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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

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning 01-01-2023 , and ending 12-31-2023

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

C Name of organization
PACMED CLINICS

Doing business as
PACIFIC MEDICAL CENTERS

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

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
RENTON, WA 98057

D Employer identification number
56-2290878

E Telephone number
(206) 621-4448

G Gross receipts $ 306,659,108

F Name and address of principal officer:
ERIK WEXLER
1801 LIND AVE SW ATTN TAX DEPT
RENTON, WA 98057

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.PACIFICMEDICALCENTERS.ORG

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

L Year of formation: 2003

M State of legal domicile: WA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
RESPECTFUL, HIGH-QUALITY, PATIENT-FOCUSED HEALTHCARE.

Activities & Governance

2	Check this box ☐		
3	Number of voting members of the governing body (Part VI, line 1a)	**3**	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	11
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	**5**	991
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	-8,905
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	**7b**	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	296,014	195,371
9	Program service revenue (Part VIII, line 2g)	296,928,352	301,279,924
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,008,685	2,480,082
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	570,227	733,273
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	299,803,278	304,688,650

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	306,750	268,675
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)	84,252,585	92,421,539
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)	226,261,253	226,371,821
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	310,820,588	319,062,035
19	Revenue less expenses. Subtract line 18 from line 12	-11,017,310	-14,373,385

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	208,510,168	207,258,921
21	Total liabilities (Part X, line 26)	80,797,844	60,528,007
22	Net assets or fund balances. Subtract line 21 from line 20	127,712,324	146,730,914

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: 2024-10-30
JIM MARTIN CHIEF ACCOUNTING OFFICER
Type or print name and title

Paid Preparer

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2024-10-22		P01894820

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

Use Only	Firm's address 370 17TH STREET SUITE 4800 DENVER, CO 80202	Phone no. (720) 931-4000

May the IRS discuss this return with the preparer shown above? See Instructions. . . . . ☑ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2023)

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:

OUR MISSION IS TO PROVIDE RESPECTFUL, HIGH-QUALITY, PATIENT-FOCUSED HEALTHCARE TO EACH PERSON AND TO THE COMMUNITIES WE SERVE. PACMED WELCOMES PATIENTS FROM THE WELL INSURED TO THOSE WHO CANNOT AFFORD HEALTHCARE.

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 $ 297,726,628 including grants of $ 268,675) (Revenue $ 301,884,630)

SEE SCHEDULE OAT PROVIDENCE, WE USE OUR VOICE TO ADVOCATE FOR VULNERABLE POPULATIONS AND NEEDED REFORMS IN HEALTH CARE. WE ARE ALSO PURSUING INNOVATIVE WAYS TO TRANSFORM HEALTH CARE BY KEEPING PEOPLE HEALTHY, AND MAKING OUR SERVICES MORE CONVENIENT, ACCESSIBLE AND AFFORDABLE FOR ALL. IN AN INCREASINGLY UNCERTAIN WORLD, WE ARE COMMITTED TO HIGH-QUALITY, COMPASSIONATE CARE FOR EVERYONE - REGARDLESS OF COVERAGE OR ABILITY TO PAY. WE HELP PEOPLE AND COMMUNITIES BENEFIT FROM THE BEST HEALTH CARE MODEL FOR THE FUTURE - TODAY.TOGETHER, OUR 117,000 CAREGIVERS (ALL EMPLOYEES) SERVE IN 51 HOSPITALS, 1,000 CLINICS AND A COMPREHENSIVE RANGE OF HEALTH AND SOCIAL SERVICES ACROSS ALASKA, CALIFORNIA, MONTANA, NEW MEXICO, OREGON, TEXAS AND WASHINGTON. THE PROVIDENCE FAMILY INCLUDES:-PROVIDENCE ACROSS SEVEN WESTERN STATES-COVENANT HEALTH IN WEST TEXAS-PROVIDENCE FACEY MEDICAL FOUNDATION IN LOS ANGELES, CA-KADLEC IN SOUTHEAST WASHINGTON-PACIFIC MEDICAL CENTERS IN SEATTLE, WA-SWEDISH HEALTH SERVICES IN SEATTLE, WA AS A COMPREHENSIVE HEALTH CARE ORGANIZATION, WE ARE SERVING MORE PEOPLE, ADVANCING BEST PRACTICES AND CONTINUING OUR MORE THAN 100-YEAR TRADITION OF SERVING THE POOR AND VULNERABLE. DELIVERING SERVICES ACROSS SEVEN STATES, PROVIDENCE IS COMMITTED TO TOUCHING MILLIONS OF MORE LIVES AND ENHANCING THE HEALTH OF THE AMERICAN WEST TO TRANSFORM CARE FOR THE NEXT GENERATION AND BEYOND.THROUGH COMMUNITY BENEFIT PROGRAMS AND OTHER HIGH-IMPACT INVESTMENTS, WE WORK TO ENSURE BASIC HEALTH NEEDS ARE MET AND SERVE TO REMOVE BARRIERS TO CARE, BUILD COMMUNITY RESILIENCE AND INNOVATE FOR THE FUTURE. MINISTRIES AND AFFILIATES SUPPORT ORGANIZATIONS, PROGRAMS AND INITIATIVES THAT IMPROVE HEALTH AND WELL-BEING AND INCREASE EQUITABLE ACCESS TO QUALITY CARE AT THE COMMUNITY LEVEL AND AT SCALE ACROSS SEVEN STATES.WE ARE PROUD OF OUR HISTORY AND CONTINUED COMMITMENT TO HELPING BUILD A MORE EQUITABLE, SUSTAINABLE FUTURE. OUR STEADFAST COMMITMENT TO RESPONDING TO COMMUNITY NEED IS ONE OF THE MANY WAYS MINISTRIES, AFFILIATES AND CAREGIVERS LIVE OUT OUR SHARED MISSION AND CONTINUE TO SERVE AS A VITAL SAFETY NET FOR THOSE WHO ARE VULNERABLE.FOR MORE INFORMATION GO TO: HTTPS://WWW.PROVIDENCE.ORG/ABOUT/ANNUAL-REPORT ENVIRONMENTAL, SOCIAL, AND GOVERNANCE STANDARDSPROVIDENCE CONTINUES TO EXECUTE ON OUR INTEGRATED STRATEGIC AND FINANCIAL PLAN, WHICH CLEARLY EXPRESSES OUR COMMITMENT AND ACCELERATION OF THE IMPORTANT WORK TO ADDRESS SOCIAL, RACIAL, AND ECONOMIC DISPARITIES AND REDUCE OUR CARBON FOOTPRINT IN THE COMMUNITIES WE SERVE. PROVIDENCE ADVANCES PROGRESS ON OUR CARBON NEGATIVE GOAL AND IN 2023 WE ESTIMATED THAT WE DECREASED EMISSIONS BY OVER 12 PERCENT COMPARED TO OUR 2019 BASELINE. IN ADDITION, OUR EFFORTS LED TO THE INTRODUCTION OF THE GREEN HOSPITALS ACT, LEGISLATION MODELED AFTER PROVIDENCE THAT WOULD PROVIDE CRITICAL FEDERAL FUNDING TO WEATHERIZE AND MODERNIZE HEALTH CARE FACILITIES. PROVIDENCE COMPLETED A COMPREHENSIVE CLIMATE RESILIENCE PLAN IN ALIGNMENT WITH OUR COMMITMENT TO THE US DEPARTMENT OF HEALTH AND HUMAN SERVICES CLIMATE PLEDGE. WE CONTINUE TO REDUCE GREENHOUSE GAS EMISSIONS WITH A FOCUS ON LED LIGHTING UPGRADES, WATER CONSERVATION, MORE EFFICIENT DELIVERY OF NITROUS OXIDE GAS DURING ANESTHESIA, AND ADVANCING OUR WASTE OPTIMIZATION WORK ACROSS ALL HOSPITALS AND CLINICS. PROGRAM SERVICE ACCOMPLISHMENTSCARE FOR MEDICALLY UNDERSERVED OR UNDERINSURED.PACIFIC MEDICAL CENTERS (PACMED) HAS A MISSION TO ADVOCATE, EDUCATE AND PROVIDE EXTRAORDINARY CARE TO ALL, ESPECIALLY THOSE WHO ARE MEDICALLY UNDERSERVED OR UNABLE TO PAY FOR HEALTH CARE SERVICES.WE SERVE THIS POPULATION IN MANY WAYS.PACMED HAS A LONG-STANDING COMMITMENT TO PROVIDING CARE FOR UNINSURED AND UNDERINSURED PATIENTS IN KING, PIERCE, AND SNOHOMISH COUNTIES. THROUGHOUT OUR HISTORY, WE HAVE FOCUSED ON DELIVERING TOP SPECIALTY SERVICES THAT ARE MOST UTILIZED BY THESE INDIVIDUALS, INCLUDING ONCOLOGY, OTOLARYNGOLOGY, UROLOGY, OPHTHALMOLOGY, AND PULMONOLOGY.AS A FOUNDING MEMBER OF PROJECT ACCESS NORTHWEST, WE ACTIVELY SUPPORT THE PROVISION OF PRO BONO AND LOW-COST SPECIALTY HEALTHCARE TO THE UNINSURED.WE ARE DEDICATED TO SUPPORTING MEDICAL EDUCATION AND TRAINING THE NEXT GENERATION OF PHYSICIANS AND ALLIED HEALTH PROFESSIONALS, SUCH AS NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS. WITH OVER 50 PROVIDERS ACTIVELY ENGAGED IN TEACHING, MORE THAN HALF OF THEM HOLD CLINICAL FACULTY STATUS AT THE UNIVERSITY OF WASHINGTON. WE ALSO PARTICIPATE IN EXTERN PROGRAMS FOR MEDICAL ASSISTANT AND MEDICAL TECHNICIAN PROGRAMS. OUR COMMITMENT TO MEDICAL TEACHING REFLECTS OUR BELIEF IN COMMUNITY SERVICE, EXCELLENCE, CONTINUOUS LEARNING, AND RESPONSIBLE RESOURCE MANAGEMENT.PACMED IS INVESTING IN HEALTH EQUITY AS WE RECOGNIZE THAT VARIOUS FACTORS, INCLUDING RACE, ETHNICITY, GENDER IDENTITIES, SEXUAL ORIENTATION, AGE, PHYSICAL AND MENTAL ABILITY, RELIGION, AND SOCIOECONOMIC STATUS, CONTRIBUTE TO HEALTH DISPARITIES. WE FIRMLY BELIEVE THAT EVERYONE SHOULD RECEIVE HEALTHCARE THAT ACKNOWLEDGES AND ACTIVELY WORKS TO COUNTER THESE INEQUITIES. TO THIS END, WE HAVE ESTABLISHED A HEALTH EQUITY COUNCIL AND FORMED A DEDICATED HEALTH EQUITY TEAM. THEY IDENTIFY HEALTH DISPARITIES WITHIN OUR PATIENT POPULATION, STRATEGIZE SOLUTIONS, AND CONDUCT OUTREACH TO ENSURE EQUITABLE ACCESS TO HEALTHCARE FOR ALL.AT PACMED, OUR MISSION IS DRIVEN BY THE PRINCIPLES OF PROVIDING QUALITY CARE TO THE UNDERSERVED, SUPPORTING MEDICAL EDUCATION, AND STRIVING FOR HEALTH EQUITY.

