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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

2018

Open to Public Inspection

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

B Check if applicable
- ☑ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
INLAND NORTHWEST HEALTH SERVICES

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1801 LIND AVE SW ATTN TAX DEPT

City or town, state or province, country, and ZIP or foreign postal code
RENTON, WA 980579016

D Employer identification number
91-1307555

E Telephone number
(509) 232-8100

G Gross receipts $ 108,531,361

F Name and address of principal officer
ELAINE COUTURE
1801 LIND AVE SW ATTN TAX DEPT
RENTON, WA 980579016

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW INHS INFO

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1994

M State of legal domicile WA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SEE SCHEDULE OAS EXPRESSIONS OF GOD'S HEALING LOVE, WITNESSED THROUGH THE MINISTRY OF JESUS, WE ARE STEADFAST IN SERVING ALL, ESPECIALLY THOSE WHO ARE POOR AND VULNERABLE

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	16
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	**5**	1,095
6	Total number of volunteers (estimate if necessary)	**6**	495
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	546,948
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	141,305

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	566,304	321,249
9	Program service revenue (Part VIII, line 2g)	89,928,302	92,452,129
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,655	31,892
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,651,588	13,755,770
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	103,158,849	106,561,040
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	18,749	43,850
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	71,055,172	74,308,508
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	26,450,125	22,229,385
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	97,524,046	96,581,743
19	Revenue less expenses Subtract line 18 from line 12	5,634,803	9,979,297

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	131,682,755	135,178,235
21	Total liabilities (Part X, line 26)	19,408,472	17,166,467
22	Net assets or fund balances Subtract line 21 from line 20	112,274,283	118,011,768

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2019-11-15

HELEN ANDRUS CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
				P01286320

Firm's name ▶ ERNST & YOUNG US LLP — Firm's EIN ▶ 34-6565596

Firm's address ▶ 560 MISSION STREET SUITE 1600
SAN FRANCISCO, CA 94105 — Phone no (415) 894-8000

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 47,490,323 including grants of $ 0) (Revenue $ 47,444,922)

See Additional Data

4b (Code) (Expenses $ 37,916,057 including grants of $ 0) (Revenue $ 37,879,808)

See Additional Data

4c (Code) (Expenses $ 0 including grants of $ 0) (Revenue $ 1,981,743)

See Additional Data

(Code) (Expenses $ 2,027,489 including grants of $ 43,850) (Revenue $ 7,023,829)

INHS COMMUNITY WELLNESS SERVES AS A RESOURCE FOR PREVENTATIVE HEALTHCARE THROUGHOUT THE REGION INHS OFFERS A VARIETY OF SERVICES TO IMPROVE HEALTH, WELL-BEING, AND QUALITY OF LIFE INCLUDING HEALTH SCREENINGS, CLASSES, AND CONSULTS FOR BOTH COMMUNITY MEMBERS AND AT WORKSITES IN 2018, INHS COMMUNITY WELLNESS, WITH SUPPORT FROM PROVIDENCE HEALTH CARE, TRAINED 75 COMMUNITY MEMBERS TO BE CERTIFIED IN MENTAL HEALTH FIRST AID IN ADDITION, INHS COMMUNITY WELLNESS PROVIDED HEALTH EDUCATION, PREVENTION PROGRAMS, AND HEALTH SCREENINGS TO APPROXIMATELY OVER 17,000 PEOPLE IN THE SURROUNDING REGION INHS HEALTH TRAINING SERVES HEALTH CARE PROFESSIONALS IN THE COMMUNITY TO EITHER MAINTAIN THEIR CREDENTIALS OR ADVANCE IN THEIR SKILLS AS AN AMERICAN HEART ASSOCIATION COMMUNITY TRAINING CENTER, INHS HEALTH TRAINING PROVIDED CPR CERTIFICATION TO NEARLY 39,000 COMMUNITY MEMBERS IN ADDITION, INHS HEALTH TRAINING TEACHES EMERGENCY MEDICAL TECHNICIAN (EMT) CLASSES, ADVANCED EMT CLASSES AND RUNS A CAAHEP ACCREDITED PARAMEDIC PROGRAM IN 2018, INHS HEALTH TRAINING BEGAN ACCEPTING THE GI BILL FUNDING ALLOWING VETERANS TO TRAIN TO BE EMS PROVIDERS THE PROGRAM ALSO OFFERS CONTINUING EDUCATION BY PROVIDING CONFERENCES, ONGOING TRAINING AND SKILLS UPDATES FOR HEALTHCARE PROFESSIONALS NORTHWEST TELEHEALTH IS A ROBUST VIDEO CONFERENCE NETWORK PROVIDING A PLATFORM FOR COLLABORATIVE HEALTH CARE THROUGHOUT THE REGION THE NETWORK DELIVERS SECURE AND CONFIDENTIAL CONNECTIVITY FOR INTERACTION BETWEEN TWO OR MORE LOCATIONS INVOLVED IN HEALTH CARE ADMINISTRATION, MEDICAL EDUCATION, TRAINING AND TELEMEDICINE SERVICES, IMPROVING ACCESS FOR PATIENTS AND PROVIDERS IN RURAL COMMUNITIES AND OTHER RELATED ACTIVITIES IN 2018, THE NETWORK HAD OVER 2,600 TELEHEALTH CONNECTIONS THAT FACILITATE SPECIALTY TELEMEDICINE CONSULTATIONS IN 7 RURAL COMMUNITIES IN EASTERN WASHINGTON

4d Other program services (Describe in Schedule O)

(Expenses $ 2,027,489 including grants of $ 43,850) (Revenue $ 7,023,829)

4e Total program service expenses ▶ 87,433,869

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	102		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		**1c**	Yes	

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	1,095		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			**16**	No

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	16		
	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**	16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶ CA

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, **Section A** ▶										
d Total (add lines 1b and 1c) ▶								3,415,547	1,686,161	966,310

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 ▶ 212

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MEDICAL INFORMATION TECHNOLOGY MEDITECH CIRCLE WESTWOOD, MA 02090	HEALTHCARE IT SERVICES	1,517,711
SOLUTIONS II 811 1ST AVE SUITE 260 SEATTLE, WA 98104	HEALTHCARE IT SERVICES	666,637
WELLSKY FINANCIAL SERVICES LLC 200 MINUTEMAN ROAD ANDOVER, MA 01810	HEALTHCARE IT SERVICES	572,850
CEQUEL DATA CENTERS LLC 23403 E MISSION AVENUE LIBERTY LAKE, WA 99019	HEALTHCARE IT SERVICES	425,581
J&H INC 2013 HAGGERTY LANKE BOZEMAN, MT 59715	HEALTHCARE IT SERVICES	284,652

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 5

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts					
1a Federated campaigns	1a				
b Membership dues	1b				
c Fundraising events	1c				
d Related organizations	1d	132,058			
e Government grants (contributions)	1e	141,235			
f All other contributions, gifts, grants, and similar amounts not included above	1f	47,956			
g Noncash contributions included in lines 1a - 1f $					
h **Total.** Add lines 1a-1f		321,249			
Program Service Revenue	Business Code				
2a ACUTE CARE	621400	46,500,264	46,500,264		
b INFO RESOURCE MGMNT	541519	37,125,599	36,604,674	520,925	
c LIFEFLIGHT NETWORK JV	900099	6,883,981	6,883,981		
d OTHER SERVICE REVENUE	900099	1,942,285	1,942,285		
e					
f All other program service revenue					
g **Total.** Add lines 2a–2f		92,452,129			
3 Investment income (including dividends, interest, and other similar amounts)		31,892			31,892
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
	(i) Real	(ii) Personal			
6a Gross rents	2,097,774				
b Less rental expenses	1,970,321				
c Rental income or (loss)	127,453				
d Net rental income or (loss)		127,453		26,023	101,430
	(i) Securities	(ii) Other			
7a Gross amount from sales of assets other than inventory					
b Less cost or other basis and sales expenses					
c Gain or (loss)					
d Net gain or (loss)					
Other Revenue 8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
b Less direct expenses	b				
c Net income or (loss) from fundraising events					
9a Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses	b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold	b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code				
11a CONTRACT STAFF SERVICE	900099	9,614,697			9,614,697
b TRAINING CENTER	900099	1,352,141			1,352,141
c PROVIDER TAX	900099	972,486	972,486		
d All other revenue		1,688,993	905,687		783,306
e **Total.** Add lines 11a–11d		13,628,317			
12 **Total revenue.** See Instructions		106,561,040	93,809,377	546,948	11,883,466

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	43,850	43,850		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,223,383	2,020,843	202,540	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	57,804,338	52,543,437	5,260,901	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,987,256	2,706,371	280,885	
9 Other employee benefits	7,569,433	6,891,656	677,777	
10 Payroll taxes	3,724,098	3,346,518	377,580	
11 Fees for services (non-employees)				
a Management				
b Legal	50,306	50,030	276	
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	8,891,235	7,970,499	920,736	
12 Advertising and promotion	44,827	31,329	13,498	
13 Office expenses	3,366,951	2,984,310	382,641	
14 Information technology	1,763,848	1,569,825	194,023	
15 Royalties				
16 Occupancy	1,187,914	1,079,351	108,563	
17 Travel	1,084,115	958,528	125,587	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	91,105	83,532	7,573	
20 Interest	52,894	44,581	8,313	
21 Payments to affiliates	698,869	656,937	41,932	
22 Depreciation, depletion, and amortization	2,658,478	2,090,117	568,361	
23 Insurance	13,364	12,562	802	
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 BAD DEBTS	2,487,019	2,331,497	155,522	
b MEDICAL SUPPLIES	1,516,312	1,428,900	87,412	
c DIETARY SUPPLIES/FOOD	512,206	481,474	30,732	
d TAXES & LICENSES	-2,510,486	-2,177,579	-332,907	
e All other expenses	320,428	285,301	35,127	
25 **Total functional expenses.** Add lines 1 through 24e	96,581,743	87,433,869	9,147,874	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	3,186,531	1	7,536,221
	2	Savings and temporary cash investments	8,759,614	2	5,592,090
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	8,688,371	4	9,208,370
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	3,000	7	7,500
	8	Inventories for sale or use	205,778	8	202,546
	9	Prepaid expenses and deferred charges	225,868	9	145,831
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 108,015,811			
	b	Less accumulated depreciation — 10b: 57,955,112	56,837,590	10c	50,060,699
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11	40,803,771	13	47,798,225
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	12,972,232	15	14,626,753
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	131,682,755	16	135,178,235
Liabilities	17	Accounts payable and accrued expenses	8,678,102	17	10,980,669
	18	Grants payable		18	
	19	Deferred revenue	211,216	19	204,552
	20	Tax-exempt bond liabilities	4,820,618	20	4,575,029
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	5,698,536	25	1,406,217
	26	**Total liabilities.** Add lines 17 through 25	19,408,472	26	17,166,467
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	111,953,617	27	117,640,806
	28	Temporarily restricted net assets	299,096	28	349,392
	29	Permanently restricted net assets	21,570	29	21,570
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	112,274,283	33	118,011,768
	34	Total liabilities and net assets/fund balances	131,682,755	34	135,178,235

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	106,561,040
2	Total expenses (must equal Part IX, column (A), line 25)	2	96,581,743
3	Revenue less expenses Subtract line 2 from line 1	3	9,979,297
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	112,274,283
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-4,241,813
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	118,011,768

