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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

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

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

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

B Check if applicable

☒ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

INSTITUTE FOR MENTAL HEALTH & WELLNESS

Doing business as

WELL BEING TRUST

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

Room/suite

1801 LIND AVE SW ATTN TAX DEPT

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

RENTON, WA 980579016

F Name and address of principal officer

ROD F HOCHMAN MD

1801 LIND AVE SW ATTN TAX DEPT

RENTON, WA 980579016

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

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

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

H(c) Group exemption number ▶

D Employer identification number

81-4260130

E Telephone number

(425) 525-3985

G Gross receipts \$ 11,424,621

I Tax-exempt status

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

J Website: ▶ WWW.WELLBEINGTRUST.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2016

M State of legal domicile WA

Part I

Summary

Activities & Governance

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

SEE SCHEDULE O 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 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 2018 (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

Prior Year

Current Year

130,058,835

0

0

0

637,478

4,051,844

0

0

130,696,313

4,051,844

2,831,143

13,346,046

0

0

590,978

1,472,678

0

0

3,389,139

5,073,013

6,811,260

19,891,737

123,885,053

-15,839,893

Beginning of Current Year

End of Year

132,487,554

111,595,999

3,960,924

7,239,688

128,526,630

104,356,311

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

2019-11-14

Date

JO ANN ESCASA-HAIGH OFFICER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

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 (2018)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

AS 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 \$ 16,226,194 including grants of \$ 13,346,046) (Revenue \$ 0)
See Additional Data

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

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

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

4e Total program service expenses ► 16,226,194

Part IV Checklist of Required Schedules

| | Yes | No |
|--|----------------|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 Yes | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | No |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | No |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | No |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | No |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | No |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | No |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | No |
| 9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | No |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | No |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | No |
| b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | No |
| c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | No |
| d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | No |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e Yes | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | No |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | No |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b Yes | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | No |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | 14a | No |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | No |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | No |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | No |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | No |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | No |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | No |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | No |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 Yes | |
| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | No |

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☒

| | | Yes | No |
|-----------|--|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 0 |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | |

| | | | | | |
|--|--|-----------|---|------------|----|
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | 2a | 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) | | | | 2b | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | | 3a | 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 | | | | 3b | |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . | | | | 4a | No |
| b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . | | | | 5a | No |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | | 5b | No |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | | 5c | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | | | 6a | No |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | | | 6b | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | | | 7a | No |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | | 7b | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | | | 7c | No |
| d If "Yes," indicate the number of Forms 8282 filed during the year | | | | 7d | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | | 7e | No |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . | | | | 7f | No |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | | 7g | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | | 7h | |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | | | | |
| | | | | 8 | |
| 9a Did the sponsoring organization make any taxable distributions under section 4966? | | | | 9a | |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | | 9b | |
| 10 Section 501(c)(7) organizations. Enter | | | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | | | | 10a | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | | 10b | |
| 11 Section 501(c)(12) organizations. Enter | | | | | |
| a Gross income from members or shareholders | | | | 11a | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | | 11b | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | | | 12a | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | | 12b | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O | | | | 13a | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | | 13b | |
| c Enter the amount of reserves on hand | | | | 13c | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | | | | 14a | No |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | | | 14b | |
| 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N | | | | 15 | No |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O | | | | 16 | No |

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 | 4 | |
| 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 | 0 | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | No |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | No |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | No |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | No |
| 6 Did the organization have members or stockholders? | 6 | Yes |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | Yes |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | Yes |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | |
| a The governing body? | 8a | Yes |
| b Each committee with authority to act on behalf of the governing body? | 8b | Yes |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | No |

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

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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 DIRVE IRVINE, CA 92612 (949) 381-4000

Part VII

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

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

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

- 1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

| (A) 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 | | | |
| (1) DEBRA CANALES DIRECTOR | 1 00 59 00 | X | | | | | | 0 | 2,732,103 | 724,111 |
| (2) AMY COMPTON-PHILLIPS DIRECTOR | 1 00 54 00 | X | | | | | | 0 | 1,654,073 | 667,254 |
| (3) JOEL GILBERTSON DIRECTOR | 1 00 59 00 | X | | | | | | 0 | 1,606,496 | 361,983 |
| (4) ROD F HOCHMAN MD PRESIDENT | 1 00 59 00 | X | | X | | | | 0 | 6,569,155 | 4,266,266 |
| (5) ANNETTE WALKER DIRECTOR - THRU 5/18 | 0 10 60 00 | X | | | | | | 0 | 1,272,062 | 37,406 |
| (6) JO ANN ESCASA-HAIGH VP/TREASURER | 1 00 59 00 | | | X | | | | 0 | 1,110,835 | 527,424 |
| (7) TYLER NORRIS EXECUTIVE DIRECTOR/CEO | 40 00 0 00 | | | X | | | | 0 | 485,124 | 167,280 |
| (8) CINDY STRAUSS SECRETARY | 1 00 59 00 | | | X | | | | 0 | 1,884,790 | 690,547 |
| (9) ROBIN HENDERSON CLINICAL LIAISON | 40 00 0 00 | | | | X | | | 0 | 287,422 | 61,835 |
| (10) GRAINGER MARBURG COO | 40 00 0 00 | | | | X | | | 0 | 184,996 | 45,828 |
| (11) ARPAN WAGHRAY CMO | 40 00 0 00 | | | | X | | | 0 | 351,693 | 44,719 |
| (12) BENJAMIN F MILLER CHIEF POLICY OFFICER | 40 00 0 00 | | | | | X | | 0 | 287,874 | 69,805 |
| (13) JANAYA L NICHOLS SENIOR PROGRAM MANAGER | 40 00 0 00 | | | | | X | | 0 | 132,493 | 27,292 |
| (14) MARY RENOUF-HANSON ED - INTEGRATED COMM | 40 00 0 00 | | | | | X | | 0 | 188,372 | 46,544 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

Part VII

| | | | |
|---|---|------------|-----------|
| 1b Sub-Total | | | |
| 1c Total from continuation sheets to Part VII, Section A | | | |
| 1d Total (add lines 1b and 1c) | 0 | 18,747,488 | 7,738,294 |

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

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |

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

Part VIII Statement of Revenue

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

Contributions, Gifts, Grants and Other Similar Amounts

| | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
|---|----------------------|--|---|--|
| 1a Federated campaigns . . . | 1a | | | |
| b Membership dues . . . | 1b | | | |
| c Fundraising events . . . | 1c | | | |
| d Related organizations | 1d | | | |
| 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 ▶ | | | | |

Program Service Revenue

| | Business Code | | | | |
|---|---------------|--|--|--|--|
| 2a _____ | | | | | |
| b _____ | | | | | |
| c _____ | | | | | |
| d _____ | | | | | |
| e _____ | | | | | |
| f All other program service revenue | | | | | |
| 9 Total. Add lines 2a-2f ▶ | | | | | |

Other Revenue

| | | | | | |
|---|----------------|---------------|---|---|-----------|
| 3 Investment income (including dividends, interest, and other similar amounts) ▶ | | 3,613,904 | | | 3,613,904 |
| 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 | | | |
| | 7,810,717 | | | | |
| b Less cost or other basis and sales expenses | 7,372,777 | | | | |
| c Gain or (loss) | 437,940 | | | | |
| d Net gain or (loss) ▶ | | 437,940 | | | 437,940 |
| 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 | | | | | |
| b | | | | | |
| c | | | | | |
| d All other revenue | | | | | |
| e Total. Add lines 11a-11d ▶ | | | | | |
| 12 Total revenue. See Instructions ▶ | | 4,051,844 | 0 | 0 | 4,051,844 |

