efile GRAPHIC print - DO NOT PROCESS As Filed Data -

# **Return of Organization Exempt From Income Tax**

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

DLN: 93493320000338 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

▶ Information about Form 990 and its instructions is at <u>www IRS gov/form990</u>

Open to Public Inspection

A Fo	or the	2017 c	 alendar vear, or tax vear begin	ning 01-01-2017 , and ending 12-3	1-2017				
		plicable	C Name of organization PROVIDENCE ST JOSEPH HEALTH	,		D Employer identification number			
	dress c me cha	hange	THOUBERGE ST JOSEFFF HEREITI			81-124	1422		
	al retu	-	Doing business as						
		/terminated return		ail is not delivered to street address) Room/s	uto	E Telephon	e number		
		n pending	1801 LIND AVE SW No 9016	an is not delivered to street address) Roomys	uite	(425) 5	25-3985		
			City or town, state or province, cour	try, and ZIP or foreign postal code					
			RENTON, WA 980579016			<b>G</b> Gross re	ceipts \$ 3	8,093,391	
			<b>F</b> Name and address of principa ROD HOCHMAN MD	l officer	H(a) Is this	a group re	turn for		
			1801 LIND AVE SW No 9016		subor	dınates? I subordınat	es	□Yes ☑No	
[ Tax	-exem	npt status	RENTON, WA 980579016	П	includ	ed?		∐Yes ∐No	
			✓ 501(c)(3)	insert no )	If "No H(c) Group		•	instructions)	
J 444	edsite	e: <b>&gt;</b> vv v	W PSINEALIN ORG		- Croup	exemption	Humber		
<b>K</b> Form	n of org	ganızatıon	✓ Corporation ☐ Trust ☐ Asso	ciation  Other	L Year of forma	ation 2015	<b>M</b> State WA	of legal domicile	
Da	rt I	Sum	P44 Ti P1.7						
Fe			mary scribe the organization's mission of	most significant activities					
<b>.</b>			DULE O AS ÉXPRESSIONS OF GOD ALL, ESPECIALLY THOSE WHO ARE	O'S HEALING LOVE, WITNESSED THROU	GH THE MINIS	TRY OF JESU	JS, WE A	RE STEADFAST IN	
nce	<u> </u>	ERVING	ALL, ESPECIALLY THOSE WHO ARE	FOOR AND VOLNERABLE					
ma	_								
ACIIVITIES & GOVERNANCE		Chack the	is how • I if the organization dis	continued its operations or disposed of i	more than 25%	of its not a	ccotc		
5				g body (Part VI, line 1a)		o or its net a	3	14	
Sé	4 [	Number o	of independent voting members of	the governing body (Part VI, line 1b)			4	13	
	5 -	Total nun	nber of individuals employed in cal	endar year 2017 (Part V, line 2a) .			5	15	
(CII	6	Total nun	nber of volunteers (estimate if nec	essary)			6	0	
7	7a -	Total unr	elated business revenue from Part	VIII, column (C), line 12			7a	0	
	<b>d</b>	Net unrel	ated business taxable income fron	1 Form 990-T, line 34		•	7b	0	
					Pri	or Year		Current Year	
ġ			cions and grants (Part VIII, line 1h				0	(	
Ravenua		-	service revenue (Part VIII, line 2g	•			0	38,093,391	
ξ				lines 3, 4, and 7d )		10.560	0	(	
			enue (Part VIII, column (A), lines			18,568,4	_	38,093,391	
			nd similar amounts paid (Part IX, c	st equal Part VIII, column (A), line 12)		10,300,	0	30,033,332	
			paid to or for members (Part IX, co				0		
,,			•	nefits (Part IX, column (A), lines 5–10)		18,457,1	36,808,399		
ıse				mn (A), line 11e)		20, 101, 1	0	00,000,000	
Expenses			raising expenses (Part IX, column (D), li	, ,,			1		
Ĕ			penses (Part IX, column (A), lines	· -		111,3	344	1,284,992	
	18	Total exp	enses Add lines 13–17 (must equ	al Part IX, column (A), line 25)		18,568,4	151	38,093,391	
	19	Revenue	less expenses Subtract line 18 fro	om line 12			0	(	
CeS.					Beginning	of Current Y	ear	End of Year	
Net Assets or Fund Balances	20 -	Total ass	ets (Part X, line 16)			10,006,7	711	4,426,619,378	
d B			ulities (Part X, line 26)			13,453,2		4,424,747,015	
Fea			s or fund balances Subtract line 2			-3,446,5		1,872,363	
Par	t II	Sign	ature Block						
				ned this return, including accompanying Declaration of preparer (other than off					
	nowle		if it is true, correct, and complete	becardion of preparer (other than on			1011 OI V	which preparer has	
		l <b>k</b>			201	8-11-15			
Sign		Signati	ure of officer		Dat				
Here	:	INA OL	N ESCASA-HAIGH EVP/ASSISTANT TREA	SURER					
			r print name and title						
			rint/Type preparer's name EVA NITTA	Preparer's signature EVA NITTA	Date Che		PTIN P01286320		
Paic	i	_			self	-employed		J	
-	oare	' <b>'</b>  -	irm's name ERNST & YOUNG US LL			n's EIN ► 34-			
Jse	Onl	ly   <sup>⊦</sup>	irm's address ► 560 MISSION STREET S		Pho	ne no (415)	394-8000		
			SAN FRANCISCO, CA						
May tl	ne IRS	6 discuss	this return with the preparer show	vn above? (see instructions)			<b>∠</b> ∧	′es □No	

Form	990 (2017)						Page <b>2</b>
Par	t IIII Stateme	ent of Program Service	e Accomplis	hments			
	Check if S	chedule O contains a resp	onse or note to	any line in this Part III			. 🗹
1		ne organization's mission					
		OD'S HEALING LOVE, WIT AND VULNERABLE	NESSED THROU	GH THE MINISTRY OF JE	SUS, WE ARE STEADFAST IN SER	VING ALL, ESPEC	CIALLY
2	Did the organizat						
	the prior Form 99	00 or 990-EZ?				☐ Yes 🗸	No
	If "Yes," describe	these new services on Sc	nedule O				
3	Did the organizat	ion cease conducting, or n	nake significant	changes in how it conduc	cts, any program		
		these changes on Schedu				☐ Yes	☑ No
4	Describe the orga Section 501(c)(3)	nızatıon's program service	e accomplishmei ons are required	to report the amount of	argest program services, as measi grants and allocations to others, i		s
4a	(Code	) (Expenses \$	18,404,200	including grants of \$	0 ) (Revenue \$	38,093,391 )	
	See Additional Data	, , ,	10,101,200	merading grants or ¢	o	30,030,031,	
4b	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)	
4c	(Code	) (Expenses \$		including grants of \$	) (Revenue \$	)	
4d	Other program se (Expenses \$	ervices (Describe in Sched inc	ule O ) luding grants of	\$	) (Revenue \$	)	
4e	Total program s	service expenses >	18.404.2	.00			

or X as applicable

**Checklist of Required Schedules** 

Page 3

No

No

Nο

Nο

Nο

Nο

Nο

No

Nο

No

Nο

No

No

Nο

No

Nο

Form **990** (2017)

11a

11b

11c

11d

11e

11f

12a

12b

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14a

14b

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16

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18

19

Yes

Nο 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 No

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

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 🕏

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

ın Part X, line 16? *If "Yes," complete Schedule D, Part IX* 😼 . . . . . . . . . . . . . . . .

b Was the organization included in consolidated, independent audited financial statements for the tax year?

**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* . . . . . . . . . . . .

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

**14a** Did the organization maintain an office, employees, or agents outside of the United States? . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥞 . . . . . . . . . . .

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . .

29

·			
Part IV Checklist of Required Schedules (continued)			
		Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	202		No

	oncernise of Reduited Senedates (continued)			
			Yes	No
)a	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?

column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . .

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

current and former officers, directors, trustees, key employees, and highest compensated employees, If "Yes,"

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . . 💆

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🛸

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

All Form 990 filers are required to complete Schedule O

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

20b

Yes

Yes

21

22

23

24a

24b

24c

24d

25a

25b

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28a

28b

28c

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35a

35h

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Yes

Yes

Yes

Form 990 (2017)

Page 4

Nο

Nο

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Nο

No

No

Nο

Nο

No

No

Nο

Nο

No

No

Nο

Nο

Nο

Nο

Nο

orm	990 (2017)			Page !
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V $\dots$			
_			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a Compared to the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Compared to the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Compared to the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Compared to the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Compared to the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Compared to the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Compared to the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Compared to the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Compared to the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Compared to the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Compared to the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Compared to the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Compared to the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Compared to the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Compared to the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Compared to the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Compared to the number of Enter -0- in line 1a Ente	4		
		4		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c		
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	5		
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	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)			
E-3	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		INO
С	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?	<b>6</b> b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		
С	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			
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
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	<del>                                     </del>		110
9	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	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
٥-	Did the annual surrounding made and to the distributions and an archive 40003	8		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter  Introduce for and control cont			
	Initiation fees and capital contributions included on Part VIII, line 12	-		
		-		
	Section 501(c)(12) organizations. Enter  Gross income from members or shareholders			
	Gross income from members or snareholders	-		
ט	against amounts due or received from them )			
2a	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			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for			
	additional information the organization must report on Schedule O  Enter the amount of reserves the organization is required to maintain by the states in	13a		
	which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	ا ا		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Par	Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to li	nes						
	Check if Schedule O contains a response or note to any line in this Part VI			<b>✓</b>						
Se	ction A. Governing Body and Management									
1a	Enter the number of voting members of the governing body at the end of the tax year 14		Yes	No						
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	-								
b	Enter the number of voting members included in line 1a, above, who are independent  1b 13									
2	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?									
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?	<b>7</b> b	Yes							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following									
а	The governing body?	8a	Yes	ĺ						
ь	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						
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)							
			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							
Ь	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							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	.,	ĺ						
13		120	Yes							
14	Did the organization have a written whistleblower policy?	13	Yes							
	Did the organization have a written whistleblower policy?	$\vdash$								
15		13	Yes							
	Did the organization have a written document retention and destruction policy?	13	Yes							
а	Did the organization have a written document retention and destruction policy?	13	Yes Yes							
а	Did the organization have a written document retention and destruction policy?	13 14 15a	Yes Yes Yes							
a b	Did the organization have a written document retention and destruction policy?	13 14 15a	Yes Yes Yes	No						
a b 16a	Did the organization have a written document retention and destruction policy?	13 14 15a 15b	Yes Yes Yes	No						
a b 16a b	Did the organization have a written document retention and destruction policy?	13 14 15a 15b	Yes Yes Yes	No						
a b 16a b	Did the organization have a written document retention and destruction policy?	13 14 15a 15b	Yes Yes Yes	No						
a b 16a b	Did the organization have a written document retention and destruction policy?	13 14 15a 15b	Yes Yes Yes	No						
a b 16a b Se 17	Did the organization have a written document retention and destruction policy?	13 14 15a 15b	Yes Yes Yes	No						
a b 16a b Se 17	Did the organization have a written document retention and destruction policy?	13 14 15a 15b	Yes Yes Yes	No						

orm 990 (2	2017)										Page <b>7</b>
Part VII	Compensation of Officer and Independent Contra		Truste	es, I	Key	En	ploy	ees	, Highest Comp	ensated Employ	rees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	hıs l	Part VI	Ι.			<u> </u>
Section	A. Officers, Directors, Tru	stees, Key E	mploy	ees,	, an	d H	lighe	st C	Compensated En	nployees	
L <b>a</b> Complet rear	e this table for all persons require	ed to be listed	Report o	omp	ensa	tion	for th	e ca	lendar year ending	with or within the o	rganızatıon's tax
	of the organization's <b>current</b> off ation Enter -0- in columns (D), (							als o	or organizations), re	gardless of amount	
	of the organization's <b>current</b> key		•								
vho receive	organization's five <b>current</b> high d reportable compensation (Box n and any related organizations										
	of the organization's <b>former</b> office e compensation from the organiz						pensat	ed e	employees who rece	ived more than \$10	0,000
<ul> <li>List all e organization</li> </ul>	of the organization's <b>former dire</b> n, more than \$10,000 of reportab	ectors or trusto le compensation	ees tha n from t	t rece he or	gan	l, in izati	the ca	paci any	ity as a former direc y related organizatio	tor or trustee of the ons	•
	in the following order individua d employees, and former such p		ectors,	ınstıtı	utior	nal ti	rustee	s, of	ficers, key employe	es, highest	
☐ Check t	this box if neither the organizatio	n nor any relate	d orgar	nzatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee	
	<b>(A)</b> Name and Title	(B) I Title Average Position hours per than on week (list is bo					s pers and a ee)	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2,2000 (1200)	MISC)	related organizations
See Addıtıon	al Data Table										
				l	l		l	ı			

▶ c Total from continuation sheets to Part VII, Section  ${\bf A}\,$  . ▶ 26,324,331 1,444,079 d Total (add lines 1b and 1c) . . . . . . 2

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 ► 15						
			Ye			
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	Ye			
4	For any individual listed on line 1s, is the sum of reportable componentian and other componentian from the					

No es 3 'es For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . 4 Yes

18,226,911

(C)

Compensation

Form 990 (2017)

(B)

Description of services

4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . 5 Nο

5 Section B. Independent Contractors

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

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

See Additional Data Table

from the organization. Report compensation for the calendar year ending with or within the organization's tax year ness address

compensation from the organization ▶ 0

(A)
Name and busir

		(2017)						rage <b>3</b>
Part	VΙ							
		Check if Schedule O conta	ins a respor	ise or note to an				
					(A) Total revenue	(B) Related or	(C) Unrelat	( <b>D)</b> ted Revenue
						exempt	busine	ss excluded from
						function revenue	revenu	tax under sections 512-514
	1	a Federated campaigns	1a		<u> </u>			
nts nts		<b>b</b> Membership dues	1b					
G		c Fundraising events	1c					
Contributions, Gifts, Grants and Other Similar Amounts		<b>d</b> Related organizations	1d					
9 ≅		e Government grants (contributions	5) <b>1e</b>					
Sir		f All other contributions, gifts, gran						
tributio Other (		and similar amounts not included above	1f					
듗픋		g Noncash contributions includ						
뒫		ın lınes 1a-1f \$						
Contained	I	<b>h Total.</b> Add lines 1a-1f		•				
ı	Γ			Busines	s Code			
J. L	2	RELATED EO MGMT FEES			561000 38,	,093,391	38,093,391	
¥.								
ř	E	·						
Z.	۱ ۹	<b>-</b>						
ð								
Program Service Revenue		5						
ıßo.	"	f All other program service reve	enue	38	,093,391			
4	g	JTotal.Add lines 2a-2f	•	•	,,			
		Investment income (including o						
	l	similar amounts)			<u> </u>			
	l	Income from investment of tax			•			
	5	Royalties			<u> </u>			
	ے ا	,,,	Real	(II) Personal	_			
	0	a Gross rents						
	l	<b>b</b> Less rental expenses						
	١ ١	c Rental income or (loss)						
	١,	<b>d</b> Net rental income or (loss) .	<del></del>		-			
			curities	(II) Other				
	7,	Gross amount	currences	(ii) Other	-			
	``	from sales of assets other						
		than inventory						
	l	<b>b</b> Less cost or						
		other basis and sales expenses						
	١,	C Gain or (loss)						
	١,	d Net gain or (loss)		<b>•</b>	7			
	88	a Gross income from fundraising	g events					
пе		(not including \$						
듄		contributions reported on line See Part IV, line 18						
Other Revenue	l	<b>b</b> Less direct expenses	. ь					
ř	l	$oldsymbol{c}$ Net income or (loss) from fund		nts				
the	98	a Gross income from gaming ac	tivities	<u> </u>				
0		See Part IV, line 19	- 1					
			a					
	l	<b>b</b> Less direct expenses	<u> </u>					
		c Net income or (loss) from gan	ning activitie –	·s · · <b>&gt;</b>	_			
	10	aGross sales of inventory, less returns and allowances						
			a					
	۱ ا	<b>b</b> Less cost of goods sold .	. ь					
		<b>c</b> Net income or (loss) from sale	_	ry <b>&gt;</b>				
		Miscellaneous Revenue	3 01 111001100	Business Code				
	1:	1a						
	١.	h						
	'	b						
	۱ ۱	С	$\neg$					
	,	d All other revenue	.					
	،	e Total. Add lines 11a-11d .		•				
	1:	<b>2 Total revenue.</b> See Instruction	ons -					
	<u> </u>	Star . Stellael See Institution	• •		38,093,39	91 38,09	93,391	0 0 Form <b>990</b> (2017)
								Form <b>990</b> (2017)

orm 990 (2017)				Page <b>1</b> 0
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	anızatıons must comp	elete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX			🗆
Do not include amounts reported on lines 6b, 'b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
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				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	36,162,119	18,081,060	18,081,059	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
<b>10</b> Payroll taxes	646,280	323,140	323,140	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)	7,899		7,899	
12 Advertising and promotion				
L3 Office expenses	8,060		8,060	
L4 Information technology				
<b>15</b> Royalties				
F				
<b>16</b> Occupancy	120 404		120 404	
17 Travel	129,404		129,404	
federal, state, or local public officials	17.046		47.046	
19 Conferences, conventions, and meetings	17,346		17,346	
<b>20</b> 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 RECRUITMENT/RELOCATION	593,948		593,948	
b TAXES & LICENSES	520,557		520,557	
c DUES & SUBSCRIPTIONS	4,599		4,599	
d EVENT EXPENSES	2,983		2,983	
e All other expenses	196		196	
25 Total functional expenses. Add lines 1 through 24e	38,093,391	18,404,200	19,689,191	(
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	,,2	7.5.77=50	,,-22	
Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)				

Form 990 (2017)

1

2

Assets

Liabilities

Fund Balances

Assets or 30

Net

27

28

29

31

32

33

34

4.426.619.378

4,426,619,378

4,402,160,000

4,424,747,015

1,872,363

4.426.619.378

Form **990** (2017)

22,587,015

(B)

End of year

Page **11** 

0

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

									_
Cash–non-interest-bearing									
Savings and temporary cash	inv	estr	nen	ts					

Pledges and grants receivable, net . . . Accounts receivable, net .

(A)

Beginning of year

371.187

1

2 3

4

5

6

8 9

10c

11

12

13

14

15

16

17

18

19

20

21

22 23

24

25

26

9.635.524

10.006.711

13,453,215

13,453,215

-3,446,504

10,006,711

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . . . . Loans and other receivables from other disqualified persons (as defined under voluntary employees' beneficiary organizations (see instructions) Complete

section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) Part II of Schedule L Notes and loans receivable, net . Inventories for sale or use . Prepaid expenses and deferred charges .

10a basis Complete Part VI of Schedule D

10b Investments—publicly traded securities . Investments—other securities See Part IV, line 11 .

b Less accumulated depreciation Investments—program-related See Part IV, line 11

10a Land, buildings, and equipment cost or other 11 Intangible assets . . . . . Other assets See Part IV, line 11 . . . . . . .

**Total assets.**Add lines 1 through 15 (must equal line 34) . . .

12 13 14 15 16 17 Accounts payable and accrued expenses 18 Grants payable . . .

19 Deferred revenue . . . . 20 Tax-exempt bond liabilities . . . . . 21

22

Escrow or custodial account liability Complete Part IV of Schedule D 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 . Secured mortgages and notes payable to unrelated third parties . . . Unsecured notes and loans payable to unrelated third parties .

23 24 Other liabilities (including federal income tax, payables to related third parties, 25 and other liabilities not included on lines 17-24)

Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 .

26

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here 

and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and Unrestricted net assets

-3.446.504 27 28

29

30

31

32

33

34

1.872.363

☐ Cash ☑ Accrual ☐ Other

Page **12** 

5,318,867

1,872,363

No

Nο

No

Form 990 (2017)

Yes

Yes

Yes

2a

3a

3b

3 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . 4 -3.446.504

Form 990 (2017)

Schedule O

**Reconcilliation of Net Assets** 

1 Accounting method used to prepare the Form 990

separate basis, consolidated basis, or both

Audit Act and OMB Circular A-133?

Part XI

5 5 6

7 8 Other changes in net assets or fund balances (explain in Schedule O) . . . . . . . . . 9

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Part XII **Financial Statements and Reporting** 

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

If the organization changed its method of accounting from a prior year or checked "Other," explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

☐ Separate basis Consolidated basis ☐ Both consolidated and separate basis 2b 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

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 compiled or reviewed on a

Consolidated basis ☐ Both consolidated and separate basis ☐ 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? 2c

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

#### Additional Data

Software ID:

Software Version:

**EIN:** 81-1244422

Name: PROVIDENCE ST JOSEPH HEALTH

Form 990 (2017)

#### 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 50 HOSPITALS, 829 CLINICS ACROSS ALASKA, CALIFORNIA, MONTANA, NEW MEXICO, OREGON, TEXAS AND WASHINGTON THE FOUNDERS OF BOTH ORGANIZATIONS WERE COURAGEOUS WOMEN AHEAD OF THEIR TIME. THE SISTERS OF PROVIDENCE AND THE SISTERS OF ST

JOSEPH OF ORANGE BROUGHT HEALTH CARE AND OTHER SOCIAL SERVICES TO THE AMERICAN WEST WHEN IT WAS STILL A RUGGED, UNTAMED FRONTIER NOW, AS WE FACE A DIFFERENT LANDSCAPE - A CHANGING HEALTH CARE ENVIRONMENT - WE DRAW UPON THEIR PIONEERING AND COMPASSIONATE SPIRIT TO PLAN FOR THE NEXT CENTURY OF HEALTH CARE PROVIDENCE HEALTH & 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

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

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.