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 91-1307555

Name: INLAND NORTHWEST HEALTH SERVICES

Form 990, Part III, Line 4a:

SEE SCHEDULE OPROVIDENCE ST JOSEPH HEALTH SYSTEMON JULY 1, 2016, PROVIDENCE HEALTH & SERVICES (PHS) AND ST JOSEPH HEALTH SYSTEM (SJHS) ENTERED INTO A BUSINESS COMBINATION AGREEMENT BY COMING TOGETHER, PROVIDENCE ST JOSEPH HEALTH SEEKS TO BETTER SERVE ITS COMMUNITIES THROUGH GREATER PATIENT AFFORDABILITY, OUTSTANDING CLINICAL CARE, IMPROVEMENTS TO THE PATIENT EXPERIENCE AND INTRODUCTION OF NEW SERVICES WHERE THEY ARE NEEDED MOST TOGETHER, OUR CAREGIVERS SERVE IN 51 HOSPITALS, 829 CLINICS ACROSS ALASKA, CALIFORNIA, MONTANA, NEW MEXICO, OREGON, TEXAS AND WASHINGTON THE FOUNDERS OF BOTH ORGANIZATIONS WERE COURAGEOUS WOMEN AHEAD OF THEIR TIME THE SISTERS OF PROVIDENCE AND THE SISTERS OF ST JOSEPH OF ORANGE BROUGHT HEALTH CARE AND OTHER SOCIAL SERVICES TO THE AMERICAN WEST WHEN IT WAS STILL A RUGGED, UNTAMED FRONTIER NOW, AS WE FACE A DIFFERENT LANDSCAPE - A CHANGING HEALTH CARE ENVIRONMENT - WE DRAW UPON THEIR PIONEERING AND COMPASSIONATE SPIRIT TO PLAN FOR THE NEXT CENTURY OF HEALTH CARE PROVIDENCE HEALTH & SERVICESIN 1856, MOTHER JOSEPH AND FOUR SISTERS OF PROVIDENCE ESTABLISHED HOSPITALS, SCHOOLS AND ORPHANAGES ACROSS THE NORTHWEST OVER THE YEARS, OTHER CATHOLIC SISTERS TRANSFERRED SPONSORSHIP OF THEIR MINISTRIES TO PROVIDENCE, INCLUDING THE LITTLE COMPANY OF MARY, DOMINICANS AND CHARITY OF LEAVENWORTH RECENTLY, SWEDISH HEALTH SERVICES, KADLEC REGIONAL MEDICAL CENTER AND PACIFIC MEDICAL CENTERS HAVE JOINED PROVIDENCE AS SECULAR PARTNERS WITH A COMMON COMMITMENT TO SERVING ALL MEMBERS OF THE COMMUNITY TODAY, PROVIDENCE SERVES ALASKA, CALIFORNIA, MONTANA, OREGON AND WASHINGTON ST JOSEPH HEALTH SYSTEMIN 1912, A SMALL GROUP OF SISTERS OF ST JOSEPH LANDED ON THE RUGGED SHORES OF EUREKA, CALIFORNIA TO PROVIDE EDUCATION AND HEALTH CARE THEY LATER ESTABLISHED ROOTS IN ORANGE, CALIFORNIA, AND EXPANDED TO SERVE SOUTHERN CALIFORNIA, NORTHERN CALIFORNIA AND TEXAS THE HEALTH SYSTEM ESTABLISHED MANY KEY PARTNERSHIPS, INCLUDING A MERGER BETWEEN LUBBOCK METHODIST HOSPITAL SYSTEM AND ST MARY HOSPITAL TO FORM COVENANT HEALTH IN LUBBOCK TEXAS RECENTLY, AN AFFILIATION WAS ESTABLISHED WITH HOAG HEALTH TO INCREASE ACCESS TO SERVICES IN ORANGE COUNTY, CALIFORNIA ACUTE INPATIENT/OUTPATIENT SERVICES (20,305 ACUTE PATIENT DAYS, 102,845 ACUTE OUTPATIENT VISITS)ST LUKE'S REHABILITATION INSTITUTE SPECIALIZES IN COMPREHENSIVE INPATIENT AND OUTPATIENT THERAPY SESSIONS FOR CHILDREN AND ADULTS AND PROVIDES REHABILITATION TREATMENT FOR STROKE, SPINAL CORD INJURIES, ORTHOPEDIC ISSUES AND BRAIN INJURIES CONVENIENTLY LOCATED IN SPOKANE, WASHINGTON, ST LUKE'S REHABILITATION INSTITUTE SERVES PATIENTS IN MANY AREAS OF THE NORTHWEST INCLUDING PATIENTS FROM CENTRAL AND EASTERN WASHINGTON, NORTHERN IDAHO, WESTERN MONTANA, AND ALASKA COMMITTED TO PROVIDING HOPE, QUALITY OF CARE AND RECOVERY, ST LUKE'S IS THE STATE'S LARGEST PROVIDER OF REHABILITATION SERVICES FOR STROKE, SPINAL CORD INJURY, HEAD INJURY AND INJURY OR DISEASES TO BONES, JOINTS OR MUSCLES AFTER ILLNESS OR INJURY, THERE IS A NEED TO GAIN STRENGTH, SKILLS AND FUNCTION TO ALLOW PEOPLE TO RETURN TO THE HIGHEST QUALITY OF LIFE POSSIBLE ST LUKE'S WORKS AS A TEAM WITH PATIENTS AND THEIR FAMILIES TO ACHIEVE THIS GOAL WITH A MAIN CAMPUS LOCATED IN DOWNTOWN SPOKANE, ST LUKE'S COMBINES COMPASSIONATE CARE WITH EXPERTISE TO PROVIDE INPATIENT PHYSICAL REHABILITATION SERVICES TO PATIENTS OF ALL AGES IN ADDITION TO INPATIENT SERVICES AT THE MAIN CAMPUS, ST LUKE'S ALSO OFFERS HIGH QUALITY OUTPATIENT REHABILITATION SERVICES AT SEVERAL CONVENIENT LOCATIONS WITH THE GOAL OF REDUCING DISABILITY AND HELPING INJURED WORKERS RETURN TO WORK SAFELY WHILE PROVIDING OCCUPATIONAL HEALTH BEST PRACTICES, COHE COMMUNITY OF EASTERN WASHINGTON IS A COLLABORATIVE EFFORT BETWEEN WASHINGTON STATE DEPARTMENT OF LABOR & INDUSTRIES AND ST LUKE'S REHABILITATION INSTITUTE IN 2018, COHE COMMUNITY OF EASTERN WASHINGTON, SERVED IN 21 COUNTIES THROUGHOUT EASTERN AND CENTRAL WASHINGTON WORKING WITH OVER 1,400 PROVIDERS, COHE PROCESSED CLAIMS FOR APPROXIMATELY 23,000 INJURED WORKERS

Form 990, Part III, Line 4b:

SEE SCHEDULE OENGAGE PROVIDES A COMPLETE SOLUTION FOR IT HEALTHCARE CONSULTING, IMPLEMENTATION MANAGEMENT HOSTING AND LONG-TERM SYSTEM SUPPORT RELATED TO THE MEDITECH HOSPITAL ELECTRONIC HEALTH RECORD ENGAGE IS DRIVEN BY A PASSION FOR EMBRACING THE TOUGHEST CHALLENGES ON BEHALF OF ALL THEIR CUSTOMERS AS A LONG TIME MEDITECH COLLABORATIVE SOLUTIONS HARDWARE HOSTING PROVIDER AND READY-CERTIFIED PARTNER, ENGAGE ASSISTS HOSPITALS ACHIEVE THE BEST EHR POSSIBLE ALLOWING THE PEACE OF MIND AND FREEDOM THEY NEED TO FOCUS ON THE BUSINESS OF PROVIDING THE BEST CARE FOR THEIR PATIENTS IN 2018, ENGAGE CONTINUED TO GROW ITS U S MEDITECH MARKET SHARE, AND IS NOW A RECOGNIZED LEADER IN THE CONSULTING MARKET AS THE NEW MEDITECH EXPANSE PLATFORM POPULARITY CONTINUES TO GROW, ENGAGE IS GROWING WITH 100% OF NEW ENGAGE CLIENTS MEETING THEIR GOALS AND EXPECTATIONS FOR SUCCESS

Form 990, Part III, Line 4c:

SEE SCHEDULE OLIFEFLIGHT NETWORK IS A NETWORK OF CRITICAL CARE TRANSPORT SERVICES THROUGHOUT THE PACIFIC NORTHWEST AND INTERMOUNTAIN WEST LIFE FLIGHT NETWORK IS AN OREGON-BASED, PARTNERSHIP OF NOT-FOR-PROFIT ORGANIZATIONS TO PROVIDE AIR MEDICAL SERVICES

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BEN SMALL DIRECTOR	2 00 0 00	X						0	1,413	0
COURTNEY LAW DIRECTOR	2 00 0 00	X						0	2,038	0
JEFF CLODE MD DIRECTOR	2 00 0 00	X						0	2,100	0
JEFF PHILLIPS SECRETARY/TREASURER	2 00 0 00	X		X				0	0	0
LARRY SOEHREN VICE CHAIR	2 00 0 00	X		X				0	0	0
MARIAN DURKIN PAST CHAIR	2 00 0 00	X						0	1,875	0
MARK SCHEMMEL MD DIRECTOR	2 00 0 00	X						0	0	0
MARY SELECKY CHAIR	2 00 0 00	X		X				0	12,000	0
MICHELLE HEGE DIRECTOR	2 00 0 00	X						0	825	0
MIKE MOORE MD DIRECTOR	2 00 0 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PATRICIA BUTTERFIELD PHD DIRECTOR	2 00 0 00	X						0	1,350	0
PAUL PIMENTEL DIRECTOR	2 00 0 00	X						0	825	0
R RONALD WELLS DIRECTOR	2 00 0 00	X						0	1,127	0
RICH HADLEY DIRECTOR	2 00 0 00	X						0	2,204	0
ROB MCCANN PHD DIRECTOR	2 00 0 00	X						0	775	0
ROBIN HINES MD DIRECTOR	2 00 0 00	X						0	0	0
ELAINE COUTURE CEO	2 00 58 00			X				0	1,291,466	466,696
FREDERICK LEE GALUSHA ENGAGE CHIEF EXECUTIVE	50 00 0 00			X				440,671	0	29,601
HELEN ANDRUS CFO	2 00 48 00			X				0	368,163	193,308
DANIEL ENGLE SENIOR DIRECTOR	40 00 0 00				X			219,587	0	22,999

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GREGORY CARTER CMO	40 00 0 00				X			426,717	0	33,204
MARCIA CHEADLE SENIOR DIRECTOR	40 00 0 00				X			209,276	0	22,979
MICHAEL SMYLY CHIEF BUS DEV OFFICER	40 00 0 00				X			322,513	0	29,557
NANCY WEBSTER ADMINISTRATOR, ST LUKES	40 00 0 00				X			249,355	0	21,493
SEAN REIS SENIOR DIRECTOR	40 00 0 00				X			174,720	0	20,711
FRANK JACKSON PHYSIATRIST	40 00 0 00					X		257,373	0	25,492
JULIA DAHER PHYSIATRIST	40 00 0 00					X		265,019	0	29,049
KEVIN PIDGEON PHYSIATRIST	40 00 0 00					X		277,111	0	17,810
MARK VARGA PHYSIATRIST	40 00 0 00					X		273,418	0	24,592
PATRICE STEVENSON PHYSIATRIST	40 00 0 00					X		299,787	0	28,819