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 ☒

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | | | |
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21. | 13,346,046 | 13,346,046 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22. | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16. | | | | |
| 4 Benefits paid to or for members. | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees. | | | | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). | | | | |
| 7 Other salaries and wages. | 1,395,070 | 641,732 | 753,338 | |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions). | | | | |
| 9 Other employee benefits. | 17,336 | 7,975 | 9,361 | |
| 10 Payroll taxes. | 60,272 | 27,725 | 32,547 | |
| 11 Fees for services (non-employees): | | | | |
| a Management. | | | | |
| b Legal. | 4,048 | | 4,048 | |
| c Accounting. | | | | |
| d Lobbying. | | | | |
| e Professional fundraising services. See Part IV, line 17. | | | | |
| f Investment management fees. | 280,452 | | 280,452 | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). | 4,135,680 | 1,902,413 | 2,233,267 | |
| 12 Advertising and promotion. | 8 | 4 | 4 | |
| 13 Office expenses. | 104,082 | 47,878 | 56,204 | |
| 14 Information technology. | | | | |
| 15 Royalties. | | | | |
| 16 Occupancy. | 220,262 | 101,321 | 118,941 | |
| 17 Travel. | 211,876 | 97,463 | 114,413 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. | | | | |
| 19 Conferences, conventions, and meetings. | 75,850 | 34,891 | 40,959 | |
| 20 Interest. | | | | |
| 21 Payments to affiliates. | | | | |
| 22 Depreciation, depletion, and amortization. | | | | |
| 23 Insurance. | | | | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O): | | | | |
| a DUES & SUBSCRIPTIONS | 22,492 | 10,346 | 12,146 | |
| b EVENT EXPENSE | 14,890 | 6,849 | 8,041 | |
| c TAXES & LICENSES | 3,020 | 1,389 | 1,631 | |
| d OTHER DIRECT EXPENSE | 353 | 162 | 191 | |
| e All other expenses. | | | | |
| 25 Total functional expenses. Add lines 1 through 24e. | 19,891,737 | 16,226,194 | 3,665,543 | 0 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

Part X Balance 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 | 19,511,651 | 1 | 9,705,690 |
| | 2 | Savings and temporary cash investments | | 2 | |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(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 | 7,798,024 | 9 | 5,270,787 |
| | 10a | Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D | | | |
| | b | Less: accumulated depreciation | | 10c | |
| | 11 | Investments—publicly traded securities | 105,177,879 | 11 | 96,577,522 |
| | 12 | Investments—other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments—program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | 0 | 15 | 42,000 |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 132,487,554 | 16 | 111,595,999 | |
| Liabilities | 17 | Accounts payable and accrued expenses | | 17 | 4,338,905 |
| | 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 | 3,960,924 | 25 | 2,900,783 |
| | 26 | Total liabilities. Add lines 17 through 25 | 3,960,924 | 26 | 7,239,688 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | |
| | 27 | Unrestricted net assets | 128,526,630 | 27 | 103,567,199 |
| | 28 | Temporarily restricted net assets | | 28 | 789,112 |
| | 29 | Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | | |
| | 30 | Capital stock or trust principal, or current funds | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building or equipment fund | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 | Total net assets or fund balances | 128,526,630 | 33 | 104,356,311 | |
| 34 | Total liabilities and net assets/fund balances | 132,487,554 | 34 | 111,595,999 | |

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 | 4,051,844 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 19,891,737 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | -15,839,893 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 128,526,630 |
| 5 | Net unrealized gains (losses) on investments | 5 | -9,119,539 |
| 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 | 789,113 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 104,356,311 |

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

- 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
- 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
- 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
- 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

| | Yes | No |
|-----------|-----|----|
| 2a | | No |
| 2b | Yes | |
| 2c | Yes | |
| 3a | | No |
| 3b | | |

Additional Data

Software ID:
Software Version:
EIN: 81-4260130
Name: INSTITUTE FOR MENTAL HEALTH & WELLNESS

Form 990 (2018)

Form 990, Part III, Line 4a:

SEE SCHEDULE O PROVIDENCE ST JOSEPH HEALTH SYSTEMON 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 51 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 & SERVICESIN 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 SYSTEMIN 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 PROGRAM SERVICE ACCOMPLISHMENTS INSTITUTE FOR MENTAL HEALTH & WELLNESS IDENTIFIES, DEVELOPS, AND ADVANCES INNOVATIVE SOLUTIONS IN MENTAL & BEHAVIORAL HEALTH RELATING TO AWARENESS, DIAGNOSIS AND TREATMENT THE ORGANIZATION ALSO WORKS WITH MENTAL HEALTH ASSOCIATIONS & OTHER SIMILAR ORGANIZATIONS TO ENSURE INDIVIDUALS IN THE COMMUNITY HAVE GREATER ACCESS TO MENTAL HEALTH RESOURCES & SERVICES

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

INSTITUTE FOR MENTAL HEALTH & WELLNESS

Employer identification number

81-4260130

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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ") | | | | 130,058,835 | 0 | 130,058,835 |
| 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 | | | | 130,058,835 | | 130,058,835 |
| 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) | | | | | | 124,688,257 |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 5,370,578 |

| Section B. Total Support | | | | | | | |
|--|---|---------|---------|---------|-------------|-----------|-------------|
| Calendar year (or fiscal year beginning in) ► | | (a)2014 | (b)2015 | (c)2016 | (d)2017 | (e)2018 | (f)Total |
| 7 | Amounts from line 4 | | | | 130,058,835 | | 130,058,835 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | 591,699 | 3,613,904 | 4,205,603 |
| 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 | | | | | | 134,264,438 |
| 12 | Gross receipts from related activities, etc (see instructions) | | | | | 12 | |
| 13 | First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input checked="" type="checkbox"/> | | | | | | |

| Section C. Computation of Public Support Percentage | | |
|---|--|----|
| 14 | Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) | 14 |
| 15 | Public support percentage for 2017 Schedule A, Part II, line 14 | 15 |
| 16a | 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | |
| b | 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | |
| 17a | 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | |
| b | 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/> | |
| 18 | Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/> | |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

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

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|--|
| 15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 Public support percentage from 2017 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|--|
| 17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 Investment income percentage from 2017 Schedule A, Part III, line 17 | 18 | |

19a 33 1/3% support tests—2018. 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—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

| | | | |
|---|--|----------------|-----------------------------|
| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations | | | |
| <div>1</div> <div><input type="checkbox"/></div> <div>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</div> | | | |
| 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 | <div><input type="checkbox"/></div> 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 2018 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-2018 | (iii) Distributable Amount for 2018 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2018 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions | | | |
| 3 Excess distributions carryover, if any, to 2018 | | | |
| a From 2013. | | | |
| b From 2014. | | | |
| c From 2015. | | | |
| d From 2016. | | | |
| e From 2017. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2018 distributable amount | | | |
| i Carryover from 2013 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2018 from Section D, line 7 \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2018 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2018, 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 2018 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 2019. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a Excess from 2014. | | | |
| b Excess from 2015. | | | |
| c Excess from 2016. | | | |
| d Excess from 2017. | | | |
| e Excess from 2018. | | | |

Additional Data

Software ID:
Software Version:
EIN: 81-4260130
Name: INSTITUTE FOR MENTAL HEALTH & WELLNESS

Part VI

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

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493318130839

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

Name of the organization
INSTITUTE FOR MENTAL HEALTH & WELLNESS

Employer identification number
81-4260130

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.