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

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

4d	Other program services (Describe in Schedule O.) (Expenses $ including grants of $) (Revenue $)		
4e	**Total program service expenses**	297,726,628	

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 Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	**5**		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	**6**		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	**7**		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	**8**		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	**9**		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	**10**		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI.	**11a**	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	**11b**		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	**11c**		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	**11d**	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**		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
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
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**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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 the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *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 on 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**	47		
b	Enter the number of Forms W-2G included on 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				

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

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** 991			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		**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**		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	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 the 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
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that		**17**		

would result in the imposition of an excise tax under section 4951, 4952, or 4953? . .
If "Yes," complete Form 6069.

Form **990** (2023)

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**	11		
	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**	11		
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 on 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 on Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**		No
b	Other officers or key employees of the organization	**15b**		No
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed WA , CA

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 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:
JIM MARTIN 1801 LIND AVE SW RENTON, WA 98057 (425) 525-3985

Form **990** (2023)

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

☐ 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ERIK WEXLER PRESIDENT/CEO	0.50 64.50			X				0	5,154,374	461,693
(2) GREG HOFFMAN EVP & CFO/TREASURER	0.50 64.50			X				0	3,204,594	334,955
(3) JO ANN ESCASA-HAIGH FRMR EVP/ASSISTANT TREASURER	0.00 1.00						X	0	3,291,797	10,754
(4) ANNA NEWSOM EVP & CHIEF LEGAL OFFICER/SECRETARY	1.00 64.00			X				0	1,917,204	412,545
(5) JIM WATSON ESQ ASSISTANT SECRETARY	0.50 54.50			X				0	968,691	146,931
(6) THOMAS LAMPERTI PHYSICIAN	50.00 0.00					X		927,051	0	119,675
(7) CHAD MARION PHYSICIAN	50.00 0.00					X		906,080	0	111,365
(8) MELINDA LIU PHYSICIAN	50.00 0.00					X		955,573	0	39,134
(9) JIM MARTIN ASSISTANT TREASURER (PART YEAR)	1.00 54.00			X				0	828,928	115,635
(10) DAVID WHITE PHYSICIAN	50.00 0.00					X		832,545	0	102,983
(11) VIKRAM DABHI PHYSICIAN	50.00 0.00					X		779,817	0	108,766
(12) JOHN WHIPPLE FRMR SECRETARY	0.00 0.00						X	0	541,701	0
(13) SCOTT COMBS CFO SERVICE AREA	55.00 0.00				X			0	385,915	65,614
(14) DONALD ANDERSON JR ASSISTANT SECRETARY FOR ENROLLMENT	0.50 54.50			X				0	292,875	30,846
(15) MARY LYONS PHD DIRECTOR	0.50 13.00	X						0	100,085	0

(16) MICHAEL MURPHY BOARD CHAIR	1.00 26.00	X						0	75,066	0
(17) CHARLES SORENSON MD DIRECTOR	0.50 13.00	X						0	50,000	0

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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(18) ISIAAH CRAWFORD PHD DIRECTOR	0.50 14.50	X						0	50,000	0
(19) RICHARD BLAIR DIRECTOR	0.50 13.00	X						0	50,000	0
(20) ERIC SPRUNK DIRECTOR	0.50 13.50	X						0	40,000	0
(21) MARY BETH KINGSTON DIRECTOR	0.50 13.00	X						0	40,000	0
(22) MARVIN O'QUINN DIRECTOR (PART YEAR)	0.50 12.50	X						0	0	0
(23) SISTER CAROL PACINI LCM DIRECTOR	0.50 13.00	X						0	0	0
(24) SISTER DIANE HEJNA CSJ RN DIRECTOR	0.50 13.00	X						0	0	0
(25) SISTER PHYLLIS HUGHES RSM DRPH DIRECTOR	0.50 13.00	X						0	0	0
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								4,401,066	16,991,230	2,060,896

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 216

			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**	Yes	
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
NUWEST GROUP HOLDINGS LLC PO BOX 94104 SEATTLE, WA 98124	STAFFING SERVICES	1,812,981

INLAND IMAGING CLINICAL ASSOC 801 S STEVENS ST SPOKANE, WA 99204	MEDICAL SERVICES	1,495,950
BROOKSOURCE 8365 KEYSTONE XING SUITE 104 INDIANAPOLIS, IN 46240	STAFFING SERVICES	1,454,011
INLAND IMAGING BUSINESS ASSOC 801 S STEVENS ST SPOKANE, WA 99204	ACCOUNTING SERVICES	1,283,046
LOCUMSMART LLC PO BOX 736389 DALLAS, TX 75373	STAFFING SERVICES	1,083,018

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 30

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 Similar Amounts	**1a** Federated campaigns . .				
	b Membership dues . . **1b**				
	c Fundraising events . . **1c**				
	d Related organizations **1d**				
	e Government grants (contributions) **1e** 195,371				
	f All other contributions, gifts, grants, and similar amounts not included above **1f**				
	g Noncash contributions included in lines 1a - 1f:$ **1g**				
	h Total. Add lines 1a-1f 195,371				
Program Service Revenue		Business Code			
	2a NET PATIENT REVENUE	621110	301,128,094	301,128,094	
	b MOB RENTAL REVENUE	531120	151,830	151,830	
	c				
	d				
	e				
	f All other program service revenue.				
	g Total. Add lines 2a–2f. 301,279,924				
	3 Investment income (including dividends, interest, and other similar amounts)	1,476,288		-8,905	1,485,193
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				

		(i) Real	(ii) Personal
6a Gross rents	**6a**		
b Less: rental expenses	**6b**		
c Rental income or (loss)	**6c**		

d Net rental income or (loss) . . . . . .

