MICHELSON DRIVE SUITE 100 IRVINE, CA 92612 46-1259908 | HEALTHCARE | CA | 501(c)(3) | 12,III | SJHS | Yes | |
| 3615 19TH STREET LUBBOCK, TX 79410 46-3516417 | HEALTHCARE | TX | 501(c)(3) | 12,I | CHS | Yes | |
| 3615 19TH STREET LUBBOCK, TX 79410 75-2765566 | HEALTHCARE | TX | 501(c)(3) | 3 | SJHS | Yes | |
| 3623 22ND PLACE LUBBOCK, TX 79410 75-2897026 | HEALTHCARE | TX | 501(c)(3) | 7 | CHS | Yes | |
| 3420 22ND PLACE LUBBOCK, TX 79410 75-2743883 | HEALTHCARE | TX | 501(c)(3) | 3 | CHS | Yes | |
| 1801 LIND AVENUE SW 9016 RENTON, WA 980579016 91-1082119 | UNEMPLOYMENT | WA | 501(c)(3) | 12,I | PHS WA | Yes | |
| PO BOX 5128 EVERETT, WA 982065128 94-3264605 | TRANS CARE | WA | 501(c)(3) | 10 | N/A | | No |
| 15451 SAN FERNANDO MISSION BLVD 200 MISSION HILLS, CA 913451420 95-4322584 | SUPPORT | CA | 501(c)(3) | 7 | PHS SOCAL | Yes | |
| 1423 FIRST AVENUE SEATTLE, WA 98101 20-1910170 | SUPPORT | WA | 501(c)(3) | 7 | PHS WA | Yes | |
| 2800 SOUTH 192ND ST 104 SEATAC, WA 98188 27-3133200 | HEALTHCARE | WA | 501(c)(3) | 7 | SHS | Yes | |
| 1 HOAG DRIVE NEWPORT BEACH, CA 92658 45-3583707 | HEALTHCARE | CA | 501(c)(3) | 12,I | HMHP | Yes | |
| 330 PLACENTIA AVE NEWPORT BEACH, CA 92663 45-2982422 | SUPPORT | CA | 501(c)(3) | 7 | HHF | Yes | |
| 330 PLACENTIA AVE NEWPORT BEACH, CA 92663 95-3222343 | FUNDRAISING | CA | 501(c)(3) | 7 | HMHP | Yes | |
| 1 HOAG ROAD BOX 6100 NEWPORT BEACH, CA 92663 95-1643327 | HEALTHCARE | CA | 501(c)(3) | 3 | CHN | Yes | |
| 3702 21ST STREET LUBBOCK, TX 79410 75-2133781 | HEALTHCARE | TX | 501(c)(3) | 10 | CHS | Yes | |
| 601 W 1ST AVENUE SPOKANE, WA 99201 91-1307555 | HEALTHCARE | WA | 501(c)(3) | 3 | PHS WA | Yes | |
| 1801 LIND AVENUE SW 9016 RENTON, WA 98057 81-4260130 | HEALTHCARE | WA | 501(c)(3) | 7 | PHS SJHS | Yes | |
| 401 TERRY AVE N SEATTLE, WA 98109 91-2003593 | HEALTHCARE | WA | 501(c)(3) | 7 | WHC | Yes | |
| 2200 SANTA MONICA BLVD SANTA MONICA, CA 90404 95-4291515 | HEALTHCARE | CA | 501(c)(3) | 4 | PSJHC | Yes | |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations | | | | | | | |
|--|-------------------------|--|----------------------------|---|----------------------------------|---|----|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
| | | | | | | Yes | No |
| 888 SWIFT BLVD RICHLAND, WA 99352 91-6033089 | SUPPORT | WA | 501(c)(3) | 12,III | KRMC | Yes | |
| 888 SWIFT BLVD RICHLAND, WA 99352 23-7005501 | SUPPORT | WA | 501(c)(3) | 12,I | KRMC | Yes | |
| 1268 LEE BLVD RICHLAND, WA 99352 91-1266345 | HEALTHCARE | WA | 501(c)(3) | 10 | WHC | Yes | |
| 888 SWIFT BLVD RICHLAND, WA 99352 91-0655392 | HEALTHCARE | WA | 501(c)(3) | 3 | WHC | Yes | |