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

2a

2b

2c

2d

3

Number of conservation easements on a certified historic structure included in (a)

4

Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

5

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

6

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

7

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

8

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

9

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

10

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

11

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

1b

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

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

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

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

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

Cat No 52283D

Schedule D (Form 990) 2018

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 | | | |
| d | Equipment | | | |
| e | Other | | | |
| Total. | Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) | | | 0 |

Schedule D (Form 990) 2018

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

Part IX

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

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

Part X

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

| 1. (a) Description of liability | (b) Book value | |
|---|----------------|--|
| (1) Federal income taxes | | |
| DUE TO AFFILIATES | 2,900,783 | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ | 2,900,783 | |

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 | | 2e | | |
| 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 | | 4c | | |
| 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 | | | | |
| 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 | | 2e | | |
| 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 : | | 4c | | |
| 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 | | | | |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18) | | 5 | | |

Part XIII Supplemental Information

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

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

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

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

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Department of the
Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public
Inspection

Name of the organization
INSTITUTE FOR MENTAL HEALTH & WELLNESS

Employer identification number
81-4260130

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 31

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) | | | | | |
| (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 | DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS IN THE APPLICATION FOR SUPPORT, WE REQUEST A DETAILED EXPLANATION OF THE KIND OF SERVICES PROVIDED TO THE COMMUNITY ALONG WITH SPECIFIC FINANCIAL DATA IF THE APPLICATION FOR SUPPORT IS APPROVED, WE SEND A LETTER INDICATING THE AMOUNT OF THE SUPPORT ALONG WITH A REQUEST FOR DOCUMENTATION OF HOW THE FUNDS WERE USED, ALONG WITH A REPORT OF THE NUMBER OF CHILDREN/FAMILIES SERVED OVER THE YEAR GRANTS MADE TO AFFILIATED FOUNDATIONS ARE MONITORED ON A MONTHLY BASIS SINCE THE FINANCIAL STATEMENTS OF THESE ORGANIZATIONS ARE READILY AVAILABLE OTHER GRANTS ARE MADE THAT COMPLY WITH THE MISSION AND FURTHER THE TAX EXEMPT PURPOSE OF THE ORGANIZATION |

Additional Data

Software ID:
Software Version:
EIN: 81-4260130
Name: INSTITUTE FOR MENTAL HEALTH & WELLNESS