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
INLAND NORTHWEST HEALTH SERVICES

Employer identification number
91-1307555

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170 (b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170 (b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2017 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

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

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

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

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

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2018**	**(iii) Distributable Amount for 2018**
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 **Excess distributions carryover to 2019.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 91-1307555

Name: INLAND NORTHWEST HEALTH SERVICES

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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
INLAND NORTHWEST HEALTH SERVICES

Employer identification number
91-1307555

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

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

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

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . ☐

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	21,570	21,570	21,570	21,570	21,570
b Contributions . . .					
c Net investment earnings, gains, and losses					
d Grants or scholarships . . .					
e Other expenditures for facilities and programs . . .					
f Administrative expenses					
g End of year balance	21,570	21,570	21,570	21,570	21,570

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 100 000 %
- c Temporarily restricted endowment ▶

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,372,797		1,372,797
b Buildings		72,744,386	27,682,915	45,061,471
c Leasehold improvements		587,456	582,767	4,689
d Equipment		23,898,904	20,545,312	3,353,592
e Other		9,412,268	9,144,118	268,150
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* . . ▶				50,060,699

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

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

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) INVESTMENT IN LIFEFLIGHT NETWORK	47,381,454	C
(2) BENEFICIAL INTEREST IN FOUNDATION	416,771	C
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶	47,798,225	

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

(a) Description	(b) Book value
(1) NON-PATIENT ACCOUNTS RECEIVABLE	12,757,721
(2) LONG TERM PORTION OF TENANT IMPROVEMENTS	940,755
(3) DEFERRED REVENUE - RENT RECEIVABLE	402,594
(4) OTHER MISCELLANEOUS RECEIVABLES	482,414
(5) UNAMORTIZED FINANCE COSTS	43,269
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	14,626,753

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	961,523
THIRD PARTY SETTLEMENTS	444,694
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	1,406,217

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 91-1307555
Name: INLAND NORTHWEST HEALTH SERVICES

Supplemental Information

Return Reference	Explanation
Part V, Line 4	FUNDS TO BE USED FOR TEAM ST LUKE'S (WHEELCHAIR SPORTS) ACTIVITIES

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319067729

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
INLAND NORTHWEST HEALTH SERVICES

Employer identification number
91-1307555

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			276,086		276,086	0 290 %
b Medicaid (from Worksheet 3, column a)			7,653,420	7,657,167	0	0 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			7,929,506	7,657,167	276,086	0 290 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			15,167		15,167	0 020 %
f Health professions education (from Worksheet 5)			264,496		264,496	0 280 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			135,687		135,687	0 140 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			5,921		5,921	0 010 %
j **Total.** Other Benefits			421,271		421,271	0 450 %
k **Total.** Add lines 7d and 7j			8,350,777	7,657,167	697,357	0 740 %

Part II Community Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			3,510		3,510	0 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			23,345		23,345	0 020 %
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			26,855		26,855	0 020 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	2,487,019	
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? **1**

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group ST LUKE'S REHABILITATION INSTITUTE

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 18			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) WWW ST-LUKES ORG/WHY-ST-LUKES/ABOUT-US/			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 18			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) WWW ST-LUKES ORG/WHY-ST-LUKES/ABOUT-US/			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy (FAP)

ST LUKE'S REHABILITATION INSTITUTE

Name of hospital facility or letter of facility reporting group

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

Part V Facility Information *(continued)*

Billing and Collections

ST LUKE'S REHABILITATION INSTITUTE

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

ST LUKE'S REHABILITATION INSTITUTE

Name of hospital facility or letter of facility reporting group

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	☑ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c	☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d	☐ The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? **23**		No
	If "Yes," explain in Section C		
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? **24**		No
	If "Yes," explain in Section C		

Part V **Facility Information** *(continued)*

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

Form and Line Reference	Explanation
See Add'l Data	

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **8**

	Name and address	Type of Facility (describe)
1	1 - OCCUPATIONAL REHABILITATION - SOUTH 421 SOUTH DIVISION ST SPOKANE, WA 99202	OUTPATIENT
2	2 - MUV FITNESS - DOWNTOWN 809 WEST MAIN ST SPOKANE, WA 99201	PHYSICAL THERAPY
3	3 - MUV FITNESS - SOUTH 5501 SOUTH REGAL ST SPOKANE, WA 99223	PHYSICAL THERAPY
4	4 - ST LUKE'S NORTH 235 E ROWAN AVE SUITE 210 SPOKANE, WA 99207	OUTPATIENT
5	5 - MUV FITNESS - NORTH 603 EAST HOLLAND AVE SPOKANE, WA 99218	PHYSICAL THERAPY
6	6 - OCCUPATIONAL REHABILITATION - NORTH 551 E HAWTHORNE RD SPOKANE, WA 99218	OUTPATIENT
7	7 - OCCUPATIONAL REHABILITATION VALLEY 16528 E DESMET COURT SUITE 1600 SPOKANE, WA 99016	OUTPATIENT
8	8 - MUV FITNESS - VALLEY 14927 EAST SPRAGUE AVE SPOKANE, WA 99216	PHYSICAL THERAPY
9		
10		

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 3c	IN DETERMINING ELIGIBILITY FOR FREE OR DISCOUNTED CARE, FPG IS A KEY FACTOR THE ORGANIZATION ALSO CONSIDERED CERTAIN ASSETS OF A PATIENT IN ADDITION, A PATIENT'S SPECIAL CIRCUMSTANCES WERE ALSO CONSIDERED WHEN DETERMINING ELIGIBILITY, INCLUDING BUT NOT LIMITED TO, DISABILITY AND HOMELESSNESS
Part I, Line 6a	INLAND NORTHWEST HEALTH SERVICES PREPARES AN ANNUAL REPORT AND IT IS PUBLICLY AVAILABLE AT HTTPS //WWW INHS INFO/ANNUAL-REPORTS/

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 7	THE AMOUNTS REPORTED IN THE TABLE WERE CALCULATED USING ACTUAL EXPENSES INCURRED
Part I, Line 7g	NO COSTS ATTRIBUTABLE TO PHYSICIAN CLINICS WERE INCLUDED