| 4101 TORRANCE BLVD TORRANCE, CA 90503 33-0844408 | IMAGING SVCS | CA | 501(c)(3) | 10 | PHS SOCAL | Yes | |
| 3615 19TH STREET LUBBOCK, TX 79410 75-2220963 | HEALTHCARE | TX | 501(c)(3) | 7 | CHS | Yes | |
| 5921 E BURNSIDE PORTLAND, OR 97215 91-1562797 | SUPPORT | OR | 501(c)(3) | 7 | PHS OR | Yes | |
| 747 BROADWAY SEATTLE, WA 98122 91-2054035 | RESEARCH | WA | 501(c)(3) | 7 | SHS | Yes | |
| 3610 21ST STREET LUBBOCK, TX 79410 75-2428911 | HEALTHCARE | TX | 501(c)(3) | 3 | CHS | Yes | |
| 1900 COLLEGE AVENUE LEVELLAND, TX 79336 75-2246348 | HEALTHCARE | TX | 501(c)(3) | 3 | CHS | Yes | |
| 2601 DIMMITT ROAD PLAINVIEW, TX 79072 75-2426010 | HEALTHCARE | TX | 501(c)(3) | 3 | CHS | Yes | |
| 27700 MEDICAL CENTER ROAD MISSION VIEJO, CA 92691 95-1643360 | HEALTHCARE | CA | 501(c)(3) | 3 | CHN | Yes | |
| 1200 12TH AVE S SEATTLE, WA 98144 56-2290878 | HEALTHCARE | WA | 501(c)(3) | 10 | WHC | Yes | |
| 501 S BUENA VISTA STREET BURBANK, CA 91505 95-3544877 | HEALTHCARE | CA | 501(c)(3) | 7 | PHS SOCAL | Yes | |
| 3300 PROVIDENCE DRIVE - B TOWER2 ANCHORAGE, AK 99508 92-0093565 | HEALTHCARE | AK | 501(c)(3) | 12,I | PHS WA | Yes | |
| 540 SOUTH MAIN ST MT ANGEL, OR 973629532 91-1940286 | HEALTHCARE | OR | 501(c)(3) | 7 | PHS OR | Yes | |
| 1700 PROVIDENCE PL CENTRALIA, WA 98531 91-1789266 | SUPPORT | WA | 501(c)(3) | 7 | PHS WA | Yes | |
| 830 NE 47TH PORTLAND, OR 97213 93-0800140 | SUPPORT | OR | 501(c)(3) | 7 | PHS OR | Yes | |
| 1111 CRATER LAKE AVE MEDFORD, OR 97504 93-0692907 | HEALTHCARE | OR | 501(c)(3) | 7 | PHS OR | Yes | |
| 1205 MONTELLO AVE HOOD RIVER, OR 97031 47-3385506 | SUPPORT | WA | 501(c)(3) | 7 | N/A | | No |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations | | | | | | | |
|--|-------------------------|--|----------------------------|---|----------------------------------|---|----|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
| | | | | | | Yes | No |
| 1801 LIND AVENUE SW 9016 RENTON, WA 980579016 94-3078543 | HEALTHCARE | WA | 501(c)(3) | 12,I | PHS WA | Yes | |
| 4515 MLK JR WAY S STE 200 SEATTLE, WA 98108 31-1744654 | SUPPORT | WA | 501(c)(3) | 7 | PHS WA | Yes | |
| 1801 LIND AVENUE SW 9016 RENTON, WA 980579016 91-1549796 | HEALTHCARE | WA | 501(c)(3) | 12,II | PSJH | | No |
| 500 W BROADWAY PO BOX 4587 MISSOULA, MT 598064587 81-0231793 | HEALTHCARE | MT | 501(c)(3) | 3 | PHS WA | Yes | |
| 1801 LIND AVENUE SW 9016 RENTON, WA 980579016 51-0216587 | HEALTHCARE | OR | 501(c)(3) | 3 | PHS | Yes | |
| 1801 LIND AVENUE SW 9016 RENTON, WA 980579016 51-0216586 | HEALTHCARE | WA | 501(c)(3) | 3 | PHS | Yes | |
| 1801 LIND AVENUE SW 9016 RENTON, WA 980579016 91-1303277 | HEALTHCARE | WA | 501(c)(3) | 3 | PMWHC | Yes | |