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| ST JOSEPH HEALTH SYSTEM 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 | 95-3589356 | 501(C)(3) | 3,904,544 | | | | YEAR 1 CA MH&W COMMITMENT - WHOLE PERSON CARE MODEL & HUMBOLDT COUNTY MENTAL HEALTH AND WELLNESS INITIATIVE MENTAL HEALTH HOSPITAL TRIAGE SERVICES PROGRAM HUMBOLDT COUNTY PERINATAL SUBSTANCE USE DISORDER PROJECT BUILDING STRONGER COMMUNITIES |
| PROVIDENCE HEALTH SYSTEM - SOUTHERN CALIFORNIA 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 | 51-0216589 | 501(C)(3) | 2,311,532 | | | | YEAR 1 CA MH&W COMMITMENT - PROVIDENCE OUTPATIENT CENTER FOR CRISIS STABILIZATION, SAFETY NET INTEGRATION PROGRAM & IMPLEMENTING COLLABORATIVE CARE FOR MENTAL HEALTH AT SMFP COMMUNITY CARE COORDINATION PROGRAM FOR VULNERABLE PATIENTS PROVIDENCE-TTC HOUSING AND RECOVERY PROJECT |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| INSTITUTE FOR PEOPLE PLACE POSSIBILITY 18 SOUTH 9TH STREET SUITE 208 COLUMBIA, MO 65201 | 27-3888796 | 501(C)(3) | 703,600 | | | | WELL BEING LEGACY PROJECT |
| QUEEN OF THE VALLEY MEDICAL CENTER 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 | 94-1243669 | 501(C)(3) | 681,818 | | | | YEAR 1 CA MH&W COMMITMENT - ADDRESSING MENTAL HEALTH ADDICTIONS AND HOMELESSNESS BUILDING AND STRENGTHENING COMMUNITY-WIDE SYSTEMS FOR PREVENTING AND ADDRESSING ADVERSE CHILDHOOD EXPERIENCES |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| TRUST FOR AMERICA'S HEALTH 1730 M STREET NW SUITE 900 WASHINGTON, DC 20036 | 52-2257066 | 501(C)(3) | 535,600 | | | | NATIONAL AGENDA FOR CHILDREN, ADOLESCENTS AND FAMILIES INITIATIVE POLICY ADVOCACY CAMPAIGN TO ADVANCE WELL BEING |
| THE CAMBODIAN FAMILY COMMUNITY CENTER 1626 E 4TH STREET SANTA ANA, CA 92701 | 95-3854831 | 501(C)(3) | 509,844 | | | | BODY, MIND, AND SPIRITUAL WELLNESS PROGRAM |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| PROVIDENCE SAINT JOHN'S HEALTH CENTER 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 | 95-1684082 | 501(C)(3) | 503,925 | | | | YEAR 1 CA MH&W COMMITMENT - MH NAVIGATION PROGRAM AND IMPLEMENTING COLLABORATIVE CARE FOR MH AT SMFP |
| PROVIDENCE ST JOSEPH MEDICAL CENTER 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 | 81-0463482 | 501(C)(3) | 489,200 | | | | YEAR 1 CA MH&W COMMITMENT - MENTAL HEALTH COMMUNITY PARTNERSHIP |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| PROVIDENCE ST JOSEPH HEALTH 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 | 81-1244422 | 501(C)(3) | 425,000 | | | | MENTAL HEALTH AND WELLNESS STRATEGIC PLANNING AK & OR REGION CLINICAL SERVICES PSJH DATA INITIATIVE |
| MIND OC 5020 CAMPUS DRIVE STE 1 NEWPORT BEACH, CA 92660 | 82-3901590 | 501(C)(3) | 400,000 | | | | SUPPORT THRIVE COMMUNITIES |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| CALIFORNIA STATE UNIVERSITY - NORTHRIDGE FOUNDATION 18111 NORDHOFF STREET NORHTRIDGE, CA 91330 | 95-6196006 | 501(C)(3) | 301,893 | | | | COUNSELING SERVICES FOR THE CATHOLIC SCHOOL COLLABORATIVE |
| SANTA ROSA VETERANS MEMORIAL FOUNDATION INC 5191 C WILLING ST MILTON, FL 32570 | 27-4830774 | 501(C)(3) | 300,000 | | | | YEAR 1 CA MH&W COMMITMENT - SONOMA COUNTY WHOLE PERSON CARE STRATEGY |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| INSTITUTE FOR HEALTHCARE IMPROVEMENT 53 STATE STREET 19TH FL BOSTON, MA 02109 | 38-3017223 | 501(C)(3) | 235,763 | | | | A LEARNING COMMUNITY TO INTEGRATE BEHAVIORAL HEALTH IN THE EMERGENCY DEPARTMENT |
| EMOTIONAL WELL BEING INITIATIVE 1200 PENNSYLVANIA AVE NW WASHINGTON, DC 20004 | 82-3111653 | 501(C)(3) | 183,573 | | | | EMOTIONAL WELL BEING |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| PREVENTION INSTITUTE 221 OAK STREET OAKLAND, CA 94607 | 94-3282858 | 501(C)(3) | 167,804 | | | | PROVIDE STRATEGIC ALIGNMENT AND COMMUNITY ENGAGEMENT EXPERTISE TO WBT AS IT ALIGNS WITH WBL AND OTHER INITIATIVES EMBED ACE R MODEL IN CA AND PSJH SYSTEM PREVENTION POLICY FRAMEWORK |
| COVENANT HEALTH 1420 CENTERPOINT BLVD BLDG C KNOXVILLE, TN 37932 | 62-1646734 | 501(C)(3) | 150,000 | | | | MENTAL HEALTH AND WELLNESS STRATEGIC PLANNING GIFTS |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| NORCAL OUTREACH PROJECT 2553 VICTOR AVE STE A REDDING, CA 96002 | 27-2073271 | 501(C)(3) | 150,000 | | | | MENTAL HEALTH AND WELLNESS STRATEGIC PLANNING TX REGION |
| UNITED WAY 1150 S OLIVE STREET SUITE T500 LOS ANGELES, CA 90015 | 95-2274801 | 501(C)(3) | 150,000 | | | | HOME FOR GOOD - HEALTH & HOMELESSNESS |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| AMERICAN HEALTH CARE ASSOCIATION AND SUBSIDY 1201 L ST NW WASHINGTON, DC 20005 | 53-0260105 | 501(C)(3) | 125,000 | | | | POLICY ADVOCACY CAMPAIGN TO ADVANCE WELL BEING PREVENTING SUBSTANCE MISUSE, SUICIDE, DEATHS AND DESPAIR |
| BIPARTISAN POLICY CENTER 1225 EYE ST NW SUITE 1000 WASHINGTON, DC 20005 | 73-1628382 | 501(C)(3) | 125,000 | | | | INTEGRATING FINANCING AND DELIVERY OF BEHAVIORAL HEALTH SERVICES |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| UNITED STATES OF CARE CAMPAIGN PO BOX 32025 WASHINGTON, DC 20007 | 82-2860302 | 501(C)(3) | 125,000 | | | | UNITED STATES OF CARE INITIATIVE |
| ENTERPRISE COMMUNITY PARTNERS INC - MD 70 CORPORATE CENTER 11000 BROKEN LAND PARKWAY STE 700 COLUMBIA, MD 21044 | 52-1231931 | 501(C)(3) | 100,000 | | | | HEALTH & HOUSING INTEGRATION INITIATIVE - SOUTHERN CALIFORNIA |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| HOPE LABS INC 633 W DAVIS ST DALLAS, TX 75208 | 82-2676288 | 501(C)(3) | 100,000 | | | | LONELINESS SURVEY |
| RESEARCH FOUNDATION FOR STATE UNIVERSITY OF NEW YORK 55 WEST 125TH ST 6TH FLOOR NEW YORK, NY 10027 | 14-1368361 | 501(C)(3) | 100,000 | | | | THRIVE COMMUNITIES |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| SWEDISH HEALTH SERVICES 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 | 91-0433740 | 501(C)(3) | 100,000 | | | | MENTAL HEALTH AND WELLNESS STRATEGIC PLANNING GIFTS |
| PROVIDENCE ALASKA FOUNDATION 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 | 92-0093565 | 501(C)(3) | 77,290 | | | | MENTAL HEALTH AND WELLNESS STRATEGIC PLANNING GIFTS |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| POLICYLINK 1438 WEBSTER STEET SUITE 303 OAKLAND, CA 94612 | 94-3297479 | 501(C)(3) | 75,000 | | | | EQUITY SUMMIT INITIATIVE |
| NEW VENTURE FUND 1201 CONNECTICUT AVE NW SUITE 300 WASHINGTON, DC 20036 | 20-5806345 | 501(C)(3) | 50,000 | | | | SUPPORT OF "BE WELL OAKLAND" |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|--|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| THE LOWN INSTITUTE 21 LONGWOOD AVENUE FL 2 BROOKLINE, ME 02446 | 04-3291770 | 501(C)(3) | 50,000 | | | | THRIVE COMMUNITIES |
| GROWTH PHILANTHROPY NETWORK 122 E 42ND ST 17TH FL NEW YORK, NY 10168 | 42-1625224 | 501(C)(3) | 25,000 | | | | SOCIAL IMPACT EXCHANGE HEALTH SYSTEM TRANSFORMATION INITIATIVE |

| Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. | | | | | | | |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS INC 155 NORTH UPPER WACKER DRIVE STE 400 CHICAGO, IL 60606 | 52-0939952 | 501(C)(3) | 10,000 | | | | ACHI CONFERENCE |

| | | |
|--------------------------|---|---------------------------|
| Schedule J (Form 990) | <div>Compensation Information</div> <div>For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</div> <div>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990.</div> <div>▶ Go to www.irs.gov/Form990 for instructions and the latest information.</div> | OMB No 1545-0047 |
| | | 2018 |
| | | Open to Public Inspection |

| | | |
|--|--|--|
| Department of the Treasury Internal Revenue Service | Name of the organization INSTITUTE FOR MENTAL HEALTH & WELLNESS | Employer identification number 81-4260130 |
|--|--|--|

| 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. | | | |
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use | | |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence | | |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees | | |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | |
| b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain. | | 1b | |
| 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. | | | |
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract | | |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study | | |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee | | |
| 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | | |
| a Receive a severance payment or change-of-control payment? | | 4a | No |
| 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 |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | | |
| a The organization? | | 5a | No |
| b Any related organization? | | 5b | No |
| If "Yes," on line 5a or 5b, describe in Part III. | | | |
| 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | | |
| a The organization? | | 6a | No |
| b Any related organization? | | 6b | No |
| If "Yes," on line 6a or 6b, describe in Part III. | | | |
| 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III. | | 7 | 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**Schedule J (Form 990) 2018**

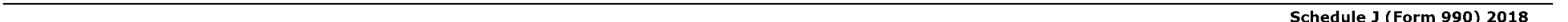
Part III **Supplemental Information**

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 | SUPPLEMENTAL COMPENSATION INFORMATION 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. |

| Return Reference | Explanation |
|------------------|---|
| Part I, Line 4b | NONQUALIFIED RETIREMENT PLAN ENTITIES WITHIN THE PSJH SYSTEM SPONSOR NON-QUALIFIED SUPPLEMENTAL EXECUTIVE RETIREMENT PLANS FOR CERTAIN EXECUTIVES THE PLANS PROVIDE FOR EMPLOYER CONTRIBUTIONS BASED ON A PERCENTAGE OF EXECUTIVE BASE SALARY AND, DEPENDING ON THE PLAN, ARE SUBJECT TO EITHER A THREE YEAR, AGE 59 1/2 OR A FIVE YEAR, 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 |

| Return Reference | Explanation |
|---|--|
| FORM 990, SCHEDULE J, PART II - EXECUTIVE INCENTIVE PROGRAM | <p>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 2018, 60 PERCENT OF THE PARTICIPANT AWARDS WERE BASED ON PRE-DETERMINED ORGANIZATIONAL GOALS CONSISTENT WITH PROVIDENCE'S STRATEGIC PRIORITIES. IN 2018 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.</p> |