	(i) Securities	(ii) Other

Other Revenue	7a Gross amount from sales of assets other than inventory	7a	2,974,252				
	b Less: cost or other basis and sales expenses	7b	1,970,458				
	c Gain or (loss)	7c	1,003,794				
	d Net gain or (loss)			1,003,794			1,003,794
	a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
		Business Code					
	11a INTERAFFILIATE REVENUE	900099		422,272	422,272		
	b COST RECOVERIES	900099		128,567			128,567
	c MEDICAL RECORDS	900099		102,513	102,513		
	d All other revenue			79,921	79,921		
	e **Total.** Add lines 11a–11d			733,273			
	12 Total revenue. See instructions			304,688,650	301,884,630	-8,905	2,617,554

OtherRevenueMiscAmt

Part IX **Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	**(A)** Total expenses	**(B)** Program service expenses	**(C)** Management and general expenses	**(D)** Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	268,675	268,675		
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, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	83,835,994	77,431,753	6,404,241	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,990,528	1,838,471	152,057	
9 Other employee benefits	1,221,993	1,128,645	93,348	
10 Payroll taxes	5,373,024	4,962,578	410,446	
11 Fees for services (non-employees):				
a Management				
b Legal	35,475	32,765	2,710	
c Accounting				

d Lobbying					
e Professional fundraising services. See Part IV, line 17					
f Investment management fees	345,558		345,558		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	131,865,082	121,791,894	10,073,188		
12 Advertising and promotion	1,415,536	1,307,403	108,133		
13 Office expenses	980,301	905,416	74,885		
14 Information technology	389,657	359,891	29,766		
15 Royalties					
16 Occupancy	8,486,288	7,838,020	648,268		
17 Travel	149,048	137,662	11,386		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials					
19 Conferences, conventions, and meetings	359,022	331,596	27,426		
20 Interest	2,532	2,339	193		
21 Payments to affiliates					
22 Depreciation, depletion, and amortization	3,787,639	3,498,301	289,338		
23 Insurance	1,621,729	1,497,845	123,884		
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 SYSTEM COST ALLOCATION	31,317,649	28,925,290	2,392,359		
b MEDICAL SUPPLIES	22,457,224	22,457,224			
c PHYSICIAN EXPENSES	21,218,753	21,218,753			
d UBTI TAXES	3,750	3,464	286		
e All other expenses	1,936,578	1,788,643	147,935		
25 **Total functional expenses.** Add lines 1 through 24e	319,062,035	297,726,628	21,335,407	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		90,154,528	**1**	106,843,208
	2	Savings and temporary cash investments		558,069	**2**	580,274
	3	Pledges and grants receivable, net			**3**	
	4	Accounts receivable, net		17,890,705	**4**	6,462,627
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			**5**	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			**6**	
	7	Notes and loans receivable, net			**7**	
	8	Inventories for sale or use		-2,332,379	**8**	387,416
	9	Prepaid expenses and deferred charges		464,726	**9**	74,139
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	**10a** 58,202,571			
	b	Less: accumulated depreciation	**10b** 43,483,236	17,218,988	**10c**	14,719,335
	11	Investments—publicly traded securities		54,518,721	**11**	58,692,625
	12	Investments—other securities. See Part IV, line 11			**12**	
	13	Investments—program-related. See Part IV, line 11			**13**	
	14	Intangible assets			**14**	
	15	Other assets. See Part IV, line 11		30,036,810	**15**	19,499,297
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		208,510,168	**16**	207,258,921
	17	Accounts payable and accrued expenses		24,127,096	**17**	16,675,831
	18	Grants payable			**18**	

Liabilities	19	Deferred revenue	479,960	19	517,924
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	56,190,788	25	43,334,252
	26	**Total liabilities.** Add lines 17 through 25	80,797,844	26	60,528,007
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☑ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	127,712,324	27	146,730,914
	28	Net assets with donor restrictions		28	
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ **and complete lines 29 through 33.**			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	127,712,324	32	146,730,914
	33	Total liabilities and net assets/fund balances	208,510,168	33	207,258,921

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		304,688,650
2	Total expenses (must equal Part IX, column (A), line 25)	2		319,062,035
3	Revenue less expenses. Subtract line 2 from line 1	3		-14,373,385
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		127,712,324
5	Net unrealized gains (losses) on investments	5		2,074,326
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		31,317,649
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		146,730,914

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 on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Additional Data

Return to Form

SCHEDULE A (Form 990)

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 instructions and the latest information.**

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
PACMED CLINICS

Employer identification number
56-2290878

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).)

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

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

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

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

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

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

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

10 ☑ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on 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) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 5 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 2023 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2022 Schedule A, Part II, line 14 . . . . . **15**

16a **33 1/3% support test—2023.** 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—2022.** 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—2023.** 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—2022.** 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .		4,627,335	347,162	296,014	195,371	5,465,882
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	243,521,947	251,794,454	286,075,717	297,297,891	304,536,819	1,383,226,828
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	243,521,947	256,421,789	286,422,879	297,593,905	304,732,190	1,388,692,710
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						0
c Add lines 7a and 7b. .						0
8 **Public support.** (Subtract line 7c from line 6.)						1,388,692,710

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6. . .	243,521,947	256,421,789	286,422,879	297,593,905	304,732,190	1,388,692,710
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .	1,651,556	1,937,149	1,848,828	1,238,855	1,476,288	8,152,676
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.	1,651,556	1,937,149	1,848,828	1,238,855	1,476,288	8,152,676
11 Net income from unrelated business activities not included on 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.) . .	860,419	751,049	342,446	108,622	733,273	2,795,809
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .	246,033,922	259,109,987	288,614,153	298,941,382	306,941,751	1,399,641,195

14 **First 5 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 2023 (line 8, column (f) divided by line 13, column (f))	15	99.220 %
16	Public support percentage from 2022 Schedule A, Part III, line 15	16	99.210 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2023** (line 10c, column (f) divided by line 13, column (f))	17	0.580 %
18	Investment income percentage from **2022** Schedule A, Part III, line 17	18	0.610 %

19a **33 1/3% support tests-2023.** 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—2022.** 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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			

	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) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	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 on 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 on 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 on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI****.*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the officers, 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 line 2 above, 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)

2 Activities Test. **Answer lines 2a and 2b below.**

		Yes	No
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 on line 2a, above 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 lines 3a and 3b 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? *If "Yes" or "No", 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 0.015 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 0.035	**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	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in		

2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2023 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2023**	**(iii) Distributable Amount for 2023**
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2023:			
a From 2018.			
b From 2019.			
c From 2020.			
d From 2021.			
e From 2022.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, 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 2023. 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 2024.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019.			
b Excess from 2020.			
c Excess from 2021.			
d Excess from 2022.			
e Excess from 2023.			

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

Return Reference	Explanation
SCHEDULE A, PART III, LINE 12, EXPLANATION OF OTHER INCOME:	MISCELLANEOUS REVENUE - 2019 AMOUNT: $ 860,419. 2020 AMOUNT: $ 751,049. 2021 AMOUNT: $ 226,842. 2022 AMOUNT: $ 12,093. 2023 AMOUNT: $ 604,706. COST RECOVERIES - 2021 AMOUNT: $ 115,604. 2022 AMOUNT: $ 96,529. 2023 AMOUNT: $ 128,567.