ESTABLISHED WITH HOAG HEALTH TO INCREASE ACCESS TO SERVICES IN ORANGE COUNTY, CALIFORNIA PROVIDENCE ST. JOSEPH HEALTH IS THE PARENT ORGANIZATION OF PROVIDENCE HEALTH & SERVICES AND ST. JOSEPH HEALTH SYSTEM. IT STRIVES TO SUPPORT IMPROVEMENTS IN HEALTH CARE DELIVERY AND OUTCOMES WITHIN THE CONTEXT OF NONPROFIT, CHARITABLE OWNERSHIP

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

ol

30,360

25,360

30,360

0

0

0

0

0

0

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

and Independent Contractors

MICHAEL HOLCOMB

SALLYE LINER MSN RN

MARY LYONS PHD

SR PHYLLIS HUGHES RSM DRPH

DIRECTOR

DIRECTOR

DIRECTOR

DIRECTOR

	for related		′	(11, 2,4,000	(14) 2/4 000					
	for related organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
DICK P ALLEN	0 10	x						0	30,360	0
DIRECTOR	5 00									
RICHARD BLAIR CHAIR	0 10 7 70	×						0	60,360	0
ISIAAH CRAWFORD PHD DIRECTOR	0 10	×						0	30,360	0
	2.10		<del>                                     </del>	_	-		$\vdash$			

CHAIR	7 70	_ ^				
ISIAAH CRAWFORD PHD	0 10	v			0	30
DIRECTOR	4 10	^				30
LUCILLE DEAN SP	0 10	v			0	
DIRECTOR	5 50	_ ^				
SR DIANE HEJNA CSJ RN	0 10					

DIRECTOR	5 50	,,,			,	, and the second	
SR DIANE HEJNA CSJ RN	0 10	×			0	0	0
DIRECTOR	5 30	^				0	
ROD HOCHMAN MD	7 00	·	\ \		5,269,095	0	6,313,965
PRESIDENT/CEO	58 00	^	^		3,209,093	0	0,313,903
MICHAEL HOLCOMB	0 10						

Х

Х

Х

Х

5 50 0 10

5 00 0 10

4 60

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

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

	for related organizations below dotted line)		Institutional Trustee	10	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
WALTER NOCE JR	0 10	x						0	30,360	0
DIRECTOR	5 50	l ''							30,300	
DAVE OLSEN VICE CHAIR	0 10 7 00	×						0	30,360	0
CAROLINA REYES MD	0 10	х						0	30,360	0
DIRECTOR	6 00 0 10	_								
DUOCDE VANC	0.10	ı	ı	1	1	1 1				I

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Х

Χ

Χ

0

638,309

2,529,152

1,372,090

1,743,082

25,360

248,186

117,493

20,012

847,978

2,095,457

667,684

1,020,214

23,110

CAROLINA REYES MD	0 10	×		
DIRECTOR	6 00	_ ^		
PHOEBE YANG	0 10	×		
DIRECTOR	5 50	^		
DONALD ANDERSON JR	7 00		_	
ASSISTANT SECRETARY FOR ENROLLMENT	53.00		×	

53 00 7 00

53 00 7 00

53 00 6 00

54 00 7 00

53 00 7 00

53 00

......

and Independent Contractors

VENKAT BHAMIDIPATI

JO ANN ESCASA-HAIGH

EVP / ASSISTANT TREASURER

**EVP/TREASURER** 

MIKE BUTLER

CINDY STRAUSS

TAMMY TEODOSIO

ASSISTANT SECRETARY

SECRETARY

PRESIDENT

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the

(W- 2/1099-

1,582,404

1,801,110

1,837,508

(W- 2/1099-

organization and

608,236

1,126,342

37,869

872,428

0

0

0

for related

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

and Independent Contractors

RHONDA MEDOWS MD

DARRIN MONTALVO

ANNETTE WALKER

PRES ENTERPRISE SVCS

PRESIDENT OF STRATEGY

EVP/CHIEF POPULATION HEALTH OFFICER

	organizations below dotted line)	Institutional Trustee		key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
JOHN WHIPPLE	7 00								
ACCICTANT CECRETARY	•••••		X				0	754,800	485,048
ASSISTANT SECRETARY	53 00								
RICHARD AFABLE	6 00						4 272 522		602.004
EVP/PSJH SO CA REGION	44 00			×			1,273,522	0	602,001
				_					
DEBRA CANALES	7 00			l <sub>x</sub>			1,674,402	0	1,236,264
EVP/CAO	53 00			^			1,074,402	0	1,230,204
AMY COMPTON-PHILLIPS	6 00								
				×			1,491,216	0	1,024,801
EVP / CHIEF CLINICAL OFFICER	49 00								

AMY COMPTON-PHILLIPS	6 00			νl			1 401 316		
EVP / CHIEF CLINICAL OFFICER	49 00						1,491,216	U	
SHANNON DWYER	6 00								
EVA/CENERAL COUNCEL				×			1,284,086	0	
EVP/GENERAL COUNSEL	44 00								
OREST HOLUBEC	6 00	,			_				
				×			788,870	0	

HANNON DWYER	6 00		<sub>x</sub>		1,284,086	
VP/GENERAL COUNSEL	44 00				1,204,000	
REST HOLUBEC	6 00					
VP/CHIEF COMM /EXT_AFFAIRS OFFICER	40.00		×		788,870	

53 00 6 00

44 00 6 00

44 00

......

	l .			۱ ا					
				×			1,284,086	U	
44 00									
6 00									
				x			788,870	0	
49 00									
	6 00	44 00 6 00	44 00	44 00	44 00 6 00 x	44 00 X	44 00 6 00 x	44 00	44 00 X 1,284,086 U X 788,870 0

SHANNON DWYER	6 00						
EVP/GENERAL COUNSEL	44 00		×		1,284,086	0	
OREST HOLUBEC	6 00		x		788.870	0	

OREST HOLUBEC	6 00						
SVP/CHIEF COMM /EXT AFFAIRS OFFICER			Х		788,870	0	484,008
SVP/CHIEF COMM /EXT AFFAIRS OFFICER	49 00						
AARON MARTIN	7 00						
			Х		900,371	0	716,019

Х

Х

- STYCHIEF COMMYEXT AFFAIRS OFFICER	49 00						
AARON MARTIN	7 00						
			x		900,371	0	71
EVP/CHIEF DIGITAL INNOV OFFICER	63 00						
BHONDA MEDOWS MD	7 00						

and Independent Contractors (A)

TODD HOFHEINS

FORMER EVP/CFO/TREASURER

Name and Title

Average hours per week (list any hours for related organization below dotte line)
 0

(B)

60 00

Institutio

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

Position (do not check more than one box, unless person is both an officer and a director/trustee) employee

Reportable compensation from the organization (W- 2/1099-MISC) 2,139,114

(D)

(E)

Reportable

compensation

from related

organizations (W- 2/1099-

MISC)

(F)

Estimated

amount of other

compensation

from the

organization and

related organizations

45,475

efil	e GR/	APHIC prii	nt - DO NO	T PROCESS	As Filed Data -			DLN: 9	3493320000338
(Form 990 or Complete if the organ					4947(a)(1) nonexe	ion 501(c)(3) c mpt charitable	organization oi trust.		2017
Depart	ment of	the Treasury	▶ Infe	ormation abou	► Attach to Form ut Schedule A (Form www.irs.a			uctions is at	Open to Public Inspection
Nam	e of th	<b>he organiza</b> ST JOSEPH HE						Employer identific	ation number
								81-1244422	
	rt I rganiz				<b>us</b> (All organization e it is (For lines 1 thro			See instructions.	
1			•		ssociation of churches	•	,	(A)(i).	
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ) )									
3					vice organization desc	·			
4			esearch orga and state _	nızatıon operat	ed in conjunction with	a hospital descri	bed in <b>section</b> :	170(b)(1)(A)(iii). E	nter the hospital's
5		(b)(1)(A)	( <b>iv).</b> (Comple	ete Part II )	t of a college or unive				bed in <b>section 170</b>
6		·	·	-	governmental unit de				
7		-		mally receives (vi). (Complete	a substantial part of it Part II )	s support from a	governmental u	init or from the gener	al public described in
8		A communi	ty trust desc	rıbed ın <b>sectioı</b>	170(b)(1)(A)(vi)	(Complete Part I	I )		
9					escribed in <b>170(b)(1)</b> ee instructions Enter				ege or university or a
10		from activit	ies related to income and	ıts exempt fur unrelated busır	(1) more than 331/39 actions—subject to cer less taxable income (le amplete Part III )	taın exceptions, a	and (2) no more	than 331/3% of its su	ipport from gross
11		An organiza	ition organize	ed and operated	d exclusively to test fo	r public safety S	ee section 509	(a)(4).	
12	<b>✓</b>	more public	ly supported	organizations	d exclusively for the be described in <b>section 5</b> the type of supporting	09(a)(1) or sec	tion 509(a)(2	). See section 509(a	
a		Type I. A s organizatio	upporting or n(s) the pow	ganızatıon oper	rated, supervised, or cappoint or elect a majo	ontrolled by its si	upported organi	zation(s), typically by	
b		manageme	nt of the sup		pervised or controlled in a the sare and C.				
c	<b>✓</b>				supporting organizatio ions) <b>You must com</b>				ted with, its
d		Type III n functionally	on-function integrated	ally integrate The organizatio	<b>d.</b> A supporting organ n generally must satis rt <b>IV, Sections A and</b>	ization operated i fy a distribution i	in connection wi requirement and	th its supported orgar	
e	<b>✓</b>	Check this	oox if the org	janization recei	ved a written determir integrated supporting	nation from the IF		pe I, Type II, Type II	I functionally
f	Enter			l organizations	eg.acea supporting	or garnzacion		_ 1	4
g					upported organization(	T '			
	(i) N	Name of supp organizatior		(ii) EIN			(vi) Amount of other support (see instructions)		
Yes No									
See	Addıtıc	onal Data Tal	ole						
								_	
Tota		work Dad	14	ian ana tha Ti	structions for	Cat No 11285	<u> </u>	Cabadula A (Form 0	<u> </u>

instructions

	(Complete only if you che						ty under Part
_	III. If the organization fai	is to quality ur	ider the tests is	sted below, pleas	se complete Pan	t III.)	
	Section A. Public Support  Calendar year		1	I	I		
	(or fiscal year beginning in) ▶	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
_	membership fees received (Do not						
	include any "unusual grant ")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from						
0	line 4						
_	Section B. Total Support		1	1			
	Calendar year						
	(or fiscal year beginning in) ▶	(a)2013	<b>(b)</b> 2014	(c)2015	(d)2016	(e)2017	<b>(f)</b> Total
7	Amounts from line 4						
8	Gross income from interest,						
•	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI )						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities, e	to (see instructi	nns)		L	12	
				1.6 11 601			
13	First five years. If the Form 990 is for	=			= -		_
	check this box and stop here					<u> ▶ L</u>	
S	section C. Computation of Public	<b>Support Perc</b>	entage				
14	Public support percentage for 2017 (line	e 6, column (f) d	ivided by line 11,	column (f))		14	
	Public support percentage for 2016 Sch					15	
	33 1/3% support test—2017. If the			on line 13, and lin	ie 14 is 33 1/3% oi		hox
100	and <b>stop here.</b> The organization qualif						
	33 1/3% support test—2016. If the				and line 15 is 22 i	/20/- or more chas	ele +bec
E					and line 15 is 55 1	7370 OF HIOTE, CHEC	.K UIIIS
	box and <b>stop here.</b> The organization	qualifies as a pul	olicly supported or	ganızatıon			▶⊔
<b>17</b> a	10%-facts-and-circumstances test-						
	is 10% or more, and if the organization						
	in Part VI how the organization meets t	he "facts-and-cir	cumstances" test	The organization	qualifies as a publi	icly supported	
	organization						▶ □
h	10%-facts-and-circumstances test	<b>—2016.</b> If the d	rganization did no	t check a box on li	ne 13, 16a, 16b, d	or 17a, and line	
_	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization	n meets the "fact	s-and-circumstan	ces" test. The orga	nization qualifies	as a publicly	
	supported organization						▶ □
18	Private foundation. If the organization	n did not check a	a box on line 13, 1	.6a, 16b, 17a, or 1	7b, check this box	and see	

P	art III Support Schedule for					d ka awalifi wad	ou Doub II If
	(Complete only if you on the organization fails to						er Part II. If
Se	ection A. Public Support			,		,	
	Calendar year	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	(or fiscal year beginning in) ► 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 Gross receipts from activities that are						
3	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 70	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and						
<i>7</i> a	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						
	Add lines 7a and 7b						
8	<b>Public support.</b> (Subtract line 7c from line 6 )						
Se	ection B. Total Support		I	l			I
	Calendar year	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	(or fiscal year beginning in) ▶	(a) 2013	(6) 2014	(6) 2015	(d) 2016	(e) 2017	(f) Total
9	7 III 10 III III						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
Ь	Unrelated business taxable income (less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
	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							
	11, and 12)  First five years. If the Form 990 is for	the organization	's first second th	urd fourth or fift	h tay yaar as a sa	stion 501(c)(3) o	rganization
14	check this box and <b>stop here</b>	or the organization	i s ili sc, secolia, ci	ma, rouran, or me	ii tax year as a se	ection 301(c)(3) 0	► □
Se	ection C. Computation of Public	Support Perce	entage				<u> </u>
15	Public support percentage for 2017 (III			column (f))		15	
16	Public support percentage from 2016 S	Schedule A, Part I	II, line 15			16	
	ection D. Computation of Invest	ment Income	Percentage			1 1	
17	Investment income percentage for 20	<b>17</b> (line 10c, colu	mn (f) divided by	lıne 13, column (f	())	17	
18	Investment income percentage from 2	<b>2016</b> Schedule A,	Part III, line 17			18	
19a	331/3% support tests—2017. If the	organization did r	not check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and lin	e 17 is not
	more than 33 1/3%, check this box and	<b>stop here.</b> The o	rganızatıon qualıfı	es as a publicly si	upported organiza	tion	▶ □
b	<b>33 1/3% support tests—2016.</b> If th	e organization did	I not check a box	on line 14 or line	19a, and line 16 is	more than 33 1/	_
	not more than 33 1/3%, check this box	x and <b>stop here.</b>	The organization	qualifies as a publ	icly supported org	janization	▶ □
20	Private foundation. If the organizati	on did not check a	box on line 14, 1	9a, or 19b, check	this box and see	instructions	ightharpoons

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

Page 4

No

No

No

No

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

Yes

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 )

Schedule A (Form 990 or 990-EZ) 2017

10a

answer line 10b below

the organization had excess business holdings)

Section A. All Supporting Organizations Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1

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 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described

in section 509(a)(1) or (2)Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

2 Yes 3а Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

No determination 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below

No 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a No amendment to the organizing document) 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

5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

6 than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

No 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 7 No

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," 8

complete Part I of Schedule L (Form 990 or 990-EZ) 8 No

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

9b Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9с

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Pai	Tt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		No
h	A family member of a person described in (a) above?	11b		No
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		No
	ection B. Type I Supporting Organizations			
	Strong 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? If "No," describe in <b>Part VI</b> 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			
_		1		
2	2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization			
Se	ection 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)? If "No," describe in <b>Part VI</b> how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)			
Se	ection 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	Yes	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2	Yes	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3	Yes	
1	ection E. Type III Functionally-Integrated Supporting Organizations  Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)		
· .		10115)		
	The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below			
•	The organization supported a governmental entity Describe in <b>Part VI</b> how you supported a government entity (see	: ınstru	ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
ā	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> 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	2a		
ŀ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	20		
	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	Yes	
ŀ	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard	3b	Yes	

Page 6

Pai	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.					
	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	<b>1</b> b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
e	<b>Discount</b> 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				
	Management and the second of the Control Bullion Control A					

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
	occion o Distributable Amount		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
1		1 2	
1 2 3	Adjusted net income for prior year (from Section A, line 8, Column A)	<del>-</del> -	
	Adjusted net income for prior year (from Section A, line 8, Column A)  Enter 85% of line 1	2	
3	Adjusted net income for prior year (from Section A, line 8, Column A)  Enter 85% of line 1  Minimum asset amount for prior year (from Section B, line 8, Column A)	2	

7

instructions)

v	Other distributions (describe in Fait 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 <b>Part VI</b> ) See instructions	

q Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see

j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2017 from Section D, line 7

a Applied to underdistributions of prior years b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines

a Excess from 2013. . . . . . **b** Excess from 2014. . . . . c Excess from 2015. . . . . **d** Excess from 2016. . . . . e Excess from 2017. . . . .

instructions)

See instructions

3j and 4c 8 Breakdown of line 7

	Total annual distributions. Add lines 1 through 6						
8	Distributions to attentive supported organizations to who	sive (provide					
9	Distributable amount for 2017 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount						
	Section E - Distribution Allocations (see instructions)  (i)  (ii)  (iii)  (iii)  Underdistributions  Pre-2017  Amount for 2017						
1	Distributable amount for 2017 from Section C, line						

details in <b>Part VI</b> ) See instructions			
<b>9</b> Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
Distributable amount for 2017 from Section C, line     6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
_		· ·	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017			
Distributable amount for 2017 from Section C, line     6						
Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions						
<b>3</b> Excess distributions carryover, if any, to 2017						
a						
<b>b</b> From 2013						
c From 2014						
<b>d</b> From 2015						
<b>e</b> From 2016						
f Total of lines 3a through e						

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

Schedule A	chedule A (Form 990 or 990-EZ) 2017 Page <b>8</b>						
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)						
	Facts And Circumstances Test						

990 Schedule A, Supplemental Information					
Return Reference	Explanation				
PART I, LINE 12G COLUMN VI	PROVIDENCE ST JOSEPH HEALTH (PSJH) PROVIDES SUPPORT TO ITS SUPPORTED ORGANIZATIONS THROUGH VARIOUS ADMINISTRATIVE AND GOVERNANCE ACTIVITIES INCLUDING * MAINTAINING THE RELATIONSH IPS PSJH AND THE SUPPORTED ORGANIZATIONS HAVE ESTABLISHED WITH LIKE-MINDED FAITH-BASED AND SECULAR ORGANIZATIONS, AND IN SUCH CAPACITY PROVIDE OVERALL MISSION, VISION, STRATEGIC, F INANCIAL AND OPERATIONAL DIRECTION FOR SUCH MINISTRIES AND ORGANIZATIONS, * FACILITATING THE ESTABLISHMENT, OPERATION, AND MAINTENANCE OF THE CHARITABLE AND EDUCATIONAL ACTIVITIES AND FACILITIES OF THE SUPPORTED ORGANIZATION INCLUDING HOSPITALS, NURSING HOMES AND OTHER FACILITIES DESIGNED TO MEET THE HEALTH, EDUCATIONAL AND SOCIAL NEEDS OF THE COMMUNITIES SE RVED BY THE SUPPORTED ORGANIZATIONS, * FACILITATING THE ESTABLISHMENT, OPERATION AND MAINT ENANCE A VARIETY OF PROGRAMS CONDUCTED BY THE SUPPORTED ORGANIZATION STHAT PROVIDE HIGH-QU ALITY, COST-EFFECTIVE HEALTH CARE AND RELATED SERVICES WITH PARTICULAR CONSIDERATION FOR THE SPECIAL NEEDS OF THE POOR AND VULNERABLE IN THE COMMUNITIES SERVED BY THE SUPPORTED ORGANIZATIONS, * FACILITATING THE PROVISION OF SCIENTIFIC RESEARCH, EDUCATIONAL, CHARITABLE A ND SUCH OTHER ACTIVITIES, SERVICES AND PROGRAMS CONDUCTED BY THE SUPPORTED ORGANIZATIONS, * ENGAGING, AS APPROPRIATE, IN OTHER CHARITABLE WORKS WHICH ARE CONSISTENT WITH THE OBJECT IVES OF THE SUPPORTED ORGANIZATIONS AND THE MISSION AND VALUES OF THE SUPPORTED ORGANIZATIONS THEY INCLUDE THE AUDIT AND COMPLIANCE COMMITTEE, GOVERNANCE COMMITTEE, WORKLIFE COMMITTEE, PROVIDED TO VARIOUS SUPPORT FUNCTIONS FOR THE SUPPORTED ORGANIZATIONS THEY INCLUDE THE AUDIT AND COMPLIANCE COMMITTEE, GOVERNANCE COMMITTEE, WORKLIFE COMMITTEE, AND PATIENT SAFETY COMMITTEE THESE COMMITTEE, FOVERBLE AND COORDINATION SERVICES FOR THE SUPPORTED ORGANIZATIONS THE AUDIT & COMPLIANCE COMMITTEE PROVIDES ALL SYSTEM SUPPORTED ORGANIZATIONS THE AUDIT & COMPLIANCE COMMITTEE PROVIDES ALL SYSTEM SUPPORTED ORGANIZATIONS THE AUDIT & COMPLIANCE COMMITTEE PROVIDES HUMAN RESOURCES STRATEGIES, PLANS, A				

990 Schedule A. Supplemental Information

SUPPORT THE MISSION, VALUES, AND STRATEGIC GOALS OF THE SUPPORTED ORGANIZATIONS THE

PATIENT SAFETY, CARE EFFECTIVENESS, COMPASSIONATE SERVICE, SEAMLESSNESS, PERSONALIZATION,

QUALITY AND PATIENT SAFETY COM MITTEE REVIEWS AND SEEKS TO CONTINUOUSLY IMPROVE MATTERS

EXPERIENCE. AND VALUE OF CARE OF ALL SUPPORTED ORGANIZATIONS IN AC

CONCERNING OR RELATING TO THE QUALITY OF MEDICAL CARE DELIVERED TO PATIENTS, INCLUDING

990 Schedule A, Supplemental Information							
Return Reference	Explanation						
PART I, LINE 12G COLUMN VI	CORDANCE WITH THE MISSION, VALUES, AND PHILOSOPHY OF THE PSJH AND ALL THE SUPPORTED ORGANI ZATIONS * CONDUCTING THEIR RESPONSIBILITIES, THE MEMBERS OF THE STANDING COMMITTEES OF PS JH BOARD ARE EXPECTED TO SUPPORT THE EFFORTS OF THE PSJH AND THE PSJH BOARD IN WORKING CLO SELY AND CONTINUOUSLY WITH, AND BEING RESPONSIVE TO THE NEEDS OF, THE SUPPORTED ORGANIZATI ONS AND THEIR RESPECTIVE GOVERNING BODIES						

Return Reference	Explanation
	THE FOLLOWING SUPPORTED ORGANIZATIONS ARE EXEMPT UNDER GROUP EXEMPTION #0928 AND ARE LISTED IN THE OFFICIAL CATHOLIC DIRECTORY FOR 2017 PROVIDENCE HEALTH & SERVICES - MONTANA MISSION HOSPITAL REGIONAL MEDICAL CENTER QUEEN OF THE VALLEY MEDICAL CENTER ST JOSEPH
PART IV, SECTION A, LINE 2	HOSPITAL OF ORANGE ST JOSEPH HOSPITAL OF EUREKA ST JUDE HOSPITAL SANTA ROSA MEMORIAL HOSPITAL ST MARY MEDICAL CENTER REDWOOD MEMORIAL HOSPITAL ST JUDE HOSPITAL YORBALINDA

990 Schedule A, Supplemental Information

THE ABOVE SUPPORTED ORGANIZATIONS ARE PUBLICLY SUPPORTED HOSPITAL ORGANIZATIONS

DESCRIBED IN IRC SECTION 170(B)(1)(A)(III)

Return Reference	Explanation
PART IV, SECTION A, LINE 6	IN ADDITION TO THE ENTITIES SPECIFICALLY INDICATED AS SUPPORTING ORGANIZATIONS IN ITS GOVERNING DOCUMENTS, PSJH ALSO SUPPORTS OTHER ORGANIZATIONS WITHIN THE PSJH SYSTEM THAT ARE DESCRIBED IN IRC SECTION 501(C)(3) AND ARE OPERATED, SUPERVISED, OR CONTROLLED DIRECTLY BY OR IN CONNECTION WITH SUCH PUBLICLY SUPPORTED ORGANIZATIONS IN ACCORDANCE WITH

TREASURY REGULATIONS 1 509(A)-4(E)(1)