| 4400 NE HALSEY BLDG 2 PORTLAND, OR 97213 55-0828701 | MEDICAID | OR | 501(c)(4) | N/A | PHP | Yes | |
| 101 W 8TH AVE SPOKANE, WA 99204 32-0014330 | HEALTHCARE | WA | 501(c)(3) | 7 | PHS WA | Yes | |
| 914 S SCHEUBER ROAD CENTRALIA, WA 98531 91-1433382 | HEALTHCARE | WA | 501(c)(3) | 7 | PHS W WA | Yes | |
| 4400 NE HALSEY BLDG 2 PORTLAND, OR 97213 93-0863097 | HEALTHCARE | OR | 501(c)(4) | N/A | PPP | Yes | |
| 1801 LIND AVENUE SW 9016 RENTON, WA 980579016 51-0216589 | HEALTHCARE | CA | 501(c)(3) | 3 | PHS | Yes | |
| 811 13TH ST HOOD RIVER, OR 97031 93-0921990 | HEALTHCARE | OR | 501(c)(3) | 7 | PHS OR | Yes | |
| 2731 WETMORE AVENUE SUITE 500 EVERETT, WA 98201 27-2552749 | HEALTHCARE | WA | 501(c)(3) | 7 | PHS W WA | Yes | |
| 425 PONTIUS AVENUE NORTH 300 SEATTLE, WA 981095452 91-2077378 | HEALTHCARE | WA | 501(c)(3) | 12,I | PHS W WA | Yes | |
| 4101 TORRANCE BLVD TORRANCE, CA 90503 51-0224944 | HEALTHCARE | CA | 501(c)(3) | 7 | PHS SOCIAL | Yes | |
| 3725 PROVIDENCE POINT DRIVE SE ISSAQUAH, WA 980297219 93-1554288 | HEALTHCARE | WA | 501(c)(3) | 12,I | PHS W WA | Yes | |
| 4101 TORRANCE BLVD TORRANCE, CA 90503 33-0283773 | HEALTHCARE | CA | 501(c)(3) | 12,I | PHS SOCIAL | Yes | |
| 10150 SE 32ND MILWAUKIE, OR 97222 94-3079515 | HEALTHCARE | OR | 501(c)(3) | 7 | PHS OR | Yes | |
| 1801 LIND AVENUE SW SUITE 9016 RENTON, WA 980579016 | RELIGIOUS ORG | WA | 501(c)(3) | 1 | N/A | | No |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations | | | | | | | |
|--|-------------------------|--|----------------------------|---|----------------------------------|---|----|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
| | | | | | | Yes | No |
| 4831 - 35TH AVENUE SW SEATTLE, WA 981262799 91-1188119 | HEALTHCARE | WA | 501(c)(3) | 7 | PHS WA | Yes | |
| 1001 PROVIDENCE DRIVE NEWBERG, OR 97132 93-0889144 | HEALTHCARE | OR | 501(c)(3) | 7 | PHS OR | Yes | |
| 7101 38TH AVENUE SOUTH SEATTLE, WA 98118 31-1629656 | SUPPORT | WA | 501(c)(3) | 7 | PHS WA | Yes | |
| 4400 NE HALSEY BLDG 2 PORTLAND, OR 97213 91-1861964 | HEALTHCARE | WA | 501(c)(4) | N/A | PHS OR | Yes | |
| 4805 NE GLISAN ST PORTLAND, OR 972132967 93-1231494 | HEALTHCARE | OR | 501(c)(3) | 7 | PHS OR | Yes | |
| 1700 PROVIDENCE PL CENTRALIA, WA 98531 31-1584166 | SUPPORT | WA | 501(c)(3) | 10 | PHS WA | Yes | |
| 20555 EARL ST TORRANCE, CA 90503 81-4542216 | HEALTHCARE | CA | 501(c)(3) | PENDING | PHS SOCAL | Yes | |
| 725 S WAHANNA RD SEASIDE, OR 97138 93-0927320 | HEALTHCARE | OR | 501(c)(3) | 7 | PHS OR | Yes | |
| 3201 SW GRAHAM ST SEATTLE, WA 98126 91-2171539 | SUPPORT | WA | 501(c)(3) | 7 | PHS WA | Yes | |