Additional Data

Return to Form

Software ID:

Software Version:

Schedule B
(Form 990)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization
PACMED CLINICS

Employer identification number
56-2290878

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
PACMED CLINICS

Employer identification number
56-2290878

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			☐ Person

RESTRICTED	,	$ RESTRICTED	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	**(b) Name, address, and ZIP + 4**	**(c) Total contributions**	**(d) Type of contribution**
-		$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	**(b) Name, address, and ZIP + 4**	**(c) Total contributions**	**(d) Type of contribution**
-		$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	**(b) Name, address, and ZIP + 4**	**(c) Total contributions**	**(d) Type of contribution**
-		$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	**(b) Name, address, and ZIP + 4**	**(c) Total contributions**	**(d) Type of contribution**
-		$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	**(b) Name, address, and ZIP + 4**	**(c) Total contributions**	**(d) Type of contribution**
-		$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization	**Employer identification number**
PACMED CLINICS	56-2290878

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	**(b) Description of noncash property given**	**(c) FMV (or estimate) (See instructions)**	**(d) Date received**
-		$	
(a) No. from Part I	**(b) Description of noncash property given**	**(c) FMV (or estimate) (See instructions)**	**(d) Date received**
-		$	
(a) No. from Part I	**(b) Description of noncash property given**	**(c) FMV (or estimate) (See instructions)**	**(d) Date received**

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		$	

Name of organization
PACMED CLINICS

Employer identification number
56-2290878

Part III ***Exclusively*** **religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of** ***exclusively*** **religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once. See instructions.) ▶ $**
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee

Additional Data

Return to Form

Software ID:

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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 instructions and the latest information.**

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
PACMED CLINICS

Employer identification number
56-2290878

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 July 25, 2006, 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 FASB 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 FASB 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 FASB 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
d ☐ Loan or exchange programs

☐ Public exhibition ☐ Loan or exchange programs

b ☐ Scholarly research **e** ☐ Other .....

c ☐ Preservation for future generations

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					
b Contributions . . .					
c Net investment earnings, gains, and losses					
d Grants or scholarships . . .					
e Other expenditures for facilities and programs . . .					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment ▶ .....

b Permanent endowment ▶ .....

c Term 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)**		
(ii) Related organizations . . . . . **3a(ii)**		

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		2,240,000		2,240,000
b Buildings		22,548,644	17,813,372	4,735,272
c Leasehold improvements		4,296,944	3,580,736	716,208
d Equipment		26,016,359	22,089,128	3,927,231
e Other		3,100,624		3,100,624
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				14,719,335

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		

(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

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

(a) Description of investment	**(b)** Book value	**(c)** Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

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

(a) Description	**(b)** Book value
(1) RIGHT OF USE OPERATING LEASES	19,499,297
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	19,499,297

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

1. **(a)** Description of liability	**(b)** Book value
(1) Federal income taxes	
DUE TO THIRD PARTY	26,912,352
CAPITAL LEASE OBLIGATIONS	16,421,900
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	43,334,252

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

Additional Data

Return to Form

Software ID:

Software Version:

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

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization
PACMED CLINICS

Employer identification number
56-2290878

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) PROJECT ACCESS NORTHWEST 200 BROADWAY SUITE 202 SEATTLE, WA 98122	20-4377921	501(C)(3)	257,500	0			PROGRAM SUPPORT

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

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

Part III Grants and Other Assistance to Domestic Individuals.

Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

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

Part IV Supplemental Information.

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

Return Reference	Explanation
PART I, LINE 2:	DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS IN THE APPLICATION FOR SUPPORT, A DETAILED EXPLANATION OF THE KIND OF SERVICES PROVIDED TO THE COMMUNITY ALONG WITH SPECIFIC FINANCIAL DATA IS REQUESTED. IF THE APPLICATION FOR SUPPORT IS APPROVED, A LETTER IS SENT INDICATING THE AMOUNT OF THE SUPPORT ALONG WITH A REQUEST FOR DOCUMENTATION OF HOW THE FUNDS WERE USED, ALONG WITH A REPORT OF THE NUMBER OF CHILDREN/FAMILIES SERVED OVER THE YEAR. GRANTS MADE TO AFFILIATED FOUNDATIONS ARE MONITORED ON A MONTHLY BASIS AS THE FINANCIAL STATEMENTS OF THESE ORGANIZATIONS ARE READILY AVAILABLE. OTHER GRANTS ARE MADE THAT COMPLY WITH THE MISSION AND FURTHER THE TAX-EXEMPT PURPOSE OF THE ORGANIZATION.

Additional Data

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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

2023

Open to Public Inspection

Name of the organization
PACMED CLINICS

Employer identification number
56-2290878

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ 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 on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☐ 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**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	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**	Yes	
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, 1099-MISC compensation, and/or 1099-NEC			**(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				
1 ERIK WEXLER PRESIDENT/CEO	(i)	0	0	0	0	0	0	0
	(ii)	1,601,628	2,527,326	1,025,420	426,357	35,336	5,616,067	366,950
2 GREG HOFFMAN EVP & CFO/TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	1,088,176	2,008,809	107,609	297,744	37,211	3,539,549	80,207
3 JO ANN ESCASA-HAIGH FRMR EVP/ASSISTANT TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	44,915	1,744,873	1,502,009	8,269	2,485	3,302,551	603,250
4 ANNA NEWSOM EVP & CHIEF LEGAL OFFICER/SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	853,122	1,025,045	39,037	407,728	4,817	2,329,749	36,047
5 JIM WATSON ESQ ASSISTANT SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	480,026	399,066	89,599	107,204	39,727	1,115,622	64,477
6 THOMAS LAMPERTI PHYSICIAN	(i)	778,410	0	148,641	78,365	41,310	1,046,726	29,565
	(ii)	0	0	0	0	0	0	0
7 CHAD MARION PHYSICIAN	(i)	783,208	0	122,872	74,946	36,419	1,017,445	46,583
	(ii)	0	0	0	0	0	0	0
8 MELINDA LIU PHYSICIAN	(i)	954,595	0	978	33,590	5,544	994,707	0
	(ii)							

	(ii)	0	0	0	0	0	0	0
9 JIM MARTIN ASSISTANT TREASURER (PART YEAR)	(i)	0	0	0	0	0	0	0
	(ii)	435,246	339,361	54,321	83,489	32,146	944,563	52,013
10 DAVID WHITE PHYSICIAN	(i)	651,304	0	181,241	70,146	32,837	935,528	21,462
	(ii)	0	0	0	0	0	0	0
11 VIKRAM DABHI PHYSICIAN	(i)	576,213	25,986	177,618	76,947	31,819	888,583	31,237
	(ii)	0	0	0	0	0	0	0
12 JOHN WHIPPLE FRMR SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	0	0	541,701	0	0	541,701	0
13 SCOTT COMBS CFO SERVICE AREA	(i)	0	0	0	0	0	0	0
	(ii)	334,079	40,655	11,181	30,329	35,285	451,529	9,410
14 DONALD ANDERSON JR ASSISTANT SECRETARY FOR ENROLLMENT	(i)	0	0	0	0	0	0	0
	(ii)	266,681	24,827	1,367	15,474	15,372	323,721	0