990 Schedule A. Supplemental Information

Return Reference	Explanation					
PART IV, SECTION D, LINE 3	THE OFFICERS AND DIRECTORS OF PROVIDENCE ST JOSEPH HEALTH (PSJH) WORK CLOSELY WITH ITS SU PPORTED ORGANIZATIONS THROUGH THESE RELATIONSHIPS AND BOARD AND OFFICER OVERLAP, THE SUPP ORTED ORGANIZATIONS MEET THE "SIGNIFICANT VOICE" TEST.* THE SENIOR EXECUTIVES OF PSJH CON TROL AND MANAGE EACH SUPPORTED ORGANIZATION BY PROVIDING OVERALL SENIOR MANAGEMENT AND COO RDINATION FOR THE PSJH SYSTEM THIS SENIOR LEADERSHIP ENSURES COORDINATED INTERACTION WITH THE SUPPORTED ORGANIZATIONS, INCLUDING 20 DESIGN PLANS THAT COORDINATE FUNCTIONS THROUGHOUT THE COMBINED SYSTEM THE PLANS INCLUDE VISION AND GUIDING PRINCIPLES OF EACH SYSTEM OFF ICE FUNCTIONS (I E ENTERPRISE RISK MANAGEMENT, MARKETING, FINANCE, LEGAL, ETC.), DESIGN P LANS FOR EACH FUNCTION THAT INCLUDES PROCESS AND WORK DESIGN, ORGANIZATIONAL STRUCTURE, AND KEY PERFORMANCE METRICS, AND IMPLEMENTATION PLANS WHICH INCLUDE A 6 MONTH, 12 MONTH AND GREATER THAN 2 YEAR ROAD MAP TO IMPLEMENTATION PLANS WHICH INCLUDE A 6 MONTH, 12 MONTH AND GREATER THAN 2 YEAR ROAD MAP TO IMPLEMENT THE DESIGN PLANS.* THE OFFICERS (INCLUDING THE CORPORATE EXECUTIVES AND DIRECTORS) OF THE SUPPORTED ORGANIZATIONS WORK IN AN INTEGRATED, DAY-TO-DAY MANNER ON A BROAD RANGE OF STRATEGIC AND OPERATIONS WORK IN THE OFFICERS A ND DIRECTORS OF PSJH IN ORDER TO ACCOMPLISH THE OVERARCHING CHARITABLE GOALS AND OBJECTIVE S OF THE PSJH SYSTEM THERE ARE REGULAR OPERATIONS MEETINGS/CALLS WITH THE HOSPITAL CHIEF EXECUTIVES OF THE SUPPORTED ORGANIZATIONS AND THE PSJH PRISIDENT, OPERATIONS AND SERVICES, OFFICERS AND OTHER PSJH EXECUTIVES * THE DIRECTORS OF THE SUPPORTED ORGANIZATIONS ON A BROAD RANGE OF STRATEGIC AND OPERATIONAL ISSUES WITH THE OFFICERS AND DIRECTORS OF PSJH IN ORDER TO ACCOMPLISH THE OVERARCHING CHARITABLE GOALS AND OBJECTIONS OF THE SUPPORTED ORGANIZATIONS ON A BROAD RANGE OF STRATEGIC AND OPERA TIONAL ISSUES WITH THE OFFICERS AND DIRECTORS OF PSJH IN ORDER TO ACCOMPLISH THE OVERARCHING CHARITABLE GOALS AND OBJECTIONS OF THE PSJH SYSTEM BOTH THE PHAS SHARED GOVERNANCE OF THE FIRSH SYSTEM BOTH T					

990 Schedule A, Supplemental Information

DUTIES, ATTENTIVE TO THE NEEDS AND INTERESTS OF THE SU PPORTED ORGANIZATIONS THE PSJH BOARD

ENGAGES IN AN ASSESSMENT PROCESS TO EVALUATE ITS PER FORMANCE AND FULFILLMENT OF FIDUCIARY

DUTIES, INCLUDING OVERSIGHT (GOVERNANCE, COMPLIANCE) OF THE SUPPORTED ORGANIZATION'S LOCAL

MINISTRY AND COMMUNITY MINISTRY BOARDS PERFORMANCE OF PSJH EXECUTIVES WILL BE BA

990 Schedule A, Supplemental Information						
Return Reference	Explanation					
PART IV, SECTION D, LINE 3	SED IN PART ON THEIR LEADERSHIP/SERVICE TO THE SUPPORTED ORGANIZATIONS IN SOME CASES, SAT ISFACTION SURVEYS RELATED TO SYSTEM SERVICES ARE CONDUCTED TO SOLICIT FEEDBACK FROM THE SU PPORTED ORGANIZATIONS * IN THE PERFORMANCE OF EACH PSJH EXECUTIVE'S DUTIES, THE EXECUTIVE IS EXPECTED TO WORK CLOSELY AND CONTINUOUSLY WITH, AND BE RESPONSIVE TO THE NEEDS OF, THE SUPPORTED ORGANIZATIONS (AS THEY RELATE TO THE SCOPE OF THAT EXECUTIVE'S PARTICULAR DUTIE S AND RESPONSIBILITIES) PSJH EXECUTIVES ARE EXPECTED TO WORK CLOSELY AND REGULARLY WITH L EADERSHIP AT THE SUPPORTED ORGANIZATIONS TO ENSURE ACHIEVEMENT OF STRATEGIC PLANS AND OBJE CTIVES IN FURTHERANCE OF THE MISSION AND CHARITABLE PURPOSES OF THE ORGANIZATION(S) * THE COMMITTEES OF THE PSJH BOARD REQUIRE THE COMMITTEES, IN THE PERFORMANCE OF THEIR RESPECTI VE DUTIES, TO BE SUPPORTIVE OF, AND ACT CONSISTENT WITH THE RESPONSIBILITIES OF THE PSJH B OARD IN THE IMPLEMENTATION OF PSJHS' CHARITABLE MISSION OF PROVIDING OVERALL MANAGEMENT AN D COORDINATION SERVICES FOR THE PSJH SYSTEM * CERTAIN CRITICAL DECISIONS WITH RESPECT TO (A) CORPORATE STRATEGY, (B) CONSOLIDATED BUDGETING AND ACCOUNTING, (C) CORPORATE GOVERNANC E, (D) MATERIAL TRANSACTIONS, AND (E) AMENDMENT OF BYLAWS AND ARTICLES OF INCORPORATION, M UST BE INITIATED AT THE SUPPORTED ORGANIZATION LEVEL AND PSJH CANNOT IMPLEMENT OR INITIATE ANY DECISIONS WITH RESPECT TO THOSE MATTERS WITHOUT PRIOR ACTION BY THE SUPPORTED ORGANIZ ATIONS STRATEGY AND BUDGETS ARE ESTABLISHED THROUGH A COLLABORATIVE PROCESS REFERRED TO A S THE INTEGRATED STRATEGIC AND FINANCIAL PLANNING PROCESS THAT INCLUDES THE SUPPORTED ORGAN NIZATION (LEADERSHIP AND GOVERNANCE)					

Return Reference	Explanation							
PART IV, SECTION E, LINE 3A	PROVIDENCE ST JOSEPH HEALTH (PSJH) IS THE SOLE MEMBER OF PROVIDENCE HEALTH & SERVICES (PH&S) AND ST JOSEPH HEALTH SYSTEM (SJHS) PSJH HAS THE POWER TO ELECT THE DIRECTORS OF ITS SUPPORTED ORGANIZATIONS IN SOME CASES, THE DIRECTORS OF THE SUPPORTED ORGANIZATIONS ARE THE SAME AS PSJH'S BOARD AND IN OTHER CASES, PSJH ELECTS DIRECTORS OF THE SUPPORTED							

ORGANIZATION'S BOARDS THROUGH SJHS

990 Schedule A. Supplemental Information

990 Schedule A, Supplemental Information						
Return Reference	Explanation					
PART IV, SECTION E, LINE 3B	PSJH HAS DIRECTION AND CONTROL OVER THE SUPPORTED ORGANIZATIONS * IN PERFORMING THEIR DUTIES, THE SENIOR EXECUTIVES OF PSJH ARE EXPECTED TO CONTROL AND MANAGE EACH SUPPORTED ORGANIZATION BY PROVIDING OVERALL SENIOR MANAGEMENT AND COORDINATION FOR THE PSJH SYSTEM THIS SENIOR LEADERSHIP ENSURES COORDINATED INTERACTION WITH THE SUPPORTED ORGANIZATIONS, INCLUDING 20 DESIGN PLANS THAT COORDINATE FUNCTIONS THROUGHOUT THE COMBINED SYSTEM THE PLANS INCLUDE 1) VISION AND GUIDING PRINCIPLES OF EACH SYSTEM OFFICE FUNCTIONS (I E ENTERPRISE RISK MANAGEMENT, MARKETING, FINANCE, LEGAL, ETC ) 2) DESIGN PLANS FOR EACH FUNCTION THAT INCLUDES PROCESS AND WORK DESIGN, ORGANIZATIONAL STRUCTURE, AND KEY PERFORMANCE METRICS 3) IMPLEMENTATION PLANS WHICH INCLUDES A 6 MONTH, 12 MONTH AND GREATER THAN 2 YEAR ROAD MAP TO IMPLEMENT THE DESIGN PLANS * THE OFFICERS (INCLUDING THE CORPORATE EXECUTIVES) OF THE SUPPORTED ORGANIZATIONS WORK IN AN INTEGRATED, DAY-TO-DAY MANNER ON A BROAD RANGE OF STRATEGIC AND OPERATIONAL ISSUES WITH THE OFFICERS AND DIRECTORS OF PSJH IN ORDER TO ACCOMPLISH THE OVERARCHING CHARITABLE GOALS AND OBJECTIVES OF THE SUPPORTED ORGANIZATIONS MEETINGS/CALLS WITH THE HOSPITAL CHIEF EXECUTIVES OF THE SUPPORTED ORGANIZATIONS AND PSJH PRESIDENT, OPERATIONS AND SERVICES, OFFICERS AND OTHER PSJH EXECUTIVES					

### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 81-1244422

Name: PROVIDENCE ST JOSEPH HEALTH

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv Is the orga listed in governing d	anızatıon your	(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see Instructions)	
			Yes	No			
(A) PROVIDENCE HEALTH & SERVICES - WA	510216586	3	Yes		0	0	
(A) PROVIDENCE HEALTH & SERVICES - OR	510216587	3	Yes		0	0	
(B) PROVIDENCE HEALTH SYSTEM - SOUTHERN CALIFORNIA	510216589	3	Yes		0	0	
(C) PROVIDENCE HEALTH & SERVICES - MT	810231793	3	Yes		0	0	
(D) MISSION HOSPITAL REGIONAL MEDICAL CENTER	951643360	3	Yes		0	0	
(E) QUEEN OF THE VALLEY MEDICAL CENTER	941243669	3	Yes		0	0	
(F) ST JOSEPH HOSPITAL OF ORANGE	951643359	3	Yes		0	0	
(G) ST JOSEPH HOSPITAL OF EUREKA	941156596	3	Yes		0	0	
(H) ST JUDE HOSPITAL	951643325	3	Yes		0	0	
(I) SANTA ROSA MEMORIAL HOSPITAL	941231005	3	Yes		0	0	
(J) ST MARY MEDICAL CENTER	951914489	3	Yes		0	0	
(K) REDWOOD MEMORIAL HOSPITAL	941384665	3	Yes		0	0	
(L) ST JUDE HOSPITAL YORBA LINDA	330185031	3	Yes		0	0	
(M) PROVIDENCE ST JOHN'S HEALTH CENTER	951684082	3	Yes		0	0	

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

## **Supplemental Financial Statements**

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

DLN: 93493320000338 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

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

Name of the organization **Employer identification number** PROVIDENCE ST JOSEPH HEALTH 81-1244422 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 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 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 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 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 Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(II)? 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. 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 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 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 Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 52283D Schedule D (Form 990) 2017

Par	t III	Organizations Maintaining	Collections (	of Art, His	storical Ti	easures	, or Other	Similar Assets	(continued	)
3		g the organization's acquisition, acce s (check all that apply)	ssion, and othe	r records, cl	heck any of	the followi	ng that are a	significant use of i	ts collectio	n
а		Public exhibition			d 🗌	Loan or ex	xchange prog	irams		
b		Scholarly research			е 🗌	Other				
c		Preservation for future generations								
4		ide a description of the organization's XIII	collections and	d explain ho	w they furth	ner the org	anızatıon's ex	kempt purpose in		
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									
Pa	rt IV	Escrow and Custodial Arrai Complete if the organization a X, line 21.	ngements. Inswered "Yes	" on Form	990, Part	IV, line 9	, or reporte	ed an amount on	Form 990	), Part
1a		ie organization an agent, trustee, cus ided on Form 990, Part X?	todian or other	ıntermediai	ry for contril	outions or (	other assets i	not 🗌 Y	es 🗆	No
b	If "Y	es," explain the arrangement in Part	XIII and comple	ete the follo	wing table			Amoun	t	
c		nning balance			J		1c			
d	_	tions during the year					1d			_
е		ributions during the year					1e			
f		ng balance					1f			
2a		the organization include an amount o	n Form 990. Pa	rt X. line 21	. for escrow	or custodi	ıal account lıa	ability?		
ь		es," explain the arrangement in Part						. — т	_	No ]
Pa	rt V	Endowment Funds. Complet	e if the organ	iization an	swered "Ye	es" on For	rm 990, Par	t IV, line 10.		
			(a)Currei	nt year	(b)Prior yea	r <b>(c)</b> Tv	vo years back	(d)Three years back	(e)Four y	ears back
1a	Begin	ning of year balance								
b	Contr	ibutions								
c	Net in	vestment earnings, gains, and losses								
d	Grant	s or scholarships								
е		expenditures for facilities rograms								
f	Admır	nistrative expenses								
g	End o	f year balance								
2	Prov	ide the estimated percentage of the o	current year end	d balance (I	ıne 1g, colui	mn (a)) he	ld as			
а	Boar	d designated or quasi-endowment 🕨								
b	Pern	nanent endowment 🕨								
С	Tem	porarily restricted endowment <b>&gt;</b>								
	The	percentages on lines 2a, 2b, and 2c s	should equal 10	0%						
3а		there endowment funds not in the po nization by	ssession of the	organızatıoı	n that are h	eld and adı	mınıstered foi	r the 	Yes	S No
	(i) u	inrelated organizations					•	<u> </u>	Ba(i)	
		related organizations					•	[3	Ba(ii)	
ь		es" on 3a(II), are the related organiza				?		[	3b	
4		cribe in Part XIII the intended uses of		n s endown	nent runas					
Рa	rt VI	Land, Buildings, and Equipa Complete if the organization a		" on Form	990 Part	TV line 1	1a See For	rm 990 Part X I	ine 10	
	Desc	ription of property (a) Cost of	or other basis stment)		other basis (d		Accumulated d		(d) Book va	alue
	Land									
		ngs								
		hold improvements								
		ment		-						
				-						
		· · · · ·   I lines 1a through 1e (Column (d) mu	st equal Form 9	1 990. Part X	column (R)	   line 10(c)	)	<b>-</b>		
		ag., ( coluinii (u) iiid		,	(0)/	0(0)	,	-		J

	Investments—Other Securities. Complete if the	organıza	tion answ	ered "Yes" on Fo	rm 990, Pa	ort IV, line 11b.
	See Form 990, Part X, line 12.  (a) Description of security or category (including name of security)		(b) Book value		Method of vend-of-year	valuation market value
	Il derivatives	: :				
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Colum	n (b) must equal Form 990, Part X, col (B) line 12 )	•	,			
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Fori	m 990, F	Part IV, lın	e 11c. See Form	990, Part	X, line 13.
_	(a) Description of investment		ook value	(c)	Method of \	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
. •		_				
(7)						
(7)						
(7) (8) (9) Total. (Column	n (b) must equal Form 990, Part X, col (B) line 13 )	<b>b</b>				
(7) (8) (9)  Total. (Column	Other Assets. Complete if the organization answered 'You (a) Description	es' on For	m 990, Par	t IV, line 11d See	Form 990, F	(b) Book value
(7) (8) (9)  Total. (Column Part IX (1) DUE FRO	Other Assets. Complete if the organization answered 'Ye	▶ es' on For	m 990, Par	t IV, line 11d See	Form 990, F	
(7) (8) (9) Total. (Column Part IX (1) DUE FRO (2) I/C - TAX	Other Assets. Complete if the organization answered 'Yo (a) Description OM AFFILIATES	▶ es' on For	m 990, Par	t IV, line 11d See	Form 990, F	<b>(b)</b> Book value 24,459,378
(7) (8) (9)  Total. (Column Part IX  (1) DUE FRO (2) I/C - TAX (3)	Other Assets. Complete if the organization answered 'Yo (a) Description OM AFFILIATES	▶ es' on For	m 990, Par	t IV, line 11d See	Form 990, F	<b>(b)</b> Book value 24,459,378
(7) (8) (9)  Total. (Column Part IX (1) DUE FRO (2) I/C - TAX (3) (4)	Other Assets. Complete if the organization answered 'Yo (a) Description OM AFFILIATES	es' on For	m 990, Par	t IV, line 11d See	Form 990, F	<b>(b)</b> Book value 24,459,378
(7) (8) (9)  Total. (Column Part IX (1) DUE FRO (2) I/C - TAX (3) (4) (5)	Other Assets. Complete if the organization answered 'Yo (a) Description OM AFFILIATES	es' on For	m 990, Par	t IV, line 11d See	Form 990, F	<b>(b)</b> Book value 24,459,378
(7) (8) (9)  Total. (Column Part IX (1) DUE FRO (2) I/C - TAX (3) (4) (5) (6)	Other Assets. Complete if the organization answered 'Yo (a) Description OM AFFILIATES	es' on For	m 990, Par	t IV, line 11d See	Form 990, F	<b>(b)</b> Book value 24,459,378
(7) (8) (9) Total. (Column Part IX (1) DUE FRO (2) I/C - TAX (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered 'Yo (a) Description OM AFFILIATES	es' on For	m 990, Par	t IV, line 11d See	Form 990, F	<b>(b)</b> Book value 24,459,378
(7) (8) (9) Total. (Column Part IX (1) DUE FRO (2) I/C - TAX (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered 'Ye (a) Description  OM AFFILIATES  X-EXEMPT BOND LIABILITIES	es' on For	m 990, Par	t IV, line 11d See	Form 990, F	<b>(b)</b> Book value 24,459,378
(7) (8) (9) Total. (Column Part IX (1) DUE FRO (2) I/C - TAX (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization answered 'Ye (a) Description OM AFFILIATES X-EXEMPT BOND LIABILITIES  Timn (b) must equal Form 990, Part X, col (B) line 15 )				. •	(b) Book value 24,459,378 4,402,160,000
(7) (8) (9)  Total. (Column Part IX (1) DUE FRO (2) I/C - TAX (3) (4) (5) (6) (7) (8) (9)  Total. (Column Part X	Other Assets. Complete if the organization answered 'Ye (a) Description  OM AFFILIATES  X-EXEMPT BOND LIABILITIES  Timn (b) must equal Form 990, Part X, col (B) line 15 )  Other Liabilities. Complete if the organization answered in the property of the pr		es' on For	 m 990, Part IV,	. •	(b) Book value 24,459,378 4,402,160,000
(7) (8) (9)  Total. (Column Part IX (1) DUE FRO (2) I/C - TAX (3) (4) (5) (6) (7) (8) (9)  Total. (Column Part X 1.	Other Assets. Complete if the organization answered 'You (a) Description OM AFFILIATES X-EXEMPT BOND LIABILITIES  The state of the organization answered 'You (a) Description OM AFFILIATES X-EXEMPT BOND LIABILITIES  The state of the organization answered 'You (a) Description Of the Liabilities. Complete if the organization answered 'You (a) Description Of the Liabilities.		es' on For		. •	(b) Book value 24,459,378 4,402,160,000
(7) (8) (9)  Total. (Column Part IX (1) DUE FRO (2) I/C - TAX (3) (4) (5) (6) (7) (8) (9)  Total. (Column Part X 1.	Other Assets. Complete if the organization answered 'Yes (a) Description OM AFFILIATES X-EXEMPT BOND LIABILITIES  Imm (b) must equal Form 990, Part X, col (B) line 15 ) Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25.  (a) Description of liability		es' on For	 m 990, Part IV,	. •	(b) Book value 24,459,378 4,402,160,000
(7) (8) (9)  Total. (Column Part IX (1) DUE FRO (2) I/C - TAX (3) (4) (5) (6) (7) (8) (9)  Total. (Column Part X  1. (1) Federal II	Other Assets. Complete if the organization answered 'Yes (a) Description OM AFFILIATES X-EXEMPT BOND LIABILITIES  Imm (b) must equal Form 990, Part X, col (B) line 15 ) Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25.  (a) Description of liability		es' on For	 m 990, Part IV,	. •	(b) Book value 24,459,378 4,402,160,000
(7) (8) (9)  Total. (Column Part IX (1) DUE FRO (2) I/C - TAX (3) (4) (5) (6) (7) (8) (9)  Total. (Column Part X  1. (1) Federal II (2)	Other Assets. Complete if the organization answered 'Yes (a) Description OM AFFILIATES X-EXEMPT BOND LIABILITIES  Imm (b) must equal Form 990, Part X, col (B) line 15 ) Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25.  (a) Description of liability		es' on For	 m 990, Part IV,	. •	(b) Book value 24,459,378 4,402,160,000
(7) (8) (9)  Total. (Column Part IX (1) DUE FRO (2) I/C - TAX (3) (4) (5) (6) (7) (8) (9)  Total. (Column Part X  1. (1) Federal II (2) (3)	Other Assets. Complete if the organization answered 'Yes (a) Description OM AFFILIATES X-EXEMPT BOND LIABILITIES  Imm (b) must equal Form 990, Part X, col (B) line 15 ) Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25.  (a) Description of liability		es' on For	 m 990, Part IV,	. •	(b) Book value 24,459,378 4,402,160,000
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(7) (8) (9) Total. (Column Part IX  (1) DUE FRO (2) I/C - TAX (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal II (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered 'Yes (a) Description OM AFFILIATES X-EXEMPT BOND LIABILITIES  Imm (b) must equal Form 990, Part X, col (B) line 15 ) Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25.  (a) Description of liability		es' on For	 m 990, Part IV,	. •	(b) Book value 24,459,378 4,402,160,000
(7) (8) (9) Total. (Column Part IX  (1) DUE FRO (2) I/C - TAX (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X  1. (1) Federal II (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered 'Yes (a) Description OM AFFILIATES X-EXEMPT BOND LIABILITIES  Imm (b) must equal Form 990, Part X, col (B) line 15 ) Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25.  (a) Description of liability		es' on For	 m 990, Part IV,	. •	(b) Book value 24,459,378 4,402,160,000
(7) (8) (9)  Total. (Column Part IX (1) DUE FRO (2) I/C - TAX (3) (4) (5) (6) (7) (8) (9)  Total. (Column Part X 1.	Other Assets. Complete if the organization answered 'Yes (a) Description OM AFFILIATES X-EXEMPT BOND LIABILITIES  Imm (b) must equal Form 990, Part X, col (B) line 15 ) Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25.  (a) Description of liability		es' on For	 m 990, Part IV,	. •	(b) Book value 24,459,378 4,402,160,000

Schedule D (Form 990) 2017

Total revenue, gains, and other support per audited financial statements . . .