Additional Data

Software ID:
Software Version:
EIN: 81-4260130
Name: INSTITUTE FOR MENTAL HEALTH & WELLNESS

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 | | | | |
| DEBRA CANALES DIRECTOR | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 857,075 | 881,587 | 993,441 | 706,123 | 17,988 | 3,456,214 | 949,253 |
| AMY COMPTON-PHILLIPS DIRECTOR | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 775,101 | 744,687 | 134,285 | 638,301 | 28,953 | 2,321,327 | 90,925 |
| JOEL GILBERTSON DIRECTOR | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 482,510 | 421,153 | 702,833 | 334,483 | 27,500 | 1,968,479 | 666,795 |
| ROD F HOCHMAN MD PRESIDENT | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 2,026,331 | 3,370,808 | 1,172,016 | 4,239,838 | 26,428 | 10,835,421 | 1,130,152 |
| ANNETTE WALKER DIRECTOR - THRU 5/18 | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 369,873 | 469,199 | 432,990 | 23,400 | 14,006 | 1,309,468 | 401,162 |
| JO ANN ESCASA-HAIGH VP/TREASURER | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 676,469 | 396,611 | 37,755 | 503,453 | 23,971 | 1,638,259 | 0 |
| TYLER NORRIS EXECUTIVE DIRECTOR/CEO | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 340,633 | 122,467 | 22,024 | 146,818 | 20,462 | 652,404 | 0 |
| CINDY STRAUSS SECRETARY | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 769,625 | 724,144 | 391,021 | 664,452 | 26,095 | 2,575,337 | 356,681 |
| ROBIN HENDERSON CLINICAL LIAISON | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 239,194 | 47,041 | 1,187 | 49,289 | 12,546 | 349,257 | 0 |
| GRAINGER MARBURG COO | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 182,355 | 0 | 2,641 | 30,680 | 15,148 | 230,824 | 0 |
| ARPAN WAGHRAY CMO | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 273,562 | 58,676 | 19,455 | 19,455 | 25,264 | 396,412 | 0 |
| BENJAMIN F MILLER CHIEF POLICY OFFICER | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 285,258 | 0 | 2,616 | 48,407 | 21,398 | 357,679 | 0 |
| JANAYA L NICHOLS SENIOR PROGRAM MANAGER | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 129,784 | 2,479 | 230 | 18,785 | 8,507 | 159,785 | 0 |
| MARY RENOUF-HANSON ED - INTEGRATED COMM | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 172,961 | 15,052 | 359 | 38,198 | 8,346 | 234,916 | 0 |

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

INSTITUTE FOR MENTAL HEALTH & WELLNESS

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018**Open to Public
Inspection****Employer identification number**