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	PROVIDENCE EXPENSE REIMBURSEMENT PROCEDURES INCLUDE THE FOLLOWING POLICIES: FIRST CLASS TRAVEL OR CHARTER TRAVEL AIR TRAVEL IS GENERALLY REIMBURSABLE AT THE LEAST EXPENSIVE AIRFARE WHICH PERMITS DEPARTURES AND ARRIVALS AT REASONABLE TIMES AND REASONABLE DISTANCE TRAVELED. EMPLOYEES ARE ENCOURAGED TO PLAN IN ADVANCE TO GET AVAILABLE DISCOUNTS. AIRLINE FREQUENT FLYER UPGRADES WILL NEVER BE REIMBURSED. IN LIMITED SITUATIONS FIRST CLASS TICKETS AND CHARTER MAY BE REIMBURSED WHEN APPROVED BY A SENIOR LEVEL SUPERVISOR. TAX INDEMNIFICATION AND GROSS-UP PAYMENTS TAX INDEMNIFICATIONS OR GROSS-UP PAYMENTS - RELOCATION PROVIDENCE FOLLOWS THE FEDERAL AND STATE TAXATION LAWS RELATED TO RELOCATION EXPENSES PAID TO THE EMPLOYEE OR TO A THIRD PARTY ON THE EMPLOYEE'S BEHALF. THEY ARE CONSIDERED TAXABLE WAGES AND ARE REPORTED AS SUCH. BASED ON THE WAY PROVIDENCE HAS CHOSEN TO PAY THE RELOCATION EXPENSES, PROVIDENCE REPORTS REIMBURSEMENTS AND PAYMENTS TO VENDORS AS INCOME AND THESE EXPENSE PAYMENTS ARE REFLECTED ON THE EXECUTIVE'S FORM W-2. PROVIDENCE PROVIDES A GROSS-UP FOR THE RELOCATION BENEFITS, SO THAT A PORTION OF THE REIMBURSEMENT DOES NOT HAVE TO BE USED TO PAY TAXES, AND THIS TAX GROSS-UP IS ALSO REPORTED AS TAXABLE INCOME. THE AMOUNTS REPORTED FOR THESE GROSS-UP PAYMENTS ARE INCLUDED ON SCHEDULE J, PART II, COLUMN B (III) - OTHER REPORTABLE COMPENSATION ON THE FORM 990. TAX INDEMNIFICATIONS OR GROSS-UP PAYMENTS - FINANCIAL/RETIREMENT PLANNING PROVIDENCE FOLLOWS THE FEDERAL AND STATE TAXATION LAWS RELATED TO FINANCIAL AND RETIREMENT PLANNING EXPENSES PAID TO THE EMPLOYEE OR TO A THIRD PARTY ON THE EMPLOYEE'S BEHALF. THEY ARE CONSIDERED TAXABLE WAGES AND ARE REPORTED AS SUCH. BASED ON THE WAY PROVIDENCE HAS CHOSEN TO PAY THESE OTHER EXPENSES, PROVIDENCE REPORTS REIMBURSEMENTS AND PAYMENTS TO VENDORS AS INCOME AND THESE EXPENSE PAYMENTS ARE REFLECTED ON THE EXECUTIVE'S FORM W-2. PROVIDENCE PROVIDES A GROSS-UP FOR THIS BENEFIT, SO THAT A PORTION OF THE PAYMENT DOES NOT HAVE TO BE USED TO PAY TAXES, AND THIS TAX GROSS-UP IS ALSO REPORTED AS TAXABLE INCOME. THE AMOUNTS REPORTED FOR THESE GROSS-UP PAYMENTS ARE INCLUDED ON SCHEDULE J, PART II, COLUMN B (III) - OTHER REPORTABLE COMPENSATION ON THE FORM 990. HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE PROVIDENCE PROVIDES HOUSING ALLOWANCES RELATED TO RELOCATION OF NEWLY HIRED EMPLOYEES AND CURRENT EMPLOYEES RELOCATING TO A NEW POSITION. PROVIDENCE MAY PAY TEMPORARY LIVING EXPENSES FOR THE ELIGIBLE EMPLOYEE UP TO A MAXIMUM OF 90 CALENDAR DAYS. COVERED EXPENSES INCLUDE RENT (EXCLUDING AMOUNTS WHICH MAY BE PAID IN ORDER TO OCCUPY A NEW PERMANENT RESIDENCE UNTIL TITLE CLEARS), NON-REFUNDABLE SECURITY DEPOSITS AND UTILITIES, INCLUDING HEAT, ELECTRICITY, GAS, WATER, LOCAL INTERNET AND LOCAL TELEPHONE AND GARBAGE SERVICES. THE EXECUTIVE VICE PRESIDENT, CHIEF ADMINISTRATIVE OFFICER OF PROVIDENCE MAY APPROVE TEMPORARY HOUSING ASSISTANCE FOR UP TO SIX MONTHS WHEN FAMILY RELOCATION IS DELAYED TO ACCOMMODATE THE SCHOOL YEAR OR EQUIVALENT CIRCUMSTANCES. ONLY IN EXTENUATING CIRCUMSTANCES IS HOUSING EXTENDED BEYOND THIS SIX-MONTH PERIOD. THE AMOUNTS REPORTED FOR THESE RELOCATION/HOUSING PAYMENTS ARE INCLUDED ON SCHEDULE J, PART II, COLUMN B (III) - OTHER REPORTABLE COMPENSATION ON THE FORM 990. PERSONAL SERVICES PROVIDENCE OFFERS FINANCIAL PLANNING SERVICES AS AN OPTIONAL BENEFIT TO EMPLOYEES AT VICE PRESIDENT LEVEL AND ABOVE. THE AMOUNTS REPORTED FOR THE FINANCIAL PLANNING SERVICES ARE INCLUDED AS TAXABLE INCOME ON SCHEDULE J, PART II, COLUMN B (III) - OTHER REPORTABLE COMPENSATION ON THE FORM 990 FOR THE EMPLOYEES WHO PARTICIPATE.
PART I, LINE 3	DESCRIPTION OF PROCESS TO REVIEW COMPENSATION PAID TO TOP MANAGEMENT OFFICIAL THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER/TOP MANAGEMENT OFFICIAL IS PAID BY A RELATED TAX-EXEMPT ORGANIZATION, 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.
PART I, LINES 4A-B	THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS DURING 2023: JO ANN ESCASA-HAIGH - $ 811,814 JOHN WHIPPLE - $ 539,282 ENTITIES WITHIN THE PROVIDENCE 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. UNTIL THE EXECUTIVE PROVIDES THESE SUBSTANTIAL FUTURE SERVICES, THESE SUPPLEMENTAL RETIREMENT CONTRIBUTIONS ARE AT RISK, AND WILL BE FORFEITED IF THE EXECUTIVE LEAVES THE ORGANIZATION BEFORE REACHING HER OR HIS VESTING DATE. THE SUPPLEMENTAL RETIREMENT CONTRIBUTIONS ARE INCLUDED IN COLUMN (C) AS A NONTAXABLE BENEFIT IN THE YEAR THE CONTRIBUTION IS CREDITED TO THE EXECUTIVE'S ACCOUNT, AND ARE INCLUDED AGAIN ON THE FORM 990 IN COLUMN (B)(III) IF AND WHEN THE AMOUNT BECOMES VESTED IN A FUTURE YEAR, AS THE FORM 990 REQUIRES. THE FOLLOWING INDIVIDUALS RECEIVED A PAYOUT DURING THE CURRENT YEAR. ERIK WEXLER - $366,950 GREG HOFFMAN - $80,207 JO ANN ESCASA-HAIGH - $603,250 JIM WATSON, ESQ - $64,477 THOMAS LAMPERTI - $29,565 CHAD MARION- $46,583 JIM MARTIN - $52,013 DAVID WHITE - $21,462 VIKRAM DABHI - $31,237 SCOTT COMBS - $9,410
PART I, LINE 7	NON-FIXED PAYMENTS THE PROVIDENCE EXECUTIVE COMPENSATION COMMITTEE (OF THE BOARD) HAS APPROVED AN EXECUTIVE COMPENSATION PHILOSOPHY THAT CLOSELY TIES AN EXECUTIVE'S COMPENSATION TO PERFORMANCE - BOTH THE PERFORMANCE OF THE ORGANIZATION AND THE PERFORMANCE OF THE EXECUTIVE. THERE IS NO GUARANTEE THAT THIS PART OF A LEADER'S COMPENSATION WILL BE PAID - IF THE PERFORMANCE OF THE ORGANIZATION OR OF THE INDIVIDUAL DOES NOT MEET THE PERFORMANCE STANDARDS FOR PAYMENT, NO PERFORMANCE-BASED PAYMENT IS MADE. THIS APPROACH IS REFLECTED IN PROVIDENCE'S LEADERSHIP ANNUAL INCENTIVE PLAN AND LONG-TERM INCENTIVE PLAN, WHICH ARE PERFORMANCE-BASED ANNUAL INCENTIVE PLANS THAT AFFORD PARTICIPATING EXECUTIVES THE OPPORTUNITY TO EARN "AT RISK" COMPENSATION THROUGH PERFORMANCE AGAINST VERY CHALLENGING GOALS. PAYOUTS WILL BE AWARDED BASED ON GOALS RELATED TO STRATEGIC OBJECTIVES, FISCAL STEWARDSHIP AND QUALITY OF CARE - THESE GOALS ARE SET BEFORE THE YEAR BEGINS AND ARE VERY CHALLENGING. THE EXECUTIVE COMPENSATION COMMITTEE REVIEWS AND APPROVES EACH YEAR'S PERFORMANCE GOALS TO MAKE SURE THEY ARE SUFFICIENTLY CHALLENGING, AND TO MAKE SURE THE GOALS ARE DESIGNED TO HELP PROVIDENCE MEET ITS MISSION AND STRATEGIC PURPOSES. EACH YEAR THE PSJH BOARD EXECUTIVE COMPENSATION COMMITTEE REVIEWS THE INCENTIVE PERFORMANCE AND MUST CERTIFY THE ACHIEVEMENT OF PERFORMANCE GOALS BEFORE ANY AWARDS ARE PAID OUT. WHEN REVIEWING AND APPROVING TOTAL COMPENSATION FOR EXECUTIVES, THE EXECUTIVE COMPENSATION COMMITTEE INCLUDES INCENTIVE AWARDS, TO MAKE SURE THAT COMPENSATION IS REASONABLE AND WELL-SUPPORTED BY MARKET DATA. THE COMMITTEE CONSISTS ONLY OF DIRECTORS WHO ARE FREE OF CONFLICTS OF INTEREST, AND THE COMMITTEE RELIES ON MARKET SURVEY DATA GATHERED BY AN INDEPENDENT CONSULTANT. THE COMMITTEE CONDUCTS THIS REVIEW AND APPROVAL PROCESS IN A MANNER THAT IS IN ACCORDANCE WITH IRS REQUIREMENTS FOR COMPENSATION OF TAX-EXEMPT ORGANIZATION LEADERS, AND IN ACCORDANCE WITH THE BEST GOVERNANCE PRACTICES IN THE INDUSTRY.