1

Page 4

2	Amounts included on line 1 but not on Form	990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	5	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 <b>2e</b> from line <b>1</b>			3	
4	Amounts included on Form 990, Part VIII, lir	ne 12, but not on line <b>1</b>			
а	Investment expenses not included on Form 9	990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )		4b		
c	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This mu	st equal Form 990, Part I, line 12 )		5	
Par	<b>Reconciliation of Expenses p</b> Complete if the organization and			per Retur	n.
1	Total expenses and losses per audited finance			1	
2	Amounts included on line 1 but not on Form	990, Part IX, line 25			
а	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 <b>2e</b> from line <b>1</b>			3	
4	Amounts included on Form 990, Part IX, line	25, but not on line 1:			
а	Investment expenses not included on Form 9	990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )		4b		
С	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This m	ust equal Form 990, Part I, line 18	)	5	
Par	t XIII Supplemental Information				
Prov	vide the descriptions required for Part II, lines lines 2d and 4b, and Part XII, lines 2d and 4b	3, 5, and 9, Part III, lines 1a and a Also complete this part to provide	4, Part IV, lines 1b and 2 any additional information	b, Part V, line	4, Part X, line 2, Part
	Return Reference	Explanation			

<u> </u>	orm 990) 2017 Supplemental Info	Page <b>5</b>	
	urn Reference	Explanation	
			Schedule D (Form 990) 2017

efil	e GRAPHIC pr	int - DO NOT PROCESS As Filed Data -		DLN: 934	9332	0000	338				
Sch	edule J	Compensation	Information	ОМ	B No	1545-0	0047				
(For	n 990)	For certain Officers, Directors, Truste	ees, Key Employees, and High	nest							
		Compensated E Complete if the organization answered		line 23.	2(1	17	7				
		▶ Attach to Fe	orm 990.			o Pul					
•	Department of the Treasury Internal Revenue Service  Information about Schedule J (Form 990) and its instructions is at   www.irs.gov/form990.										
	me of the organiza			Employer identificati	on nu	mber					
PRO	VIDENCE ST JOSEPH	I HEALIH		81-1244422							
Pa	rt I Questi	ons Regarding Compensation									
				Г		Yes	No				
1a		piate box(es) if the organization provided any of the fection A, line 1a Complete Part III to provide any rele									
	First-class	or charter travel	sing allowance or residence for p	personal use							
		·	ments for business use of persor								
			Ith or social club dues or initiatio								
	☐ Discretion	ary spending account Light Person	sonal services (e g , maid, chaufi	eur, chef)							
b		ces in line 1a are checked, did the organization follow ill of the expenses described above? If "No," complete		ent or reimbursement	<b>1</b> b	Yes					
2	Did the organiza	tion require substantiation prior to reimbursing or alloes, officers, including the CEO/Executive Director, regi	owing expenses incurred by all	1-2	2	Yes					
	directors, truste	es, officers, including the CEO/Executive Director, reg.	arding the items checked in line	la'							
3		If any, of the following the filing organization used to e EO/Executive Director Check all that apply Do not ch		e							
	_	d organization to establish compensation of the CEO/E	•	n Part III							
	<b>✓</b> Compensa	ation committee	ten employment contract								
			pensation survey or study								
			roval by the board or compensat	ion committee							
4		did any person listed on Form 990, Part VII, Section	A, line 1a, with respect to the fil	ing organization or a							
	related organiza										
a		ance payment or change-of-control payment?		-	4a	Yes					
b c	•	rreceive payment from, a supplemental nonqualified r rreceive payment from, an equity-based compensatio	·	-	4b 4c	Yes	No No				
·	•	of lines 4a-c, list the persons and provide the applicable	-	III	70		110				
		), 501(c)(4), and 501(c)(29) organizations must	-								
5		ed on Form 990, Part VII, Section A, line 1a, did the or ontingent on the revenues of	rganization pay or accrue any								
а	The organization			_	5a		No				
b	Any related orga	nization? 5a or 5b, describe in Part III		-	5b		No_				
_	•	,									
6		ed on Form 990, Part VII, Section A, line 1a, did the or ontingent on the net earnings of	rganization pay or accrue any								
a	The organization			_	6a		No				
Ь	Any related orga				6b		No_				
7	•	6a or 6b, describe in Part III	rannantion project and mareful								
7	payments not d	ed on Form 990, Part VII, Section A, line 1a, did the or escribed in lines 5 and 6° If "Yes," describe in Part III		'	7		No				
8		nts reported on Form 990, Part VII, paid or accured pu itial contract exception described in Regulations sections		scribe	8		No				
9	If "Yes" on line : 53 4958-6(c)?	3, did the organization also follow the rebuttable presu	umption procedure described in l	Regulations section	9		110				
Ear I	Danarwark Badu	ction Act Notice, see the Instructions for Form 9	OO Cat No 5	0053T <b>S</b> chedule 1 (	Form	900)	2017				

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (A) Name and Title (D) Nontaxable (E) Total of (B) Breakdown of W-2 and/or 1099-MISC (C) Retirement (F) and other benefits columns Compensation in compensation deferred (B)(ı)-(D) column (B) (i) Base (ii) (iii) Other compensation reported as compensation Bonus & incentive reportable deferred on prior compensation compensation Form 990 See Additional Data Table

			Schedule J (F	orm 990) 2017

Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation Part I. Lines 4a-b THE FOLLOWING INDIVIDUAL RECEIVED SEVERANCE PAYMENTS DURING 2017 DARRIN MONTALVO - \$786,925 TODD HOFHEINS - \$793,260 BEGINNING IN JULY 2015, NEW EXECUTIVES PARTICIPATE IN A NON-QUALIFIED SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN THE PLAN PROVIDES FOR EMPLOYER CONTRIBUTIONS BASED ON A PERCENTAGE OF EXECUTIVE BASE SALARY AND ARE SUBJECT TO A FIVE YEAR OR AGE 65 VESTING SCHEDULE. CERTAIN EXECUTIVES PARTICIPATE IN A NON-QUALIFIED SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN PROVIDED BY A RELATED ENTITY. THE AMOUNTS SHOWN IN COLUMN F OF PART II REFLECT CURRENT YEAR PAYOUTS FROM THESE PLANS FORM 990, SCHEDULE J, PART II -ITHE PROVIDENCE EXECUTIVE INCENTIVE PROGRAM PROVIDES A LUMP SUM AWARD ANNUALLY AS A PERCENT OF THE EXECUTIVE'S BASE PAY PERCENT EXECUTIVE INCENTIVE PROGRAM OPPORTUNITIES ARE ALIGNED WITH OUR TOTAL COMPENSATION PHILOSOPHY AS OUTLINED IN PART VI. SECTION B. LINE 15 (PROCESS FOR DETERMINING

Page **3** 

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

COMPENSATION OF TOP MANAGEMENT, OFFICERS & KEY EMPLOYEES) FOR PROVIDENCE LEADERS, THE PERFORMANCE AWARD IS BASED ON THE LEVEL OF ACCOMPLISHMENT OF ANNUAL SYSTEM AND FUNCTIONAL (OR MARKET) OBJECTIVES IN 2017, 60 PERCENT OF THE PARTICIPANT AWARDS WERE BASED ON PRE-DETERMINED ORGANIZATIONAL GOALS CONSISTENT WITH PROVIDENCE'S STRATEGIC PRIORITIES. IN 2017 THE PERCENT ALLOCATION FOR EACH OF THESE STRATEGIC PRIORITIES WAS AS OUTLINED BELOW SYSTEM GOALS FIRST-YEAR TURNOVER - 10% INPATIENT EXPERIENCE - 5% PATIENT EXPERIENCE - 5% MEDICAL GROUP PATIENT EXPERIENCE - 5% COMMUNITY BENEFIT - 10% CLINICAL EXCELLENCE - 15% FREE CASH FLOW - 10% THE REMAINING 40% WAS

## BASED ON A ROBUST SET OF FUNCTION SPECIFIC GOALS DESIGNED TO ALIGN CRITICAL MISSION AND BUSINESS DRIVERS

Software ID:

**Software Version:** 

**EIN:** 81-1244422

Name: PROVIDENCE ST JOSEPH HEALTH

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-MIS	C compensation	(C) Retirement and	( <b>D</b> ) Nontaxable	(E) Total of columns	(F) Compensation in	
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column (B) reported as deferred on prior Form 990	
1ROD HOCHMAN MD PRESIDENT/CEO	(1)	1,974,688	2,203,431	1,090,976	6,285,602	28,363	11,583,060	1,049,676	
	(11)	0	0	0	0	0	0	0	
1DONALD ANDERSON JR ASSISTANT SECRETARY FOR	(1)	0	0	0	0	0	0	0	
ENDOLLMENT	(11)	192,673	44,659	10,854	11,200	8,812	268,198	0	
<b>2</b> VENKAT BHAMIDIPATI EVP/TREASURER		318,745	300,000	19,564	832,107	15,871	1,486,287	0	
EVITTREASSRER	(11)	0	0	0	0	0	0	0	
3MIKE BUTLER PRESIDENT	(1)	1,294,695	1,189,568	44,889	2,065,833	29,624	4,624,609	0	
	(11)	0	0	0	0	0	0	0	
4JO ANN ESCASA-HAIGH EVP / ASSISTANT	(1)	623,838	711,543	36,709	647,363	20,321	2,039,774	0	
TDEASLIDED	(11)	0	0	0	0	0	0	0	
<b>5</b> CINDY STRAUSS SECRETARY	(1)	697,944	624,379	420,759	988,958	31,256	2,763,296	386,962	
	(11)	0	0	0	0	0	0	0	
6JOHN WHIPPLE	(1)	0	0	0	0	0	0	0	
ASSISTANT SECRETARY	(11)	415,579	303,904	35,317	459,620	25,428	1,239,848	0	
7RICHARD AFABLE	(1)	843,706	193,324	236,492	574,768	27,233	1,875,523	212,682	
EVP/PSJH SO CA REGION	(11)	0			0	0			
8DEBRA CANALES	(1)	835,135	795,839	43,428	1,213,992	22,272	2,910,666	0	
EVP/CAO	(11)	0	0	0	0	0		0	
9AMY COMPTON-PHILLIPS	(1)	745,415	499,341	246,460	992,391	32,410	2,516,017	0	
EVP / CHIEF CLINICAL OFFICER	(11)	0							
10SHANNON DWYER	(1)	548,996	714,318	20,772	585,987	22,249	1,892,322	0	
EVP/GENERAL COUNSEL	(11)	0							
11OREST HOLUBEC	(1)	415,423	338,118	35,329	455,947	28,061	1,272,878	0	
SVP/CHIEF COMM /EXT AFFAIRS OFFICER	(11)	0							
12AARON MARTIN	(1)	564,005	316,363	20,003	707,371	8,648	1,616,390	0	
EVP/CHIEF DIGITAL INNOV OFFICER	(11)	0							
13RHONDA MEDOWS MD	(1)	858,356	681,403	42,645	1,101,998	24,344	2,708,746	0	
EVP/CHIEF POPULATION HEALTH OFFICER	(11)	0	0	0		0	, , , , , , , , , , , , , , , , , , , ,	0	
14DARRIN MONTALVO	(1)	86,724	700,000	1,014,386	8,100	29,769	1,838,979	204,689	
PRES ENTERPRISE SVCS	(11)	0							
15ANNETTE WALKER	(1)	817,646	767,717	252,145	845,833	26,595	2,709,936	212,521	
PRESIDENT OF STRATEGY	(II)								
16TODD HOFHEINS	(1)	15,196	527,139	1,596,779	10,544	34,931	2,184,589	777,867	
FORMER EVP/CFO/TREASURER	(11)	0		1,330,773		31,,331	2,101,303	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	V''/		<u> </u>	U	U	<u>၂</u> ၂		<u> </u>	

efile GRAPHI	C print - DO NOT I	PROCESS As	Filed Data -									DLN: 9	93493.	32000	0338	
Schedule K (Form 990)	<b>I</b>		pplemental In									ОМВ	No 154	·5-0047		
(10111100)		► Complete if the	e organization answe explanations, a	ered "Yes" to Form nd any additional i					criptions,		201/					
Department of the Tr		5 T C	▶.	Attach to Form 990	D.						Open to Public					
Internal Revenue Ser Name of the organiza		▶Information	n about Schedule K (	Form 990) and its	instruction	s is at <u>v</u>	<u>www</u>	/.irs.gov/tori	<u>11990</u> .	Emplo	Inspection Employer identification number					
PROVIDENCE ST J											44422					
Part I Bor	nd Issues															
	uer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price		(f) Description	n of purpose	( <b>a</b> ) De	efeased	(h)	On	(i)	Pool	
` ,		` ′		` ′	` ,			,		(3)		behalf of issuer		financing		
										Yes	No	Yes	uer <b>No</b>	Yes	No	
A AHCFA 2011	A	52-1643828	011903DZ1	11-17-2011	126,6	01,436	SEE	PART VI		163	X	163	X	163	X	
B CHFFA 2008	C	52-1643828	13033F7L8	11-06-2008	284,7	700,329	SEE	PART VI		X			Х		X	
C CHFFA 2009	В	52-1643828	13033LBZ9	07-29-2009	145,0	60,500	SEE	PART VI			×		Х		X	
			(2222) 2012										.,			
D CHFFA 2009	A-D	52-1643828	13033LCN5	08-27-2009	421,1	.00,000	SEE	PART VI			X		X		X	
Part II Pro	ceeds	l					1									
						A		В		(	:			D		
								7	277,410,000					68,4	170,000	
					251,010,000											
					126,618,731 289,195,000			:	145,060,500			0 426,930,2				
						1,601	1,436	5	4,582,212	2,072,50		.500	00 4,48		180,280	
														180,0	000,000	
	t proceeds							2	284,612,788		142,988,	.000		242,4	150,000	
	ent proceeds					125,017	7,295	5								
13 Year of sub	stantial completion .			•		012		20:		20				2009		
					Yes	No		Yes	No	Yes	No		Yes		No	
	onds issued as part of					Х		X			X		X			
15 Were the b	onds issued as part of	an advance refundi	ng issue?	•		X			Х		X				X	
16 Has the fina	al allocation of proceed	ds been made?			X			X		Х			Χ			
17 Does the or proceeds?	Does the organization maintain adequate books and records to support the final allocation of proceeds?							×		Х			Х			
Part III Priv	ate Business Use															
						Ą		В		C	;			D		
4 1A/					Yes	No	)	Yes	No	Yes	No		Yes		No	
1 Was the org	ganization a partner in r tax-exempt bonds? .	a partnership, or a	member of an LLC, wh	iich owned property		x			Х		Χ				Χ	
2 Are there a	ny lease arrangement	s that may result in	private business use of		X			×			Х		Х			
	Peduction Act Notice					t No. 50	0102	<u> </u>				shodul		rm 000	1) 2017	

counsel to review any research agreements relating to the financed property?

a section 501(c)(3) organization or a state or local government . . . . . Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

organization, or a state or local government . . . . . . . . . . . .

Penalty in Lieu of Arbitrage Rebate? If "No" to line 1, did the following apply? . . . .

Rebate not due yet? . . . . . .

hedge with respect to the bond issue?

Exception to rebate? . . . . . . .

No rebate due? . . . . . . . . .

If "Yes" to line 2c, provide in Part VI the date the rebate Is the bond issue a variable rate issue? . . . . .

Was the hedge superintegrated? . . . . . Was the hedge terminated? . . . . . . . . .

the issue are remediated in accordance with the requirements under

Regulations sections 1 141-12 and 1 145-2?

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Does the bond issue meet the private security or payment test? . . . .

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .

If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

Enter the percentage of financed property used in a private business use by entities other than

d

9

c

Part IV

Arbitrage

0 510 %

0 150 %

0 660 %

Χ

Χ

No

Х

Χ

Χ

Χ

Page 2

D

Χ

Χ

Yes

Χ

Schedule K (Form 990) 2017

0 %

0 %

0 %

Χ

Х

C

0 %

0 %

0 %

Χ

0 700 %

Yes

Χ

Х

No

Χ

Χ

Χ

Χ

Χ

C

Α

Yes

Χ

Χ

No

Х

Χ

Χ

Χ

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

0 %

0 %

0 %

Χ

Х

Х

No

Х

Χ

Χ

Χ

Х

Х

Χ

Yes

Х

Χ

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

Were gross proceeds invested in a guaranteed investment contract

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

**Procedures To Undertake Corrective Action** 

if self-remediation is not available under applicable regulations?

the GIC satisfied? . . . . . . . . .

requirements of section 148? . . .

No

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

Yes

Yes

Х

Nο

No

Yes

Yes

No

No

Yes

Yes

Х

Yes

No

Page 3

No

Nο

Schedule K (Form 990) 2017

(GIC)?

period?

Part V

Return Reference	Explanation
PART 1 - PHIRPOSE OF BOND	AHCFA 2011A THE PROCEEDS DERIVED FROM THE SALE OF BONDS ARE TO BE USED FOR CERTAIN CONSTRU CTION, EXPANSION, REMODELING, RENOVATION, FURNISHING, EQUIPPING OF THE FOLLOWING HEALTH CA RE FACILITIES PROVIDEDNCE ALASKA MEDICAL CENTER (PAMC) & LONG TERM CARE FACILITY CHFFA 20 08C THE PROCEEDS DERIVED FROM THE SALE OF BONDS ARE TO BE USED FOR CERTAIN CONSTRUCTION, E XPANSION, REMODELING, RENOVATION, FURNISHING, EQUIPPING OF VARIOUS HEALTH CARE FACILITIES CHFFA 2009B THE PROCEEDS DERIVED FROM THE SALE OF BONDS ARE TO BE USED FOR CERTAIN CONSTRUCTION, EXPANSION, REMODELING, RENOVATION, FURNISHING, EQUIPPING OF VARIOUS HEALTH CARE FACILITIES CHFFA 2009A-D THE PROCEEDS DERIVED FROM THE SALE OF THE 2009A BONDS ARE TO BE US ED TO FUND CERTAIN COST OF ISSUANCE AND TO ESTABLISH A PROJECT FUND IN THE SUM OF \$180,000,000 PROJECT FUNDS TO BE UTILIZED FOR CERTAIN CONSTRUCTION, EXPANSION, REMODELING, RENOVA TION, FURNISHING, EQUIPPING OF THE FOLLOWING HEALTH CARE FACILITIES MISSION HOSPITAL, ST JOSEPH HOSPITAL OF EUREKA, AND ST JUDE MEDICAL CENTER ORIGINAL ISSUE DATE AUGUST 27, 200 9 ORIGINAL CUSIP 13031-CA3 IN ADDITION, THE PROCEEDS DERIVED FROM THE SALE OF BONDS ARE TO BE USED TO REFUND THE CALIFORNIA STATEWIDE COMMUNITIES DEVELOPMENT AUTHORITY INSURED REV ENUE BONDS ORIGINALLY EXECUTED AND DELIVERED ON JANUARY 29, 2004 ORIGINAL CUSIP 130911VQ0 & REFUNDED MAY 15, 2008 CUSIP 130795TU1 & REFUNDED AGAIN AUGUST 27,2009 CUSIP 133033LCN5 CHFFA 2013A-D THE PROCEEDS DERIVED FROM THE SALE OF THE 2013A-D SONDS ARE TO BE USED TO FUND CERTAIN COST OF ISSUANCE, REFINANCING OF OUTSTANDING INDEBTEDNESS OF HOAG MEMORIAL HOSP ITAL PRESBYTERIAN AND TO ESTABLISH A PROJECT FUND IN THE SUM OF \$110,684,400 PROCEEDS TO BE UTILIZED FOR CERTAIN COST OF ACQUISITION, CONSTRUCTION, EXPANSION, REMODELING, RENOVATION, FURNISHING, EQUIPPING OF THE FOLLOWING HEALTH CARE FACILITIES HOAG HOSPITAL NEWPORT B EACH, ST JOSEPH HOSPITAL, ORANGE, ST JUDE MEDICAL CENTER, ST MARY MEDICAL CENTER, SANT A ROSA MEMORIAL HOSPITAL AND ST JOSEPH HOSPITAL OF EUREKA ORIGINAL ISS

Return Reference	Explanation
PART I - PURPOSE OF BOND	S DERIVED FROM THE SALE OF THE 2016B-1,2 &3 BONDS WERE USED TO REFUND THE SJHS 2011A-D BON DS, ORIGINALLY USED TO FUND CERTAIN COST OF ISSUANCE AND CONSTRUCTION, EXPANSION, REMODELI NG, RENOVATION, FURNISHING, EQUIPPING OF THE FOLLOWING HEALTH CARE FACILITIES QUEEN OF THE VALLEY MEDICAL CENTER, ST JOSEPH HOSPITAL OF EUREKA AND ST JUDE MEDICAL CENTER LHFDC 2008B THE PROCEEDS DERIVED FROM THE SALE OF BONDS ARE TO BE USED TO REFUND THE LHFDC INSUR ED REVENUE BONDS ORIGINALLY EXECUTED AND DELIVERED ON DECEMBER 1, 1998 ORIGINAL ISSUANCE ON JUNE 19, 2008 WITH CUSIP 549208D49, CONVERTED JULY 14, 2011 LHFDC 2016C THE PROCEEDS DERIVED FROM THE SALE OF BONDS ARE TO BE USED TO CURRENT REFUND THE LHFDC REVENUE BONDS ISS UANCE OF MAY 15, 2008 WITH CUSIP 549208D41, CONVERTED AUGUST 27, 2009 MFRA 2016F THE PROCEEDS DERIVED FROM THE SALE OF BONDS ARE TO BE USED TO CURRENT REFUND THE LHFDC REVENUE BONDS ISS UANCE OF MAY 15, 2008 WITH CUSIP 549208DX1, CONVERTED AUGUST 27, 2009 MFRA 2016F THE PROCEEDS DERIVED FROM THE SALE OF BONDS REFUNDED THE MFFA 2006B BONDS WHICH WERE ORIGINALLY US ED FOR CERTAIN CONSTRUCTION, EXPANSION, REMODELING, RENOVATION, FUNNISHING, EQUIPPING OF THE FOLLOWING HEALTH CARE FACILITIES PROVIDENCE ST JOSEPH MEDICAL CENTER MONTANA LOCATED I POLSON, MT OFA 2011C THE PROCEEDS DERIVED FROM THE SALE OF BONDS ADVANCE REFUNDED THE HARCE SERIES 2002 BONDS OFA 2013A THE PROCEEDS DERIVED FROM THE SALE OF BONDS ADVANCE REFUNDED THE HEAMC SERIES 2004 BONDS OFA 2013A THE PROCEEDS DERIVED FROM THE SALE OF BONDS ADVANCE REFUNDED THE HEAMC SERIES 2004 BONDS OFA 2013A THE PROCEEDS DERIVED FROM THE SALE OF BONDS ADVANCE REFUNDED THE HEAMC SERIES 2004 BONDS OFA 2013A THE PROCEEDS DERIVED FROM THE SALE OF BONDS ARE TO BE USED FOR CERTAIN CONSTRUCTION, EXPANSION, REMODELING, RENOVATION, FUNNISHING, EQUIPPING OF THE FOLLOWING HEALTH CARE FACILITIES PROVIDENCE ST VINCENT MEDICAL CENTER WHICH A 2016B THE PROCEEDS DERIVED FROM THE SALE OF BONDS ARE TO BE USED TO CURRENTLY REFUND WHICH SERIES 2002AB & WHICH 1995 BONDS WHICH A 2010A

Return Reference	Explanation
ART I - PURPOSE OF BOND	SALE OF BONDS ARE TO BE USED FOR CERTAIN CONSTRUCTION, EXPANSION, REMODELING, RENOVATION, FURNISHING, EQUIPPING OF THE FOLLOWING HEALTH CARE FACILITIES KADLEC REGIONAL MEDICAL CE NTER & PROVIDENCE SACRED HEART MEDICAL CENTER WHCFA 2016DE THE PROCEEDS DERIVED FROM THE SALE OF BONDS ARE TO BE USED TO CURRENTLY REFUND WHCFA SERIES 2006A

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Return Reference	Explanation
PART IV, LINE 2C - REBATE CALCULATION	CHFFA 2008C THE MOST RECENT REBATE COMPUTATION FOR THE BONDS WAS COMPLETED THROUGH 12/11/2013 CHFFA 2009A-D REBATE COMPUTATION PREPARED JANUARY 12, 2015 FOR THE PERIOD ENDING AUGUST 27, 2014 SHOWING NO REBATE DUE LHFDC 2008B REBATE COMPUTATION PREPARED JULY 23, 2008 FOR THE PERIOD ENDING JULY 1, 2008 SHOWING NO REBATE DUE OFA 2011C THE MOST RECENT REBATE COMPUTATION FOR THE BONDS WAS COMPLETED THROUGH JANUARY 19, 2017 OFA 2013A THE MOST RECENT REBATE COMPUTATION FOR THE BONDS WAS COMPLETED THROUGH NOVEMBER 1, 2018 OFA 2013C THE MOST RECENT REBATE COMPUTATION FOR THE BONDS WAS COMPLETED THROUGH NOVEMBER 5, 2018 WHCFA 2006CDE THE MOST RECENT REBATE COMPUTATION FOR THE BONDS WAS COMPLETED THROUGH JUNE 22, 2016 WHCFA 2010A THE MOST RECENT REBATE COMPUTATION FOR THE BONDS WAS COMPLETED THROUGH JULY 1, 2015 WHCFA 2011B THE MOST RECENT REBATE COMPUTATION FOR THE BONDS WAS COMPLETED THROUGH JULY 13, 2016