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part II, Community Building Activities	INHS EMBRACES ITS RESPONSIBILITY TO PROVIDE FOR THE NEEDS OF THE COMMUNITIES IT SERVES HEALTH CARE IS FUNDAMENTALLY DIFFERENT FROM MOST OTHER GOODS AND SERVICES IT IS ABOUT THE MOST HUMAN AND INTIMATE NEEDS OF PEOPLE, THEIR FAMILIES AND COMMUNITIES THIS CRITICAL DIFFERENCE IS WHY WE SHOULD WORK TOGETHER TO PRESERVE AND STRENGTHEN THE NOT-FOR-PROFIT SECTOR IN HEALTH CARE INHS IS ACTIVELY INVOLVED WITH PUBLIC, PRIVATE AND OTHER HEALTH SYSTEMS IN WORKING TOWARDS BETTER HEALTH OUTCOMES FOR THE ENTIRE COMMUNITY INHS OVERSEES A VARIETY OF HEALTH CARE DIVISIONS AND SERVICES THAT WORK TOGETHER TO IMPROVE OUTCOMES, LEAD THE WAY IN HEALTH CARE INNOVATION AND CREATE HEALTHIER COMMUNITIES - ST LUKE'S REHABILITATION INSTITUTE PROVIDES ACCREDITED INPATIENT AND OUTPATIENT PHYSICAL REHABILITATION SERVICES AT THE STATE'S ONLY FREESTANDING HOSPITAL - ENGAGE SETS THE NATIONAL STANDARD IN HOW HEALTH INFORMATION TECHNOLOGY IMPROVES A COMMUNITY'S PATIENT CARE AND LOWERS COSTS - COMMUNITY WELLNESS IMPROVES THE HEALTH OF THE COMMUNITY THROUGH SCREENINGS, ASSESSMENTS, INVOLVEMENT AND EDUCATION - NORTHWEST TELEHEALTH LINKS THE REGION TO A VARIETY OF RESOURCES AT 115 LOCATIONS OVER A ROBUST TELEMEDICINE, VIDEO-CONFERENCING NETWORK - HEALTH TRAINING PROVIDES AND COORDINATES MEDICAL TRAINING FOR HEALTH CARE PROFESSIONALS THROUGHOUT THE INLAND NORTHWEST - COHE COMMUNITY OF EASTERN WASHINGTON WORKS COOPERATIVELY IN DEVELOPING PROGRAMS TO IMPROVE THE QUALITY, COST EFFECTIVENESS AND CONSISTENCY OF CARE FOR INJURED WORKERS
Part III, Line 2	THE ORGANIZATION ANALYZES ITS HISTORICAL EXPERIENCE AND TRENDS TO ESTIMATE THE APPROPRIATE BAD DEBT EXPENSE DISCOUNTS AND PAYMENTS ON PATIENT ACCOUNTS ARE RECORDED PRIOR TO CALCULATING BAD DEBT EXPENSE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 3	THE ORGANIZATION RECOGNIZES THAT A PORTION OF THE UNINSURED OR UNDERINSURED PATIENT POPULATION MAY NOT ENGAGE IN THE TRADITIONAL FINANCIAL ASSISTANCE APPLICATION PROCESS THEREFORE, THE ORGANIZATION ALSO USED AN AUTOMATED PREDICTIVE SCORING TOOL TO IDENTIFY AND QUALIFY PATIENTS FOR FINANCIAL ASSISTANCE FOR ACCOUNTS THAT WERE INITIALLY CLASSIFIED AS BAD DEBT COLLECTION ACTIONS WERE NOT PURSUED ON THESE ACCOUNTS ONCE THEY WERE RECLASSIFIED BECAUSE RECLASSIFIED ACCOUNTS WERE GRANTED 100 PERCENT FINANCIAL ASSISTANCE (FREE CARE) AFTER THE RECLASSIFICATION, THERE WAS NO REMAINING AMOUNT OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER OUR FINANCIAL ASSISTANCE POLICY
Part III, Line 4	THE HEALTH SYSTEM PROVIDES FOR AN ALLOWANCE AGAINST PATIENT ACCOUNTS RECEIVABLE FOR AMOUNTS THAT COULD BECOME UNCOLLECTIBLE THE HEALTH SYSTEM ESTIMATES THIS ALLOWANCE BASED ON THE AGING OF ACCOUNTS RECEIVABLE, HISTORICAL COLLECTION EXPERIENCE BY PAYOR, AND OTHER RELEVANT FACTORS THERE ARE VARIOUS FACTORS THAT CAN IMPACT THE COLLECTION TRENDS, SUCH AS CHANGES IN THE ECONOMY, WHICH IN TURN HAVE AN IMPACT ON UNEMPLOYMENT RATES AND THE NUMBER OF UNINSURED AND UNDERINSURED PATIENTS, THE INCREASED BURDEN OF COPAYMENTS TO BE MADE BY PATIENTS WITH INSURANCE COVERAGE AND BUSINESS PRACTICES RELATED TO COLLECTION EFFORTS THESE FACTORS CONTINUOUSLY CHANGE AND CAN HAVE AN IMPACT ON COLLECTION TRENDS AND THE ESTIMATION PROCESS USED BY THE HEALTH SYSTEM THE HEALTH SYSTEM RECORDS A PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICES ON THE BASIS OF PAST EXPERIENCE, WHICH HAS HISTORICALLY INDICATED THAT MANY PATIENTS ARE UNRESPONSIVE OR ARE OTHERWISE UNWILLING TO PAY THE PORTION OF THEIR BILL FOR WHICH THEY ARE FINANCIALLY RESPONSIBLE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 8	THE ORGANIZATION DOES NOT REPORT MEDICARE REVENUES AND EXPENSES AS COMMUNITY BENEFIT
Part III, Line 9b	PATIENT ACCOUNTS WERE NOT FORWARDED TO COLLECTION STATUS WHEN THE PATIENT MADE A GOOD FAITH EFFORT TO RESOLVE OUTSTANDING ACCOUNT BALANCES SUCH EFFORTS INCLUDE APPLYING FOR FINANCIAL ASSISTANCE, NEGOTIATING A PAYMENT PLAN, OR APPLYING FOR MEDICAID COVERAGE PRIOR TO ADVANCING ANY ACCOUNT FOR EXTERNAL COLLECTION, THE ORGANIZATION PERFORMED AN EVALUATION TO IDENTIFY IF THE ACCOUNT QUALIFIED FOR FINANCIAL ASSISTANCE ACCOUNTS FOR PATIENTS WHO QUALIFIED FOR FREE CARE WERE WRITTEN OFF AND COLLECTION EFFORTS WERE NOT PURSUED THE ORGANIZATION'S COLLECTION POLICY ALSO APPLIED TO ACCOUNTS FOR PATIENTS WHO QUALIFIED FOR DISCOUNTED CARE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 2	ST LUKE'S CONDUCTS A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) EVERY THREE YEARS BY TAKING INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL, INCLUDING THOSE WITH SPECIAL KNOWLEDGE OF PUBLIC HEALTH OUR CURRENT CHNA IS BASED ON A BROAD, COORDINATED COMMUNITY-WIDE HEALTH ASSESSMENT EFFORT THAT WAS CONDUCTED IN 2018 FOR SPOKANE COUNTY BY A CONSORTIUM OF COMMUNITY PARTNERS, INCLUDING ST LUKE'S AND MEMBERS FROM THE PARENT ORGANIZATION FOR ST LUKE'S, PROVIDENCE HEALTH AND SERVICES ST LUKE'S USED THE COMMUNITY NEEDS IDENTIFIED IN THE 2018 SPOKANE COUNTY ASSESSMENT, AND AUGMENTED THE FINDINGS WITH ADDITIONAL FEEDBACK THAT EXPLORED THE NEEDS FOR INDIVIDUALS THAT ST LUKE'S CARES FOR PEOPLE WITH TEMPORARY OR PERMANENT DISABILITY CAUSED BY INJURY OR DISEASE THE COMMUNITY HEALTH NEEDS IDENTIFIED BY THIS CHNA IS USED BY ST LUKE'S TO DEVELOP IMPLEMENTATION STRATEGIES IN ORDER FOR ST LUKE'S, IN COLLABORATION WITH OTHERS IN THE SPOKANE COMMUNITY, TO ADDRESS THESE NEEDS THE END GOAL IS TO IMPROVE THE HEALTH OF THE COMMUNITY, ESPECIALLY AMONG THE MOST VULNERABLE POPULATIONS DUE TO DISABILITY OR SOCIOECONOMIC CHALLENGE
Part VI, Line 3	INHS POSTS NOTICES REGARDING THE AVAILABILITY OF FINANCIAL ASSISTANCE TO LOW-INCOME UNINSURED PATIENTS THESE NOTICES ARE POSTED IN VISIBLE LOCATIONS THROUGHOUT THE HOSPITAL SUCH AS ADMITTING/REGISTRATION, BILLING OFFICE, EMERGENCY DEPARTMENT AND OTHER OUTPATIENT SETTINGS EVERY POSTED NOTICE REGARDING FINANCIAL ASSISTANCE POLICIES CONTAINS BRIEF INSTRUCTIONS ON HOW TO APPLY FOR FINANCIAL ASSISTANCE OR A DISCOUNTED PAYMENT THE NOTICES ALSO INCLUDE A CONTACT TELEPHONE NUMBER THAT A PATIENT OR FAMILY MEMBER CAN CALL TO OBTAIN MORE INFORMATION INHS ENSURES THAT APPROPRIATE STAFF MEMBERS ARE KNOWLEDGEABLE ABOUT THE EXISTENCE OF THE HOSPITAL'S FINANCIAL ASSISTANCE POLICIES TRAINING IS PROVIDED TO STAFF MEMBERS (I E , BILLING OFFICE, FINANCIAL DEPARTMENT, ETC) WHO DIRECTLY INTERACT WITH PATIENTS REGARDING THEIR HOSPITAL BILLS WHEN COMMUNICATING TO PATIENTS REGARDING THEIR FINANCIAL ASSISTANCE POLICIES, INHS ATTEMPTS TO DO SO IN THE PRIMARY LANGUAGE OF THE PATIENT, OR HIS/HER FAMILY, IF REASONABLY POSSIBLE, AND IN A MANNER CONSISTENT WITH ALL APPLICABLE FEDERAL AND STATE LAWS AND REGULATIONS INHS SHARES THEIR FINANCIAL ASSISTANCE POLICIES WITH APPROPRIATE COMMUNITY HEALTH AND HUMAN SERVICES AGENCIES AND OTHER ORGANIZATIONS THAT ASSIST SUCH PATIENTS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 4	IN 2016, SPOKANE COUNTY WAS THE FOURTH MOST POPULOUS COUNTY IN THE STATE WITH 492,530 THE CITY OF SPOKANE WAS THE STATE'S SECOND MOST POPULOUS INCORPORATED CITY WITH 214,500 INDIVIDUALS IN 2016, SENIORS MADE UP THE SMALLEST PROPORTION OF THE COUNTY POPULATION, ALTHOUGH, THIS AGE SEGMENT SAW THE LARGEST INCREASE IN PROPORTION OVER THE LAST DECADE AT 3% IN 2016 THE POPULATION COMPRISED - 22 8% YOUTH (0-17 YEARS)- 23 8% YOUNG ADULTS (18-34 YEARS)- 37 8% OLDER ADULTS (35-64 YEARS)- 15 6% SENIORS (65 YEARS AND OLDER)AMONG SPOKANE COUNTY RESIDENTS IN 2015, 88 7% PERCENT WERE WHITE, 4 5% WERE OF TWO OR MORE RACES, 2 2% WERE ASIAN, 1 6% WERE AFRICAN AMERICAN/BLACK, 1 3% WERE AMERICAN INDIAN/ALASKA NATIVE, AND 0 5% WERE NATIVE HAWAIIAN/PACIFIC ISLANDER RESIDENTS OF HISPANIC ETHNICITY COMPRISED 5 4% OF SPOKANE COUNTY'S POPULATION AMONG SPOKANE COUNTY ADULTS 25 YEARS OF AGE OR OLDER IN 2015, 25 8% OBTAINED AT LEAST A HIGH SCHOOL EDUCATION/GED, WHILE ANOTHER 39% OBTAINED SOME COLLEGE OR AN AA DEGREE, AND 28 4% OBTAINED A BACHELOR'S DEGREE OR HIGHER ONLY 6 8% DID NOT GRADUATE FROM HIGH SCHOOL IN 2016, THE PROJECTED MEDIAN HOUSEHOLD INCOME IN SPOKANE COUNTY WAS $49,482, COMPARED TO $65,500 STATEWIDE IN 2015, 15 5% OF INDIVIDUALS IN THE COUNTY LIVED BELOW 100% FEDERAL POVERTY LEVEL (FPL), AND 36 5% LIVED BELOW 200% FPL THE PROPORTION OF SPOKANE COUNTY RESIDENTS LIVING IN POVERTY (BELOW 200% FPL) WAS SIGNIFICANTLY HIGHER THAN THE STATEWIDE PROPORTION (28 6%) THE TOP THREE CAUSES OF DEATH IN SPOKANE COUNTY IN 2016 WERE CANCER AT 22 2%, HEART DISEASE AT 17 4%, AND UNINTENTIONAL INJURY AT 7 7% STROKE WAS THE 6TH LEADING CAUSE OF DEATH AT 5 1% SUICIDE WAS THE 8TH LEADING CAUSE OF DEATH AT 2 0% AMONG THOSE 12-24 YEARS OF AGE, SUICIDE ACCOUNTED FOR 24 5% OF ALL DEATHS, AND FOR THOSE 25-44 YEARS OF AGE, 18 3% OF ALL DEATHS SPOKANE COUNTY ENCOMPASSED 6 8% OF THE STATE'S POPULATION WITH A DISABILITY DISABILITY INCLUDES THOSE WITH IMPAIRMENTS COMMON TO ST LUKE'S PATIENTS, INCLUDING LIMITATIONS IN HEARING, VISION, COGNITION, AMBULATION, SELF-CARE, AND INDEPENDENT LIVING AMONG THOSE 75 YEARS OF AGE OR OLDER, 57 5% WERE LIVING WITH A DISABILITY OVERALL, SPOKANE COUNTY HAS HIGHER DISABILITY RATES THAN THE STATE THERE ARE 4 ACUTE HOSPITALS IN THE COUNTY OTHER THAN ST LUKE'S REHABILITATION INSTITUTE
Part VI, Line 5	INHS PROVIDES VITAL COMMUNITY HEALTH SERVICES AND ADDRESSES THE NEEDS OF THE UNINSURED AND UNDERSINSURED THROUGH ITS FINANCIAL ASSISTANCE PROGRAM PROVIDING FREE AND DISCOUNTED CARE INHS IS COMMITTED TO PROMOTING THE HEALTH AND QUALITY OF LIFE IN ITS SURROUNDING COMMUNITY THIS IS DEMONSTRATED THROUGH THE FOLLOWING MECHANISMS 1) OPEN MEDICAL STAFF 2) ROBUST COMMUNITY BENEFIT PROGRAMS THAT ADDRESS COMMUNITY HEALTH NEEDS SEE STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 6	ON JULY 1, 2016, PROVIDENCE HEALTH & SERVICES (PHS) AND ST JOSEPH HEALTH SYSTEM (SJHS) ENTERED INTO A BUSINESS COMBINATION AGREEMENT BY COMING TOGETHER, PROVIDENCE ST JOSEPH HEALTH SEEKS TO BETTER SERVE ITS COMMUNITIES THROUGH GREATER PATIENT AFFORDABILITY, OUTSTANDING CLINICAL CARE, IMPROVEMENTS TO THE PATIENT EXPERIENCE AND INTRODUCTION OF NEW SERVICES WHERE THEY ARE NEEDED MOST TOGETHER, OUR CAREGIVERS SERVE IN 51 HOSPITALS AND 829 CLINICS ACROSS ALASKA, CALIFORNIA, MONTANA, NEW MEXICO, OREGON, TEXAS AND WASHINGTON
Part VI, Line 7, Reports Filed With States	WA