Additional Data

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Software ID:

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SCHEDULE O
(Form 990)

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

2023

Open to Public Inspection

Name of the organization
PACMED CLINICS

Employer identification number

56-2290878

Return Reference	Explanation
FORM 990, PART V, LINE 15	INDIVIDUALS LISTED AS OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION THAT ARE PAID BY A RELATED ORGANIZATION ARE COMMON LAW EMPLOYEES OF THE RELATED ORGANIZATION. IT IS THE INTENTION OF PROVIDENCE AND THE FILING ORGANIZATION TO MAKE INFORMATION ACCESSIBLE AND TRANSPARENT, REPORTING THOSE EMPLOYEES OF A RELATED ORGANIZATION WHO HAVE OFFICER AND KEY EMPLOYEE RESPONSIBILITIES TO THE FILING ORGANIZATION. THE RELATED ORGANIZATION COMMON LAW EMPLOYEES ARE INCLUDED IN THE RELATED ORGANIZATIONS SECTION 4960 TAX ANALYSIS AND REPORTING.
FORM 990, PART VI, SECTION A, LINE 6	CLASSES OF MEMBERS OR STOCKHOLDERS WESTERN HEALTHCONNECT IS THE SOLE CORPORATE MEMBER OF PACMED CLINICS.
FORM 990, PART VI, SECTION A, LINE 7A	CLASSES OF PERSONS AND THE NATURE OF THEIR RIGHTS PACMED CLINICS HAS A TIERED GOVERNANCE IN WHICH THE CORPORATE MEMBERS RESERVE THE RIGHT TO APPOINT THE PACMED CLINICS' GOVERNING BOARD. ALL NOMINATIONS THAT COME FROM THE PACMED CLINICS BOARD AS NOMINATIONS MUST BE APPROVED BY WESTERN HEALTHCONNECT, AS THE CORPORATE MEMBER.
FORM 990, PART VI, SECTION A, LINE 7B	CLASSES OF PERSONS, DECISIONS REQUIRING APPROVAL & TYPE OF VOTING RIGHTS THE FOLLOWING POWERS RESIDE WITH THE CORPORATE MEMBER: 1) TO ADOPT OR CHANGE THE MISSION, PHILOSOPHY, AND VALUES, INCLUDING THE STRATEGIC PLAN AND MISSION STATEMENT. 2) TO AMEND OR REPEAL THE ARTICLES OF INCORPORATION OR BYLAWS. 3) TO APPROVE THE ACQUISITION OF ASSETS, THE INCURRENCE OF INDEBTEDNESS OR THE LEASE, SALE TRANSFER, ASSIGNMENT OR ENCUMBERING OF ASSETS EXCEEDING A SPECIFIED THRESHOLD, OR THE SALE OR TRANSFER OF ANY PROPERTY WHICH MAY HAVE HISTORICAL OR RELIGIOUS SIGNIFICANCE. 4) TO APPROVE THE DISSOLUTION OR LIQUIDATION. 5) TO APPROVE THE ANNUAL OPERATING AND CAPITAL BUDGETS. 6) TO APPOINT THE CERTIFIED PUBLIC ACCOUNTANTS. 7) TO APPROVE THE CLOSURE OF ANY INSTITUTION OR MAJOR ENTITY OR WORK OF THE CORPORATION.
FORM 990, PART VI, SECTION B, LINE 11B	PROCESS TO REVIEW FORM 990 THE FORM 990 WAS PREPARED BASED ON INFORMATION RECEIVED FROM VARIOUS DEPARTMENTS OF THE ORGANIZATION INCLUDING THE FINANCE TEAM, HUMAN RESOURCES, PAYROLL, COMPLIANCE AND THE GENERAL COUNSEL'S OFFICE. THE ORGANIZATION ENGAGED AN OUTSIDE ACCOUNTING FIRM TO PREPARE THE RETURN. THE RETURN HAS BEEN REVIEWED BY AN OFFICER OF THE ORGANIZATION. A FULL COPY OF THE FORM 990 WAS PROVIDED TO ALL BOARD MEMBERS PRIOR TO FILING WITH THE IRS. THE AUDIT COMMITTEE OF THE PARENT ORGANIZATION IS PROVIDED AN ANNUAL UPDATE ON THE TAX REPORTING PROCESS AND KEY DISCLOSURES.
FORM 990, PART VI, SECTION B, LINE 12C	PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST PROVIDENCE TAKES THE ISSUE OF CONFLICTS OF INTEREST, AND INDEPENDENT UNCONFLICTED DECISION-MAKING, VERY SERIOUSLY. PROVIDENCE HAS A COMPREHENSIVE CONFLICT OF INTEREST POLICY AND INTEREST DISCLOSURE POLICY, REVISED IN 2023, AND CAREFULLY AND THOROUGHLY ADMINISTERS THESE POLICIES. BOARD MEMBERS, SPONSORS, SENIOR LEADERS AND KEY CORE LEADERS ARE REQUIRED TO DISCLOSE ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST IN ACCORDANCE WITH THE PROVIDENCE CONFLICT OF INTEREST POLICY, AND SO THAT THE INDIVIDUAL SATISFIES HIS OR HER FIDUCIARY OBLIGATIONS TO THE ORGANIZATION. DISCLOSURES ARE MADE ANNUALLY, AS WELL AS ANY TIME AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST ARISES. PROVIDENCE CHIEF LEGAL OFFICER AND/OR THE PROVIDENCE CHIEF RISK OFFICER, REVIEW ALL DISCLOSURES. WHERE APPROPRIATE, THE CEO AND/OR THE BOARD CHAIR WILL REVIEW CONFLICT OF INTEREST SITUATIONS THAT INVOLVE SENIOR LEADERSHIP OR A BOARD MEMBER OTHER THAN THE CHAIR. PROVIDENCE CHIEF LEGAL OFFICER AND/OR CHIEF RISK OFFICER REVIEW MATTERS WHERE CONFLICT IS DIFFICULT OR CANNOT BE READILY 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 RECUSED FROM THE MEETING, AND FROM ANY FINAL DISCUSSION AND VOTE, WHEN A DECISION IS BEING MADE ON WHETHER A CONFLICT EXISTS, OR WHEN THE ACTION GIVING RISE TO THE CONFLICT OF INTEREST IS DECIDED. WHERE APPROPRIATE, THE CHIEF RISK OFFICER OR CHIEF LEGAL OFFICER WILL PROVIDE A PLAN TO MANAGE CONFLICTS AND AVOID PARTICIPATION BY THE CONFLICTED INDIVIDUAL IN THE MATTER GIVING RISE TO THE CONFLICT OF INTEREST. AUDITING AND MONITORING OF THIS PROCESS IS DONE PERIODICALLY. ALL DOCUMENTATION OF CONFLICT OF INTEREST DISCLOSURES IS RETAINED IN ACCORDANCE WITH ORGANIZATION RETENTION POLICY.
FORM 990, PART VI, SECTION B, LINE 15	PROCESS FOR DETERMINING COMPENSATION THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER/PRESIDENT/EXECUTIVE DIRECTOR IS PAID BY A RELATED TAX-EXEMPT ORGANIZATION, PROVIDENCE HEALTH & SERVICES - WASHINGTON, AND IS DISCLOSED AS A PERSON PAID BY A RELATED ORGANIZATION. IT IS PROVIDENCE'S INTENTION TO MAKE FINANCIAL INFORMATION ACCESSIBLE AND TRANSPARENT. ALTHOUGH THE FILING OF FORM 990 PROVIDES INSIGHT INTO HOW PROVIDENCE 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 HAS A SINGLE FIDUCIARY BOARD, WITH RESPONSIBILITY FOR FINANCIAL OVERSIGHT ASSOCIATED WITH FULFILLMENT OF THE PROVIDENCE MISSION, DEVELOPING SYSTEM POLICIES, PROTECTING THE ASSETS ENTRUSTED TO THE ORGANIZATION AND OVERSEEING THE STRATEGIC AND OPERATIONAL AFFAIRS OF PROVIDENCE'S LEGAL ENTITIES. PROVIDENCE ALSO MAINTAINS A NETWORK OF COMMUNITY ENTITY BOARDS WITH RESPONSIBILITY FOR QUALITY OF CARE OVERSIGHT, COMMUNITY RELATIONS, ADVOCACY AND COMMUNITY NEEDS ASSESSMENTS. PROVIDENCE HAS A CONSISTENT COMPENSATION PHILOSOPHY FOR ALL OF ITS SENIOR EXECUTIVES, INCLUDING ALL OFFICERS. SALARIES FOR SENIOR EXECUTIVES ARE REVIEWED AT LEAST ANNUALLY BY THE EXECUTIVE COMPENSATION COMMITTEE, WHICH IS A COMMITTEE OF THE PROVIDENCE BOARD CONSISTING ONLY OF OUTSIDE, INDEPENDENT DIRECTORS. THE