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(1 01111 50		► Complete if the	e organization answe explanations, a	ered "Yes" to Form nd any additional i					criptions,		<b>201</b> /					
Department of th			▶.	Attach to Form 990	D.						Open to Public					
Internal Revenue Name of the orga		▶Information	n about Schedule K (	rorm 990) and its	instruction	s is at <u>v</u>	www	v.irs.gov/tori	<u>11990</u> .	Emplo	yer ideni		nspeci n numbe			
	ST JOSEPH HEALTH										244422					
Part I	Bond Issues									101 11						
	) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price		(f) Description	on of purpose	(g) De	efeased	(h)	On	(i)	Pool	
` '	•			` '	• •	•				"		behalf of issuer		financing		
										Yes	No	Yes	No No	Yes	No	
A CHFFA 20	013A-D	52-1643828	13033LY76	07-24-2013	701,	719,855	SEE	PART VI		1.05	X		X		X	
B CHFFA 20	014A	52-1643828	13033L4G9	06-11-2014	305,0	080,327	SEE	PART VI			X		X		X	
C CHFFA 20	014B	52-1643828	13033L4N4	08-06-2014	126,4	134,498	SEE	PART VI			X		Х		X	
D CHEEN 20	04.64	F2 4642020	1202211500	00 20 2016	400.4	204.075	CEE	DARTU			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
<b>D</b> CHFFA 20	U16A	52-1643828	13032UFP8	09-28-2016	490,8	304,875	SEE	PART VI			X		×		X	
Part II	Proceeds		1	<u>'</u>			-									
						Α		E		(	3			D		
									5,470,000							
		ased														
					701,719,855 305,080,32		305,080,328	126,434,49		,498	<del>38</del> 490,81		304,875			
		nds														
		eeds														
		s				585,978	8,231	1					·		221,287	
						5,057	7,223	3	2,808,157		1,434,49		3,547,		547,888	
		ceeds														
		from proceeds														
		oceeds				110,684	4,400	_								
								3	302,272,170		125,000,	,000				
															35,700	
13 Year of	substantial completior	n		•		014		20		20				2008		
	h - h d d	+ - <b>6</b>			Yes	No	<u> </u>	Yes	No	Yes	No		Yes		No	
	<u>'</u>	t of a current refunding			X	1			Х		Х		X			
	<u> </u>	t of an advance refundi			X			X			X				X	
16 Has the	e final allocation of pro-	ceeds been made?			Х			X		Χ			Χ			
		ın adequate books and			X			×		X			X			
Part III	Private Business I	Use							•			•		•		
						A		E		(	3			D		
4 184					Yes	No	<b>D</b>	Yes	No	Yes	No		Yes		No	
1 Was the finance	e organization a partne d by tax-exempt bond	er ın a partnershıp, or a s <sup>7</sup>	member of an LLC, wh	nich owned property		X			Х		Х				Χ	
2 Are the	ere any lease arrangem	nents that may result in	private business use of		X			X			Х		Х			
property	ty'		ions for Form 990		C-	t No. 50	0102	<u> </u>				chodul	e K (Fo	000	1) 2017	

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Part IV

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Are there any research agreements that may result in private business use of bond-financed

Enter the percentage of financed property used in a private business use by entities other than

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

counsel to review any research agreements relating to the financed property?

a section 501(c)(3) organization or a state or local government . . . . . Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

organization, or a state or local government . . . . . . . . . . . .

Does the bond issue meet the private security or payment test? . . . .

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

Penalty in Lieu of Arbitrage Rebate? If "No" to line 1, did the following apply? . . . .

Rebate not due yet? . . . . . .

hedge with respect to the bond issue?

Exception to rebate? . . . . . . .

No rebate due? . . . . . . . . .

If "Yes" to line 2c, provide in Part VI the date the rebate Is the bond issue a variable rate issue? . . . . .

Was the hedge superintegrated? . . . . . . Was the hedge terminated? . . . . . . . . .

the issue are remediated in accordance with the requirements under

Regulations sections 1 141-12 and 1 145-2?

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

the GIC satisfied? . . . . . . . . .

requirements of section 148? . . .

Were gross proceeds invested in a guaranteed investment contract

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

Schedule K (Form 990) 2017

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Part V

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	dule K n 990)			nformation o					criptions.			омв	No 154	5-0047 <b>7</b>	
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	ent of the Treasury Revenue Service	▶Informatio		► Attach to Form 990 【(Form 990) and its		s is at <u>v</u>	ww.	irs.gov/fori	<u>11990</u> .				en to P nspecti		
	the organization ENCE ST JOSEPH HEALTH									Emplo	yer iden	tificatio	n numbe	r	
										81-12	44422				
Part															
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price		(f) Description	on of purpose	(g) De	efeased		On alf of		Pool ncing
													uer		
	FFA 204 CB	F2 4642020	4202211677	00 20 2016	204.0	10 110	655	DADTAG		Yes	No	Yes	No	Yes	No
A CH	FFA 2016B	52-1643828	13032UGP7	09-28-2016	304,0	149,410	SEE	PART VI			X		×		X
<b>B</b> LH	FDC 2008B	52-1313557	549208EM4	06-19-2008	115,0	35,840	SEE	PART VI			Х		Х		Х
C LH	FDC 2016C	52-1313557	549208EP7	09-28-2016	39,2	15,000	SEE	PART VI			Х		Х		X
<b>D</b> MF	FA 2016F	81-0302402	61204KCB5	06-22-2006	50,6	45,000	SEE	PART VI		Х		Х		X	
Part I	• Proceeds														
						A		Е		(	;			D	
	mount of bonds retired .								72,360,000		1,660	.000		4,4	130,000
	mount of bonds legally def														
	otal proceeds of issue					304,049	9,410	] :	136,185,000		39,215	.000		50,8	310,000
	ross proceeds in reserve fu														
	apitalized interest from pro														
	roceeds in refunding escroves ssuance costs from proceed					4 000			500.000		245	222			
	redit enhancement from pr					1,939	₹,410	)	602,023		215	.000		1	65,000
	orking capital expenditure								1,035,827						
	apital expenditures from pi														
	ther spent proceeds					302,110	2 000	1	34,547,150		39,000	non		50.6	45,000
	ther unspent proceeds .					302,110	3,000		.51,517,230		33,000			30,0	713,000
	ear of substantial completion				20	013		19	98	20	04			2002	
					Yes	No	,	Yes	No	Yes	No		Yes		No
14 W	ere the bonds issued as pa	art of a current refunding	ıssue <sup>7</sup>			Х		Х		Х			Х		
15 W	ere the bonds issued as pa	art of an advance refundi	ing issue?			Х			Х		Х				X
<b>16</b> H	as the final allocation of pr	oceeds been made? .				Х		X		Х			Х		
	oes the organization maint				Х			Х		Х			Х		
Part I							•		•			•			
						Α		E		(				D	
1 W	as the organization a parti	ner in a narthership, or a	member of an IIC	which owned property	Yes	No	)	Yes	No	Yes	No		Yes		No
fii	nanced by tax-exempt bon	ds?	i member of all LLC, (	windi owned property		X			Х						
<b>2</b> A	re there any lease arrange roperty?	ments that may result in	private business use		×				×						
For Pan	perwork Reduction Act N	otice, see the Instruct	ions for Form 990.		Ca	t No 50	0193F	<u>.                                     </u>			S	hedul	e K (Foi	m 990	) 2017

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Part IV

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Schedule K (Form 990) 2017

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Enter the percentage of financed property used in a private business use as a result of

unrelated trade or business activity carried on by your organization, another section 501(c)(3)

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

organization, or a state or local government

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply? . . . .

Rebate not due yet? . . . . . .

hedge with respect to the bond issue?

Exception to rebate? . . . . . . .

No rebate due? . . . . . . . . .

If "Yes" to line 2c, provide in Part VI the date the rebate Is the bond issue a variable rate issue? . . . . .

Was the hedge superintegrated? . . . . . .

Was the hedge terminated? . . . . . . . . .

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Does the bond issue meet the private security or payment test? . . . .

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

the GIC satisfied? . . . . . . . . .

requirements of section 148? . . .

Were gross proceeds invested in a guaranteed investment contract

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

Schedule K (Form 990) 2017

(GIC)?

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Part V

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	ne organization NCE ST JOSEPH HEALTH									Emplo	yer ident	tificatio	n numbei	•	
										81-12	44422				
Part I				T . D =				(6) =		1					
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price		(†) Description	on of purpose	(g) De	efeased		On alf of	(i) I fınar	
													uer		
<b>A</b> OF	20116	93-6001787	68608JPT2	11-17-2011	24.0	127 61 E	CEE	PART VI		Yes	No X	Yes	No X	Yes	X
<b>A</b> OFA	2011C	93-6001787	686083712	11-17-2011	24,9	27,615	SEE	PART VI			^		^		^
<b>B</b> OFA	2013A	93-6001787	68608JRH6	09-18-2013	86,0	48,852	SEE	PART VI			Х		Х		X
C OFA	2013C	93-6001787	68608JRL7	09-18-2013	161,6	75,000	SEE	PART VI			Х		Х		X
<b>D</b> OFA	2015C	93-6001787	68608JTT8	09-13-2015	72,2	45,909	SEE	SEE PART VI			Х		Х		X
Part II	Proceeds						<u> </u>								
_						A		E	3	C	:			D	
	nount of bonds retired .					10,257	7,615		31,878,851	1	105,000,	.000		1,1	.75,909
	nount of bonds legally def														
	tal proceeds of issue					24,927	7,615		86,048,851		161,675,	.000		72,2	245,909
	oss proceeds in reserve fu														
	pitalized interest from pro														
	oceeds in refunding escrov								2/2 222						
	edit enhancement from pr					345	5,182		910,360		1,475,	.000		1,0	15,122
	orking capital expenditure														
	pital expenditures from pi														
	her spent proceeds					24,582	2 4 2 2		85,138,491		160,200,	000		71.7	230,787
	her unspent proceeds .					24,302	2,433		03,130,491		160,200,	.000		/1,2	30,767
	ar of substantial completion				20	005		20	05	200	05			019	
	<u>'</u>				Yes	No.	,	Yes	No	Yes	No		Yes		No
14 We	ere the bonds issued as pa	art of a current refunding	gıssue?		Х			X			Х				X
15 We	ere the bonds issued as pa	art of an advance refundi	ing issue?		Х			Х		Х			Х		
<b>16</b> Ha	s the final allocation of pr	oceeds been made? .			Х			Х		Х			Х		
	es the organization maint				Х			Х		Х			Х		
Part II									<u> </u>	· ·			*		
						Ą		E	B [	C	;			D	
4 144					Yes	No	<b>&gt;</b>	Yes	No	Yes	No		Yes		No
<b>1</b> Wa	as the organization a parti anced by tax-exempt bon	ner in a partnership, or a ids?.........	a member of an LLC,	wnich owned property		×			Х		X				Χ
2 Are	e there any lease arrange operty?	ments that may result in	private business us			Х			Х	Х			Х		
For Pane	erwork Reduction Act N	lotice, see the Instruct	tions for Form 990	<b>_</b>	Ca	t No 50	0193F	<u> </u>			S	hedul	e K (For	m 990	) 2017

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Schedule K (Form 990) 2017

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		Yes	No	Yes	No	Yes	No	Yes	No
3а	Are there any management or service contracts that may result in private business use of bond-financed property?	×		×		×		×	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	×		×		×		×	_

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Yes

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	counsel to review any management or service contracts relating to the financed property?	Х		X		X	
С	Are there any research agreements that may result in private business use of bond-financed property?		X		Х	Х	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?					Х	

Enter the percentage of financed property used in a private business use by entities other than

a section 501(c)(3) organization or a state or local government . . . . . Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

organization, or a state or local government . . . . . . . . . . . .

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply? . . . .

Rebate not due yet? . . . . . .

hedge with respect to the bond issue?

Exception to rebate? . . . . . . .

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . . . Is the bond issue a variable rate issue? . . . . .

Was the hedge superintegrated? . . . . . Was the hedge terminated? . . . . . . . . .

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Does the bond issue meet the private security or payment test? . . . .

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .

If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

the GIC satisfied? . . . . . . . . .

requirements of section 148? . . .

Were gross proceeds invested in a guaranteed investment contract

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

Schedule K (Form 990) 2017

(GIC)?

period?

Part V

No

D

Yes

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Yes

В

No

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Yes

No

No Schedule K (Form 990) 2017

efile	GRAPHIC print - DO I	NOT PROCESS As	Filed Data -									DLN:	934933	32000	0338	
	edule K m 990)		e organization ans	Information o wered "Yes" to Form , and any additional	990, Part 1	[V, line	24a.		criptions,			OMB No 1545-0047 <b>2017</b>				
	nent of the Treasury I Revenue Service	<b>▶</b> Information	-	► Attach to Form 99 ( (Form 990) and its	0.			.irs.gov/for	n990.				en to P Inspecti			
Name o	f the organization		Tabout Schedule I	(Torm 550) and its	mstruction	3 13 ac <u>4</u>			<u> </u>	Emplo	yer ıden		n numbe			
PROVI	DENCE ST JOSEPH HEALTH									81-12	44422					
Par							,					1				
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issue	price		(f) Descripti	tion of purpose (g) Defe		efeased	beh	On alf of uer	(i) finar	Pool ncing	
										Yes	No	Yes	No	Yes	No	
<b>A</b> W	HCFA 2006CDE	91-1108929	93978EB27	06-22-2006	165,0	)50,000	SEE	PART VI			X		X		Х	
<b>B</b> V	HCFA 2010A	91-1108929	93978E7W6	07-01-2010	173,5	43,991	SEE	PART VI			Х		X		Х	
C V	HCFA 2011B	91-1108929	93978HDA0	07-13-2011	101,1	52,957	SEE	PART VI			Х		X		Х	
<b>D</b> W	/HCFA 2012A-D	91-1108929	93978HGG4	07-19-2012	819,4	189,529	SEE	PART VI		Х		×		Х		
Part	Proceeds									l l		·				
	Amount of bonds retired .					A		E	3			076		D 70.0	40.005	
	Amount of bonds legally de										59,766	,076		/9,0	40,895	
	Total proceeds of issue .					165,050	2 000		174,240,000		101,296	076		819 5	30,895	
	Gross proceeds in reserve f					103,030	3,000		17 1,2 10,000	•	101,250	,0,0	121,221,300			
	Capitalized interest from pr															
	Proceeds in refunding escro															
7	Issuance costs from procee	ds				1,660	0,244		2,543,991		1,060,339			7,422,456		
8	Credit enhancement from p	proceeds				2,465,562								242,643		
9	Working capital expenditure	es from proceeds														
10	Capital expenditures from p	proceeds														
11	Other spent proceeds					163,389	9,756		171,696,009	:	100,235	,737		812,1	.08,440	
	Other unspent proceeds .															
13	Year of substantial complet	ion			20	002		20	11	20	04		7	2011		
					Yes	No	<b>)</b>	Yes	No	Yes	No		Yes		No	
14	Were the bonds issued as p	part of a current refunding	ıssue <sup>?</sup>		Х				Х	Х					×	
15	Were the bonds issued as p	part of an advance refundi	ng issue?			Х			Х		Χ				X	
16	Has the final allocation of p	roceeds been made?			Х			Х		Х			Χ			
17	Does the organization main proceeds?	ntain adequate books and	records to support th	he final allocation of	Х			×		Х			Х			
Part	Private Busines	s Use														
						Α		E						D		
1	Was the organization a part financed by tax-exempt bol	tner in a partnership, or a	member of an LLC,	which owned property	Yes	No X		Yes	No X	Yes	No X		Yes		No X	
2	Are there any lease arrange property?	ements that may result in	private business use	e of bond-financed		X		X			X		Х			
		Notice see the Instruct				t No 50	1 11935	<u>                                       </u>			<u> </u>	chedul	o K (Fo	m 990	1 2017	

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Part IV

Arbitrage

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Schedule K (Form 990) 2017

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Yes

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counsel to review any management or service contracts relating to the financed property?

Are there any research agreements that may result in private business use of bond-financed

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Enter the percentage of financed property used in a private business use by entities other than

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

counsel to review any research agreements relating to the financed property?

organization, or a state or local government . . . . . . . . . . . .

Does the bond issue meet the private security or payment test? . . . .

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

Rebate not due yet? . . . . . .

hedge with respect to the bond issue?

Exception to rebate? . . . . . . .

No rebate due? . . . . . . . . .

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

the GIC satisfied? . . . . . . . . .

requirements of section 148? . . .

Were gross proceeds invested in a guaranteed investment contract

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

Schedule K (Form 990) 2017

(GIC)?

period?

Part V

No

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Yes

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Yes

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Yes

No

No Schedule K (Form 990) 2017

efile	GRAPHIC print - DO	NOT PROCESS As	Filed Data -									DLN:	93493	32000	0338
	edule K m 990)		pplemental Info									ОМВ	No 154	5-0047	
(101	550)	► Complete if the	e organization answered explanations, and						criptions,			4	LUZ	. /	
Departn	nent of the Treasury		► Att	ach to Form 99	D.							Op	en to P	ublic	
	Revenue Service	▶Informatio	n about Schedule K (For	m 990) and its	instruction	s is at <u>ı</u>	www.	.irs.gov/fori	<u>1990</u> .	Emple	yer iden		nspeci		
	DENCE ST JOSEPH HEALTH	1									244422	ciricacio	ii iiuiiib\	•	
Part	Bond Issues									01-12	-7722				
ran	(a) Issuer name	(b) Issuer EIN	(c) CUSIP # (d)	) Date issued	(e) Issue	price	I	(f) Description	n of nurnose	(a) D	efeased	(h)	) On	(i)	Pool
	(a) Issuel Halle	(5) 155001 2111		, bate issued	(0, 15540	pee		(1) 500050	01 pa. pose	(9)	0.0000	beh.	alf of		ncing
										Yes	No	Yes	uer <b>No</b>	Yes	No
<b>A</b> W	/HCFA 2014C	91-1108929	93978HKL8 09	9-10-2014	99,6	511,469	SEE	PART VI	165	X	163	X	163	X	
B W	HCFA 2014D	91-1108929	93978HKN4 1:	1-06-2014	200,0	084,061	SEE	SEE PART VI			X		X		×
C W	/HCFA 2015A	91-1108929	93978HQU2 08	8-12-2015	75,9	900,634	SEE	PART VI			X		Х		X
							ļ								
<b>D</b> W	HCFA 2016DE	91-1108929	09	9-28-2016	210,8	360,000	SEE	PART VI		X		X		X	
Part	III Proceeds						1			<u> </u>	1				
						A		В		(	С			D	
						7,366	6,469							1,7	760,000
						99,611	1,469	=	.78,770,000		77,635	,000	0 210,860,		
						1,128,161 1,736,112					1,106,316				305,000
						98,483	3,308	=	.77,033,888		76,528	,684		210,5	555,000
13	Year of substantial comple	etion			2	015		20:	L4	20	18			2009	
					Yes	No		Yes	No	Yes	No		Yes		No
		part of a current refunding	<u> </u>			X			Х		Х		X		
15	Were the bonds issued as	part of an advance refundi	ing issue?	ı		X			Х		X				X
16	Has the final allocation of I	proceeds been made?			X			X			×		Χ		
Does the organization maintain adequate books and records to support the final allocation of proceeds?					Х			×		Х			Х		
Part	Private Busines	ss Use							·						
						A		В						D	
	Was the over-time of the	ا	n member of an LLC, which	Augusta a second	Yes	No	<b>D</b>	Yes	No	Yes	No		Yes		No
			member of an LLC, which			X			Х		X				Χ
2	Are there any lease arrang	gements that may result in	private business use of bo		X				х	X			Х		
	property?	Nation on the Testerist				t No. 50	0100	<u></u>				-111			) 2017

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Part IV

Arbitrage

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Schedule K (Form 990) 2017

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Are there any research agreements that may result in private business use of bond-financed

Enter the percentage of financed property used in a private business use by entities other than

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

counsel to review any research agreements relating to the financed property?

organization, or a state or local government . . . . . . . . . . . .

Does the bond issue meet the private security or payment test? . . . .

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

Rebate not due yet? . . . . . .

hedge with respect to the bond issue?

Exception to rebate? . . . . . . .

No rebate due? . . . . . . . . .

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

the GIC satisfied? . . . . . . . . .

requirements of section 148? . . .

Were gross proceeds invested in a guaranteed investment contract

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

Schedule K (Form 990) 2017

(GIC)?

period?

