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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 TRINITYCARE HOSPICE

D Employer identification number

95-3264139

E Telephone number

(310) 543-3400

G Gross receipts \$ 29,376,521

F Name and address of principal officer

TERRI WARREN
5315 TORRANCE BLVD No B1
TORRANCE, CA 90503

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

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

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

H(c) Group exemption number ▶

I Tax-exempt status

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

J Website: ▶ HTTP //CALIFORNIA PROVIDENCE ORG/TRINITYCARE/

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1977

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)

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

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

6 Total number of volunteers (estimate if necessary)

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

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

Revenue

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

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

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

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

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

Expenses

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

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

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

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

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

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

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

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

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

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

2018-10-31

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

Phone no (415) 894-8000

SAN FRANCISCO, CA 94105

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 \$	13,530,583	including grants of \$	0)	(Revenue \$	15,291,576)
See Additional Data							

4b	(Code)	(Expenses \$	3,889,317	including grants of \$	0)	(Revenue \$	5,998,457)
See Additional Data							

4c	(Code)	(Expenses \$	3,775,446	including grants of \$	0)	(Revenue \$	0)
See Additional Data							

See Additional Data Table

4d	Other program services (Describe in Schedule O)						
	(Expenses \$	4,632,271	including grants of \$	1,542,784)	(Revenue \$	0)	

4e	Total program service expenses ▶	25,827,617
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (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? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	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? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	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>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	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>	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>	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>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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>		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>		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>		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>		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>		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>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		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>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>		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>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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>	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>		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>		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	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.	0	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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.	0	
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).		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		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?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		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?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	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?		
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.		
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?		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

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

		Yes	No
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	Yes	

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	No
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	

Section C. Disclosure

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

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

Form **990** (2017)

[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 ▶ 47

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
AMERICAN ALL CARE SERVICES PO BOX 361327 LOS ANGELES, CA 90036	HOSPICE SERVICES	1,232,348
PROVIDENCE LITTLE COMPANY OF MARY TORRAN PO BOX 2336 SPOKANE SPOKANE, WA 992102336	GENERAL INPATIENT SERVICES	461,536
MATTHEW JON GONZALES 5150 E PAC COAST HIGHWAY 500 LONG BEACH, CA 90804	MEDICAL DIRECTOR	270,631
PROVIDENCE HOME CARE AND HOSPICE PO BOX 3268 PORTLAND, OR 97208	GENERAL INPATIENT SERVICES	261,098
MARTINA MEIER MD 4228 INCE BLVD CULVER CITY, CA 90232	MEDICAL DIRECTOR	240,399

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 25	
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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**

1a Federated campaigns . . .	1a	
b Membership dues . . .	1b	
c Fundraising events . . .	1c	
d Related organizations	1d	5,775,331
e Government grants (contributions)	1e	
f All other contributions, gifts, grants, and similar amounts not included above	1f	
g Noncash contributions included in lines 1a-1f \$ _____		
h Total. Add lines 1a-1f		5,775,331

(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
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Program Service Revenue

2a HOSPICE SERVICES	Business Code				
	621610	21,228,186	21,228,186		
b _____					
c _____					
d _____					
e _____					
f All other program service revenue					
g Total. Add lines 2a-2f		21,228,186			

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			
b Less rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)					
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less cost or other basis and sales expenses					
c Gain or (loss)					
d Net gain or (loss)					
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				
b Less cost of goods sold	b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11a INTERAFFILIATE REVENUE	900099	2,298,436			2,298,436
b BAD DEBT RECOVERIES	900099	61,757	61,757		
c LATE FEES	900099	12,721			12,721
d All other revenue		90	90		
e Total. Add lines 11a-11d		2,373,004			
12 Total revenue. See Instructions		29,376,521	21,290,033	0	2,311,157