	COMMITTEE MAKES SURE, AT EACH OF ITS MEETINGS, THAT NO MEMBER OF THE COMMITTEE HAS A CONFLICT OF INTEREST AS TO ANY EXECUTIVE WHOSE COMPENSATION IS REVIEWED BY THE COMMITTEE. THE EXECUTIVE COMPENSATION COMMITTEE RETAINS AN INDEPENDENT CONSULTANT EACH YEAR TO REVIEW SALARIES OF THOSE IN THE MOST SIGNIFICANT LEADERSHIP ROLES IN THE ORGANIZATION. PART OF THE CONSULTANT'S ROLE IS TO REVIEW AN EXTENSIVE ARRAY OF COMPENSATION SURVEYS OF LARGE, NOT-FOR-PROFIT HEALTH CARE SYSTEMS IN THE UNITED STATES. PROVIDENCE IS ONE OF THE LARGER HEALTH SYSTEMS IN THE COUNTRY, AND AS SUCH, THE BOARD BENCHMARKS EXECUTIVE COMPENSATION AGAINST OTHER LARGE, NOT-FOR-PROFIT HEALTH SYSTEMS THAT ARE SUBSTANTIALLY SIMILAR TO PROVIDENCE IN SIZE AND COMPLEXITY (SUCH AS HAVING A SIMILAR AMOUNT OF ANNUAL NET REVENUE). ADDITIONALLY, BECAUSE PROVIDENCE OFTEN LOOKS TO GENERAL INDUSTRY FOR LEADERS IN CERTAIN FUNCTIONAL AREAS, PROVIDENCE ALSO TAKES INTO CONSIDERATION GENERAL INDUSTRY MARKET DATA IN THESE SPECIAL SITUATIONS. BASE SALARIES FOR PROVIDENCE EXECUTIVES ARE GENERALLY TARGETED TO THE "MEDIAN" LEVEL OF THE MARKET DATA (WHERE HALF THE SALARIES IN THE DATA ARE LOWER AND HALF THE SALARIES IN THE DATA ARE HIGHER), AS IDENTIFIED BY THE INDEPENDENT CONSULTANT AND REVIEWED WITH THE EXECUTIVE COMPENSATION COMMITTEE. THE PRESIDENT/CEO UTILIZES THE MARKET INFORMATION PROVIDED BY THE CONSULTANT ALONG WITH FORMAL PERFORMANCE EVALUATIONS, TO DETERMINE SALARY RECOMMENDATIONS FOR OTHER SENIOR EXECUTIVES. THIS PROCESS INCLUDES A RIGOROUS ANALYSIS OF THOSE RECOMMENDATIONS WITH THE EXECUTIVE COMPENSATION COMMITTEE AS A PART OF THE REVIEW AND APPROVAL PROCESS. TOTAL COMPENSATION IS TIED CLOSELY TO PERFORMANCE OF THE ORGANIZATION AND THE INDIVIDUAL. PERFORMANCE INCENTIVES ALLOW EXECUTIVES TO EARN ADDITIONAL COMPENSATION IF THEY HELP LEAD PROVIDENCE IN ACHIEVING SPECIFIC ORGANIZATIONAL GOALS FOR FURTHERING PROVIDENCE'S OPERATING COMMITMENTS AND STRATEGIC OBJECTIVES. THE BOARD OF DIRECTORS CONDUCTS A THOROUGH REVIEW PROCESS TO ENSURE PERFORMANCE INCENTIVES ARE ALIGNED WITH APPROPRIATE MARKET PRACTICES. THE BOARD'S PROCESS FOR SETTING, REVIEWING AND APPROVING EXECUTIVE COMPENSATION FULLY COMPLIES WITH IRS STANDARDS (TO ASSURE THAT ALL COMPENSATION IS CONSIDERED REASONABLE) AND REFLECTS BEST GOVERNANCE PRACTICES IN THE INDUSTRY. THE PROCESS WAS LAST COMPLETED IN JUNE 2024.
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY & FINANCIAL STATEMENTS THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC UPON REQUEST. THE PROVIDENCE COMMUNITY BENEFIT REPORTS, FINANCIAL REPORTS, CONSOLIDATED AUDITED FINANCIAL STATEMENTS, AND PHILANTHROPY REPORTS ARE ALSO AVAILABLE ON THE PROVIDENCE INTERNET SITE.
FORM 990, PART IX, LINE 11G	AGENCY & CONTRACT LABOR: PROGRAM SERVICE EXPENSES 4,528,994. MANAGEMENT AND GENERAL EXPENSES 374,585. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 4,903,579. GENERAL CONSULTING FEES: PROGRAM SERVICE EXPENSES 3,687,547. MANAGEMENT AND GENERAL EXPENSES 304,990. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 3,992,537. BILLING & COLLECTIONS: PROGRAM SERVICE EXPENSES 26,600. MANAGEMENT AND GENERAL EXPENSES 2,200. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 28,800. OTHER PATIENT SERVICES: PROGRAM SERVICE EXPENSES 109,799,271. MANAGEMENT AND GENERAL EXPENSES 9,081,300. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 118,880,571. MEDICAL DIRECTOR & MED PHYSICIAN FEES: PROGRAM SERVICE EXPENSES 1,367,502. MANAGEMENT AND GENERAL EXPENSES 113,104. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 1,480,606. REPAIRS & MAINTENANCE: PROGRAM SERVICE EXPENSES 2,381,980. MANAGEMENT AND GENERAL EXPENSES 197,009. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 2,578,989.
FORM 990, PART XI, LINE 9:	NET ASSETS TRANSFERS BETWEEN RELATED TAX-EXEMPT ORGANIZATIONS 31,317,649.