Part V

No

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Yes

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Yes

В

No

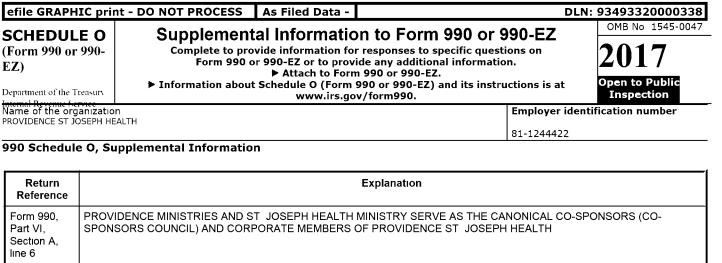
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Yes

No

No Schedule K (Form 990) 2017



Return Explanation
Reference

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

PROVIDENCE ST JOSEPH HEALTH HAS A TIERED GOVERNANCE IN WHICH THE CORPORATE MEMBERS RESERVE
THE RIGHT TO APPOINT DIRECTORS TO THE PROVIDENCE ST JOSEPH HEALTH BOARD

990 Schedule O, Supplemental Information

INVESTING POLICY

Return

## Reference Form 990, Part VI. BYLAWS OR GOVERNING DOCUMENTS 2) AFFILIATIONS & ACQUISITIONS 3) CHANGE OF LICENSE NAME 4) NAMING

**Explanation** 

Part VI,
Section A,
Inne 7b

BYLAWS OR GOVERNING DOCUMENTS 2) AFFILIATIONS & ACQUISITIONS 3) CHANGE OF LICENSE NAME 4) NAMING
A BUILDING IN HONOR OF A SISTER 5) CLOSURE OF A MAJOR WORK OR MINISTRY 6) DISSOLUTION, LIQUIDATION,
CONSOLIDATION OR MERGERS 7) ANNUAL CONSOLIDATED BUDGET 8) DEBT AUTHORIZATION IN EXCESS OF \$500M
9) UNBUDGETED EXPENDITURES IN EXCESS OF \$500M 10) SALE OF CHURCH PROPERTY 11) SOCIALLY RESPONSIBLE

Return Reference	Explanation
Form 990,	THE FORM 990 WAS PREPARED BY THE TAX DEPARTMENT BASED ON INFORMATION RECEIVED FROM VARIOUS
Part VI,	DEPARTMENTS OF THE ORGANIZATION AND WAS REVIEWED BY AN OFFICER OF THE ORGANIZATION A COPY OF
Section B,	THE FORM 990 WAS DISTRIBUTED TO ALL VOTING MEMBERS OF THE BOARD DURING THE AUDIT COMMITTEE
line 11b	MEETING, MANAGEMENT PRESENTED AND DISCUSSED CERTAIN DISCLOSURES AND INFORMATION INCLUDED IN
	THE FORM 990 THE AUDIT COMMITTEE CHAIR THEN PROVIDED A SUMMARY AT THE FULL BOARD MEETING

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	BOARD MEMBERS, SPONSORS, SENIOR LEADERS AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE ANY REAL OR POTENTIAL CONFLICT OF INTEREST IN ACCORDANCE WITH THE PSJH COI POLICY AND IN CONNECTION WITH THAT INDIVIDUAL SATISFYING HIS OR HER FIDUCIARY OBLIGATIONS TO THE ORGANIZATION DISCLOSURES ARE MADE ANNUALLY AND/OR IF AT ANY TIME AN ACTUAL, REAL OR POTENTIAL CONFLICT OF INTEREST ARISES PSJH CHIEF LEGAL OFFICER AND/OR THE PSJH CHIEF RISK OFFICER, REVIEW ALL DISCLOSURES WHERE APPROPRIATE, THE CEO AND/OR THE BOARD CHAIR CONSIDER MATTERS THAT INVOLVE SENIOR LEADERSHIP OR A BOARD MEMBER PSJH CHIEF LEGAL OFFICER AND/OR CHIEF RISK OFFICER REVIEW MATTERS WHERE CONFLICT IS DIFFICULT OR CANNOT BE RESOLVED AND PRESENT RECOMMENDATIONS TO THE APPROPRIATE BOARD COMMITTEE OR THE CEO, FOR DISCUSSION AND RESOLUTION WHEN APPROPRIATE, THE INDIVIDUAL WITH THE REAL/POTENTIAL CONFLICT THAT IS BEING REVIEWED MAY PARTICIPATE IN THE DISCUSSION BUT IS EXCUSED FROM THE MEETING WHEN ACTION IS DECIDED WHERE APPROPRIATE, THE CHIEF RISK OFFICER OR CHIEF LEGAL OFFICER WILL PROVIDE PLAN TO MANAGE CONFLICTS AUDITING AND MONITORING OF THIS PROCESS IS DONE PERIODICALLY ALL DOCUMENTATION OF COI DISCLOSURES IS RETAINED PER ORGANIZATION RETENTION POLICY

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	IT IS PROVIDENCE ST JOSEPH HEALTH'S INTENTION TO MAKE FINANCIAL INFORMATION ACCESSIBLE AN D TRANSPARENT ALTHOUGH THE FILING OF FORM 990 PROVIDES INSIGHT INTO HOW PROVIDENCE ST JO SEPH HEALTH ACHIEVES ITS MISSION, DELIVERS ITS PROGRAMS AND STEWARDS ITS FINANCES, DECIPHE RING THE INFORMATION DIRECTLY FROM FORM 990 CAN BE CHALLENGING THE FOLLOWING PARAGRAPHS P ROVIDE FURTHER INFORMATION ABOUT THE PROCESS WE USE TO DETERMINE COMPENSATION FOR TOP MANA GEMENT, OFFICERS AND KEY EMPLOYEES PROVIDENCE ST JOSEPH HEALTH HAS A SINGLE FIDUCIARY BO ARD, WITH RESPONSIBILITY FOR FINANCIAL OVERSIGHT ASSOCIATED WITH FULFILLMENT OF THE PROVID ENCE ST JOSEPH HEALTH MISSION, DEVELOPING SYSTEM POLICIES, PROTECTING THE ASSETS ENTRUSTE D TO THE ORGANIZATION AND OVERSEEING THE STRATEGIC AND OPERATIONAL AFFAIRS OF PROVIDENCE ST JOSEPH HEALTH'S LEGAL ENTITIES PROVIDENCE ST JOSEPH HEALTH ALSO MAINTAINS A NETWORK OF COMMUNITY ENTITY BOARDS WITH RESPONSIBILITY FOR QUALITY OF CARE OVERSIGHT. COMMUNITY RELATIONS, ADVOCACY AND COMMUNITY NEEDS ASSESSMENTS PROVIDENCE ST JOSEPH HEALTH HAS A CONSISTENT COMPENSATION PHILOSOPHY FOR ALL OF ITS OFFICERS, INCLUDING OUR SENIOR EXECUTIVES AS ENIOR EXECUTIVES ARE REVIEWED BY THE PROVIDENCE ST JOSEPH HEALTH COMMUTTEE THE BOARD RETAINS AN INDEPENDENT CONSULTANT EACH YEAR TO REVIEW SALARIES OF THOSE IN THE MO ST SIGNIFICANT LEADERSHIP ROLES IN THE ORGANIZATION PART OF THE CONSULTANT'S ROLE IS TO REVIEW AN EXTENSIVE ARRAY OF COMPENSATION SURVEYS OF LARGE, NOT-FOR-PROFIT HEALTH CARE SYSTE EMS IN THE UNITED STATES PROVIDENCE ST JOSEPH HEALTH IS ONE OF THE LARGER HEALTH SYSTEMS IN THE COUNTRY, AND AS SUCH. THE BOARD BENCHMARKS EXECUTIVE COMPENSATION AGAINST OTHER LA RGE, NOT-FOR-PROFIT HEALTH SYSTEMS WHOSE REVENUE IS SIMILAR TO THAT OF THE LARGER HEALTH ADDITIONALLY, PROVIDENCE ST JOSEPH HEALTH IS ONE OF THE LARGER HEALTH ADDITIONALLY, PROVIDENCE ST JOSEPH HEALTH HIS ONE OF THE LARGER HEALTH ADDITIONALLY, PROVIDENCE ST JOSEPH HEALTH HE REVIEW DATH THE PRESIDENT/CEO UTILIZES THE MARKET INFORMATION PROVIDENCE ST JO

Return Explanation

Form 990,	ECUTIVE COMPENSATION FULLY COMPLIES WITH IRS STANDARDS AND MIRRORS BEST PRACTICES THE PRO CESS
Part VI,	TO REVIEW COMPENSATION WAS LAST COMPLETED IN MARCH 2018
Section B,	
line 15	

Return Explanation
Reference

990 Schedule O, Supplemental Information

Form 990,
Part VI,
Section C,
line 19

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

## 990 Schedule O, Supplemental Information

Return

Reference	·
Form 990,	FOR 2017 PROVIDENCE ST JOSEPH HEALTH (PSJH) IS REPORTING ITS TAX-EXEMPT BOND LIABILITIES FOR THE
Part X, Line	SYSTEM ON A CONSOLIDATED BASIS AS PROVIDED BY THE FORM 990, SCHEDULE K GUIDANCE IN PREVIOUS YEARS
20	THE TAX EXEMPT BOND LIABILITIES WERE REPORTED ON VARIOUS PS.IH SUBSIDIARY RETURNS BASED ON THE

Explanation

AMOUNT OF BONDS ALLOCATED TO EACH SUBSIDIARY THE SYSTEM-WIDE TAX-EXEMPT BOND LIABILITY IS SHOWN IN PART X. LINE 20 AND A CORRESPONDING INTERCOMPANY ASSET FOR TAX-EXEMPT BONDS IN PART X. LINE 15

990 Schedule O, Supplemental Information Explanation Return Reference

Form 990, Part XI, line NET ASSET TRANSFERS TO AFFILIATES 5,318,867

efile GRAPHIC print - DC	NOT PROCESS	As Filed Data -										DLN: 93493	320000	338
SCHEDULE R (Form 990)	<b>&gt;</b> (	Related O	•	swered "Yes	s" on Form	990, Parl		-		37.		20	1545-004 <b>17</b>	<del>1</del> 7
Department of the Treasury Internal Revenue Service	•	· Information about S	chedule I	► Attach to R (Form 990)			s is at <u>www</u>	irs.gov/1	form99	<u>o</u> .		Open t	o Public	С
Name of the organization PROVIDENCE ST JOSEPH HEALTH									Emp	loyer identif	icatior	n number		
										244422				
Part I Identification	of Disregarded E	ntities Complete If t	ne organ	ization answ	ered "Yes	" on Form	990, Part	IV, line 3	3.					
Name, address, and	(a) EIN (ıf applıcable) of dısr	egarded entity		( <b>b)</b> Primary a			c) nicile (state nicountry)	(d) Total inc	ome	(e) End-of-year as	ssets	<b>(</b> 1 Direct cc ent	ntrolling	
Part II Identification of related tax-exen	of Related Tax-Ex		<b>S</b> Comple	te if the org	anızatıon	answered	"Yes" on F	orm 990,	Part I\	V, line 34 be	cause	it had one or	more	
See Additional Data Table			ı	(h)	1 ,	-)	l (4)	. 1		(-)	i	(6)	1 /-	
Name, address, and	(a) d EIN of related organizat	on	Prim	(b) ary activity	Legal dom	c) nicile (state n country)	Exempt Cod			(e) harity status on 501(c)(3))	Dı	<b>(f)</b> rect controlling entity	Section (13) coi enti	512(b) ntrolled ty?
													Yes	No
			-										-	
													+	
For Paperwork Reduction Ac	Market and T					it No 5013						edule R (Form	2007.22	17

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 (b) (c) (d) (i) (k) (a) (e) (f) (g) Name, address, and EIN of Primary Legal Direct Predominant Share of Share of Disproprtionate Code V-UBI General or Percentage related organization domicile controlling income(related, total income end-of-year allocations? amount in box ownership activity managing unrelated. 20 of (state entity assets partner? Schedule K-1 excluded from or tax under (Form 1065) foreign country) sections 512-514) Yes No Yes No Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. (a) (b) (d) (e) (f) (1) (c) (g) (h) Name, address, and EIN of Legal Direct controlling Type of entity Share of total Share of end-of-Section 512(b) Primary activity Percentage domicile (C corp, S corp, ownership (13) controlled related organization entity ıncome vear (state or foreign or trust) assets entity? country) Yes No See Additional Data Table

(1)PROVIDENCE HEALTH & SERVICES

(2)ST JOSEPH HEALTH SYSTEM

**p** Reimbursement paid to related organization(s) for expenses . . .

(a) Name of related organization

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

**q** Reimbursement paid by related organization(s) for expenses .

<b>SWith Related Organizations</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.  1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	
		Voc	$\overline{}$
		res	No
the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
st, (ii)annulties, (iii) royalties, or(iv) rent from a controlled entity	1a		No
ll contribution to related organization(s)	<b>1</b> b		No
l contribution from related organization(s)	1c		No
ntees to or for related organization(s)	1d		No
ntees by related organization(s)	1e		No
ed organization(s)	<b>1</b> f		No
	<b>1</b> g		No
rom related organization(s)	1h		No
	1i		No
uipment, or other assets to related organization(s)	<b>1</b> j		No
a all tells	est, (ii) annuities, (iii) royalities, or (iv) rent from a controlled entity	tal contribution to related organization(s)	tal contribution to related organization(s)

е	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	<b>1</b> g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	<b>1</b> i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
О	Sharing of paid employees with related organization(s)	10		No
		$\Box$		

(b)

Transaction

type (a-s)

(c)

Amount involved

25,522,572

12,570,819

COST

COST

No No

No

No

1r

1s

Schedule R (Form 990) 2017

(d)
Method of determining amount involved

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)		(e) The all partners section 501(c)(3) The all partners section 501(c)(3)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	_	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		ig ?	(k) Percentage ownership
			314)	Yes	No			Yes	No		Yes	No	
	·							<u></u>		Schedul	e R (Form	n 99	0) 2017

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017

## Software ID: Software Version:

**EIN:** 81-1244422

Name: PROVIDENCE ST JOSEPH HEALTH

Form 990, Schedule R, Part II - Identification of Relate			(.15	1 - 3	1 (5)		
(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	Sectio (b)( contr enti	n 512 13) olled
	HEALTHCARE	TX	501/6\/2\	12,I	CHS	<b>Yes</b> Yes	No
3615 19TH STREET LUBBOCK, TX 79410 61-1573313	HEALTHCARE	CA	501(c)(3) 501(c)(3)		SJHS		
3345 MICHELSON DRIVE SUITE 100 IRVINE, CA 92612 46-1259908				12,III		Yes	
3615 19TH STREET LUBBOCK, TX 79410 46-3516417	HEALTHCARE	TX	501(c)(3)	12,I	CHS	Yes	
3615 19TH STREET LUBBOCK, TX 79410	HEALTHCARE	TX	501(c)(3)	3	SJHS	Yes	
75-2765566	HEALTHCARE	TX	501(c)(3)	7	CHS	Yes	
3623 22ND PLACE LUBBOCK, TX 79410 75-2897026	HEALTHCARE	TX	501(c)(3)	3	chs	Yes	
3420 22ND PLACE LUBBOCK, TX 79410 75-2743883							
1801 LIND AVENUE SW 9016 RENTON, WA 980579016 91-1082119	UNEMPLOYMENT	WA	501(c)(3)	12,I	PHS WA	Yes	
PO BOX 5128 EVERETT, WA 982065128 94-3264605	TRANS CARE	WA	501(c)(3)	10	N/A		No
15451 SAN FERNANDO MISSION BLVD 200 MISSION HILLS, CA 913451420	SUPPORT	CA	501(c)(3)	7	PHS SOCAL	Yes	
95-4322584	SUPPORT	WA	501(c)(3)	7	PHS WA	Yes	
1423 FIRST AVENUE SEATTLE, WA 98101 20-1910170	HEALTHCARE	WA	501(c)(3)	7	SHS	Yes	
2800 SOUTH 192ND ST 104 SEATAC, WA 98188 27-3133200	neali ncare	WA	301(C)(3)	,	505	ies	
1 HOAG DRIVE NEWPORT BEACH, CA 92658 45-3583707	HEALTHCARE	CA	501(c)(3)	12,I	НМНР	Yes	
330 PLACENTIA AVE NEWPORT BEACH, CA 92663	SUPPORT	CA	501(c)(3)	7	HHF	Yes	
45-2982422  330 PLACENTIA AVE NEWPORT BEACH, CA 92663	FUNDRAISING	CA	501(c)(3)	7	НМНР	Yes	
95-3222343 1 HOAG ROAD BOX 6100	HEALTHCARE	CA	501(c)(3)	3	CHN	Yes	
NEWPORT BEACH, CA 92663 95-1643327 3702 21ST STREET	HEALTHCARE	TX	501(c)(3)	10	CHS	Yes	
LUBBOCK, TX 79410 75-2133781	HEALTHCARE	WA	501(c)(3)	3	PHS WA	Yes	
601 W 1ST AVENUE SPOKANE, WA 99201 91-1307555	HEALTHCARE	WA	501(c)(3)	7	PHS SJHS	Yes	
1801 LIND AVENUE SW 9016 RENTON, WA 98057 81-4260130					luura .		
401 TERRY AVE N SEATTLE, WA 98109 91-2003593	HEALTHCARE	WA	501(c)(3)	/	WHC	Yes	
	HEALTHCARE	CA	501(c)(3)	4	PSJHC	Yes	
2200 SANTA MONICA BLVD SANTA MONICA, CA 90404 95-4291515							