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.	1,447,572	1,447,572		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	95,212	95,212		
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.	368,018	319,274	48,744	
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.	15,744,168	13,673,092	2,071,076	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	195,710	169,989	25,721	
9 Other employee benefits.				
10 Payroll taxes.	1,106,451	960,881	145,570	
11 Fees for services (non-employees):				
a Management.				
b Legal.				
c Accounting.				
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	3,540,610	3,501,586	39,024	
12 Advertising and promotion.	30,040	28,629	1,411	
13 Office expenses.	780,209	704,302	75,907	
14 Information technology.	29,734	29,434	300	
15 Royalties.				
16 Occupancy.	1,945,075	1,879,208	65,867	
17 Travel.	720,525	666,572	53,953	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	64,710	36,631	28,079	
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	228		228	
23 Insurance.				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a MEDICAL SUPPLIES	2,104,420	2,104,420		
b DUES & SUBSCRIPTIONS	204,871	195,077	9,794	
c LEGAL SETTLEMENTS	37,000		37,000	
d LICENSING COSTS	13,615	13,390	225	
e All other expenses	2,348	2,348		
25 Total functional expenses. Add lines 1 through 24e.	28,430,516	25,827,617	2,602,899	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	2,236,257	4	1,145,015
	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		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 463,095		
	b Less: accumulated depreciation	10b 462,622	10c 701	473
	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	8,702,631	13	13,079,709
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	3,710,991	15	2,494,848
16 Total assets. Add lines 1 through 15 (must equal line 34)	14,650,580	16	16,720,045	
Liabilities	17 Accounts payable and accrued expenses	1,458,361	17	1,591,803
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	3,349,567	25	260,045
	26 Total liabilities. Add lines 17 through 25	4,807,928	26	1,851,848
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	5,123,666	27	8,840,747
	28 Temporarily restricted net assets	4,718,986	28	6,027,450
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	9,842,652	33	14,868,197	
34 Total liabilities and net assets/fund balances	14,650,580	34	16,720,045	

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	29,376,521
2	Total expenses (must equal Part IX, column (A), line 25)	2	28,430,516
3	Revenue less expenses Subtract line 2 from line 1	3	946,005
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,842,652
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	4,079,540
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	14,868,197

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 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		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 ☐ Separate basis ☒ Consolidated basis ☐ 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?		No
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		

Additional Data

Software ID:
Software Version:
EIN: 95-3264139
Name: PROVIDENCE TRINITYCARE HOSPICE

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 TRINITYCARE HOSPICE PROVIDES IN-HOME HOSPICE SERVICES TO TERMINALLY ILL PATIENTS AND PALLIATIVE CARE TO THOSE WITH LIFE-THREATENING ILLNESS IN LOS ANGELES AND ORANGE COUNTIES IN THE STATE OF CALIFORNIA. DURING 2017, IT PROVIDED CARE TO 2,277 PATIENTS. PATIENT ASSISTANCE (CHARITY CARE) - NO ONE IS EVER TURNED AWAY FROM THE HOSPICE DUE TO AN INABILITY TO PAY OR LACK OF INSURANCE. FOR THESE PATIENTS, AND FOR THOSE WHO ARE UNDERINSURED, WE PROVIDE ASSISTANCE TO MAKE ANY AND ALL HOSPICE SERVICES AVAILABLE.

Form 990, Part III, Line 4b:

SEE SCHEDULE O TRINITYKIDS CARE PROGRAM - STARTED IN 2001, TRINITYKIDS CARE REMAINS THE ONLY DEDICATED PEDIATRIC HOSPICE AND PALLIATIVE CARE PROGRAM IN LOS ANGELES AND ORANGE COUNTIES. THE PROGRAM HELPS CHILDREN WITH LIFE-LIMITING CONDITIONS LIVE AS NORMAL A LIFE AS POSSIBLE, FOR AS LONG AS POSSIBLE, IN THEIR OWN HOMES. THE PROGRAM GIVES THESE FAMILIES ACCESS TO A CONTINUUM OF TOTAL CARE WITH THE PRIMARY GOAL OF KEEPING THE CHILDREN IN THEIR HOMES WITH THEIR FAMILIES. WHAT BEGAN AS A TRUE LABOR OF LOVE WITH THREE CHILDREN GREW TO SERVE 417 CHILDREN IN 2017. FUNDING IS USED TO SUPPORT THE CLINICAL STAFF, PROVIDE VALUE ADDED SERVICES, SPECIALIZED MEDICATIONS, AND OTHER SUPPLIES. TRINITYKIDS CARE PROGRAM HELPS CHILDREN TO LIVE WELL AND DIE GENTLY.

Form 990, Part III, Line 4c:

SEE SCHEDULE O PROVIDENCE INSTITUTE FOR HUMAN CARING - IN 2014 PROVIDENCE INSTITUTE FOR HUMAN CARING WAS ESTABLISHED AS A PROGRAM OF PROVIDENCE TRINITYCARE HOSPICE THE FOCUS IS ON MAKING WHOLE PERSON CARE THE NEW NORMAL BY, 1) SHARING EXPERTISE AND BEST PRACTICES AMONG OUR CLINICIANS, 2) OFFERING EDUCATIONAL PROGRAMS FOR OUR CLINICIANS AND THOSE FROM OTHER HEALTH CARE PROVIDERS, 3) INCREASING TRAINING AND SUPPORT SERVICES AMONG COMMUNITY ORGANIZATIONS, 4) SUPPORTING AND ACCELERATING COMMUNITY-BASED CARE THROUGH EDUCATIONAL FORUMS, 5) ELEVATING THE IMPORTANCE OF THIS ISSUE NATIONALLY THROUGH NEWS MEDIA, ACADEMIC PUBLICATIONS, AND LIVE PRESENTATIONS BEFORE BOTH PROFESSIONAL AND PUBLIC AUDIENCES, 6) IMPROVING PATIENT SATISFACTION, AND 7) IMPROVING FAMILY, CAREGIVER AND CLINICIAN WELL-BEING AND SATISFACTION THE INSTITUTE BRINGS GREATER ATTENTION TO THE PERSONAL SIDE OF ILLNESS, DYING, CAREGIVING AND GRIEVING THE GOAL IS TO OFFER CLINICIANS THE RESOURCES, TRAINING AND SUPPORT THEY NEED TO HAVE MEANINGFUL CONVERSATIONS WITH PATIENTS AND FAMILIES ABOUT UNDERLYING WORRIES AND DESIRES RELATED TO A MEDICAL CONDITION, SO THAT TOGETHER THEY CAN DEVELOP THE BEST APPROACH TO CARE THE INSTITUTE ALSO REACHES OUT TO COMMUNITIES TO HELP PEOPLE UNDERSTAND HOW THEY CAN BE MORE ENGAGED IN THEIR OWN CARE, HOW TO SUPPORT LOVED ONES WHO ARE EXPERIENCING MEDICAL ISSUES AND HOW BEST TO COPE WITH THE STRAINS OF CAREGIVING AND, LATER, THE STRAINS OF GRIEF PROVIDENCE INSTITUTE FOR HUMAN CARING'S FOUNDER AND CHIEF MEDICAL OFFICER IS NATIONALLY KNOWN HOSPICE AND PALLIATIVE CARE EXPERT DR IRA BYOCK

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 2,711,101 including grants of \$ 0) (Revenue \$ 0)

PALLIATIVE CARE PROGRAM - THE OUTPATIENT AND IN-HOME PALLIATIVE CARE PROGRAMS OFFER CARE FROM AN INTERDISCIPLINARY PALLIATIVE CARE-TRAINED TEAM FROM THE TIME OF DIAGNOSIS TO CURE AND SURVIVORSHIP OR TO HOSPICE AND DEATH THE TEAM INCLUDES A PHYSICIAN, NURSE PRACTITIONER, RN, SOCIAL WORKER AND CHAPLAIN WORKING IN CLOSE COLLABORATION WITH THE PATIENT'S CURATIVE MEDICAL TEAM (MEDICAL ONCOLOGIST, RADIATION ONCOLOGIST, SURGEON, PRIMARY CARE PHYSICIAN ETC) NOT ONLY DOES THE TEAM PROVIDE SERVICES AS DESCRIBED BY ESTABLISHED NATIONAL GUIDELINES AND STANDARDS, BUT THEIR PARADIGM OF CARE IS BROADENED BY EMBRACING A RICHER SCOPE OF CARE ENTITLED "WHOLE PERSON CARE " THIS PRACTICE RESULTS IN PATIENTS AND FAMILIES FEELING LIKE COLLABORATIVE PARTNERS IN THEIR ILLNESS EXPERIENCE, WITH ALIGNED GOALS, MORE SUPPORT AND CARING, AND HEALTH CARE PROVIDERS EXPERIENCING GREATER JOB SATISFACTION WHILE PROVIDING HIGHER QUALITY CARE DURING 2017 A NEW PALLIATIVE CARE PROGRAM WAS STARTED IN PARTNERSHIP WITH KEIRO TO CREATE REGIONALLY INTEGRATED, PATIENT-CENTERED, CULTURALLY SENSITIVE CARE SERVICES FOR THE JAPANESE AMERICAN AND JAPANESE-SPEAKING COMMUNITY

(Code) (Expenses \$ 378,386 including grants of \$) (Revenue \$)