81-4260130

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Section A, line 6 | CLASSES OF MEMBERS OR STOCKHOLDERS PROVIDENCE HEALTH & SERVICES AND ST JOSEPH HEALTH SYSTEM ARE THE CORPORATE MEMBERS OF INSTITUTE FOR MENTAL HEALTH & WELLNESS |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Section A, line 7a | CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS INSTITUTE FOR MENTAL HEALTH & WELLNESS HAS A TIERED GOVERNANCE IN WHICH THE CORPORATE MEMBERS RESERVE THE RIGHT TO APPOINT DIRECTORS TO THE INSTITUTE FOR MENTAL HEALTH & WELLNESS BOARD ALL DIRECTOR NOMINATIONS THAT COME FROM THE INSTITUTE FOR MENTAL HEALTH & WELLNESS BOARD AS NOMINATIONS MUST BE APPROVED BY PROVIDENCE HEALTH & SERVICES AND ST JOSEPH HEALTH SYSTEM, AS THE CORPORATE MEMBERS |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Section A, line 7b | CLASSES OF PERSONS, DECISIONS REQUIRING APPROVAL AND TYPE OF VOTING RIGHTS THE FOLLOWING POWERS RESIDE WITH THE CORPORATE MEMBER 1) TO ADOPT OR CHANGE THE MISSION, PHILOSOPHY, AND VALUES, INCLUDING THE STRATEGIC PLAN AND MISSION STATEMENT 2) TO AMEND OR REPEAL THE ARTICLES OF INCORPORATION OR BYLAWS 3) TO APPROVE THE ACQUISITION OF ASSETS, THE INCURRENCE OF INDEBTEDNESS OR THE LEASE, SALE TRANSFER, ASSIGNMENT OR ENCUMBERING OF ASSETS EXCEEDING A SPECIFIED THRESHOLD, OR THE SALE OR TRANSFER OF ANY PROPERTY WHICH MAY HAVE HISTORICAL OR RELIGIOUS SIGNIFICANCE 4) TO APPROVE THE DISSOLUTION OR LIQUIDATION 5) TO APPROVE THE ANNUAL OPERATING AND CAPITAL BUDGETS 6) TO APPOINT THE CERTIFIED PUBLIC ACCOUNTANTS 7) TO APPROVE THE CLOSURE OF ANY INSTITUTION OR MAJOR ENTITY OR WORK OF THE CORPORATION |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Section B, line 11b | PROCESS TO REVIEW 990 THE FORM 990 WAS PREPARED BASED ON INFORMATION RECEIVED FROM VARIOUS DEPARTMENTS OF THE ORGANIZATION INCLUDING THE FINANCE TEAM, HUMAN RESOURCES, PAYROLL, COMPLIANCE AND THE GENERAL COUNSEL'S OFFICE THE ORGANIZATION ENGAGED AN OUTSIDE ACCOUNTING FIRM TO PREPARE THE RETURN THE RETURN HAS BEEN REVIEWED BY AN OFFICER OF THE ORGANIZATION A FULL COPY OF THE FORM 990 WAS PROVIDED TO ALL BOARD MEMBERS PRIOR TO FILING WITH THE IRS THE AUDIT COMMITTEE OF THE PARENT ORGANIZATION IS PROVIDED AN ANNUAL UPDATE ON THE TAX REPORTING PROCESS AND KEY DISCLOSURES |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Section B, line 12c | <p>PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST BOARD MEMBERS, SPONSORS, SENIOR LEADERS AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANY REAL OR POTENTIAL CONFLICT OF INTEREST (COI) 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</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Section B, line 15 | <p>PROCESS FOR DETERMINING COMPENSATION THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER/PRESIDENT/ EXECUTIVE DIRECTOR IS PAID BY ITS TAX EXEMPT PARENT, PROVIDENCE ST JOSEPH HEALTH, AND IS DISCLOSED AS A PERSON PAID BY A RELATED ORGANIZATION IT IS PROVIDENCE ST JOSEPH HEALTH'S INTENTION TO MAKE FINANCIAL INFORMATION ACCESSIBLE AND TRANSPARENT ALTHOUGH THE FILING O F FORM 990 PROVIDES INSIGHT INTO HOW PROVIDENCE ST JOSEPH HEALTH ACHIEVES ITS MISSION, DE LIVERS ITS PROGRAMS AND STEWARDS ITS FINANCES, DECIPHERING THE INFORMATION DIRECTLY FROM F ORM 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 FINANCI AL OVERSIGHT ASSOCIATED WITH FULFILLMENT OF THE PROVIDENCE ST JOSEPH HEALTH MISSION, DEVE LOPING SYSTEM POLICIES, PROTECTING THE ASSETS ENTRUSTED TO THE ORGANIZATION AND OVERSEEING THE STRATEGIC AND OPERATIONAL AFFAIRS OF PROVIDENCE ST JOSEPH HEALTH'S LEGAL ENTITIES P ROVIDENCE ST JOSEPH HEALTH ALSO MAINTAINS A NETWORK OF COMMUNITY ENTITY BOARDS WITH RESPO NSIBILITY FOR QUALITY OF CARE OVERSIGHT, COMMUNITY RELATIONS, ADVOCACY AND COMMUNITY NEEDS ASSESSMENTS PROVIDENCE ST JOSEPH HEALTH HAS A CONSISTENT COMPENSATION PHILOSOPHY FOR AL L OF ITS OFFICERS, INCLUDING OUR SENIOR EXECUTIVES SALARIES FOR SENIOR EXECUTIVES ARE REV IEWED BY THE PROVIDENCE ST JOSEPH HEALTH COMMITTEE THE BOARD RETAINS AN INDEPENDENT CONS ULTANT EACH YEAR TO REVIEW SALARIES OF THOSE IN THE MOST SIGNIFICANT LEADERSHIP ROLES IN T HE ORGANIZATION PART OF THE CONSULTANT'S ROLE IS TO REVIEW AN EXTENSIVE ARRAY OF COMPENSA TION 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 BO ARD BENCHMARKS EXECUTIVE COMPENSATION AGAINST OTHER LARGE, NOT-FOR-PROFIT HEALTH SYSTEMS W HOSE 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 I NDUSTRY BECAUSE OF THIS, PROVIDENCE ST JOSEPH HEALTH ALSO TAKES INTO CONSIDERATION GENER AL INDUSTRY FOR-PROFIT MARKET DATA, WHERE APPLICABLE BASE SALARIES FOR PROVIDENCE ST JOS EPH HEALTH EXECUTIVES ARE GENERALLY TARGETED TO THE MEDIAN LEVEL OF THE MARKET, AS IDENTIF IED BY THE INDEPENDENT CONSULTANT AND REVIEWED WITH THE EXECUTIVE COMPENSATION COMMITTEE THE PRESIDENT/CEO UTILIZES THE MARKET INFORMATION PROVIDED BY THE CONSULTANT ALONG WITH FO RMAL PERFORMANCE EVALUATIONS, TO DETERMINE SALARY RECOMMENDATIONS FOR OTHER SENIOR EXECUTI VES THIS PROCESS INCLUDES A RIGOROUS ANALYSIS OF THOSE RECOMMENDATIONS WITH THE EXECUTIVE COMPENSATION COMMITTEE AS A PART OF THE REVIEW AND APPROVAL PROCESS PERFORMANCE INCENTIV ES ALLOW EXECUTIVES TO EARN ADDITIONAL COMPENSATION IF THEY ACHIEVE SPECIFIC ORGANIZATIONA L GOALS FOR FURTHERING PROVIDE</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Section B, line 15 | NCE ST JOSEPH HEALTH OPERATING COMMITMENTS AND STRATEGIC OBJECTIVES THE BOARD OF DIRECTORS CONDUCTS A THOROUGH REVIEW PROCESS TO ENSURE PERFORMANCE INCENTIVES ARE ALIGNED WITH APPROPRIATE MARKET PRACTICES THE BOARD'S PROCESS FOR EXECUTIVE COMPENSATION FULLY COMPLIES WITH IRS STANDARDS AND MIRRORS BEST PRACTICES THE PROCESS TO REVIEW COMPENSATION WAS LAST COMPLETED MARCH 5, 2019 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Section C, line 19 | GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS 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 | STRATEGIC CONSULTING/DESIGN/MEDIA SERVICES Program service expenses 1,902,413 Management and general expenses 2,233,267 Total expenses 4,135,680 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------|----------------------------------|
| Form 990, Part XI, line 9 | RESTRICTED CONTRIBUTIONS 789,113 |

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
INSTITUTE FOR MENTAL HEALTH & WELLNESS

Employer identification number
81-4260130

Part I

Identification of Disregarded Entities

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

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

Part II

Identification of Related Tax-Exempt Organizations

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

See Additional Data Table

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

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

See Additional Data Table

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

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

See Additional Data Table

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

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

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

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

a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

No

1o

Yes

1p

No

1q

No

1r

No

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

See Additional Data Table

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

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

[illegible]

Part VII **Supplemental Information**

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

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

Additional Data

Software ID:
Software Version:
EIN: 81-4260130
Name: INSTITUTE FOR MENTAL HEALTH & WELLNESS