| 3415 12TH AVENUE NE OLYMPIA, WA 98506 94-3244854 | SUPPORT | WA | 501(c)(3) | 7 | PHS WA | Yes | |
| 1801 LIND AVENUE SW 9016 RENTON, WA 98057 81-1244422 | HEALTHCARE | WA | 501(c)(3) | 12,III | N/A | | No |
| PO BOX 1010 POLSON, MT 598601010 81-0463482 | HEALTHCARE | MT | 501(c)(3) | 3 | PHS WA | Yes | |
| 401 W POPLAR ST WALLA WALLA, WA 99362 45-2841492 | HEALTHCARE | WA | 501(c)(3) | 7 | PHS WA | Yes | |
| 413 LILLY ROAD NE OLYMPIA, WA 985065166 91-1097056 | SUPPORT | WA | 501(c)(3) | 7 | PHS W WA | Yes | |
| 9205 SW BARNES RD PORTLAND, OR 97225 93-0575982 | HEALTHCARE | OR | 501(c)(3) | 7 | PHS OR | Yes | |
| 5315 TORRANCE BLVD SUITE B1 TORRANCE, CA 90503 95-3264139 | HEALTHCARE | CA | 501(c)(3) | 10 | PHS SOCAL | Yes | |
| 5315 TORRANCE BLVD SUITE B1 TORRANCE, CA 90503 33-0261016 | HEALTHCARE | CA | 501(c)(3) | 7 | PTCH | Yes | |
| 1500 DIVISION STREET OREGON CITY, OR 97045 93-1003750 | HEALTHCARE | OR | 501(c)(3) | 12, I | PHS OR | Yes | |
| 1000 TRANCAS STREET NAPA, CA 94558 94-1243669 | HEALTHCARE | CA | 501(c)(3) | 3 | SJHS | Yes | |
| 3300 RENNER DRIVE FORTUNA, CA 95540 94-2779313 | HEALTHCARE | CA | 501(c)(3) | 7 | RMH | Yes | |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations | | | | | | | |
|--|-------------------------|--|----------------------------|---|----------------------------------|---|----|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
| | | | | | | Yes | No |
| 3300 RENNER DRIVE FORTUNA, CA 95540 94-1384665 | HEALTHCARE | CA | 501(c)(3) | 3 | SJHS | Yes | |
| 2121 SANTA MONICA BLVD SANTA MONICA, CA 90404 95-6100079 | SUPPORT | CA | 501(c)(3) | 7 | PSJHC | Yes | |
| 1165 MONTGOMERY DR SANTA ROSA, CA 95405 94-1231005 | HEALTHCARE | CA | 501(c)(3) | 3 | SJHS | Yes | |
| 550 17TH AVE SEATTLE, WA 98122 61-1502822 | PHYSN COLLAB | WA | 501(c)(3) | 7 | WHC | Yes | |
| 1801 LIND AVENUE SW 9016 RENTON, WA 980579016 26-2612415 | SHELL CORP | MT | 501(c)(3) | 1 | PHS WA | Yes | |
| 480 S BATAVIA ORANGE, CA 92868 95-1643383 | RELIGIOUS ORG | CA | 501(c)(3) | 1 | N/A | | No |
| 400 NORTH MCDOWELL BLVD PETALUMA, CA 94954 68-0395200 | HEALTHCARE | CA | 501(c)(3) | 3 | SRMH | Yes | |
| 3345 MICHELSON DRIVE SUITE 100 IRVINE, CA 92612 27-1666576 | RELIGIOUS ORG | CA | 501(c)(3) | 1 | SSJO | | No |
| 3345 MICHELSON DRIVE IRVINE, CA 92612 81-4791043 | HEALTHCARE | CA | 501(c)(3) | 3 | SJHS | Yes | |
| 3345 MICHELSON DRIVE SUITE 100 IRVINE, CA 92612 95-3589356 | HEALTHCARE | CA | 501(c)(3) | 12,I | PSJH | | No |
| 3345 MICHELSON DRIVE SUITE 100 IRVINE, CA 92612 33-0143024 | HEALTHCARE | CA | 501(c)(3) | 7 | SJHS | Yes | |
| 200 WEST CENTER ST PROMENADE ANAHEIM, CA 92805 33-0185031 | HEALTHCARE | CA | 501(c)(3) | 3 | SJHS | Yes | |