THE GATHERING PLACE, VOLUNTEER SERVICES, EDUCATION - BEREAVEMENT SUPPORT IS PROVIDED TO FAMILIES FOR 13 MONTHS FOLLOWING THE LOSS OF A LOVED ONE ON HOSPICE ADDITIONALLY, THE GATHERING PLACE PROVIDES GRIEF SUPPORT AND EDUCATION TO THE SOUTH BAY COMMUNITY FOR ANYONE WHO HAS SUFFERED THE DEATH OF A LOVED ONE FROM ANY CAUSE IT IS STAFFED BY LICENSED PROFESSIONALS, GRADUATE-LEVEL MENTAL HEALTH INTERNS AND TRAINED VOLUNTEERS THE GATHERING PLACE SERVES CHILDREN AGE 5 THROUGH ADULTS WHETHER OR NOT THEIR LOVED ONE WAS ON OUR HOSPICE SERVICE IN 2017, THE PROGRAM PROVIDED SERVICES TO 275 BEREAVED COMMUNITY MEMBERS, WHO RECEIVED SERVICES THAT INCLUDED ONE-ON-ONE SUPPORTIVE EDUCATION, AND PARTICIPATION IN 21 NINE-WEEK LONG SUPPORT GROUPS TO HELP THESE INDIVIDUALS THROUGH THE GRIEVING PROCESS THE GATHERING PLACE ASSISTS AT TIMES OF TRAGIC LOSS IN THE LOCAL SOUTH BAY COMMUNITY AS REQUESTED BY SCHOOLS, POLICE AND FIRE DEPARTMENTS OUR VOLUNTEERS OFFER COMFORT AND COMPANIONSHIP TO PATIENTS AND FAMILIES ON OUR HOSPICE SERVICE AND IN BEREAVEMENT PROGRAM VOLUNTEERS ALSO OFFER THE FOLLOWING - COMPANIONSHIP, LEGACY ART, HEARTTOUCH, PET THERAPY, VIRTUAL REALITY, VETERANS' DAY REMEMBRANCE, AND OTHERS EDUCATION - INCOME FROM THE THOUSAND CRANES CHAIR HAS BEEN USED FOR TRAININGS BY DR GLEN KOMATSU ON SEARCH INSIDE YOURSELF TO FURTHER DEVELOP RESILIENCY AND PROVIDE TECHNIQUES FOR SELF-CARE FOR OUR STAFF

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 1,542,784 including grants of \$ 1,542,784) (Revenue \$)

GRANTS AND ALLOCATIONS PROVIDE OPERATIONAL SUPPORT FOR PROVIDENCE TRINITYCARE HOSPICE FOUNDATION (\$1,346,872) AND SUPPORT FOR DEVELOPMENT OF CURRICULUM FOR PEDIATRIC FELLOWSHIP AND RESIDENT PROGRAM FOR REGISTERED NURSES, SOCIAL WORKERS AND CHAPLAINS AT CALIFORNIA STATE UNIVERSITY SAN MARCOS (\$100,000) NECESSITIES OF LIFE PROVIDES ASSISTANCE TO NEEDY FAMILIES WHO ARE SERVED BY THE HOSPICE (\$95,212) THOSE PAYMENTS COVER EXPENSES SUCH AS UTILITIES, GROCERIES, AND HOUSEHOLD ITEMS THERE WAS ALSO A GRANT MADE TO MAPS CHARITIES TO SUPPORT THEIR COMMUNITY SERVICE PROGRAM (\$700)

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			
DICK P ALLEN DIRECTOR	0 10 2 00	X						0	30,360	0
RICHARD BLAIR CHAIR	0 10 4 60	X						0	60,360	0
ISIAAH CRAWFORD PHD DIRECTOR	0 10 4 10	X						0	30,360	0
SISTER LUCILLE DEAN SP DIRECTOR	0 10 2 10	X						0	0	0
SR DIANE HEJNA CSJ RN DIRECTOR	0 10 1 90	X						0	0	0
MICHAEL HOLCOMB DIRECTOR	0 10 5 30	X						0	30,360	0
SR PHYLLIS HUGHES RSM DR PH DIRECTOR	0 10 5 00	X						0	0	0
SALLYE LINER MSN RN DIRECTOR	0 10 4 70	X						0	25,360	0
MARY LYONS PHD DIRECTOR	0 10 1 50	X						0	30,360	0
WALTER NOCE JR DIRECTOR	0 10 5 50	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			
DAVE OLSEN VICE CHAIR	0 10 7 00	X						0	30,360	0
CAROLINA REYES MD DIRECTOR	0 10 6 00	X						0	30,360	0
PHOEBE YANG DIRECTOR	0 10 2 00	X						0	25,360	0
DONALD ANDERSON JR ASSISTANT SECRETARY FOR ENROLLMENT	1 00 59 00			X				0	248,186	20,012
VENKAT BHAMIDIPATI EVP/TREASURER	1 00 59 00			X				0	638,309	847,978
MIKE BUTLER PRESIDENT	1 00 59 00			X				0	2,529,152	2,095,457
JO ANN ESCASA-HAIGH EVP/ASSISTANT TREASURER	1 00 49 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