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 AVE SW ATTN TAX DEPT RENTON, WA 980579016 61-1573313 | HEALTHCARE | TX | 501(c)(3) | 12,I | CHS | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 46-1259908 | HEALTHCARE | CA | 501(c)(3) | 12,III | SJHS | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 46-3516417 | HEALTHCARE | TX | 501(c)(3) | 12,I | CHS | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 75-2765566 | HEALTHCARE | TX | 501(c)(3) | 3 | SJHS | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 75-2897026 | HEALTHCARE | TX | 501(c)(3) | 7 | CHS | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 82-2913146 | HEALTHCARE | TX | 501(c)(3) | 3 | CHS | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 75-2743883 | HEALTHCARE | TX | 501(c)(3) | 3 | CHS | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT 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 |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-4322584 | SUPPORT | CA | 501(c)(3) | 7 | PHS SOCAL | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 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 PO BOX 6100 NEWPORT BEACH, CA 926586100 45-3583707 | HEALTHCARE | CA | 501(c)(3) | 12,I | HMHP | Yes | |
| 2081 BUSINESS CENTER DR STE 195 IRVINE, CA 92612 45-2982422 | SUPPORT | CA | 501(c)(3) | 7 | HHF | Yes | |
| 1 HOAG DRIVE PO BOX 6100 NEWPORT BEACH, CA 926586100 33-0676831 | HEALTHCARE | CA | 501(c)(3) | 10 | HMHP | Yes | |
| 330 PLACENTIA AVE NEWPORT BEACH, CA 92663 95-3222343 | FUNDRAISING | CA | 501(c)(3) | 7 | HMHP | Yes | |
| 1 HOAG DRIVE PO BOX 6100 NEWPORT BEACH, CA 926586100 95-1643327 | HEALTHCARE | CA | 501(c)(3) | 3 | CHN | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 75-2133781 | HEALTHCARE | TX | 501(c)(3) | 10 | CHS | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1307555 | HEALTHCARE | WA | 501(c)(3) | 3 | PHS WA | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-2003593 | HEALTHCARE | WA | 501(c)(3) | 7 | WHC | 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 |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-4291515 | HEALTHCARE | CA | 501(c)(3) | 4 | PSJHC | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-6033089 | SUPPORT | WA | 501(c)(3) | 12,III | KRMC | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 23-7005501 | SUPPORT | WA | 501(c)(3) | 12,I | KRMC | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-0655392 | HEALTHCARE | WA | 501(c)(3) | 3 | WHC | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 33-0844408 | IMAGING SVCS | CA | 501(c)(3) | 10 | PHS SOCAL | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 75-2220963 | HEALTHCARE | TX | 501(c)(3) | 7 | CHS | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1562797 | SUPPORT | OR | 501(c)(3) | 7 | PHS OR | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-2054035 | RESEARCH | WA | 501(c)(3) | 7 | SHS | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 75-2428911 | HEALTHCARE | TX | 501(c)(3) | 3 | CHS | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 75-2246348 | HEALTHCARE | TX | 501(c)(3) | 3 | CHS | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 75-2426010 | HEALTHCARE | TX | 501(c)(3) | 3 | CHS | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-1643360 | HEALTHCARE | CA | 501(c)(3) | 3 | CHN | Yes | |
| PO BOX 16069 SEATTLE, WA 98116 20-0799737 | SUPPORT | WA | 501(c)(3) | 12,I | SHS | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 56-2290878 | HEALTHCARE | WA | 501(c)(3) | 10 | WHC | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-3544877 | HEALTHCARE | CA | 501(c)(3) | 7 | PHS SOCAL | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 92-0093565 | HEALTHCARE | AK | 501(c)(3) | 12,I | PHS WA | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1940286 | HEALTHCARE | OR | 501(c)(3) | 7 | PHS OR | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1789266 | SUPPORT | WA | 501(c)(3) | 7 | PHS WA | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 93-0800140 | SUPPORT | OR | 501(c)(3) | 7 | PHS OR | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 93-0692907 | HEALTHCARE | OR | 501(c)(3) | 7 | PHS OR | 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 |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-3385506 | SUPPORT | WA | 501(c)(3) | 7 | N/A | | No |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 31-1744654 | SUPPORT | WA | 501(c)(3) | 7 | PHS WA | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1549796 | HEALTHCARE | WA | 501(c)(3) | 12,II | PSJH | | No |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 81-0231793 | HEALTHCARE | MT | 501(c)(3) | 3 | PHS WA | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 51-0216587 | HEALTHCARE | OR | 501(c)(3) | 3 | PHS | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 51-0216586 | HEALTHCARE | WA | 501(c)(3) | 3 | PHS | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1303277 | HEALTHCARE | WA | 501(c)(3) | 3 | PMWHC | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 55-0828701 | MEDICAID | OR | 501(c)(4) | N/A | PHP | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 32-0014330 | HEALTHCARE | WA | 501(c)(3) | 7 | PHS WA | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1433382 | HEALTHCARE | WA | 501(c)(3) | 7 | PHS W WA | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 93-0863097 | HEALTHCARE | OR | 501(c)(4) | N/A | PPP | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 51-0216589 | HEALTHCARE | CA | 501(c)(3) | 3 | PHS | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 93-0921990 | HEALTHCARE | OR | 501(c)(3) | 7 | PHS OR | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 27-2552749 | HEALTHCARE | WA | 501(c)(3) | 7 | PHS W WA | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-2077378 | HEALTHCARE | WA | 501(c)(3) | 7 | PHS W WA | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 51-0224944 | HEALTHCARE | CA | 501(c)(3) | 7 | PHS SOCIAL | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 93-1554288 | HEALTHCARE | WA | 501(c)(3) | 12,I | PHS W WA | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 33-0283773 | HEALTHCARE | CA | 501(c)(3) | 12,I | PHS SOCIAL | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 94-3079515 | HEALTHCARE | OR | 501(c)(3) | 7 | PHS OR | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT 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 |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1188119 | HEALTHCARE | WA | 501(c)(3) | 7 | PHS WA | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 93-0889144 | HEALTHCARE | OR | 501(c)(3) | 7 | PHS OR | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 31-1629656 | SUPPORT | WA | 501(c)(3) | 7 | PHS WA | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1861964 | HEALTHCARE | WA | 501(c)(4) | N/A | PHS OR | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 93-1231494 | HEALTHCARE | OR | 501(c)(3) | 7 | PHS OR | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 31-1584166 | SUPPORT | WA | 501(c)(3) | 10 | PHS WA | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-1684082 | HEALTHCARE | CA | 501(c)(3) | 3 | PHS SOCAL | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 81-4542216 | HEALTHCARE | CA | 501(c)(3) | 3 | PHS SOCAL | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 93-0927320 | HEALTHCARE | OR | 501(c)(3) | 7 | PHS OR | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-2171539 | SUPPORT | WA | 501(c)(3) | 7 | PHS WA | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 94-3244854 | SUPPORT | WA | 501(c)(3) | 7 | PHS WA | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 81-1244422 | HEALTHCARE | WA | 501(c)(3) | 12,III | N/A | | No |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 94-3078543 | HEALTHCARE | WA | 501(c)(3) | 12,I | PHS WA | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 81-0463482 | HEALTHCARE | MT | 501(c)(3) | 3 | PHS WA | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 45-2841492 | HEALTHCARE | WA | 501(c)(3) | 7 | PHS WA | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1097056 | SUPPORT | WA | 501(c)(3) | 7 | PHS W WA | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 93-0575982 | HEALTHCARE | OR | 501(c)(3) | 7 | PHS OR | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-3264139 | HEALTHCARE | CA | 501(c)(3) | 10 | PHS SOCAL | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 33-0261016 | HEALTHCARE | CA | 501(c)(3) | 7 | PTCH | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 93-1003750 | HEALTHCARE | OR | 501(c)(3) | 12, I | PHS OR | 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 |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 94-1243669 | HEALTHCARE | CA | 501(c)(3) | 3 | SJHS | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 94-2779313 | HEALTHCARE | CA | 501(c)(3) | 7 | RMH | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 94-1384665 | HEALTHCARE | CA | 501(c)(3) | 3 | SJHS | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-6100079 | SUPPORT | CA | 501(c)(3) | 7 | PSJHC | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 94-1231005 | HEALTHCARE | CA | 501(c)(3) | 3 | SJHS | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 61-1502822 | PHYSN COLLAB | WA | 501(c)(3) | 7 | WHC | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 26-2612415 | SHELL CORP | MT | 501(c)(3) | 1 | PHS WA | | No |
| 480 S BATAVIA ORANGE, CA 92868 95-1643383 | RELIGIOUS ORG | CA | 501(c)(3) | 1 | N/A | | No |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 68-0395200 | HEALTHCARE | CA | 501(c)(3) | 3 | SRMH | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 27-1666576 | RELIGIOUS ORG | CA | 501(c)(3) | 1 | SSJO | | No |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 81-4791043 | HEALTHCARE | CA | 501(c)(3) | 3 | SJHS | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-3589356 | HEALTHCARE | CA | 501(c)(3) | 12,I | PSJH | | No |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 33-0143024 | HEALTHCARE | CA | 501(c)(3) | 7 | SJHS | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 33-0185031 | HEALTHCARE | CA | 501(c)(3) | 3 | SJHS | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 68-0331084 | HEALTHCARE | CA | 501(c)(3) | 10 | SJHS | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 94-1156596 | HEALTHCARE | CA | 501(c)(3) | 3 | SJHS | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-1643359 | HEALTHCARE | CA | 501(c)(3) | 3 | CHN | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-1643324 | HEALTHCARE | CA | 501(c)(3) | 3 | CHN | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 94-3176618 | SUPPORT | WA | 501(c)(3) | 7 | PHS WA | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-1914489 | HEALTHCARE | CA | 501(c)(3) | 3 | CHN | 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 |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 75-1653181 | HEALTHCARE | TX | 501(c)(3) | 7 | CHS | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 23-7056976 | HEALTHCARE | MT | 501(c)(3) | 7 | PHS WA | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 81-0233495 | EDUCATION | MT | 501(c)(3) | 10 | PHS WA | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 27-2305304 | HEALTHCARE | WA | 501(c)(3) | 3 | WHC | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-0433740 | HEALTHCARE | WA | 501(c)(3) | 3 | WHC | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-0983214 | HEALTHCARE | WA | 501(c)(3) | 7 | SHS | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 27-3139262 | HOLDING CO | WA | 501(c)(3) | 12,I | SHS | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1180824 | SUPPORT | WA | 501(c)(3) | 7 | PHS WA | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1293869 | SUPPORT | CA | 501(c)(3) | 10 | PHS SOCAL | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1214491 | SUPPORT | OR | 501(c)(3) | 10 | PHS OR | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 81-0231777 | EDUCATION | MT | 501(c)(3) | 2 | PHS | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 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 III - Identification of Related Organizations Taxable as a Partnership[illegible]