### APPLIES AND SERVICE OF STORY AND SERVICE AND SERVI	Form 990, Schedule R, Part II - Identification of Relater (a)	d Tax-Exempt Organiza   (b)	tions (c)	(d)	(e)	(f)	(c	a)
March   Marc	Name, address, and EIN of related organization	Primary activity	Legal domicile	Exempt Code	Public charity	Direct controlling	Sectio	n 512
S. SETON   Property				Jection	(if section 501(c)	Criticy	contr	olled
05 SPUT PRIOR								
CHAIN OF WILES		SUPPORT	WA	501(c)(3)	12,III	KRMC	Yes	
## SAMPLE BLOOD  ## SAM	888 SWIFT BLVD							
## SEMINATION OF STATE OF STAT	91-6033089	CURRORT	18/0	F01/->/2>	12.5	I/PMC	V	
CHE AND ALL CONTROL	999 CWIET BLVD	SUPPORT	WA	501(6)(3)	12,1	KRMC	res	
### ### ##############################	RICHLAND, WA 99352							
CLANDE, N. 19922   100045	23-7003301	HEALTHCARE	WA	501(c)(3)	10	WHC	Yes	
SEATHCARE   WA   331(013)   3   WEL   Yes	1268 LEE BLVD							
18 FOUTH CLIP  (1645-02) WH 19922  18 FOUTH CRUP  1	91-1266345							
Inchange   1	OOO CHAFT BLVD	HEALTHCARE	WA	501(c)(3)	3	WHC	Yes	
SHATEMED SHOOT   STATEMENT	RICHLAND, WA 99352							
DRIANCE, CA. 90933   DRIANCE, CA. 90935   DRIANCE	31-00003347	IMAGING SVCS	CA	501(c)(3)	10	PHS SOCAL	Yes	
100-100-1000   100-100-1000   100-100-1000   100-100-1000   100-1000-10	4101 TORRANCE BLVD							
SERVICE   SUPPORT   CR   SOL(c)(3)   7   PHS CR   Ves	33-0844408							
BBSCCK, TX 7941G		HEALTHCARE	TX	501(c)(3)	7	CHS	Yes	
SUPPORT OR SOLE(3) 7 PES OR YES ORTHAND, OR 97215 1105/1979 RESEARCH WA SOLE(3) 7 PES OR YES ORTHAND, OR 97215 1105/1979 RESEARCH WA SOLE(3) 7 PES OR YES ORTHAND, OR 97215 1105/1979 RESEARCH WA SOLE(3) 7 PES OR YES ORTHAND, OR 97215 1105/1979 RESEARCH WA SOLE(3) 3 CHS YES ORTHAND, OR 97215 1105/1979 RESEARCH WAS ORTHAND AND AND AND AND AND AND AND AND AND	3615 19TH STREET LUBBOCK, TX 79410							
### ### ##############################	75-2220963	SUPPORT	OR	501(c)(3)	7	PHS OR	Yes	
1-1562797   RESEARCH   WA   SOL(C(3)   7   SHE   Yes	5921 E BURNSIDE							
## SALTHCARE   TX   \$01(c)(3)   3   CHS   Yes	PORTLAND, OR 97215 91-1562797							
EATTLE, WA 98122 1209-0035 1400-1209		RESEARCH	WA	501(c)(3)	7	SHS	Yes	
1-2054035	747 BROADWAY SEATTLE, WA 98122							
MEALTHCARE   TX   S01(c)(3)   3   CH5   Yes	91-2054035	HEALTHCARE		501(c)(3)	3	CHS	Yes	
BBOOK, TX 79-10	3610 21ST STREET	HEALTHCANE		301(0)(3)		CHS	163	
HEALTHCARE   TX   SOL(c)(3)   3   CHS   Yes	LUBBOCK, TX 79410 75-2428911							
EVELLAND, TX 79336 HEALTHCARE TX 501(c)(3) 3 CHS Yes  801 DIMMITT ROAD LAINVIEW, TX 79072 5-226010 HEALTHCARE CA 501(c)(3) 3 CHN Yes  7700 MEDICIAL CENTER ROAD ISSIGN VIEW, CA 92691 S-1643360 HEALTHCARE WA 501(c)(3) 10 WHC Yes  200 12TH AVE S 26TILE, WA 98144 6-2290978 HEALTHCARE CA 501(c)(3) 7 PHS SOCAL Yes  10 S BURNA VISTA STREET URBANK, CA 91505 F-3544977 HEALTHCARE AK 501(c)(3) 7 PHS WA Yes  10 S BURNA VISTA STREET URBANK, CA 91505 F-3544977 HEALTHCARE AK 501(c)(3) 7 PHS OR Yes  10 S BURNA VISTA STREET URBANK, CA 91506 F-3544977 HEALTHCARE AK 501(c)(3) 7 PHS OR Yes  10 S BURNA VISTA STREET URBANK, WA 99536 F-3649079 HEALTHCARE AK 501(c)(3) 7 PHS OR Yes  10 S BURNA VISTA STREET URBANK, WA 99536 F-3649079 HEALTHCARE AK 501(c)(3) 7 PHS OR Yes  10 S BURNA WA 99531 F-1736266 SUPPORT ANA 99531 F-1736266 SUPPORT ARACLE, OR 501(c)(3) 7 PHS OR Yes  11 CRATER LAKE AVE ELEFORD, OR 97513 F-369007 SUPPORT WA 501(c)(3) 7 PHS OR Yes  11 CRATER LAKE AVE ELEFORD, OR 97511 F-369007 SUPPORT WA 501(c)(3) 7 PHS OR Yes  11 CRATER LAKE AVE ELEFORD, OR 97511		HEALTHCARE	TX	501(c)(3)	3	CHS	Yes	
#EALTHCARE TX 501(c)(3) 3 CHS Yes  601 DIMITT FOUD  ALAVYLEW, TX 79072  5-2426910  HEALTHCARE CA 501(c)(3) 3 CHN Yes  7700 MEDICAL CENTER ROAD  15SIGN VIEW, CA 92691  51463360  HEALTHCARE WA 501(c)(3) 10 WHC Yes  200 12TH AVE S  EATTLE, WA 99144  -2290078  HEALTHCARE CA 501(c)(3) 7 PHS SOCAL Yes  01 S BUENA VISTA STREET  URBANK, CA 92505  5-344977  HEALTHCARE AK 501(c)(3) 7 PHS WA Yes  200 12TH AVE S  EATTLE, WA 99144  -2290078  HEALTHCARE CA 501(c)(3) 7 PHS WA Yes  10 S BUENA VISTA STREET  URBANK, CA 92505  5-344977  HEALTHCARE AK 501(c)(3) 7 PHS WA Yes  200 12TH AVE S  EATTLE, WA 99144  -2290078  HEALTHCARE AK 501(c)(3) 7 PHS WA Yes  10 S BUENA VISTA STREET  URBANK, CA 92505  10 S SOUTH MAIN ST  11 ANGEL, CR 979829532  1-1902365  SUPPORT WA 501(c)(3) 7 PHS WA Yes  1-1902365  SUPPORT WA 501(c)(3) 7 PHS WA Yes  1-190246  SUPPORT OR 501(c)(3) 7 PHS OR Yes  1-190246  SUPPORT OR 501(c)(3) 7 PHS OR Yes  1-10 CANADA SOUTH WA SOUTH WA SOUTH WA SOUTH WA SOUTH WA SOUTH WA SOUTH WAS SOUTH W	1900 COLLEGE AVENUE							
MEALTHCARE   CA   SDI(c)(3)   3	75-2246348	HEALTHCARE		501(c)(3)	2	che	Vos	
LATIVIZEW, TX 79072	2601 DIMMITT ROAD	HEALTHCARE		301(0)(3)		CHS	163	
HEALTHCARE CA \$01(c)(3) 3 CHN Yes   F1643360   HEALTHCARE   CA \$01(c)(3) 3 CHN Yes   F1643360   HEALTHCARE   WA \$01(c)(3) 10 WHC Yes   F1643360   HEALTHCARE   WA \$01(c)(3) 10 WHC Yes   F1643360   HEALTHCARE   WA \$01(c)(3) 7 PHS SOCAL Yes   F1643360   PHS SOCAL Yes   PHS WA	PLAINVIEW, TX 79072							
ITESION VIEID, CA 92691   S-1643360   HEALTHCARE   WA   SO1(c)(3)   10   WHC   Yes		HEALTHCARE	CA	501(c)(3)	3	CHN	Yes	
#EALTHCARE WA 501(c)(3) 10 WHC Yes 2012TH AVE S EATTLE, WA 981446	27700 MEDICAL CENTER ROAD MISSION VIETO CA 92691							
200 12TH AVE S EARTILE, WA 98144 6-2290878 HEALTHCARE CA 501(c)(3) 7 PHS SOCAL YES URBANK, CA 91505 5-2548077 HEALTHCARE AK 501(c)(3) 12,I PHS WA YES 300 PROVIDENCE DRIVE - B TOWER2 NCHORAGE, AK 99508 2-0093565 HEALTHCARE OR 501(c)(3) 7 PHS OR YES 40 SOUTH MAIN ST IT ANGEL, OR 973629532 1-17940286 SUPPORT WA 501(c)(3) 7 PHS WA YES  SUPPORT OR 501(c)(3) 7 PHS WA YES  10 PHS OR YES  11 CRATER LAKE AVE 11 CRATER LAKE AVE 11 CRATER LAKE AVE 11 CRATER LAKE AVE 11 CROWN TELLO AVE 1000 RIVER, OR 97501  SUPPORT WA 501(c)(3) 7 PHS OR YES  11 LORAGE AVE 11 CRATER LAKE AVE 11 CRATER LAKE AVE 11 CRATER LAKE AVE 1205 MONTELLO AVE 1200 OR NOVIDENCE DA 120 PHS OR YES 131 CRATER LAKE AVE 131 CRATER LAKE AVE 132 SUPPORT WA 501(c)(3) 7 PHS OR YES 133 NE 47TH 134 CRATER LAKE AVE 145 CRATER LAKE AVE 155 CRATER LAKE AVE 156 CRATER LAKE AVE 156 CRATER LAKE AVE 157 CRATER LAKE AVE 158 CRATER LAKE AVE 158 CRATER LAKE AVE 159 CRATER LAKE AVE 150 CRATER LAKE	95-1643360	LICALTUCADE	NA/A	F01/5)/3)	10	WILC	V	
EATTLE, WA 98144 6-2290878  HEALTHCARE  CA  501(c)(3)  7  PHS SOCAL  Yes  01 S BURNA VISTA STREET UNBRAIN, CA 91505 5-3544877  HEALTHCARE  AK  501(c)(3)  12,I  PHS WA  Yes  300 PROVIDENCE DRIVE - B TOWER2 NCHORAGE, AK 99508 2-0093565  HEALTHCARE  OR  501(c)(3)  7  PHS OR  Yes  40 SOUTH MAIN ST TRANGEL, OR 973629532 1-1940286  SUPPORT  WA  501(c)(3)  7  PHS WA  Yes  700 PROVIDENCE PL ENTRAILL, WA 98531 1-1789266  SUPPORT  OR  501(c)(3)  7  PHS OR  Yes  700 PROVIDENCE PL ENTRAILL, WA 98531 1-1789266  SUPPORT  OR  501(c)(3)  7  PHS OR  Yes  111 CRATER LAKE AWE HEDFORD, OR 97504 3-08020140  SUPPORT  WA  501(c)(3)  7  PHS OR  Yes  111 CRATER LAKE AWE HEDFORD, OR 97504 3-0802017  SUPPORT  WA  501(c)(3)  7  N/A  NO  ROUTHELLO AVE HEDOORD, OR 97031	1200 12TH AVE C	HEALTHCARE	WA	501(c)(3)		WHC	Yes	
HEALTHCARE CA 501(c)(3) 7 PHS SOCAL VES  01 S BUENA VISTA STREET UNBANK, CA 91505 5-3544877 HEALTHCARE AK 501(c)(3) 12,1 PHS WA VES  300 PROVIDENCE DRIVE - B TOWER2 NCHORAGE, AK 99508 2-0093565 HEALTHCARE OR 501(c)(3) 7 PHS OR VES  40 SOUTH MAIN ST TRANGEL, OR 973629532 1-1940286 SUPPORT WA 501(c)(3) 7 PHS WA VES  700 PROVIDENCE PL ENTRAILA, WA 98531 1-1789266 SUPPORT OR 501(c)(3) 7 PHS OR VES  30 NE 47TH ORTLAND, OR 97213 3-0800140 HEALTHCARE OR 501(c)(3) 7 PHS OR VES  111 CRATER LAKE AVE HEDFORD, OR 97504 3-0652907 SUPPORT WA 501(c)(3) 7 PHS OR VES  112 CRATER LAKE AVE HEDFORD, OR 97504 3-0652907 SUPPORT WA 501(c)(3) 7 N/A NO	SEATTLE, WA 98144							
URBANK, CA 91505	30 2230070	HEALTHCARE	CA	501(c)(3)	7	PHS SOCAL	Yes	
5-3544877  HEALTHCARE  AK  501(c)(3)  12,I  PHS WA  Yes  WA  300 PROVIDENCE DRIVE - B TOWER2 NCHORAGE, AK 99508 2-0093565  HEALTHCARE  OR  501(c)(3)  7  PHS OR  Yes  40 SOUTH MAIN ST 17 ANIGEL, OR 973629532 1-1940226  SUPPORT  WA  501(c)(3)  7  PHS WA  Yes  700 PROVIDENCE PL EXTERNALIA, WA 98531 1-1789266  SUPPORT  OR  501(c)(3)  7  PHS OR  Yes  7  PHS OR  Yes  111 CRATER LAKE AVE HEDFORD, OR 97504 3-00692907  SUPPORT  WA  501(c)(3)  7  PHS OR  Yes  111 CRATER LAKE AVE HEDFORD, OR 97504 3-00692907  SUPPORT  WA  501(c)(3)  7  PHS OR  Yes  VA  VA  VA  VA  VA  VA  VA  VE  VA  VA	501 S BUENA VISTA STREET							
300 PROVIDENCE DRIVE - B TOWER2 NCHORAGE, AK 99508 2-0093565  HEALTHCARE  OR  S01(c)(3)  7  PHS OR  Yes  40 SOUTH MAIN ST  ## ANGEL, OR 973629532 1-1940286  SUPPORT  WA  S01(c)(3)  7  PHS WA  Yes  700 PROVIDENCE PL ENTRALIA, WA 98531 1-1789266  SUPPORT  OR  S01(c)(3)  7  PHS OR  Yes  40 SOUTH MAIN ST  ## ANGEL, OR 973629532 1-1940286  SUPPORT  OR  S01(c)(3)  FHS OR  Yes  11 CRATER LAKE AVE ## ANGEL OR 97504 3-0692907  SUPPORT  WA  S01(c)(3)  FMS OR  Yes  11 CRATER LAKE AVE ## ANGEL OR 97504 3-0692907  SUPPORT  WA  S01(c)(3)  FMS OR  Yes  11 CRATER LAKE AVE ## ANGEL OR 97504 3-0692907  SUPPORT  WA  S01(c)(3)  FMS OR  Yes  ## ANGEL OR	95-3544877	LIEAL TUCARE			42.7	DUG WA		
NCHORAGE, AK 99508	2200 PROMERNE PRIME PROMERS	HEALTHCARE	AK	501(c)(3)	12,1	PHS WA	Yes	
HEALTHCARE OR 501(c)(3) 7 PHS OR Yes 40 SOUTH MAIN ST 17 ANCEL, OR 973629532 1-1-1940286 SUPPORT WA 501(c)(3) 7 PHS WA Yes 700 PROVIDENCE PL 1-1789266 SUPPORT OR 501(c)(3) 7 PHS OR Yes 98531 1-1789266 SUPPORT OR 501(c)(3) 7 PHS OR Yes 98531 1-1789266 SUPPORT OR 501(c)(3) 7 PHS OR Yes 111 CRATER LAKE AVE 16DFORD, OR 97504 3-0692907 SUPPORT WA 501(c)(3) 7 N/A No 205 MONTELLO AVE 1600 D RIVER, OR 97031	ANCHORAGE, AK 99508							
TT ANGEL, OR 973629532 1-1940286  SUPPORT  WA  SO1(c)(3)  7  PHS WA  Yes  FINALIA, WA 98531 1-1789266  SUPPORT  OR  SUPPORT  OR  SO1(c)(3)  7  PHS OR  Yes  OR  111 CRATER LAKE AVE REDFORD, OR 97504 3-0692907  SUPPORT  WA  SO1(c)(3)  7  PHS OR  Yes  VES  VES  VES  VES  VES  VES  VES  VE	72-0075303	HEALTHCARE	OR	501(c)(3)	7	PHS OR	Yes	
1-1940286	540 SOUTH MAIN ST							
700 PROVIDENCE PL LENTRALIA, WA 98531 1-1789266  SUPPORT  OR  SUPPORT  OR  SOI(c)(3)  7  PHS OR  Yes  30 NE 47TH ORTLAND, OR 97213 3-0800140  HEALTHCARE  OR  OR  SOI(c)(3)  7  PHS OR  Yes  111 CRATER LAKE AVE HEDFORD, OR 97504 3-0692907  SUPPORT  WA  SOI(c)(3)  7  N/A  No  205 MONTELLO AVE HOOD RIVER, OR 97031	MT ANGEL, OR 973629532 91-1940286							
ENTRALIA, WA 98531 1-1789266  SUPPORT OR SUPPORT OR SOL(c)(3) 7 PHS OR Yes  30 NE 47TH ORTLAND, OR 97213 3-0800140  HEALTHCARE OR SOL(c)(3) 7 PHS OR Yes  111 CRATER LAKE AVE 1EDFORD, OR 97504 3-0692907  SUPPORT WA SOL(c)(3) 7 N/A No 205 MONTELLO AVE 100 OR 17VER, OR 97031	ATOO DOOLED NOT BE	SUPPORT	WA	501(c)(3)	7	PHS WA	Yes	
SUPPORT OR 501(c)(3) 7 PHS OR Yes  30 NE 47TH ORTLAND, OR 97213 3-0800140  HEALTHCARE OR 501(c)(3) 7 PHS OR Yes  111 CRATER LAKE AVE 1EDFORD, OR 97504 3-0692907  SUPPORT WA 501(c)(3) 7 N/A No  205 MONTELLO AVE 100 OR RIVER, OR 97031	1700 PROVIDENCE PL CENTRALIA, WA 98531							
30 NE 47TH ORTLAND, OR 97213 3-0800140  HEALTHCARE  OR  501(c)(3)  7  PHS OR  Yes  111 CRATER LAKE AVE MEDFORD, OR 97504 3-0692907  SUPPORT  WA  501(c)(3)  7  N/A  No  205 MONTELLO AVE MOOD RIVER, OR 97031	AT-1\QA\QQ	SUPPORT	OR	501(c)(3)	7	PHS OR	Yes	
S-0800140	830 NE 47TH							
111 CRATER LAKE AVE MEDFORD, OR 97504 (3-0692907	PORTLAND, OR 97213 93-0800140							
#EDFORD, OR 97504   3-0692907		HEALTHCARE	OR	501(c)(3)	7	PHS OR	Yes	
3-0692907	1111 CRATER LAKE AVE MEDFORD, OR 97504							
205 MONTELLO AVE HOOD RIVER, OR 97031	93-0692907	CHROOPT	VALA	501/->/2>	7	N/A		NI -
IOOD RIVER, OR 97031	120E MONTELLO AVE	SUPPUKI	WA	201(c)(3)	'	IN/A		I NO
	1205 MONTELLO AVE HOOD RIVER, OR 97031 47-3385506							

Name, address, and EIN of related organization   Primary activity   Legal domicile (state or foreign country)   Section   Se	) 7 ) 12,II ) 3 ) 3	PHS WA  PHS WA	Yes  Yes  Yes  Yes
HEALTHCARE   WA   S01(c)(3)	(If section 501(c) (3))  12,I  7  12,II  3  3  3	PHS WA  PHS WA	Yes Yes Yes Yes
1801 LIND AVENUE SW 9016 RENTON, WA 980579016 94-3078543  SUPPORT  WA 501(c)(3) 4515 MLK JR WAY S STE 200 SEATTLE, WA 98108 31-1744654  HEALTHCARE  WA 501(c)(3)  1801 LIND AVENUE SW 9016 RENTON, WA 980579016 91-1549796  HEALTHCARE  MT 501(c)(3)  MT 501(c)(3)  HEALTHCARE  RENTON, WA 980579016 HEALTHCARE  WA 501(c)(3)  HEALTHCARE  WA 501(c)(3)  HEALTHCARE  WA 501(c)(3)  RENTON, WA 980579016 HEALTHCARE  WA 501(c)(3)  HEALTHCARE  WA 501(c)(3)  RENTON, WA 980579016 HEALTHCARE  WA 501(c)(3)  RENTON, WA 980579016 HEALTHCARE  WA 501(c)(3)  RENTON, WA 980579016 HEALTHCARE  WA 501(c)(3)	) 12,I ) 7 ) 12,II ) 3 ) 3	PHS WA  PHS WA  PHS WA  PHS WA  PHS  PHS	Yes No Yes Yes Yes Yes
1801 LIND AVENUE SW 9016 RENTON, WA 980579016 94-3078543  SUPPORT  WA 501(c)(3) 4515 MLK JR WAY S STE 200 SEATTLE, WA 98108 31-1744654  HEALTHCARE  WA 501(c)(3)  1801 LIND AVENUE SW 9016 RENTON, WA 980579016 91-1549796  HEALTHCARE  MT 501(c)(3)  MT 501(c)(3)  HEALTHCARE  RENTON, WA 980579016 S1-0216587  HEALTHCARE  HEALTHCARE  WA 501(c)(3)  RENTON, WA 980579016 S1-0216586  HEALTHCARE  WA 501(c)(3)  HEALTHCARE  WA 501(c)(3)	) 7 ) 12,II ) 3 ) 3	PHS WA  PHS WA  PHS WA  PHS WA  PHS  PHS	Yes Yes Yes Yes
RENTON, WA 980579016 94-3078543  SUPPORT  WA  501(c)(3) 4515 MLK JR WAY S STE 200 SEATTLE, WA 98108 31-1744654  HEALTHCARE  WA  501(c)(3)  HEALTHCARE  WA  501(c)(3)  WA  501(c)(3)  HEALTHCARE  WA  501(c)(3)	) 12,II ) 3 ) 3	PHS WA	Yes Yes
94-3078543  SUPPORT  WA  \$01(c)(3)  4515 MLK JR WAY S STE 200  SEATTLE, WA 98108 31-1744654  HEALTHCARE  WA  \$01(c)(3)  1801 LIND AVENUE SW 9016  RENTON, WA 980579016 91-1549796  HEALTHCARE  MT  \$01(c)(3)  ### HEALTHCARE  MT  ### S01(c)(3)  ### S01(c)(3)  ### HEALTHCARE  OR  \$01(c)(3)  ### B01 LIND AVENUE SW 9016  RENTON, WA 980579016 51-0216587  HEALTHCARE  WA  \$01(c)(3)  ### HEALTHCARE  WA  \$01(c)(3)	) 12,II ) 3 ) 3	PHS WA	Yes Yes
4515 MLK JR WAY S STE 200 SEATTLE, WA 98108 31-1744654  HEALTHCARE  WA 501(c)(3) 1801 LIND AVENUE SW 9016 RENTON, WA 980579016 91-1549796  HEALTHCARE  MT 501(c)(3) 500 W BROADWAY PO BOX 4587 MISSOULA, MT 598064587 81-0231793  HEALTHCARE  OR 501(c)(3) 1801 LIND AVENUE SW 9016 RENTON, WA 980579016 51-0216587  HEALTHCARE  WA 501(c)(3) 1801 LIND AVENUE SW 9016 RENTON, WA 980579016 51-0216586  HEALTHCARE  WA 501(c)(3) 1801 LIND AVENUE SW 9016 RENTON, WA 980579016 51-0216586	) 12,II ) 3 ) 3	PHS WA	Yes Yes
SEATTLE, WA 98108 31-1744654  HEALTHCARE  HEALTHCARE  WA 501(c)(3)  1801 LIND AVENUE SW 9016 RENTON, WA 980579016 91-1549796  HEALTHCARE  MT 501(c)(3)  500 W BROADWAY PO BOX 4587 MISSOULA, MT 598064587 81-0231793  HEALTHCARE  OR 501(c)(3)  1801 LIND AVENUE SW 9016 RENTON, WA 980579016 51-0216587  HEALTHCARE  WA 501(c)(3)  1801 LIND AVENUE SW 9016 RENTON, WA 980579016 51-0216586  HEALTHCARE  WA 501(c)(3)  1801 LIND AVENUE SW 9016 RENTON, WA 980579016 51-0216586	) 3	PHS WA	Yes
31-1744654  HEALTHCARE  HEALTHCARE  WA  501(c)(3)  1801 LIND AVENUE SW 9016 RENTON, WA 980579016 91-1549796  HEALTHCARE  MT  501(c)(3)  HEALTHCARE  MT  501(c)(3)  HEALTHCARE  OR  501(c)(3)  1801 LIND AVENUE SW 9016 RENTON, WA 980579016 51-0216587  HEALTHCARE  WA  501(c)(3)  1801 LIND AVENUE SW 9016 RENTON, WA 980579016 51-0216586  HEALTHCARE  WA  501(c)(3)	) 3	PHS WA	Yes
1801 LIND AVENUE SW 9016 RENTON, WA 980579016 91-1549796  HEALTHCARE  MT 501(c)(3) 500 W BROADWAY PO BOX 4587 MISSOULA, MT 598064587 81-0231793  HEALTHCARE  OR 501(c)(3) 1801 LIND AVENUE SW 9016 RENTON, WA 980579016 51-0216587  HEALTHCARE  WA 501(c)(3) 1801 LIND AVENUE SW 9016 RENTON, WA 980579016 51-0216586  HEALTHCARE  WA 501(c)(3) 1801 LIND AVENUE SW 9016 RENTON, WA 980579016 51-0216586	) 3	PHS WA	Yes
RENTON, WA 980579016 91-1549796  HEALTHCARE  MT  501(c)(3)  500 W BROADWAY PO BOX 4587 MISSOULA, MT 598064587 81-0231793  HEALTHCARE  OR  501(c)(3)  1801 LIND AVENUE SW 9016 RENTON, WA 980579016 51-0216587  HEALTHCARE  WA  501(c)(3)  1801 LIND AVENUE SW 9016 RENTON, WA 980579016  1801 LIND AVENUE SW 9016 RENTON, WA 980579016  1801 LIND AVENUE SW 9016 RENTON, WA 980579016 91-1303277	) 3	PHS Y	Yes
HEALTHCARE MT 501(c)(3) 500 W BROADWAY PO BOX 4587 MISSOULA, MT 598064587 81-0231793  HEALTHCARE OR 501(c)(3)  1801 LIND AVENUE SW 9016 RENTON, WA 980579016 51-0216587  HEALTHCARE WA 501(c)(3)  1801 LIND AVENUE SW 9016 RENTON, WA 980579016 51-0216586  HEALTHCARE WA 501(c)(3)  1801 LIND AVENUE SW 9016 RENTON, WA 980579016 91-1303277	) 3	PHS Y	Yes
500 W BROADWAY PO BOX 4587 MISSOULA, MT 598064587 81-0231793  HEALTHCARE  OR  501(c)(3) 1801 LIND AVENUE SW 9016 RENTON, WA 980579016 51-0216587  HEALTHCARE  WA  501(c)(3) 1801 LIND AVENUE SW 9016 RENTON, WA 980579016 51-0216586  HEALTHCARE  WA  501(c)(3) 1801 LIND AVENUE SW 9016 RENTON, WA 980579016 91-1303277	) 3	PHS Y	
MISSOULA, MT 598064587 81-0231793  HEALTHCARE  OR  501(c)(3)  1801 LIND AVENUE SW 9016 RENTON, WA 980579016 51-0216587  HEALTHCARE  WA  501(c)(3)  1801 LIND AVENUE SW 9016 RENTON, WA 980579016 51-0216586  HEALTHCARE  WA  501(c)(3)  1801 LIND AVENUE SW 9016 RENTON, WA 980579016 91-1303277	) 3	PHS Y	
HEALTHCARE OR 501(c)(3)  1801 LIND AVENUE SW 9016 RENTON, WA 980579016 51-0216587  HEALTHCARE WA 501(c)(3)  1801 LIND AVENUE SW 9016 RENTON, WA 980579016 51-0216586  HEALTHCARE WA 501(c)(3)  1801 LIND AVENUE SW 9016 RENTON, WA 980579016 91-1303277	) 3	PHS Y	
RENTON, WA 980579016 51-0216587  HEALTHCARE  WA 501(c)(3)  1801 LIND AVENUE SW 9016 RENTON, WA 980579016 51-0216586  HEALTHCARE  WA 501(c)(3)  1801 LIND AVENUE SW 9016 RENTON, WA 980579016 91-1303277			Yes
51-0216587  HEALTHCARE  WA  501(c)(3)  1801 LIND AVENUE SW 9016 RENTON, WA 980579016 51-0216586  HEALTHCARE  WA  501(c)(3)  1801 LIND AVENUE SW 9016 RENTON, WA 980579016 91-1303277			Yes
1801 LIND AVENUE SW 9016 RENTON, WA 980579016 51-0216586  HEALTHCARE  WA 501(c)(3)  1801 LIND AVENUE SW 9016 RENTON, WA 980579016 91-1303277			Yes
RENTON, WA 980579016 51-0216586  HEALTHCARE  WA 501(c)(3)  1801 LIND AVENUE SW 9016 RENTON, WA 980579016 91-1303277	) 3		
51-0216586 HEALTHCARE WA 501(c)(3)  1801 LIND AVENUE SW 9016 RENTON, WA 980579016 91-1303277	) 3	1	
1801 LIND AVENUE SW 9016 RENTON, WA 980579016 91-1303277	,	PMWHC \	Yes
RENTON, WA 980579016 91-1303277		FINWAC	res
	I		
	) N/A	PHP	Yes
4400 NE HALSEY BLDG 2	,		
PORTLAND, OR 97213 55-0828701			
HEALTHCARE WA 501(c)(3)	) 7	PHS WA	Yes
101 W 8TH AVE			
SPOKANE, WA 99204 32-0014330			
HEALTHCARE WA 501(c)(3)	7	PHS WA	Yes
914 S SCHEUBER ROAD CENTRALIA, WA 98531			
91-1433382   HEALTHCARE   OR   501(c)(4)	) N/A	PPP	Yes
4400 NE HALSEY BLDG 2	,		165
PORTLAND, OR 97213			
93-0863097 HEALTHCARE CA 501(c)(3)	) 3	PHS	Yes
1801 LIND AVENUE SW 9016			
RENTON, WA 980579016 51-0216589			
HEALTHCARE OR 501(c)(3)	7	PHS OR	Yes
811 13TH ST HOOD RIVER, OR 97031			
93-0921990			
HEALTHCARE WA 501(c)(3)	) 7	PHS WA	Yes
2731 WETMORE AVENUE SUITE 500 EVERETT, WA 98201			
27-2552749 HEALTHCARE WA 501(c)(3)	) 12,I	PHS WA	Yes
425 PONTIUS AVENUE NORTH 300	,  ,-	, <u>,</u>	
91-2077378			
HEALTHCARE CA 501(c)(3)	) 7	PHS SOCAL Y	Yes
4101 TORRANCE BLVD			
TORRANCE, CA 90503 51-0224944			
HEALTHCARE WA 501(c)(3)	) 12,I	PHS WA	Yes
3725 PROVIDENCE POINT DRIVE SE ISSAQUAH, WA 980297219			
93-1554288	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	DUC COCAL	V
HEALTHCARE CA 501(c)(3)	)   12,I	PHS SOCAL Y	Yes
4101 TORRANCE BLVD TORRANCE, CA 90503			
33-0283773   HEALTHCARE   OR   501(c)(3)	) 7	PHS OR	Yes
10150 SE 32ND	<u>'</u>	,	
MILWAUKIE, OR 97222			
94-3079515 RELIGIOUS ORG WA 501(c)(3)	) 1	N/A	No
1801 LIND AVENUE SW SUITE 9016			
RENTON, WA 980579016	i		1