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			
ROBERT HELLRIGEL SVP-CE / SENIOR & COMM SERVICES	1 00 54 00				X			0	600,911	471,983
TERRI P WARREN DIRECTOR HH & HOSPICE	54 00 1 00				X			319,754	0	49,925
IRA R BYOCK CMO IHC	40 00 0 00					X		570,138	0	50,900
YVONNE J CORBELL DIRECTOR - PROG DEVELOP	40 00 0 00					X		225,878	0	10,851
GLEN KOMATSU CMO PTCH	40 00 0 00					X		583,248	0	90,191
JENNIFER L KOZAKOWSKI EXECUTIVE DIRECTOR IHC	40 00 0 00					X		302,728	0	29,710
NUSHA SAFABAKHSH DIRECTOR - QUALITY	40 00 0 00					X		219,794	0	30,228
ROD F HOCHMAN MD FORMER PRESIDENT/CEO	0 00 60 00						X	0	5,269,095	6,313,965
TODD HOFHEINS FORMER EVP/CFO/TREAS	0 00 60 00						X	0	2,139,115	45,475
ERIK WEXLER FORMER CE/CA REGION	0 00 65 00						X	0	1,324,542	1,156,330

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 29 00						X	0	439,799	277,760
JANICE NEWELL FORMER SVP/CHIEF INFORMATION OFF	0 00 60 00						X	0	1,396,825	738,630
HARVEY SMITH FORMER SVP/CHIEF COSTUMER SVC OFF	0 00 50 00						X	0	1,048,182	47,496
TERESA SPALDING FORMER VP/REVENUE CYCLE	0 00 0 00						X	0	807,398	22,643
PAUL STODDART FORMER VP/MARKETING	0 00 0 00						X	0	175,547	8,264
GREG TILL FORMER VP/CHIEF TALENT OFFICER	0 00 61 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

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 TRINITYCARE HOSPICE

Employer identification number

95-3264139

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 ► ☐						

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 ► ☐	
b	33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐	
17a	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► ☐	
b	10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► ☐	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐	

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.")	1,183,239	943,402	3,840,283	4,890,192	2,512,299	13,369,415
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	15,509,722	16,037,728	17,860,792	20,067,178	21,228,186	90,703,606
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	16,692,961	16,981,130	21,701,075	24,957,370	23,740,485	104,073,021
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						0
8 Public support. (Subtract line 7c from line 6.)						104,073,021

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	16,692,961	16,981,130	21,701,075	24,957,370	23,740,485	104,073,021
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,126	5,982	12,576			21,684
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	3,126	5,982	12,576			21,684
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.)	11,287	13,405	250,589	1,380,484	5,636,037	7,291,802
13 Total support. (Add lines 9, 10c, 11, and 12.)	16,707,374	17,000,517	21,964,240	26,337,854	29,376,522	111,386,507
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	93.430 %
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	98.330 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	0.020 %
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	0.020 %

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 ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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 ☐ 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.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part III, Line 12, Explanation of Other Income	COST RECOVERY - 2013 Amount \$ 11,287 2014 Amount \$ 436 2015 Amount \$ 250,514 2016 Amount \$ 666,269 UNCLAIMED PROPERTY - 2014 Amount \$ 12,969 MEDICAL RECORDS - 2015 Amount \$ 75 2016 Amount \$ 180 2017 Amount \$ 90 LATE FEES - 2016 Amount \$ 13,250 2017 Amount \$ 12,721 BAD BEBT RECOVERIES - 2016 Amount \$ 74,243 2017 Amount \$ 61,757 IAF REV ENUE - 2016 Amount \$ 626,542 2017 Amount \$ 5,561,469

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
PROVIDENCE TRINITYCARE HOSPICE

Employer identification number
95-3264139

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	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1

► \$

(ii) Assets included in Form 990, Part X

► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1

► \$

b Assets included in Form 990, Part X

► \$

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				
b Buildings				
c Leasehold improvements		13,339	13,339	0
d Equipment		449,756	449,283	473
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				473

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	13,079,709	C
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶	13,079,709	

Part IX

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

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	2,494,848
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	2,494,848

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
DUE TO AFFILIATES	260,045
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	260,045

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	
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Part XIII	Supplemental Information <i>(continued)</i>
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Return Reference	Explanation
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Schedule I
(Form 990)

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.

OMB No 1545-0047

2017

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
PROVIDENCE TRINITYCARE HOSPICE