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
| | | | | | | | | Yes | No |
| (1) 1221 MADISON STREET OWNERS ASSOC 747 BROADWAY SEATTLE, WA 98122 20-1954319 | OWNERS' ASSOC | WA | N/A | C | | | | | No |
| (1) AMERICAN UNITY GROUP LTD 90 PITTS BAY ROAD HM08 PEMBROKE BD | CAPTIVE INSURANCE | BD | N/A | C | | | | | No |
| (2) AYIN HEALTH SOLUTIONS INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 83-3037172 | HEALTHCARE | DE | N/A | C | | | | | No |
| (3) BOURGET HEALTH SERVICES INC PO BOX 2687 SPOKANE, WA 99223 91-1354431 | CLIN/MED LAB | WA | N/A | C | | | | | No |
| (4) CARON HEALTH CORPORATION 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 81-0486082 | MED PHYS SVCS | MT | N/A | C | | | | | No |
| (5) HOAG CLINIC 1 HOAG DRIVE PO BOX 6100 NEWPORT BEACH, CA 926586100 33-0676831 | HEALTHCARE | CA | N/A | C | | | | | No |
| (6) DATU HEALTH INC AND SUBSIDIARIES 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 46-3070062 | IT SVCS | DE | N/A | C | | | | | No |
| (7) ENDOSCOPY CENTER OF SOUTHERN CALIFORNIA 1301 20TH STREET STE 280 SANTA MONICA, CA 90404 95-2880495 | HEALTHCARE | CA | N/A | S | | | | | No |
| (8) GRACE CLINIC OF LUBBOCK 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 20-3856995 | HEALTHCARE | CA | N/A | C | | | | | No |
| (9) GRACE CLINIC SERVICES INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 20-3857067 | HEALTHCARE | TX | N/A | C | | | | | No |
| (10) HOAG MANAGEMENT SERVICES INC 1 HOAG DRIVE PO BOX 6100 NEWPORT BEACH, CA 926586100 33-0731587 | HEALTHCARE | CA | N/A | C | | | | | No |
| (11) LUBBOCK METHODIST HOSP PRACTICE MGMT 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 75-2578995 | INACTIVE | TX | N/A | C | | | | | No |
| (12) LUBBOCK METHODIST HOSPITAL SVCS 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 75-2118585 | HEALTHCARE | TX | N/A | C | | | | | No |
| (13) LUMEDIC ACQUISITION CO INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 83-3881097 | HEALTHCARE | WA | N/A | C | | | | | No |
| (14) MISSION VIEJO MEDICAL VENTURES 27800 MEDICAL CENTER RD 354 MISSION VIEJO, CA 92691 33-0212905 | HEALTHCARE | CA | N/A | C | | | | | No |

| Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust | | | | | | | | | |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? | |
| | | | | | | | | Yes | No |
| (16) PHN HOLDINGS 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 46-1814184 | STRAT PLAN SVCS | CA | N/A | C | | | | | No |
| (1) PIONEER INNOVATIONS INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 36-4818191 | HEALTH INNOVATNS | WA | N/A | C | | | | | No |
| (2) PROVIDENCE ASSURANCE INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 20-8194071 | CAPTIVE INSURANCE | AZ | N/A | C | | | | | No |
| (3) PROVIDENCE HEALTH CARE VENTURES INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 90-0155714 | CLIN/MED LAB | WA | N/A | C | | | | | No |
| (4) PROVIDENCE HEALTH NETWORK 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 80-0886966 | PREPAID HEALTH | CA | N/A | C | | | | | No |
| (5) PROVIDENCE HEALTH VENTURES INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 33-0122216 | INVESTMENT | CA | N/A | C | | | | | No |
| (6) ST JOSEPH HEALTH SOURCE INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 46-1900168 | HEALTHCARE | CA | N/A | C | | | | | No |
| (7) ST JOSEPH HEALTH 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 46-2340232 | HOLDING COMPANY | CA | N/A | C | | | | | No |
| (8) ST JOSEPH PROF SVCS ENTERPRSES INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 33-0155323 | HEALTHCARE | CA | N/A | C | | | | | No |
| (9) VINSERRA INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-3943315 | INVESTMENTS | CA | N/A | C | | | | | No |
| (10) WESTERN HEALTHCONNECT VENTURES INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 80-0953654 | INVESTMENTS | WA | N/A | C | | | | | No |
| (11) YAKIMA MEDICAL ARTS INC 611 N PERRY 100 SPOKANE, WA 99202 91-0787963 | RENT REAL ESTATE | WA | N/A | C | | | | | No |

Form 990, Schedule R, Part V - Transactions With Related Organizations

| (a) Name of related organization | (b) Transaction type(a-s) | (c) Amount Involved | (d) Method of determining amount involved |
|--|---------------------------------|------------------------|--|
| (1) ST JOSEPH HEALTH SYSTEM | B | 3,904,544 | COST |
| (1) PROVIDENCE HEALTH SYSTEM - SOUTHERN CALIFORNIA | B | 2,311,532 | COST |
| (2) QUEEN OF THE VALLEY MEDICAL CENTER | B | 681,818 | COST |
| (3) PROVIDENCE SAINT JOHN'S HEALTH CENTER | B | 503,925 | COST |
| (4) PROVIDENCE ST JOSEPH MEDICAL CENTER | B | 489,200 | COST |
| (5) PROVIDENCE ST JOSEPH HEALTH | B | 425,000 | COST |
| (6) SWEDISH HEALTH SERVICES | B | 100,000 | COST |
| (7) PROVIDENCE ALASKA FOUNDATION | B | 77,290 | COST |