| 1111 SONOMA STE 308 SANTA ROSA, CA 95405 68-0331084 | HEALTHCARE | CA | 501(c)(3) | 10 | SJHS | Yes | |
| 2700 DOLBEER STREET EUREKA, CA 95501 94-1156596 | HEALTHCARE | CA | 501(c)(3) | 3 | SJHS | Yes | |
| 1100 WEST STEWART DRIVE ORANGE, CA 92868 95-1643359 | HEALTHCARE | CA | 501(c)(3) | 3 | CHN | Yes | |
| 101 EAST VALENCIA MESA DRIVE FULLERTON, CA 92635 95-1643324 | HEALTHCARE | CA | 501(c)(3) | 3 | CHN | Yes | |
| 350 WASHINGTON AVE SE CHEHALIS, WA 98352 94-3176618 | SUPPORT | WA | 501(c)(3) | 7 | PHS WA | Yes | |
| 18300 HIGHWAY 18 APPLE VALLEY, CA 92307 95-1914489 | HEALTHCARE | CA | 501(c)(3) | 3 | CHN | Yes | |
| 4000 24TH STREET LUBBOCK, TX 79410 75-1653181 | HEALTHCARE | TX | 501(c)(3) | 7 | CHS | Yes | |
| 500 WEST BROADWAY PO BOX 4587 MISSOULA, MT 598064587 23-7056976 | HEALTHCARE | MT | 501(c)(3) | 7 | PHS WA | Yes | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
|---|-------------------------|---|----------------------------|--|----------------------------------|---|----|
| | | | | | | Yes | No |
| 1710 BENEFIS COURT GREAT FALLS, MT 59405 81-0233495 | EDUCATION | MT | 501(c)(3) | 10 | PHS WA | Yes | |
| 21601 76TH AVE W EDMONDS, WA 98026 27-2305304 | HEALTHCARE | WA | 501(c)(3) | 3 | WHC | Yes | |
| 747 BROADWAY SEATTLE, WA 98122 91-0433740 | HEALTHCARE | WA | 501(c)(3) | 3 | WHC | Yes | |
| 747 BROADWAY SEATTLE, WA 98122 91-0983214 | HEALTHCARE | WA | 501(c)(3) | 7 | SHS | Yes | |
| 747 BROADWAY SEATTLE, WA 98122 27-3139262 | HOLDING CO | WA | 501(c)(3) | 12,I | SHS | Yes | |
| 312 NORTH FOURTH ST YAKIMA, WA 98901 91-1180824 | SUPPORT | WA | 501(c)(3) | 7 | PHS WA | Yes | |
| 540 23RD ST OAKLAND, CA 94612 91-1293869 | SUPPORT | CA | 501(c)(3) | 10 | PHS SOCAL | Yes | |
| 5520 NE GLISAN PORTLAND, OR 97213 91-1214491 | SUPPORT | OR | 501(c)(3) | 10 | PHS OR | Yes | |
| 1301 20TH STREET SOUTH GREAT FALLS, MT 59405 81-0231777 | EDUCATION | MT | 501(c)(3) | 2 | PHS | Yes | |
| 747 BROADWAY SEATTLE, WA 98122 45-4171900 | SHELL CORPORATION | WA | 501(c)(3) | 12,II | PHS W WA | Yes | |

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

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

[illegible]

| Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust | | | | | | | | | |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? | |
| | | | | | | | | Yes | No |
| 1221 MADISON STREET OWNERS ASSOC 747 BROADWAY SEATTLE, WA 98122 20-1954319 | OWNERS' ASSOC | WA | N/A | C | | | | | No |
| AMERICAN UNITY GROUP LTD 90 PITTS BAY ROAD PEMBROKE BERMUDA BD | CAPTIVE INSURANCE | BD | N/A | C | | | | | No |
| BOURGET HEALTH SERVICES INC PO BOX 2687 SPOKANE, WA 99220 91-1354431 | CLIN/MED LAB | WA | N/A | C | | | | | No |