Employer identification number
95-3264139

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) PROVIDENCE TRINITYCARE HOSPICE FOUNDATION 5315 TORRANCE BLVD B1 TORRANCE, CA 90503	33-0261016	501(C)(3)	1,346,872				OPERATIONAL SUPPORT
(2) CALIFORNIA STATE UNIVERSITY SAN MARCOS FOUNDATION 333 S TWIN OAKS VALLEY ROAD SAN MARCOS, CA 92096	80-0390564	501(C)(3)	100,000				SUPPORT DEVELOPMENT OF PALLIATIVE CARE CURRICULUM
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶							2
3 Enter total number of other organizations listed in the line 1 table ▶							0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) PAYMENTS TO FAMILIES FOR NONMEDICAL NEEDS	103		95,212	Cost	PAYMENT OF EXPENSES ON BEHALF OF NEEDY FAMILIES SERVICED BY HOSPICE (UTILITIES, GROCERIES, ETC)
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Part I, Line 2	SINCE THE GRANTS GO TO AFFILIATED COMPANIES, THE COMPANY HAS DIRECT ACCESS TO THE FINANCIAL REPORTS OF THE FUNDED ORGANIZATIONS AND REVIEWS THEM FOR APPROPRIATE USE OF THE FUNDS THE GRANTS MADE BY THE COMPANY TO NON-AFFILIATED COMPANIES ARE ONLY GIVEN TO 501(C)(3) ORGANIZATIONS ONCE THE GRANT IS GIVEN, IT IS NOT MONITORED BY THE COMPANY AND IS LEFT UP TO THE DISCRETION OF THE GRANTEE SUPPORT PAYMENTS FOR FAMILIES RELATED TO NONMEDICAL NEEDS ARE REVIEWED INTERNALLY ON A CASE BY CASE BASIS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2017

Open to Public Inspection

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.**

Name of the organization PROVIDENCE TRINITYCARE HOSPICE	Employer identification number 95-3264139
--	--

Part I Questions Regarding Compensation

	Yes	No									
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. <table border="0"> <tr> <td>☐ First-class or charter travel</td> <td>☐ Housing allowance or residence for personal use</td> </tr> <tr> <td>☐ Travel for companions</td> <td>☐ Payments for business use of personal residence</td> </tr> <tr> <td>☐ Tax indemnification and gross-up payments</td> <td>☐ Health or social club dues or initiation fees</td> </tr> <tr> <td>☐ Discretionary spending account</td> <td>☐ Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	☐ First-class or charter travel	☐ Housing allowance or residence for personal use	☐ Travel for companions	☐ Payments for business use of personal residence	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)			
☐ First-class or charter travel	☐ Housing allowance or residence for personal use										
☐ Travel for companions	☐ Payments for business use of personal residence										
☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees										
☐ Discretionary spending account	☐ 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										
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										
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. <table border="0"> <tr> <td>☐ Compensation committee</td> <td>☐ Written employment contract</td> </tr> <tr> <td>☐ Independent compensation consultant</td> <td>☐ Compensation survey or study</td> </tr> <tr> <td>☐ Form 990 of other organizations</td> <td>☐ Approval by the board or compensation committee</td> </tr> </table>	☐ Compensation committee	☐ Written employment contract	☐ Independent compensation consultant	☐ Compensation survey or study	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee					
☐ Compensation committee	☐ Written employment contract										
☐ Independent compensation consultant	☐ Compensation survey or study										
☐ Form 990 of other organizations	☐ 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: <table border="0"> <tr> <td>a Receive a severance payment or change-of-control payment?</td> <td>4a</td> <td>Yes</td> </tr> <tr> <td>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</td> <td>4b</td> <td>Yes</td> </tr> <tr> <td>c Participate in, or receive payment from, an equity-based compensation arrangement?</td> <td>4c</td> <td>No</td> </tr> </table> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	a Receive a severance payment or change-of-control payment?	4a	Yes	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No		
a Receive a severance payment or change-of-control payment?	4a	Yes									
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes									
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No									
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: <table border="0"> <tr> <td>a The organization?</td> <td>5a</td> <td>No</td> </tr> <tr> <td>b Any related organization?</td> <td>5b</td> <td>No</td> </tr> </table> If "Yes," on line 5a or 5b, describe in Part III.	a The organization?	5a	No	b Any related organization?	5b	No					
a The organization?	5a	No									
b Any related organization?	5b	No									
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: <table border="0"> <tr> <td>a The organization?</td> <td>6a</td> <td>No</td> </tr> <tr> <td>b Any related organization?</td> <td>6b</td> <td>No</td> </tr> </table> If "Yes," on line 6a or 6b, describe in Part III.	a The organization?	6a	No	b Any related organization?	6b	No					
a The organization?	6a	No									
b Any related organization?	6b	No									
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	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	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										

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

[illegible]

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 ORGANIZATION'S CHIEF EXECUTIVE OFFICER/TOP MANAGEMENT OFFICIAL IS PAID BY ITS TAX EXEMPT PARENT, PROVIDENCE ST JOSEPH HEALTH, AND IS DISCLOSED AS A PERSON PAID BY A RELATED ORGANIZATION. SEE SCHEDULE O, PART VI, LINE 15A FOR THE PROCESS USED BY PROVIDENCE ST JOSEPH HEALTH.
Part I, Lines 4a-b	THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS IN 2017: TODD HOFHEINS - \$793,260; HARVEY SMITH - \$519,285; TERESA SPALDING - \$289,152; PAUL STODDART - \$177,790. 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: 95-3264139
Name: PROVIDENCE TRINITYCARE HOSPICE