Additional Data

Software ID:

Software Version:

EIN: 91-1307555

Name: INLAND NORTHWEST HEALTH SERVICES

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? **1** Name, address, primary website address, and state license number		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	**Other (Describe)**	**Facility reporting group**
1	ST LUKE'S REHABILITATION INSTITUTE 711 S COWLEY STREET SPOKANE, WA 99202 WWW ST-LUKES ORG 157	X									

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

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

Form and Line Reference	Explanation
ST LUKE'S REHABILITATION INSTITUTE	Part V, Section B, Line 3j PART V, SECTION B, LINE 3ETHE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFIED THROUGH THE CHNA
ST LUKE'S REHABILITATION INSTITUTE	Part V, Section B, Line 5 ST LUKE'S REHABILITATION INSTITUTE PARTNERED WITH THE SPOKANE REGIONAL HEALTH DISTRICT (SRHD), PRIORITY SPOKANE, AND OTHERS IN THE COMMUNITY TO CONDUCT THE 2018 COMMUNITY NEEDS ASSESSMENT USING THE MOST RECENT DATA AVAILABLE THE PURPOSE WAS TO PRIORITIZE THE NEEDS OF THE COMMUNITY, ESPECIALLY AMONG THOSE LIVING IN POVERTY AND WITH THE LEAST ACCESS TO RESOURCES, AND TO PROMOTE COLLABORATIVE OPPORTUNITIES TO IMPROVE HEALTH AND WELL-BEING IN SPOKANE COUNTY OVER 400 EMAIL INVITATIONS WERE EXTENDED TO COMMUNITY MEMBERS TO PARTICIPATE IN ONE OF SIX TASK FORCE COMMITTEES HEALTHY PEOPLE, EDUCATION, ECONOMIC VITALITY, PUBLIC SAFETY, ENVIRONMENT, AND HOUSING AND TRANSPORTATION THE PROCESS TO IDENTIFY COMMUNITY HEALTH NEEDS BEGAN WITH A BROAD COMMUNITY-WIDE COORDINATED ASSESSMENT PROCESS IN ORDER TO ALIGN THE NEEDS OF THE MANY ORGANIZATIONS, INCLUDING ST LUKE'S, WHO ARE REQUIRED TO PERFORM PERIODIC ASSESSMENTS OF COMMUNITY NEEDS IN 2017-2018, SRHD CONVENED STAKEHOLDERS FROM ACROSS SPOKANE COUNTY IN A MULTI-MEETING ASSESSMENT PROCESS IN WHICH TASK FORCES ON ECONOMIC VITALITY (72 PARTICIPANTS), EDUCATION (68 PARTICIPANTS), ENVIRONMENT (51 PARTICIPANTS), HEALTHY PEOPLE (146 PARTICIPANTS), HOUSING/TRANSPORTATION (115 PARTICIPANTS), AND PUBLIC SAFETY (77 PARTICIPANTS) IDENTIFIED THE MOST PRESSING NEEDS IN THE COMMUNITY WITHIN THEIR DOMAINS, ALL OF WHICH ARE DETERMINANTS OF COMMUNITY HEALTH ST LUKE'S PARTICIPATED IN THE 2018 HEALTHY PEOPLE TASK FORCE AS AN INITIAL EVENT IN ITS CHNA PROCESS A SCHEMATIC SUPPLIED BY SRHD OF THE BROAD COMMUNITY-WIDE COORDINATED ASSESSMENT PROCESS IS LOCATED IN APPENDIX 1 COMMUNITY INPUT TASK FORCES WERE UTILIZED TO OBTAIN THE VOICE OF THOSE WORKING AND LIVING IN OUR COMMUNITY MULTIPLE MEETINGS WERE SET FOR EACH TASK FORCE TO GAIN INPUT FROM OTHERS EXPERIENCING OR SPECIALIZING IN THAT SPECIFIC AREA AN EXPLANATION OF DIRECT COMMUNITY INPUT CAN BE FOUND ON THE SPOKANE REGIONAL HEALTH DISTRICT WEBSITE, HTTPS //SRHD ORG/DATA-AND-REPORTS FOR THE JOINT NEEDS ASSESSMENT DOCUMENT SECONDARY DATA DATA REVIEWED BY THE COMMUNITY AND USED TO PRIORITIZE THE COMMUNITY NEEDS CAN BE FOUND AT HTTP //WWW COMMUNITYINDICATORS EWU EDU/CATEGORY CFM? ID=0

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

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

Form and Line Reference	Explanation
ST LUKE'S REHABILITATION INSTITUTE	Part V, Section B, Line 6a PROVIDENCE HEALTH & SERVICES - WASHINGTON DBA PROVIDENCE HEALTH CARE
ST LUKE'S REHABILITATION INSTITUTE	Part V, Section B, Line 11 AS A RESULT OF THE FINDINGS OF OUR 2018 CHNA AND THROUGH A PRIORITIZATION PROCESS ALIGNED WITH OUR MISSION, RESOURCES, AND HOSPITAL STRATEGIC PLAN, ST LUKE'S REHABILITATION INSTITUTE WILL FOCUS ON THE FOLLOWING AREAS FOR ITS 2019 - 2021 COMMUNITY BENEFIT EFFORTS 1 INITIATIVE/COMMUNITY NEED BEING ADDRESSED REDUCE SUICIDE RATES BY IMPROVING LIFE PRESERVATION STRATEGIESGOAL (ANTICIPATED IMPACT) INCREASE DETECTION OF THOSE INTENDING/ATTEMPTING SUICIDE OR WITH DEPRESSION IN OUR COMMUNITY WHILE INCREASING ACCESS TO COMMUNITY PARTNERS WHO PROVIDE MENTAL HEALTH SERVICES SCOPE (TARGET POPULATION) THOSE NEEDING MENTAL HEALTH SERVICES FOR SUICIDAL IDEATION/ATTEMPT OR DEPRESSION WHILE IN ST LUKE'S CARE 2 INITIATIVE/COMMUNITY NEED BEING ADDRESSED DEVELOP A MORE EDUCATED WORKFORCEGOAL (ANTICIPATED IMPACT) INCREASE NUMBER OF INDIVIDUALS BEING EDUCATED FOR CAREERS IN HEALTH CARE SCOPE (TARGET POPULATION) THOSE IN SPOKANE COUNTY SEEKING A CAREER IN HEALTH CARE THE FOLLOWING COMMUNITY HEALTH NEEDS IDENTIFIED IN THE COMMUNITY-WIDE CHNA PROCESS WILL NOT BE ADDRESSED AND AN EXPLANATION IS PROVIDED BELOW - NEEDS DELINEATED UNDER EDUCATION, ENVIRONMENT, HOUSING AND TRANSPORTATION, AND PUBLIC SAFETY WILL NOT BE ADDRESSED BY ST LUKE'S AS THIS IS BEYOND THE SCOPE OF OUR EXPERTISE HOWEVER, AS AN ORGANIZATION, WE ARE COMMITTED TO PARTNERING WITH LIKEMINDED ORGANIZATIONS IN THE COMMUNITY WHO ARE EXPERIENCED IN ADDRESSING AFOREMENTIONED NEEDS - ST LUKE'S WILL BE ADDRESSING THE HEALTHY PEOPLE SUB-CATEGORY OF REDUCING SUICIDE RATES BY IMPROVING LIFE PRESERVATION STRATEGIES AND ECONOMIC VITALITY SUB-CATEGORY OF DEVELOPING A MORE EDUCATED WORKFORCE OTHER SUB-CATEGORIES OF THESE DOMAINS ARE BEYOND OUR CURRENT SCOPE OF EXPERTISE

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

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

Form and Line Reference	Explanation
ST LUKE'S REHABILITATION INSTITUTE	Part V, Section B, Line 13b THE ORGANIZATION USES FPG TO DETERMINE THE PATIENT'S ELIGIBILITY FOR FREE OR DISCOUNTED CARE IN ADDITION, THE ORGANIZATION WILL REVIEW FAMILY ASSETS, INCLUDING BANK STATEMENTS, THE PATIENT'S FUTURE EARNING CAPACITY, THE EXISTENCE OF OTHER EXTRAORDINARY FAMILY EXPENSES, INCLUDING RENT EXPENSES, AND THE PATIENT'S ABILITY TO MAKE PAYMENTS OVER TIME, AS REFLECTED BY A THIRD PARTY CREDIT REPORT OR OTHER DOCUMENTATION
Part V, Section B, Line 9	THE HOSPITAL FACILITY ADOPTED ITS IMPLEMENTATION STRATEGY ASSOCIATED WITH THE 2018 COMMUNITY HEALTH NEEDS ASSESSMENT ON APRIL 22, 2019, IN ACCORDANCE WITH INTERNAL REVENUE CODE SECTION 1 501(R)-3(A)(1)

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
INLAND NORTHWEST HEALTH SERVICES

Employer identification number
91-1307555

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☐ Yes ☑ No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ISLAND HOSPITAL 1211 24TH STREET ANACORTES, WA 98221	91-0729255	GOVT	25,000		FMV		GENERAL SUPPORT
(2) VALLEY PRESBYTERIAN HOSPITAL FOUNDATION 15107 VANOWEN STREET VAN NUYS, CA 91405	90-1119606	501 (C)(3)	6,500		FMV		GENERAL SUPPORT

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

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
INLAND NORTHWEST HEALTH SERVICES

Employer identification number
91-1307555

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
Part I, Line 1a	MEMBERSHIP FEES ARE PAID TO THE SPOKANE CLUB FOR KEY EMPLOYEES FOR THE SOLE PURPOSE OF HOLDING BUSINESS MEETINGS WITH CUSTOMERS, CLIENTS AND VENDORS AMOUNTS ARE NOT INCLUDED AS TAXABLE COMPENSATION FOR THE KEY EMPLOYEES

Return Reference	Explanation
Part I, Line 3	THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER/TOP MANAGEMENT OFFICIAL IS PAID BY ITS TAX EXEMPT PARENT, PROVIDENCE HEALTH & SERVICES - WASHINGTON, AND IS DISCLOSED AS A PERSON PAID BY A RELATED ORGANIZATION SEE SCHEDULE O, PART VI, LINE 15A FOR THE PROCESS USED BY PROVIDENCE HEALTH & SERVICES - WASHINGTON

Return Reference	Explanation
Part I, Line 4b	ENTITIES WITHIN THE PSJH SYSTEM SPONSOR NON-QUALIFIED SUPPLEMENTAL EXECUTIVE RETIREMENT PLANS FOR CERTAIN EXECUTIVES THE PLANS PROVIDE FOR EMPLOYER CONTRIBUTIONS BASED ON A PERCENTAGE OF EXECUTIVE BASE SALARY AND, DEPENDING ON THE PLAN, ARE SUBJECT TO EITHER A THREE YEAR, AGE 59 1/2 OR A FIVE YEAR, AGE 65 VESTING SCHEDULE CERTAIN EXECUTIVES PARTICIPATE IN A NON-QUALIFIED SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN PROVIDED BY A RELATED ENTITY THE AMOUNTS SHOWN IN COLUMN F OF PART II REFLECT CURRENT YEAR PAYOUTS FROM THIS PLAN