Form 990, Schedule R, Part II - Identification of Related (a)	Tax-Exempt Organizat   (b)	tions (c)	(d)	(e)	(f)	(g)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state	Exempt Code section	Public charity status (if section 501(c)	Direct controlling entity	Section 512 (b)(13)
		or foreign country)		(3))	,	controlled entity?
				<u> </u>		Yes No
	HEALTHCARE	WA	501(c)(3)	7	PHS WA	Yes
4831 - 35TH AVENUE SW SEATTLE, WA 981262799						
91-1188119	HEALTHCARE	OR	501(c)(3)	7	PHS OR	Yes
1001 PROVIDENCE DRIVE						
NEWBERG, OR 97132 93-0889144						
	SUPPORT	WA	501(c)(3)	7	PHS WA	Yes
7101 38TH AVENUE SOUTH						
SEATTLE, WA 98118 31-1629656						
	HEALTHCARE	WA	501(c)(4)	N/A	PHS OR	Yes
4400 NE HALSEY BLDG 2 PORTLAND, OR 97213						
91-1861964	HEALTHCARE	OR	501(c)(3)	7	PHS OR	Yes
4805 NE GLISAN ST						
PORTLAND, OR 972132967 93-1231494						
	SUPPORT	WA	501(c)(3)	10	PHS WA	Yes
1700 PROVIDENCE PL CENTRALIA, WA 98531						
31-1584166	LIEAT THOAST		F04( )(3)		PUG GOOM	
	HEALTHCARE	CA	501(c)(3)	3	PHS SOCAL	Yes
2121 SANTA MONICA BLVD SANTA MONICA, CA 90404						
95-1684082	HEALTHCARE	CA	501(c)(3)	PENDING	PHS SOCAL	Yes
20555 EARL ST						
TORRANCE, CA 90503 81-4542216						
	HEALTHCARE	OR	501(c)(3)	7	PHS OR	Yes
725 S WAHANNA RD SEASIDE, OR 97138						
93-0927320						
	SUPPORT	WA	501(c)(3)	7	PHS WA	Yes
3201 SW GRAHAM ST SEATTLE, WA 98126						
91-2171539	SUPPORT	WA	501(c)(3)	7	PHS WA	Yes
3415 12TH AVENUE NE						
OLYMPIA, WA 98506 94-3244854						
	HEALTHCARE	MT	501(c)(3)	3	PHS WA	Yes
PO BOX 1010 POLSON, MT 598601010						
81-0463482	LIEALTHCARE		E01(-)/2)	7	DIIC WA	V
404 W POP 42 GT	HEALTHCARE	WA	501(c)(3)	/	PHS WA	Yes
401 W POPLAR ST WALLA WALLA, WA 99362						
45-2841492	SUPPORT	WA	501(c)(3)	7	PHS WA	Yes
413 LILLY ROAD NE						
OLYMPIA, WA 985065166 91-1097056						
	HEALTHCARE	OR	501(c)(3)	7	PHS OR	Yes
9205 SW BARNES RD PORTLAND, OR 97225						
93-0575982	HEALTHCARE	CA	501(c)(3)	10	PHS SOCAL	Yes
5315 TORRANCE BLVD SUITE B1						
95-3264139						
	HEALTHCARE	CA	501(c)(3)	7	PTCH	Yes
5315 TORRANCE BLVD SUITE B1						
TORRANCE, CA 90503 33-0261016						
	HEALTHCARE	OR	501(c)(3)	12, I	PHS OR	Yes
1500 DIVISION STREET OREGON CITY, OR 97045						
93-1003750	HEALTHCARE	CA	501(c)(3)	3	SJHS	Yes
1000 TRANCAS STREET						
NAPA, CA 94558 94-1243669						
J. 12 (300)	HEALTHCARE	CA	501(c)(3)	7	RMH	Yes
3300 RENNER DRIVE						
FORTUNA, CA 95540 94-2779313						

Form 990, Schedule R, Part II - Identification of Related (a)	Tax-Exempt Organizat	tions (c)	(d)	(e)	(f)	(4	g)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state	Exempt Code section	Public charity status	Direct controlling entity	Section	on 512 (13)
		or foreign country)	Section	(if section 501(c) (3))	Criticy	cònti	rolled aty?
						Yes	No
	HEALTHCARE	CA	501(c)(3)	3	SJHS	Yes	
3300 RENNER DRIVE							
FORTUNA, CA 95540 94-1384665							
	SUPPORT	CA	501(c)(3)	7	PSJHC	Yes	
2121 SANTA MONICA BLVD SANTA MONICA, CA 90404							
95-6100079	LIEALTHCARE		504(-)(2)		CIVIC		
	HEALTHCARE	CA	501(c)(3)	3	SJHS	Yes	
1165 MONTGOMERY DR SANTA ROSA, CA 95405							
94-1231005	PHYSN COLLAB	WA	501(c)(3)	7	WHC	Yes	_
550 17TH AVE							
SEATTLE, WA 98122 61-1502822							
V1 155E5E	SHELL CORP	MT	501(c)(3)	1	PHS WA	Yes	_
1801 LIND AVENUE SW 9016							
RENTON, WA 980579016 26-2612415				<u> </u>			
	RELIGIOUS ORG	CA	501(c)(3)	1	N/A		No
480 S BATAVIA ORANGE, CA 92868							
95-1643383	LIFALTUCA S S				CDMI	.,	
	HEALTHCARE	CA	501(c)(3)	3	SRMH	Yes	
400 NORTH MCDOWELL BLVD PETALUMA, CA 94954							
68-0395200	RELIGIOUS ORG	CA	501(c)(3)	1	SSJO		No
3345 MICHELSON DRIVE SUITE 100	KELIGIOUS OKG		301(0)(3)		3330		INO
IRVINE, CA 92612							
27-1666576	HEALTHCARE	CA	501(c)(3)	3	SJHS	Yes	
3345 MICHELSON DRIVE							
IRVINE, CA 92612 81-4791043							
	HEALTHCARE	CA	501(c)(3)	12,I	PSJH	Yes	
3345 MICHELSON DRIVE SUITE 100							
IRVINE, CA 92612 95-3589356							
	HEALTHCARE	CA	501(c)(3)	7	SJHS	Yes	
3345 MICHELSON DRIVE SUITE 100 IRVINE, CA 92612							
33-0143024	HEALTHCARE	CA	501(c)(3)	3	SJHS	Yes	
200 WEST SENTED ST DROMENADE	HEALTHCARE		301(0)(3)	3	33/13	res	
200 WEST CENTER ST PROMENADE ANAHEIM, CA 92805							
33-0185031	HEALTHCARE	CA	501(c)(3)	10	SJHS	Yes	
1111 SONOMA STE 308							
SANTA ROSA, CA 95405 68-0331084							
	HEALTHCARE	CA	501(c)(3)	3	SJHS	Yes	
2700 DOLBEER STREET							
EUREKA, CA 95501 94-1156596							
	HEALTHCARE	CA	501(c)(3)	3	CHN	Yes	
1100 WEST STEWART DRIVE ORANGE, CA 92868							
95-1643359	HEALTHCARE	CA	501(c)(3)	3	CHN	Yes	-
101 EACT VALENCIA MECA DRIVE	HEALINGAKE		301(0)(3)	٦	CHIN	res	
101 EAST VALENCIA MESA DRIVE FULLERTON, CA 92635							
95-1643324	SUPPORT	WA	501(c)(3)	7	PHS WA	Yes	-
350 WASHINGTON AVE SE							
CHEHALIS, WA 98352 94-3176618							
	HEALTHCARE	CA	501(c)(3)	3	CHN	Yes	
18300 HIGHWAY 18							
APPLE VALLEY, CA 92307 95-1914489							
	HEALTHCARE	TX	501(c)(3)	7	CHS	Yes	
4000 24TH STREET LUBBOCK, TX 79410							
75-1653181	LIFALTUCA ST	<del> </del>	F047 3723	<u> </u>	Buc viii		<u> </u>
	HEALTHCARE	MT	501(c)(3)	7	PHS WA	Yes	
500 WEST BROADWAY PO BOX 4587 MISSOULA, MT 598064587							
23-7056976							1

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations (c) (d) (e) (f) (g) Name, address, and EIN of related organization Primary activity Legal domicile Exempt Code Public charity Direct controlling Section 512 (state section status entity (b)(13)(if section 501(c) or foreign country) controlled (3)) entity? Yes No EDUCATION ΜT 10 PHS WA 501(c)(3) Yes 1710 BENEFIS COURT GREAT FALLS, MT 59405 81-0233495 HEALTHCARE WA 501(c)(3) WHC Yes 21601 76TH AVE W EDMONDS, WA 98026 27-2305304 HEALTHCARE WA 501(c)(3) WHC Yes

WA

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WA

CA

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501(c)(3)

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SHS

SHS

PHS WA

PHS SOCAL

PHS OR

PHS

PHS W WA

Yes

Yes

Yes

Yes

Yes

Yes

Yes

HEALTHCARE

HOLDING CO

SUPPORT

SUPPORT

SUPPORT

EDUCATION

SHELL CORPORATION

747 BROADWAY SEATTLE, WA 98122 91-0433740

747 BROADWAY SEATTLE, WA 98122 91-0983214

747 BROADWAY SEATTLE, WA 98122 27-3139262

540 23RD ST OAKLAND, CA 94612 91-1293869

5520 NE GLISAN PORTLAND, OR 97213

1301 20TH STREET SOUTH GREAT FALLS, MT 59405

91-1214491

81-0231777

747 BROADWAY SEATTLE, WA 98122 45-4171900

312 NORTH FOURTH ST YAKIMA, WA 98901 91-1180824

Form 990, Schedule R, Part	III - Identification	of Relat	ed Organizat	ions Taxable a	s a Partners	hip						
(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	(g)	(h Disprop alloca	rtionate	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j General Mana Partr	eral r ging ner?	(k) Percentage ownership
ALPHA MEDICAL LABORATORY LLC	OUTPATIENT LAB	ID	N/A				103	110		103		
611 N PERRY SPOKANE, WA 99202 91-2017347												
BROADWAY IMAGING LLC	MEDICAL IMAGING	MT	N/A									
500 W BROADWAY MISSOULA, MT 59802 52-2405971												
CALIFORNIA LABORATORY ASSOCIATES LLC	OUTPATIENT LAB	CA	N/A									
501 BUENA VISTA BURBANK, CA 91505 27-3888692												
CALIFORNIA SPECIALTY SURGERY CENTER LP	HEALTHCARE	CA	N/A									
26371 CROWN VALLEY PARKWAY MISSION VIEJO, CA 92691 33-0939003												
CENTER FOR SPECIALTY SURGERY LLC	AMBULATORY SURG	OR	N/A									
11782 SW BARNES RD PORTLAND, OR 97225 26-3638838												
CLACKAMAS RADIATION ONCOLOGY CENTER LLC	RADIATION ONCOL	OR	N/A									
4400 NE HALSEY ST BLDG II 495 PORTLAND, OR 97213 26-0381897												
	HEALTHCARE	CA	N/A									
ONE HOAG DRIVE BOX 6100 NEWPORT BEACH, CA 92658 81-0986844												
COVENANT LONG-TERM CARE LP	HEALTHCARE	TX	N/A									
4000 24TH STREET LUBBOCK, TX 79410 20-5033419												
CTR FOR MED IMAGING- BRIDGEPORT LLC	IMAGING DIAG	OR	N/A									
4400 NE HALSEY 495 PORTLAND, OR 97213 26-0796953												
CTR FOR MED IMAGING- TANASBOURNE LLC	IMAGING DIAG	OR	N/A									
4400 NE HALSEY 495 PORTLAND, OR 97213 20-0477972												
GREATER VALLEY MEDICAL BUILDING LP	REAL ESTATE - MOB	CA	N/A									
501 S BUENA VISTA ST BURBANK, CA 91505 95-4570858												
HCSA PROPERTIES LLC	REAL ESTATE RENT	WA	N/A									
1600 M STREET NW AUBURN, WA 98001 46-0620892												
HERITAGE INVESTMENT GROUP I LLC	INVESTMENTS	CA	N/A									
500 S MAIN STREET STE 1000 ORANGE, CA 92868 27-1000061												
HOAG ORTHOPEDIC INSTITUTE ONE HOAG DRIVE BOX 6100 NEWPORT BEACH, CA 92658 61-1588294	HEALTHCARE	CA	N/A									
LSC REAL PROPERTY LLC	REAL ESTATE	TX	N/A								_	
2301 QUAKER AVENUE LUBBOCK, TX 79410 47-4646059												

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (c) (h) (e) General Legal (q) Disproprtionate (k) Predominant (b) Domicile Direct Share of total Share of endor allocations? Percentage Name, address, and EIN of income(related, Code V-UBI amount in Primary activity Managing (State Controlling ıncome of-year assets Box 20 of Schedule K-1 ownership related organization unrelated. or Entity Partner? excluded from (Form 1065) Foreign tax under Country) sections 512-514) Yes No Yes No METHODIST DIAGNOSTIC HEALTHCARE N/A TX **IMAGING** 4005 24TH STREET LUBBOCK, TX 79410 75-2343261 MOUNTAINSTAR CLINICAL OUTPATIENT LAB N/A ΜT LABORATORIES LLC 611 N PERRY SPOKANE, WA 99202 26-1345983 NEWPORT IMAGING CENTER HEALTHCARE CA N/A 360 SAN MIGUEL NEWPORT BEACH, CA 92660 33-0191776 NORTH BAY ENDOSCOPY CENTER HEALTHCARE CA N/A 1383 N MCDOWELL BLVD STE 110 PETALUMA, CA 94954 61-1559876 MEDICAL IMAGING OREGON ADVANCED IMAGING OR N/A LLC 881 OHARE PARKWAY MEDFORD, OR 97504 45-0471748 OREGON OUTPATIENT SURGERY AMBULATORY SURG OR N/A CENTER 7300 SW CHILDS RD TIGARD, OR 97224 22-3883387 PACLAB LLC OUTPATIENT LAB WA N/A 611 N PERRY SPOKANE SPOKANE, WA 99202 91-1743952 PATHOLOGY ASSOCIATES OUTPATIENT LAB N/A WA MEDICAL LABORATORIES LLC 611 N PERRY SPOKANE SPOKANE, WA 99202 27-0943279 PETCT IMAGING AT SWEDISH MEDICAL IMAGING WA N/A CANCER INSTITUTE LLC 1221 MADISON STREET SEATTLE, WA 98104 20-3132044 PHS INVESTMENT TRANSITION INVESTMENTS N/A WA PORTFOLIO 1801 LIND AVENUE SW 9016 RENTON, WA 98057 47-2279711 PHS INVESTMENT TRUST 2015 INVESTMENTS N/A WA PRIVATE ASSETS PORTFOLIO 1801 LIND AVENUE SW 9016 RENTON, WA 98057 47-3393740 PHS INVESTMENT TRUST 2016 INVESTMENTS WA N/A PRIVATE ASSETS PORTFOLIO 1801 LIND AVENUE SW 9016 RENTON, WA 98057 81-1532735 PHS INVESTMENT TRUST 2016 INVESTMENTS WA N/A PRIVATE RE PORTFOLIO 1801 LIND AVENUE SW 9016 RENTON, WA 98057 81-2960145 PHS INVESTMENT TRUST BANK INVESTMENTS WA N/A LOANS PORTFOLIO 1801 LIND AVENUE SW 9016 RENTON, WA 98057 47-2357735 PHS INVESTMENT TRUST INVESTMENTS N/A WA COMMODITIES PORTFOLIO 1801 LIND AVENUE SW 9016 RENTON, WA 98057 47-2269004

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (c) (h) (e) Legal General (g) Disproprtionate (k) Predominant (i) (b) (a) Domicile Direct Share of total Share of endor allocations? Code V-UBI amount in Percentage Name, address, and EIN of income(related, Primary activity Managing (State Controlling income of-year assets Box 20 of Schedule K-1 ownership related organization unrelated, Partner? or Entity excluded from (Form 1065) Foreign tax under Country) sections 512-514) Yes No Yes No PHS INVESTMENT TRUST HEDGE INVESTMENTS WA N/A FUND PORTFOLIO 1801 LIND AVENUE SW 9016 RENTON, WA 98057 47-2293255 PHS INVESTMENT TRUST LDI INVESTMENTS WA N/A PORTFOLIO 1801 LIND AVENUE SW 9016 RENTON, WA 98057 47-2392060 PHS INVESTMENT TRUST LONG INVESTMENTS WA N/A TREASURIES PORTFOLIO 1801 LIND AVENUE SW 9016 RENTON, WA 98057 47-2385238 PHS INVESTMENT TRUST MLP N/A INVESTMENTS WA **PORTFOLIO** 1801 LIND AVENUE SW 9016 RENTON, WA 98057 47-2367538 PHS INVESTMENT TRUST PUBLIC INVESTMENTS WA N/A **DEBT PORTFOLIO** 1801 LIND AVENUE SW 9016 RENTON, WA 98057 47-2353569 PHS INVESTMENT TRUST PUBLIC INVESTMENTS WA N/A **EQUITY PORTFOLIO** 1801 LIND AVENUE SW 9016 RENTON, WA 98057 47-2283974 PHS INVESTMENT TRUST INVESTMENTS WA N/A RELATIVE VALUE PORTFOLIO 1801 LIND AVENUE SW 9016 RENTON, WA 98057 47-2314743 PHS INVESTMENT TRUST RISK INVESTMENTS WA N/A PARITY PORTFOLIO 1801 LIND AVENUE SW 9016 RENTON, WA 98057 47-2336377 PHS INVESTMENT TRUST SHORT INVESTMENTS WA N/A TERM INVESTMENT PORTFOLIO 1801 LIND AVENUE SW 9016 RENTON, WA 98057 81-2701056 PHS INVESTMENT TRUST INVESTMENTS WA N/A TACTICAL TRADING PORTFOLIO 1801 LIND AVENUE SW 9016 RENTON, WA 98057 47-2327491 PHS INVESTMENT TRUST TIPS INVESTMENTS WA N/A PORTFOLIO 1801 LIND AVENUE SW 9016 RENTON, WA 98057 47-2402609 PORTLAND MEDICAL IMAGING IMAGING DIAGNOSTI OR N/A 4400 NE HALSEY 495 PORTLAND, OR 97213 20-1054971 PROV RADIATION ONCOLOGY REAL ESTATE - MOB OR N/A DEVELOP ASSN 4400 NE HALSEY 495 PORTLAND, OR 97213 PROVIDENCE IMAGING CENTER | MEDICAL IMAGING N/A ΑK

3340 PROVIDENCE DRIVE ANCHORAGE, AK 99508 92-0118807 PROVIDENCE PARTNERS FOR CLIN QUALITY/INT CA N/A HEALTH LLC 501 S BUENA VISTA ST BURBANK, CA 91505 45-4041798

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

(a) Name, address, and EIN of related organization	<b>(b)</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		rtionate tions?	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	Mana Part	eral or aging ner?	<b>(k)</b> Percentage ownership
PROVIDENCE SURGERY CENTER LLC	AMBULATORY SURG	MT	N/A	312 311)			Yes	No		Yes	No	
902 N ORANGE ST MISSOULA, MT 59802												
84-1401625 PROVIDENCESILVERTON REHAB LLC	REHAB SERVICES	OR	N/A									
4400 NE HALSEY 425 PORTLAND, OR 97213 48-1287267												
PROVIDENCEUSP SANTA CLARITA GP LLC	AMBULATORY SURG	CA	N/A									
11550 INDIAN HILLS ROAD 160 MISSION HILLS, CA 91345 20-2829660												
	AMBULATORY SURG	CA	N/A									
11550 INDIAN HILLS ROAD 160 MISSION HILLS, CA 91345 20-0905938												
	HEALTHCARE	TX	N/A									
12940 NORTH HIGHWAY 183 AUSTIN, TX 78750 75-2569094												
	HEALTHCARE	CA	N/A									
18321 VENTURA BLVD STE 740 TARZANA, CA 91356 33-0939000												
SOUTHERN IDAHO REGIONAL LABORATORY LLC	OUTPATIENT LAB	ID	N/A									
611 N PERRY SPOKANE SPOKANE, WA 99202 82-0511819												
ST JOSEPH PHYSICIAN VENTURES I LLC	REAL ESTATE	CA	N/A									
1100 WEST STEWART DRIVE ORANGE, CA 92868 45-4521884												
ST JOSEPHSATELLITE DIALYSIS CENTERS LLC	HEALTHCARE	CA	N/A									
300 SANTANA ROW STE 300 SAN JOSE, CA 95128 81-4657391												
THE MADISON SPOKANE INN LLC	HOTEL SERVICES	WA	N/A									
15 WEST ROCKWOOD BLVD SPOKANE, WA 99204 84-1606484												
	OUTPATIENT LAB	WA	N/A									
611 N PERRY SPOKANE, WA 99202 91-1773986												
SJO ASC HOLDINGS LLC	HEALTHCARE	CA	N/A									
1140 W LA VETA AVE ORANGE, CA 92868 82-1655501												

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

PHOENIX, AZ 85016 20-8194071

101 W 8TH AVE TAF C-9 SPOKANE, WA 99204 90-0155714

PROVIDENCE HEALTH CARE VENTURES INC

CLIN/MED LAB

WA

N/A

No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (i) (b) (c) (d) (e) (f) (q) (h) Name, address, and EIN of Primary activity Legal Direct controlling Type of entity Share of total Share of end-of-Percentage Section 512 related organization domicile entity (C corp, S corp, ownership (b)(13)income year controlled (state or foreign or trust) assets country) entity? Yes No PROVIDENCE HEALTH NETWORK PREPAID HEALTH CA N/A No 20555 EARL STREET TORRANCE, CA 90503 80-0886966 PROVIDENCE HEALTH VENTURES INC. INVESTMENT CA N/A Nο 4101 TORRANCE BLVD TORRANCE, CA 90503 33-0122216 ST JOSEPH HEALTH SOURCE INC. HEALTHCARE CA N/A Nο 3345 MICHELSON DRIVE SUITE 100 IRVINE, CA 92612 N/A HOLDING COMPANY CA No 3345 MICHELSON DRIVE SUITE 100 46-2340232 HEALTHCARE CA N/A Nο 3345 MICHELSON DRIVE SUITE 100 IRVINE, CA 92612 33-0155323 VINSERRA INC INVESTMENTS CA N/A No 1328 22ND STREET SANTA MONICA, CA 90403 95-3943315 WESTERN HEALTHCONNECT VENTURES INC INVESTMENTS WA N/A No 1801 LIND AVE SW 9016 RENTON, WA 98057 80-0953654

## 46-1900168 ST JOSEPH HEALTH IRVINE, CA 92612 ST JOSEPH PROF SVCS ENTERPRSES INC

YAKIMA MEDICAL ARTS INC

PROVIDENCE ASSURANCE INC

3131 CAMELBACK ROAD STE 400

611 N PERRY 100 SPOKANE, WA 99202 91-0787963

PHOENIX, AZ 85016 20-8194071

RENT REAL ESTATE

CAPTIVE INSURANCE

WA

ΑZ

N/A

N/A

No

No