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				
1DONALD 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
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
2MIKE 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
3JO 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
4CINDY 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
5JOHN 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
6ROBERT HELLRIGEL SVP-CE / SENIOR & COMM SERVICES	(i)	0	0	0	0	0	0	0
	(ii)	396,414	202,411	2,086	445,604	26,379	1,072,894	0
7TERRI P WARREN DIRECTOR HH & HOSPICE	(i)	246,751	50,033	22,970	29,806	20,119	369,679	0
	(ii)	0	0	0	0	0	0	0
8IRA R BYOCK CMO IHC	(i)	413,761	85,685	70,692	32,255	18,645	621,038	16,661
	(ii)	0	0	0	0	0	0	0
9YVONNE J CORBELL DIRECTOR - PROG DEVELOP	(i)	180,131	23,178	22,569	10,165	686	236,729	0
	(ii)	0	0	0	0	0	0	0
10GLEN KOMATSU CMO PTCH	(i)	399,363	85,721	98,164	61,263	28,928	673,439	21,720
	(ii)	0	0	0	0	0	0	0
11JENNIFER L KOZAKOWSKI EXECUTIVE DIRECTOR IHC	(i)	236,055	50,788	15,885	14,655	15,055	332,438	0
	(ii)	0	0	0	0	0	0	0
12NUSHA SAFABAKHSH DIRECTOR - QUALITY	(i)	180,341	22,675	16,778	11,760	18,468	250,022	0
	(ii)	0	0	0	0	0	0	0
13ROD F 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
14TODD HOFHEINS FORMER EVP/CFO/TREAS	(i)	0	0	0	0	0	0	0
	(ii)	15,196	527,139	1,596,780	10,544	34,931	2,184,590	777,867
15ERIK WEXLER FORMER 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
16STEVEN MOHR FORMER CFO/CA REGION	(i)	0	0	0	0	0	0	0
	(ii)	452,096	274,227	2,389	418,068	29,323	1,176,103	0
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 NRSRG 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				
21MARY 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
1GARY FLAMING FORMER SVP/CHIEF RISK OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	0	173,338	166,155	30,091	1,569	371,153	194,038
2MARK GARGETT FORMER VP/DIGITAL INTEGRATION	(i)	0	0	0	0	0	0	0
	(ii)	384,503	158,399	189,098	303,326	20,923	1,056,249	148,496
3JOEL 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
4OREST 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
5AARON 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
6TOM 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
7RHONDA 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
8JACK 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
9JANICE NEWELL FORMER SVP/CHIEF INFORMATION OFF	(i)	0	0	0	0	0	0	0
	(ii)	599,228	478,973	318,624	721,041	17,589	2,135,455	286,030
10HARVEY SMITH FORMER SVP/CHIEF COSTUMER 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
11TERESA SPALDING FORMER VP/REVENUE CYCLE	(i)	0	0	0	0	0	0	0
	(ii)	29,624	275,443	502,331	9,178	13,465	830,041	219,822
12PAUL STODDART FORMER VP/MARKETING	(i)	0	0	0	0	0	0	0
	(ii)	0	0	175,547	0	8,264	183,811	0
13GREG 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
14SHARON 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

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
PROVIDENCE TRINITYCARE HOSPICE**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**

95-3264139

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	PROVIDENCE HEALTH SYSTEM - SO CALIFORNIA IS THE SOLE CORPORATE MEMBER OF PROVIDENCE TRINITYCARE HOSPICE

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	PROVIDENCE TRINITYCARE HOSPICE HAS A TIERED GOVERNANCE IN WHICH THE CORPORATE MEMBERS RESERVE THE RIGHT TO APPOINT DIRECTORS TO THE PROVIDENCE TRINITYCARE HOSPICE BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	THE SOLE CORPORATE MEMBER HAS THE POWER TO 1) ADOPT OR CHANGE THE MISSION, PHILOSOPHY, OR VALUES 2) AMEND OR REPEAL THE ARTICLES OF INCORPORATION OR BYLAWS 3) APPROVE THE ACQUISITION OF ASSETS, THE INCURRENCE OF INDEBTEDNESS OR THE LEASE, SALE, TRANSFER, ASSIGNMENT OR ENCUMBERING OF THE ASSETS, IF THE AMOUNT INVOLVED IN ANY SUCH TRANSACTION IS IN EXCESS OF AN AMOUNT SPECIFIED FROM TIME TO TIME BY RESOLUTION OF THE PROVIDENCE MEMBER AND TO APPROVE THE SALE OR TRANSFER OF OTHER PROPERTY WHICH MAY HAVE EITHER HISTORICAL OR RELIGIOUS SIGNIFICANCE 4) APPROVE THE DISSOLUTION, LIQUIDATION, CONSOLIDATION OR MERGER WITH ANOTHER CORPORATION OR ENTITY 5) APPROVE ON A CONSOLIDATED SYSTEM-WIDE BASIS THE ANNUAL OPERATING AND CAPITAL BUDGETS AND APPROVAL OF ANY DEVIATIONS FROM SUCH BUDGET IN EXCESS OF AN AMOUNT OR PERCENTAGE SPECIFIED FROM TIME TO TIME BY RESOLUTION OF THE PROVIDENCE MEMBER 6) APPOINT THE CERTIFIED PUBLIC ACCOUNTANTS AFTER RECEIVING THE RECOMMENDATION OF THE BOARD OF DIRECTORS AND TO RECEIVE THE ANNUAL AUDIT REPORT FROM SUCH ACCOUNTANTS 7) APPROVE THE INITIATION OR CLOSURE OF ANY MAJOR WORK