Return Reference	Explanation
FORM 990, SCHEDULE J, PART II - EXECUTIVE INCENTIVE PROGRAM	THE PROVIDENCE EXECUTIVE INCENTIVE PROGRAM PROVIDES A LUMP SUM AWARD ANNUALLY AS A PERCENT OF THE EXECUTIVE'S BASE PAY PERCENT OPPORTUNITIES ARE ALIGNED WITH OUR TOTAL COMPENSATION PHILOSOPHY AS OUTLINED IN PART VI, SECTION B, LINE 15 (PROCESS FOR DETERMINING COMPENSATION OF TOP MANAGEMENT, OFFICERS & KEY EMPLOYEES) FOR PROVIDENCE LEADERS, THE PERFORMANCE AWARD IS BASED ON THE LEVEL OF ACCOMPLISHMENT OF ANNUAL SYSTEM AND FUNCTIONAL (OR MARKET) OBJECTIVES IN 2018, 60 PERCENT OF THE PARTICIPANT AWARDS WERE BASED ON PRE-DETERMINED ORGANIZATIONAL GOALS CONSISTENT WITH PROVIDENCE'S STRATEGIC PRIORITIES IN 2018 THE PERCENT ALLOCATION FOR EACH OF THESE STRATEGIC PRIORITIES WAS AS OUTLINED BELOW SYSTEM GOALS FIRST-YEAR TURNOVER - 10% INPATIENT EXPERIENCE - 5% PATIENT EXPERIENCE - 5% MEDICAL GROUP PATIENT EXPERIENCE - 5% COMMUNITY BENEFIT - 10% CLINICAL EXCELLENCE - 15% FREE CASH FLOW - 10% THE REMAINING 40% WAS BASED ON A ROBUST SET OF FUNCTION SPECIFIC GOALS DESIGNED TO ALIGN CRITICAL MISSION AND BUSINESS DRIVERS

Additional Data

Software ID:
Software Version:
EIN: 91-1307555
Name: INLAND NORTHWEST HEALTH SERVICES

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ELAINE COUTURE CEO	(i)	0	0	0	0	0	0	0
	(ii)	748,880	401,570	141,016	442,610	24,086	1,758,162	114,992
FREDERICK LEE GALUSHA ENGAGE CHIEF EXECUTIVE	(i)	364,671	65,696	10,304	17,842	11,759	470,272	0
	(ii)	0	0	0	0	0	0	0
HELEN ANDRUS CFO	(i)	0	0	0	0	0	0	0
	(ii)	311,687	29,073	27,403	172,927	20,381	561,471	5,672
DANIEL ENGLE SENIOR DIRECTOR	(i)	217,647	0	1,940	7,670	15,329	242,586	0
	(ii)	0	0	0	0	0	0	0
GREGORY CARTER CMO	(i)	358,415	64,835	3,467	17,875	15,329	459,921	0
	(ii)	0	0	0	0	0	0	0
MARCIA CHEADLE SENIOR DIRECTOR	(i)	209,276	0	0	13,539	9,440	232,255	0
	(ii)	0	0	0	0	0	0	0
MICHAEL SMYLY CHIEF BUS DEV OFFICER	(i)	206,836	113,716	1,961	16,622	12,935	352,070	0
	(ii)	0	0	0	0	0	0	0
NANCY WEBSTER ADMINISTRATOR, ST LUKES	(i)	209,757	36,654	2,944	15,588	5,905	270,848	0
	(ii)	0	0	0	0	0	0	0
SEAN REIS SENIOR DIRECTOR	(i)	174,720	0	0	11,296	9,415	195,431	0
	(ii)	0	0	0	0	0	0	0
FRANK JACKSON PHYSIATRIST	(i)	256,852	0	521	10,205	15,287	282,865	0
	(ii)	0	0	0	0	0	0	0
JULIA DAHER PHYSIATRIST	(i)	239,706	24,846	467	17,256	11,793	294,068	0
	(ii)	0	0	0	0	0	0	0
KEVIN PIDGEON PHYSIATRIST	(i)	273,056	0	4,055	11,922	5,888	294,921	0
	(ii)	0	0	0	0	0	0	0
MARK VARGA PHYSIATRIST	(i)	257,006	13,998	2,414	15,152	9,440	298,010	0
	(ii)	0	0	0	0	0	0	0
PATRICE STEVENSON PHYSIATRIST	(i)	270,599	25,272	3,916	17,026	11,793	328,606	0
	(ii)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
INLAND NORTHWEST HEALTH SERVICES

Employer identification number
91-1307555

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	WASHINGTON HEALTH CARE FACILITIES AUTHORITY	91-1108929		06-18-2009	7,462,500	CONDOMINIUMIZED PORTION OF BUILDING		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	1,500,000			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	7,462,500			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	7,462,500			
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2009			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X						
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?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X						
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?								
4	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 ▶								
5	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 ▶		1 730 %						
6	Total of lines 4 and 5		1 730 %						
7	Does the bond issue meet the private security or payment test?		X						
8a	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 issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X							

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X						
b	Exception to rebate?	X							
c	No rebate due?		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X							

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
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 if self-remediation is not available under applicable regulations?	X							

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

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 2	SINCE THE PROCEEDS WERE EXPENDED WITHIN THE FIRST SIX MONTHS AND THERE IS NO RESERVE FUND, NO REBATE CALCULATIONS ARE REQUIRED

Additional Data

Software ID:
Software Version:
EIN: 91-1307555
Name: INLAND NORTHWEST HEALTH SERVICES

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 2	SINCE THE PROCEEDS WERE EXPENDED WITHIN THE FIRST SIX MONTHS AND THERE IS NO RESERVE FUND, NO REBATE CALCULATIONS ARE REQUIRED

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
INLAND NORTHWEST HEALTH SERVICES

Employer identification number
91-1307555

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	PROVIDENCE HEALTH & SERVICES - WASHINGTON IS THE SOLE CORPORATE MEMBER OF INLAND NORTHWEST HEALTH SERVICES

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	INLAND NORTHWEST HEALTH SERVICES HAS A TIERED GOVERNANCE IN WHICH THE CORPORATE MEMBER RESERVES THE RIGHT TO APPOINT DIRECTORS TO THE INLAND NORTHWEST HEALTH SERVICES BOARD ALL DIRECTOR NOMINATIONS THAT COME FROM THE INLAND NORTHWEST HEALTH SERVICES BOARD AS NOMINATIONS MUST BE APPROVED BY PROVIDENCE HEALTH & SERVICES - WASHINGTON, AS THE CORPORATE MEMBER

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	THE FORM 990 WAS PREPARED BASED ON INFORMATION RECEIVED FROM VARIOUS DEPARTMENTS OF THE ORGANIZATION INCLUDING THE FINANCE TEAM, HUMAN RESOURCES, PAYROLL, COMPLIANCE AND THE GENERAL COUNSEL'S OFFICE THE ORGANIZATION ENGAGED AN OUTSIDE ACCOUNTING FIRM TO PREPARE THE RETURN THE RETURN HAS BEEN REVIEWED BY AN OFFICER OF THE ORGANIZATION MANAGEMENT PRESENTED THE RETURNS TO THE AUDIT COMMITTEE, AND DISCUSSED KEY DISCLOSURES AND INFORMATION INCLUDED IN THE FORM 990 IN ADDITION, A COPY OF THE FORM 990 WAS DISTRIBUTED TO ALL VOTING MEMBERS OF THE BOARD PRIOR TO FILING

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15b	FOR OFFICERS AND KEY EMPLOYEES PAID BY INHS, COMPENSATION PACKAGES ARE CALCULATED BY THE P ROVIDENCE HEALTH & SERVICES COMPENSATION TEAM AND THEN REVIEWED AND APPROVED BY INHS HUMAN RESOURCES FOR OFFICERS AND KEY EMPLOYEES PAID THROUGH PROVIDENCE HEALTH & SERVICES, THE FOLLOWING DISCUSSES THE PROCESS UTILIZED THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER IS PA ID BY ITS TAX EXEMPT PARENT, PROVIDENCE HEALTH & SERVICES - WASHINGTON, AND IS DISCLOSED A S A PERSON PAID BY A RELATED ORGANIZATION IT IS PROVIDENCE ST JOSEPH HEALTH'S INTENTION TO MAKE FINANCIAL INFORMATION ACCESSIBLE AND TRANSPARENT ALTHOUGH THE FILING OF FORM 990 PROVIDES INSIGHT INTO HOW PROVIDENCE ST JOSEPH HEALTH ACHIEVES ITS MISSION, DELIVERS ITS PROGRAMS AND STEWARDS ITS FINANCES, DECIPHERING THE INFORMATION DIRECTLY FROM FORM 990 CAN BE CHALLENGING THE FOLLOWING PARAGRAPHS PROVIDE FURTHER INFORMATION ABOUT THE PROCESS WE USE TO DETERMINE COMPENSATION FOR TOP MANAGEMENT, OFFICERS AND KEY EMPLOYEES PROVIDENCE ST JOSEPH HEALTH HAS A SINGLE FIDUCIARY BOARD, WITH RESPONSIBILITY FOR FINANCIAL OVERSIGH T ASSOCIATED WITH FULFILLMENT OF THE PROVIDENCE ST JOSEPH HEALTH MISSION, DEVELOPING SYST EM POLICIES, PROTECTING THE ASSETS ENTRUSTED TO THE ORGANIZATION AND OVERSEEING THE STRATE GIC AND OPERATIONAL AFFAIRS OF PROVIDENCE ST JOSEPH HEALTH'S LEGAL ENTITIES PROVIDENCE S T JOSEPH HEALTH ALSO MAINTAINS A NETWORK OF COMMUNITY ENTITY BOARDS WITH RESPONSIBILITY F OR QUALITY OF CARE OVERSIGHT, COMMUNITY RELATIONS, ADVOCACY AND COMMUNITY NEEDS ASSESSMENT S PROVIDENCE ST JOSEPH HEALTH HAS A CONSISTENT COMPENSATION PHILOSOPHY FOR ALL OF ITS OF FICERS, INCLUDING OUR SENIOR EXECUTIVES SALARIES FOR SENIOR EXECUTIVES ARE REVIEWED BY TH E PROVIDENCE ST JOSEPH HEALTH COMMITTEE THE BOARD RETAINS AN INDEPENDENT CONSULTANT EACH YEAR TO REVIEW SALARIES OF THOSE IN THE MOST SIGNIFICANT LEADERSHIP ROLES IN THE ORGANIZA TION PART OF THE CONSULTANT'S ROLE IS TO REVIEW AN EXTENSIVE ARRAY OF COMPENSATION SURVEY S OF LARGE, NOT-FOR-PROFIT HEALTH CARE SYSTEMS IN THE UNITED STATES PROVIDENCE ST JOSEPH HEALTH IS ONE OF THE LARGER HEALTH SYSTEMS IN THE COUNTRY, AND AS SUCH, THE BOARD BENCHMA RKS EXECUTIVE COMPENSATION AGAINST OTHER LARGE, NOT-FOR-PROFIT HEALTH SYSTEMS WHOSE REVENU E IS SIMILAR TO THAT OF PROVIDENCE ST JOSEPH HEALTH ADDITIONALLY, PROVIDENCE ST JOSEPH HEALTH'S LABOR MARKET CONTINUES TO SPREAD ACROSS HEALTH CARE AND INTO GENERAL INDUSTRY BE CAUSE OF THIS, PROVIDENCE ST JOSEPH HEALTH ALSO TAKES INTO CONSIDERATION GENERAL INDUSTRY FOR-PROFIT MARKET DATA, WHERE APPLICABLE BASE SALARIES FOR PROVIDENCE ST JOSEPH HEALTH EXECUTIVES ARE GENERALLY TARGETED TO THE MEDIAN LEVEL OF THE MARKET, AS IDENTIFIED BY THE INDEPENDENT CONSULTANT AND REVIEWED WITH THE EXECUTIVE COMPENSATION COMMITTEE THE PRESIDE NT/CEO UTILIZES THE MARKET INFORMATION PROVIDED BY THE CONSULTANT ALONG WITH FORMAL PERFOR MANCE EVALUATIONS, TO DETERMINE SALARY RECOMMENDATIONS FOR OTHER SENIOR EXECUTIVES THIS P ROCESS INCLUDES A RIGOROUS ANA