| CARON HEALTH CORPORATION 510 W FRONT ST MISSOULA, MT 59802 81-0486082 | MED PHYS SVCS | MT | N/A | C | | | | | No |
| HOAG CLINIC 1 HOAG DRIVE BOX 6100 NEWPORT BEACH, CA 92658 33-0676831 | HEALTHCARE | CA | N/A | C | | | | | No |
| DATU HEALTH INC AND SUBSIDIARIES 16150 MAIN CIRCLE DR SUITE 250 CHESTERFIELD, MO 63017 46-3070062 | IT SVCS | DE | N/A | C | | | | | No |
| HOAG MANAGEMENT SERVICES INC 1 HOAG DRIVE BOX 6100 NEWPORT BEACH, CA 92658 33-0731587 | HEALTHCARE | CA | N/A | C | | | | | No |
| LUBBOCK METHODIST HOSP PRACTICE MGMT 2107 OXFORD STREET STE 300 LUBBOCK, TX 79410 75-2578995 | INACTIVE | TX | N/A | C | | | | | No |
| LUBBOCK METHODIST HOSPITAL SVCS PO BOX 1201 LUBBOCK, TX 79410 75-2118585 | HEALTHCARE | TX | N/A | C | | | | | No |
| MISSION VIEJO MEDICAL VENTURES 27800 MEDICAL CENTER RD MISSION VIEJO, CA 92691 33-0212905 | HEALTHCARE | CA | N/A | C | | | | | No |
| OPHIE HEALTHCARE SERVICES INC 3345 MICHELSON DRIVE SUITE 100 IRVINE, CA 92612 27-1002825 | HEALTHCARE | CA | N/A | C | | | | | No |
| PHN HOLDINGS 20555 EARL STREET TORRANCE, CA 90503 46-1814184 | STRAT PLAN SVCS | CA | N/A | C | | | | | No |
| PIONEER INNOVATIONS INC 800 5TH AVE 10TH FLOOR SEATTLE, WA 98104 36-4818191 | HEALTH INNOVATNS | WA | N/A | C | | | | | No |
| PROVIDENCE ASSURANCE INC 3131 CAMELBACK ROAD STE 400 PHOENIX, AZ 85016 20-8194071 | CAPTIVE INSURANCE | AZ | N/A | C | | | | | No |
| PROVIDENCE HEALTH CARE VENTURES INC 101 W 8TH AVE TAF C-9 SPOKANE, WA 99204 90-0155714 | CLIN/MED LAB | WA | N/A | C | | | | | No |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
| | | | | | | | | Yes | No |
| PROVIDENCE HEALTH NETWORK 20555 EARL STREET TORRANCE, CA 90503 80-0886966 | PREPAID HEALTH | CA | N/A | C | | | | | No |
| PROVIDENCE HEALTH VENTURES INC 4101 TORRANCE BLVD TORRANCE, CA 90503 33-0122216 | INVESTMENT | CA | N/A | C | | | | | No |
| ST JOSEPH HEALTH SOURCE INC 3345 MICHELSON DRIVE SUITE 100 IRVINE, CA 92612 46-1900168 | HEALTHCARE | CA | N/A | C | | | | | No |
| ST JOSEPH HEALTH 3345 MICHELSON DRIVE SUITE 100 IRVINE, CA 92612 46-2340232 | HOLDING COMPANY | CA | N/A | C | | | | | No |
| ST JOSEPH PROF SVCS ENTERPRSES INC 3345 MICHELSON DRIVE SUITE 100 IRVINE, CA 92612 33-0155323 | HEALTHCARE | CA | N/A | C | | | | | No |
| VINSERRA INC 1328 22ND STREET SANTA MONICA, CA 90403 95-3943315 | INVESTMENTS | CA | N/A | C | | | | | No |
| WESTERN HEALTHCONNECT VENTURES INC 1801 LIND AVE SW 9016 RENTON, WA 98057 80-0953654 | INVESTMENTS | WA | N/A | C | | | | | No |
| YAKIMA MEDICAL ARTS INC 611 N PERRY 100 SPOKANE, WA 99202 91-0787963 | RENT REAL ESTATE | WA | N/A | C | | | | | No |