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 AUDIT COMMITTEE MEETING, MANAGEMENT PRESENTED AND DISCUSSED CERTAIN DISCLOSURES AND INFORMATION INCLUDED IN THE FORM 990 THE AUDIT COMMITTEE CHAIR THEN PROVIDED A SUMMARY AT THE FULL BOARD MEETING

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	THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER/PRESIDENT/EXECUTIVE DIRECTOR IS PAID BY ITS TAX EXEMPT PARENT, PROVIDENCE HEALTH & SERVICES - WASHINGTON, AND IS DISCLOSED AS A PERSON PAID BY A RELATED ORGANIZATION IT IS PROVIDENCE 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 OP.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	ERATING COMMITMENTS AND STRATEGIC OBJECTIVES THE BOARD OF DIRECTORS CONDUCTS A THOROUGH R EVIEW PROCESS TO ENSURE PERFORMANCE INCENTIVES ARE ALIGNED WITH APPROPRIATE MARKET PRACTIC ES THE BOARD'S PROCESS FOR EXECUTIVE COMPENSATION FULLY COMPLIES WITH IRS STANDARDS AND M IRRORS 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, line 11g	MEDICAL PHYSICIAN & DIRECTOR FEES Program service expenses 1,292,424 Management and general expenses 0 Fundraising expenses 0 Total expenses 1,292,424 AGENCY LABOR Program service expenses 1,669,301 Management and general expenses 0 Fundraising expenses 0 Total expenses 1,669,301 MEDICAL/LAB/X-RAY Program service expenses 7,058 Management and general expenses 0 Fundraising expenses 0 Total expenses 7,058 PATIENT TRANSPORTATION Program service expenses 63,805 Management and general expenses 0 Fundraising expenses 0 Total expenses 63,805 OTHER CONSULTING FEES Program service expenses 63,630 Management and general expenses 39,024 Fundraising expenses 0 Total expenses 102,654 VIDEO PRODUCTIONS Program service expenses 405,368 Management and general expenses 0 Fundraising expenses 0 Total expenses 405,368

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	FAS 136 - RECIPIENT ORGANIZATION ADJUSTMENT 4,377,079 NET ASSET TRANSFERS TO AFFILIATES -297,538 ROUNDING -1

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 5 & PART V, LINE 2A - EMPLOYEES	THE EMPLOYEES WORKING AT TRINITYCARE HOSPICE ARE PAID BY PROVIDENCE HEALTH SYSTEM - SOUTHERN CALIFORNIA EIN# 51-0216589 THEREFORE, NO W-2S ARE ISSUED BY THE REPORTING ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 9	ALL OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES CAN BE REACHED AT 1801 LIND AVENUE SW, RENTON, WA 98057

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493304002458	
SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	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
	Name of the organization PROVIDENCE TRINITYCARE HOSPICE				Employer identification number 95-3264139

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	No
b Gift, grant, or capital contribution to related organization(s)	1b Yes	
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 Yes	
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) PROVIDENCE HEALTH & SERVICES - WASHINGTON	C	3,268,032	COST
(2) PROVIDENCE TRINITYCARE HOSPICE FOUNDATION	B	1,346,872	COST
(3) PROVIDENCE TRINITYCARE HOSPICE FOUNDATION	C	2,229,153	COST
(4) PROVIDENCE HEALTH & SERVICES FOUNDATION VSA	C	274,385	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: 95-3264139
Name: PROVIDENCE TRINITYCARE HOSPICE

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	
2121 SANTA MONICA BLVD SANTA MONICA, CA 90404 95-1684082	HEALTHCARE	CA	501(c)(3)	3	PHS SOCAL	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 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							
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						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 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