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15b	LYSIS OF THOSE RECOMMENDATIONS WITH THE EXECUTIVE COMPENSATION COMMITTEE AS A PART OF THE REVIEW AND APPROVAL PROCESS PERFORMANCE INCENTIVES ALLOW EXECUTIVES TO EARN ADDITIONAL CO MPENSATION IF THEY ACHIEVE SPECIFIC ORGANIZATIONAL GOALS FOR FURTHERING PROVIDENCE ST JOS EPH HEALTH OPERATING COMMITMENTS AND STRATEGIC OBJECTIVES THE BOARD OF DIRECTORS CONDUCTS A THOROUGH REVIEW PROCESS TO ENSURE PERFORMANCE INCENTIVES ARE ALIGNED WITH APPROPRIATE M ARKET PRACTICES THE BOARD'S PROCESS FOR EXECUTIVE COMPENSATION FULLY COMPLIES WITH IRS ST ANDARDS AND MIRRORS BEST PRACTICES THE PROCESS TO REVIEW COMPENSATION WAS LAST COMPLETED MARCH 5, 2019

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST THE PSJH COMMUNITY BENEFIT REPORTS, FINANCIAL REPORTS, AND PHILANTHROPY REPORTS ARE ALSO AVAILABLE ON THE PSJH INTERNET SITE AUDITED FINANCIAL STATEMENTS ARE ATTACHED TO FORM 990

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	FAS 136 - RECIPIENT ORGANIZATION ADJUSTMENT 71,886 NET ASSET TRANSFERS TO AFFILIATES -4,313,699

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
INLAND NORTHWEST HEALTH SERVICES

Employer identification number
91-1307555

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

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

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

See Additional Data Table

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

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

See Additional Data Table

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

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

See Additional Data Table

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

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

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or**(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)PROVIDENCE HEALTH CARE FOUNDATION - EASTERN WASHINGTON	C	132,058	COST

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 91-1307555
Name: INLAND NORTHWEST HEALTH SERVICES

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 61-1573313	HEALTHCARE	TX	501(c)(3)	12,I	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 46-1259908	HEALTHCARE	CA	501(c)(3)	12,III	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 46-3516417	HEALTHCARE	TX	501(c)(3)	12,I	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 75-2765566	HEALTHCARE	TX	501(c)(3)	3	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 75-2897026	HEALTHCARE	TX	501(c)(3)	7	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 82-2913146	HEALTHCARE	TX	501(c)(3)	3	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 75-2743883	HEALTHCARE	TX	501(c)(3)	3	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1082119	UNEMPLOYMENT	WA	501(c)(3)	12,I	PHS WA	Yes	
PO Box 5128 EVERETT, WA 982065128 94-3264605	TRANS CARE	WA	501(c)(3)	10	N/A		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-4322584	SUPPORT	CA	501(c)(3)	7	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 20-1910170	SUPPORT	WA	501(c)(3)	7	PHS WA	Yes	
2800 SOUTH 192ND ST 104 SEATAC, WA 98188 27-3133200	HEALTHCARE	WA	501(c)(3)	7	SHS	Yes	
1 HOAG DRIVE PO BOX 6100 NEWPORT BEACH, CA 926586100 45-3583707	HEALTHCARE	CA	501(c)(3)	12,I	HMHP	Yes	
2081 BUSINESS CENTER DR STE 195 IRVINE, CA 92612 45-2982422	SUPPORT	CA	501(c)(3)	7	HHF	Yes	
1 HOAG DRIVE PO BOX 6100 NEWPORT BEACH, CA 926586100 33-0676831	HEALTHCARE	CA	501(c)(3)	10	HMHP	Yes	
330 PLACENTIA AVE NEWPORT BEACH, CA 92663 95-3222343	FUNDRAISING	CA	501(c)(3)	7	HMHP	Yes	
1 HOAG DRIVE PO BOX 6100 NEWPORT BEACH, CA 926586100 95-1643327	HEALTHCARE	CA	501(c)(3)	3	CHN	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 75-2133781	HEALTHCARE	TX	501(c)(3)	10	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 81-4260130	HEALTHCARE	WA	501(c)(3)	7	PHS SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-2003593	HEALTHCARE	WA	501(c)(3)	7	WHC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-4291515	HEALTHCARE	CA	501(c)(3)	4	PSJHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-6033089	SUPPORT	WA	501(c)(3)	12,III	KRMC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 23-7005501	SUPPORT	WA	501(c)(3)	12,I	KRMC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-0655392	HEALTHCARE	WA	501(c)(3)	3	WHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 33-0844408	IMAGING SVCS	CA	501(c)(3)	10	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 75-2220963	HEALTHCARE	TX	501(c)(3)	7	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1562797	SUPPORT	OR	501(c)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-2054035	RESEARCH	WA	501(c)(3)	7	SHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 75-2428911	HEALTHCARE	TX	501(c)(3)	3	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 75-2246348	HEALTHCARE	TX	501(c)(3)	3	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 75-2426010	HEALTHCARE	TX	501(c)(3)	3	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-1643360	HEALTHCARE	CA	501(c)(3)	3	CHN	Yes	
PO BOX 16069 SEATTLE, WA 98116 20-0799737	SUPPORT	WA	501(c)(3)	12,I	SHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 56-2290878	HEALTHCARE	WA	501(c)(3)	10	WHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-3544877	HEALTHCARE	CA	501(c)(3)	7	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 92-0093565	HEALTHCARE	AK	501(c)(3)	12,I	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1940286	HEALTHCARE	OR	501(c)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1789266	SUPPORT	WA	501(c)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 93-0800140	SUPPORT	OR	501(c)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 93-0692907	HEALTHCARE	OR	501(c)(3)	7	PHS OR	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-3385506	SUPPORT	WA	501(c)(3)	7	N/A		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 31-1744654	SUPPORT	WA	501(c)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1549796	HEALTHCARE	WA	501(c)(3)	12,II	PSJH		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 81-0231793	HEALTHCARE	MT	501(c)(3)	3	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 51-0216587	HEALTHCARE	OR	501(c)(3)	3	PHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 51-0216586	HEALTHCARE	WA	501(c)(3)	3	PHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1303277	HEALTHCARE	WA	501(c)(3)	3	PMWHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 55-0828701	MEDICAID	OR	501(c)(4)	N/A	PHP	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 32-0014330	HEALTHCARE	WA	501(c)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1433382	HEALTHCARE	WA	501(c)(3)	7	PHS W WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 93-0863097	HEALTHCARE	OR	501(c)(4)	N/A	PPP	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 51-0216589	HEALTHCARE	CA	501(c)(3)	3	PHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 93-0921990	HEALTHCARE	OR	501(c)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 27-2552749	HEALTHCARE	WA	501(c)(3)	7	PHS W WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-2077378	HEALTHCARE	WA	501(c)(3)	7	PHS W WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 51-0224944	HEALTHCARE	CA	501(c)(3)	7	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 93-1554288	HEALTHCARE	WA	501(c)(3)	12,I	PHS W WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 33-0283773	HEALTHCARE	CA	501(c)(3)	12,I	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 94-3079515	HEALTHCARE	OR	501(c)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016	RELIGIOUS ORG	WA	501(c)(3)	1	N/A		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1188119	HEALTHCARE	WA	501(c)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 93-0889144	HEALTHCARE	OR	501(c)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 31-1629656	SUPPORT	WA	501(c)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1861964	HEALTHCARE	WA	501(c)(4)	N/A	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 93-1231494	HEALTHCARE	OR	501(c)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 31-1584166	SUPPORT	WA	501(c)(3)	10	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-1684082	HEALTHCARE	CA	501(c)(3)	3	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 81-4542216	HEALTHCARE	CA	501(c)(3)	3	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 93-0927320	HEALTHCARE	OR	501(c)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-2171539	SUPPORT	WA	501(c)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 94-3244854	SUPPORT	WA	501(c)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 81-1244422	HEALTHCARE	WA	501(c)(3)	12,III	N/A		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 94-3078543	HEALTHCARE	WA	501(c)(3)	12,I	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 81-0463482	HEALTHCARE	MT	501(c)(3)	3	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 45-2841492	HEALTHCARE	WA	501(c)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1097056	SUPPORT	WA	501(c)(3)	7	PHS W WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 93-0575982	HEALTHCARE	OR	501(c)(3)	7	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-3264139	HEALTHCARE	CA	501(c)(3)	10	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 33-0261016	HEALTHCARE	CA	501(c)(3)	7	PTCH	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 93-1003750	HEALTHCARE	OR	501(c)(3)	12, I	PHS OR	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 94-1243669	HEALTHCARE	CA	501(c)(3)	3	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 94-2779313	HEALTHCARE	CA	501(c)(3)	7	RMH	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 94-1384665	HEALTHCARE	CA	501(c)(3)	3	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-6100079	SUPPORT	CA	501(c)(3)	7	PSJHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 94-1231005	HEALTHCARE	CA	501(c)(3)	3	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 61-1502822	PHYSN COLLAB	WA	501(c)(3)	7	WHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 26-2612415	SHELL CORP	MT	501(c)(3)	1	PHS WA		No
480 S BATAVIA ORANGE, CA 92868 95-1643383	RELIGIOUS ORG	CA	501(c)(3)	1	N/A		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 68-0395200	HEALTHCARE	CA	501(c)(3)	3	SRMH	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 27-1666576	RELIGIOUS ORG	CA	501(c)(3)	1	SSJO		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 81-4791043	HEALTHCARE	CA	501(c)(3)	3	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-3589356	HEALTHCARE	CA	501(c)(3)	12,I	PSJH		No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 33-0143024	HEALTHCARE	CA	501(c)(3)	7	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 33-0185031	HEALTHCARE	CA	501(c)(3)	3	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 68-0331084	HEALTHCARE	CA	501(c)(3)	10	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 94-1156596	HEALTHCARE	CA	501(c)(3)	3	SJHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-1643359	HEALTHCARE	CA	501(c)(3)	3	CHN	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-1643324	HEALTHCARE	CA	501(c)(3)	3	CHN	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 94-3176618	SUPPORT	WA	501(c)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-1914489	HEALTHCARE	CA	501(c)(3)	3	CHN	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 75-1653181	HEALTHCARE	TX	501(c)(3)	7	CHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 23-7056976	HEALTHCARE	MT	501(c)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 81-0233495	EDUCATION	MT	501(c)(3)	10	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 27-2305304	HEALTHCARE	WA	501(c)(3)	3	WHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-0433740	HEALTHCARE	WA	501(c)(3)	3	WHC	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-0983214	HEALTHCARE	WA	501(c)(3)	7	SHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 27-3139262	HOLDING CO	WA	501(c)(3)	12,I	SHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1180824	SUPPORT	WA	501(c)(3)	7	PHS WA	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1293869	SUPPORT	CA	501(c)(3)	10	PHS SOCAL	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1214491	SUPPORT	OR	501(c)(3)	10	PHS OR	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 81-0231777	EDUCATION	MT	501(c)(3)	2	PHS	Yes	
1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 45-4171900	SHELL CORPORATION	WA	501(c)(3)	12,II	PHS W WA	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) 20TH STREET SURGERY LLC 1301 20TH STREET STE 140 SANTA MONICA, CA 90404 73-1735618	AMBULATORY SURG	CA	N/A									
(1) BROADWAY IMAGING LLC 500 W BROADWAY MISSOULA, MT 59802 52-2405971	MEDICAL IMAGING	MT	N/A									
(2) CENTER FOR SPECIALTY SURGERY LLC 11782 SW BARNES RD PORTLAND, OR 97225 26-3638838	AMBULATORY SURG	OR	N/A									
(3) CLACKAMAS RADIATION ONCOLOGY CENTER LLC 4400 NE HALSEY ST BLDG II 495 PORTLAND, OR 97213 26-0381897	RADIATION ONCOL	OR	N/A									
(4) COASTAL ASC HOLDINGS LLC ONE HOAG DRIVE PO BOX 6100 NEWPORT BEACH, CA 926586100 81-0986844	HEALTHCARE	CA	N/A									
(5) COVENANT LONG-TERM CARE LP 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 20-5033419	HEALTHCARE	TX	N/A									
(6) CTR FOR MED IMAGING-BRIDGEPORT LLC 4400 NE HALSEY 495 PORTLAND, OR 97213 26-0796953	IMAGING DIAG	OR	N/A									
(7) CTR FOR MED IMAGING-TANASBOURNE LLC 4400 NE HALSEY 495 PORTLAND, OR 97213 20-0477972	IMAGING DIAG	OR	N/A									
(8) FULLERTON SURGICAL CENTER LP 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-0927394	AMBULATORY SURG	CA	N/A									
(9) GREATER VALLEY MEDICAL BUILDING LP 501 S BUENA VISTA ST BURBANK, CA 91505 95-4570858	REAL ESTATE - MOB	CA	N/A									
(10) HCSA PROPERTIES LLC 1600 M STREET NW AUBURN, WA 98001 46-0620892	REAL ESTATE RENT	WA	N/A									
(11) HERITAGE INVESTMENT GROUP I LLC 500 S MAIN STREET STE 1000 ORANGE, CA 92868 27-1000061	INVESTMENTS	CA	N/A									
(12) HOAG ORTHOPEDIC INSTITUTE ONE HOAG DRIVE PO BOX 6100 NEWPORT BEACH, CA 926586100 61-1588294	HEALTHCARE	CA	N/A									
(13) HOAG OUTPATIENT CENTERS LLC 27271 LAS RAMBLAS 350 MISSION VIEJO, CA 92691 45-3587572	HEALTHCARE	CA	N/A									
(14) INLAND IMAGING LLC 801 S STEVENS ST SPOKANE, WA 99204 91-1855796	MEDICAL IMAGING	WA	N/A									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(16) LSC REAL PROPERTY LLC 2301 QUAKER AVENUE LUBBOCK, TX 79410 47-4646059	REAL ESTATE	TX	N/A									
(1) METHODIST DIAGNOSTIC IMAGING 4005 24TH STREET LUBBOCK, TX 79410 75-2343261	HEALTHCARE	TX	N/A									
(2) NEWPORT BAY SURGERY CENTER LLC 3333 W PACIFIC COAST HWY STE 100 NEW PORT BEACH, CA 92663 56-2518360	HEALTHCARE	CA	N/A									
(3) NEWPORT BEACH ENDOSCOPY CENTER LLC 27271 LAS RAMBLAS 350 MISSION VIEJO, CA 92691 77-0368744	HEALTHCARE	CA	N/A									
(4) NEWPORT IMAGING CENTER 360 SAN MIGUEL NEWPORT BEACH, CA 92660 33-0191776	HEALTHCARE	CA	N/A									
(5) NEWPORT SURGICAL PARTNERS LLC 27271 LAS RAMBLAS 350 MISSION VIEJO, CA 92691 39-2060266	HEALTHCARE	CA	N/A									
(6) NORTH BAY ENDOSCOPY CENTER 1383 N MCDOWELL BLVD STE 110 PETALUMA, CA 94954 61-1559876	HEALTHCARE	CA	N/A									
(7) OREGON ADVANCED IMAGING LLC 881 OHARE PARKWAY MEDFORD, OR 97504 45-0471748	MEDICAL IMAGING	OR	N/A									
(8) OREGON OUTPATIENT SURGERY CENTER 7300 SW CHILDS RD TIGARD, OR 97224 22-3883387	AMBULATORY SURG	OR	N/A									
(9) PETCT IMAGING AT SWEDISH CANCER INSTITUTE LLC 1221 MADISON STREET SEATTLE, WA 98104 20-3132044	MEDICAL IMAGING	WA	N/A									
(10) PHS INVESTMENT TRANSITION PORTFOLIO 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-2279711	INVESTMENTS	WA	N/A									
(11) PHS INVESTMENT TRUST 2015 PRIVATE ASSETS PORTFOLIO 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-3393740	INVESTMENTS	WA	N/A									
(12) PHS INVESTMENT TRUST 2016 PRIVATE ASSETS PORTFOLIO 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 81-1532735	INVESTMENTS	WA	N/A									
(13) PHS INVESTMENT TRUST 2016 PRIVATE RE PORTFOLIO 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 81-2960145	INVESTMENTS	WA	N/A									
(14) PHS INVESTMENT TRUST BANK LOANS PORTFOLIO 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-2357735	INVESTMENTS	WA	N/A									

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							Yes	No		Yes	No	
(31) PHS INVESTMENT TRUST COMMODITIES PORTFOLIO 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-2269004	INVESTMENTS	WA	N/A									
(1) PHS INVESTMENT TRUST HEDGE FUND PORTFOLIO 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-2293255	INVESTMENTS	WA	N/A									
(2) PHS INVESTMENT TRUST LDI PORTFOLIO 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-2392060	INVESTMENTS	WA	N/A									
(3) PHS INVESTMENT TRUST LONG TREASURIES PORTFOLIO 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-2385238	INVESTMENTS	WA	N/A									
(4) PHS INVESTMENT TRUST MLP PORTFOLIO 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-2367538	INVESTMENTS	WA	N/A									
(5) PHS INVESTMENT TRUST PUBLIC DEBT PORTFOLIO 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-2353569	INVESTMENTS	WA	N/A									
(6) PHS INVESTMENT TRUST PUBLIC EQUITY PORTFOLIO 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-2283974	INVESTMENTS	WA	N/A									
(7) PHS INVESTMENT TRUST RELATIVE VALUE PORTFOLIO 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-2314743	INVESTMENTS	WA	N/A									
(8) PHS INVESTMENT TRUST RISK PARITY PORTFOLIO 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-2336377	INVESTMENTS	WA	N/A									
(9) PHS INVESTMENT TRUST SHORT TERM INVESTMENT PORTFOLIO 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 81-2701056	INVESTMENTS	WA	N/A									
(10) PHS INVESTMENT TRUST TACTICAL TRADING PORTFOLIO 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-2327491	INVESTMENTS	WA	N/A									
(11) PHS INVESTMENT TRUST TIPS PORTFOLIO 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-2402609	INVESTMENTS	WA	N/A									
(12) PORTLAND MEDICAL IMAGING LLC 4400 NE HALSEY 495 PORTLAND, OR 97213 20-1054971	IMAGING DIAGNOSTICS	OR	N/A									
(13) PROV RADIATION ONCOLOGY DEVELOP ASSN 4400 NE HALSEY 495 PORTLAND, OR 97213 26-0682491	REAL ESTATE - MOB	OR	N/A									
(14) PROVIDENCE CHILDREN'S NEONATAL SERVICES 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-0918549	NEONATAL CARE	WA	N/A									

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							Yes	No		Yes	No	
(46) PROVIDENCE IMAGING CENTER JOINT VENTURE 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 92-0118807	MEDICAL IMAGING	AK	N/A									
(1) PROVIDENCE PARTNERS FOR HEALTH LLC 501 S BUENA VISTA ST BURBANK, CA 91505 45-4041798	CLIN QUALITY/INT	CA	N/A									
(2) PROVIDENCE ST JOSEPH HEALTH LONG TERM PORTFOLIO 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 82-3190634	INVESTMENTS	WA	N/A									
(3) PROVIDENCE SURGERY CENTER LLC 902 N ORANGE ST MISSOULA, MT 59802 84-1401625	AMBULATORY SURG	MT	N/A									
(4) PROVIDENCESILVERTON REHAB LLC 4400 NE HALSEY 425 PORTLAND, OR 97213 48-1287267	REHAB SERVICES	OR	N/A									
(5) PROVIDENCEUSP SANTA CLARITA GP LLC 11550 INDIAN HILLS ROAD 160 MISSION HILLS, CA 91345 20-2829660	AMBULATORY SURG	CA	N/A									
(6) PROVIDENCEUSP SURGERY CENTERS LLC 11550 INDIAN HILLS ROAD 160 MISSION HILLS, CA 91345 20-0905938	AMBULATORY SURG	CA	N/A									
(7) SHA LLC 12940 NORTH HIGHWAY 183 AUSTIN, TX 78750 75-2569094	HEALTHCARE	TX	N/A									
(8) SJO ASC HOLDINGS LLC 1140 W LA VETA AVE ORANGE, CA 92868 82-1655501	HEALTHCARE	CA	N/A									
(9) ST JOSEPH PHYSICIAN VENTURES I LLC 1100 WEST STEWART DRIVE ORANGE, CA 92868 45-4521884	REAL ESTATE	CA	N/A									
(10) ST JOSEPHSATELLITE DIALYSIS CENTERS LLC 300 SANTANA ROW STE 300 SAN JOSE, CA 95128 81-4657391	HEALTHCARE	CA	N/A									
(11) ST JUDE SURGICAL CENTERS LLC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 82-3352570	AMBULATORY SURG	CA	N/A									
(12) SURGERY CENTER AT TANASBOURNE LLC 11221 ROE Ave STE 300 LEAWOOD, KS 66211 20-8187971	AMBULATORY SURG	KS	N/A									
(13) TARZANA PEDIATRIC VENTURES LLC 18321 CLARK ST TARZANA, CA 91356 82-1308306	HEALTHCARE	CA	N/A									
(14) THE MADISON SPOKANE INN LLC 15 WEST ROCKWOOD BLVD SPOKANE, WA 99204 84-1606484	HOTEL SERVICES	WA	N/A									

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

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

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