Additional Data

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Software ID:

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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

2023

Open to Public Inspection

Name of the organization
PACMED CLINICS

Employer identification number
56-2290878

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.

(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
(1)COLLABRIA CARE 414 SOUTH JEFFERSON STREET NAPA, CA 94559 68-0393144	HEALTHCARE	CA	501(C)(3)	10	SJHCN	Yes	
(2)COVENANT ACO 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 61-1573313	HEALTHCARE	TX	501(C)(3)	12, I	CHS	Yes	
(3)COVENANT CHILDREN'S PHYSICIANS GROUP 3615 19TH STREET LUBBOCK, TX 79410 88-1290850	HEALTHCARE	TX	501(C)(3)	PENDING	CHS	Yes	
(4)COVENANT HEALTH NETWORK INC 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 46-1259908	HEALTHCARE	CA	501(C)(3)	12, III	SJHS	Yes	
(5)COVENANT HEALTH PARTNERS 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 46-3516417	HEALTHCARE	TX	501(C)(3)	12, I	CHS	Yes	
(6)COVENANT HEALTH SYSTEM 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 75-2765566	HEALTHCARE	TX	501(C)(3)	3	SJHS	Yes	
(7)COVENANT HEALTH SYSTEM FOUNDATION 3623 22ND PLACE LUBBOCK, TX 79410 75-2897026	HEALTHCARE	TX	501(C)(3)	7	CHS	Yes	
(8)COVENANT HOME AND COMMUNITY CARE 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 92-0275096	HEALTHCARE	TX	501(C)(3)	10	CHS	Yes	
(9)COVENANT HOSPITAL HOBBS 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 84-4273963	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
(10)COVENANT MEDICAL CENTER 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 82-2913146	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
(11)COVENANT MEDICAL GROUP 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 75-2743883	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
(12)EVERETT TRANSITIONAL CARE SERVICES PO BOX 5128 EVERETT, WA 982065128 94-3264605	TRANSITIONAL CARE	WA	501(C)(3)	10	N/A		No
(13)GAMELIN WASHINGTON ASSOCIATION 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 20-1910170	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
(14)GLOBAL TO LOCAL HEALTH INITIATIVE 2800 SOUTH 192ND ST 104 SEATAC, WA 98188 27-3133200	HEALTHCARE	WA	501(C)(3)	7	SHS	Yes	
(15)GRACE CLINIC OF LUBBOCK 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 20-3856995	HEALTHCARE	TX	501(C)(3)	3	LHH LLC	Yes	
(16)HOSPICE OF LUBBOCK 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 75-2133781	HEALTHCARE	TX	501(C)(3)	10	CHS	Yes	
(17)INSTITUTE FOR MENTAL HEALTH & WELLNESS 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 81-4260130	HEALTHCARE	WA	501(C)(3)	PF	PHS SJHS	Yes	

(18)INSTITUTE FOR SYSTEMS BIOLOGY 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 91-2003593	HEALTHCARE	WA	501(C)(3)	7	WHC	Yes	
(19)KADLEC AUXILIARY INC 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 91-6033089	SUPPORT	WA	501(C)(3)	12, III	KRMC	Yes	
(20)KADLEC FOUNDATION 888 SWIFT BLVD RICHLAND, WA 99352 23-7005501	SUPPORT	WA	501(C)(3)	7	KRMC	Yes	
(21)KADLEC REGIONAL MEDICAL CENTER 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 91-0655392	HEALTHCARE	WA	501(C)(3)	3	WHC	Yes	
(22)LITTLE COMPANY OF MARY ANCILLARY SERVICES CORPORATION 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 33-0844408	IMAGING SERVICES	CA	501(C)(3)	10	PHS SOCAL	Yes	
(23)LUBBOCK HERITAGE HOSPITAL LLC 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 26-4021016	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
(24)LUNDBERG ASSOCIATION PROVIDENCE HOUSE 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 91-1562797	SUPPORT	OR	501(C)(3)	7	PHS OR	Yes	
(25)METHODIST CHILDREN'S HOSPITAL 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 75-2428911	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
(26)METHODIST HOSPITAL LEVELLAND 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 75-2246348	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
(27)METHODIST HOSPITAL PLAINVIEW 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 75-2426010	HEALTHCARE	TX	501(C)(3)	3	CHS	Yes	
(28)MISSION HOSPITAL REGIONAL MEDICAL CTR 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 95-1643360	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
(29)NORTHWEST HOPE & HEALING FOUNDATION PO BOX 16069 SEATTLE, WA 98116 20-0799737	SUPPORT	WA	501(C)(3)	12, I	SHS	Yes	
(30)OPEN DOOR VENTURES 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 91-1608508	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
(31)PH&S FOUNDATIONSFVSA & SCVSA 501 SOUTH BUENA VISTA STREET BURBANK, CA 915054809 95-3544877	HEALTHCARE	CA	501(C)(3)	7	PHS SOCAL	Yes	
(32)PROVIDENCE ALASKA FOUNDATION 3760 PIPER STREET SUITE 2021 ANCHORAGE, AK 99508 92-0093565	HEALTHCARE	AK	501(C)(3)	7	PHS WA	Yes	
(33)PROVIDENCE BENEDICTINE NURSING CENTER FOUNDATION 540 SOUTH MAIN ST MT ANGEL, OR 97362 91-1940286	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
(34)PROVIDENCE BLANCHET ASSOCIATION 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 91-1789266	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
(35)PROVIDENCE CHILDREN'S HEALTH FOUNDATION 4805 NE GLISAN ST STE 2N35 PORTLAND, OR 97213 93-0800140	SUPPORT	OR	501(C)(3)	7	PHS OR	Yes	
(36)PROVIDENCE COMMUNITY HEALTH FOUNDATION 940 ROYAL AVE SUITE 410 MEDFORD, OR 97504 93-0692907	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
(37)PROVIDENCE DETHMAN HOUSE 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 47-3385506	SUPPORT	WA	501(C)(3)	7	N/A		No
(38)PROVIDENCE FACEY MEDICAL FOUNDATION (FKA FACEY MEDICAL FDN) 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 95-4322584	SUPPORT	CA	501(C)(3)	7	PHS SOCAL	Yes	
(39)PROVIDENCE GAMELIN HOUSE ASSOCIATION 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 31-1744654	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
(40)PROVIDENCE HEALTH & SERVICES 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 91-1549796	HEALTHCARE	WA	501(C)(3)	12, II	PSJH		No
(41)PROVIDENCE HEALTH & SERVICES - MONTANA 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 81-0231793	HEALTHCARE	MT	501(C)(3)	3	PHS WA	Yes	
(42)PROVIDENCE HEALTH & SERVICES - OREGON 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 51-0216587	HEALTHCARE	OR	501(C)(3)	3	PHS	Yes	
(43)PROVIDENCE HEALTH & SERVICES - WASHINGTON 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 51-0216586	HEALTHCARE	WA	501(C)(3)	3	PHS	Yes	
(44)PROVIDENCE HEALTH & SERVICES - WESTERN WASHINGTON 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057	HEALTHCARE	WA	501(C)(3)	3	PMWHC	Yes	

91-1303277							
(45)PROVIDENCE HEALTH ASSURANCE 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 55-0828701	MEDICAID HEALTHCARE PROVIDER	OR	501(C)(4)	N/A	PHP	Yes	
(46)PROVIDENCE HEALTH PLAN 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 93-0863097	HEALTHCARE	OR	501(C)(4)	N/A	PH GROUP LLC	Yes	
(47)PROVIDENCE HEALTH SYSTEM - SO CALIFORNIA 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 51-0216589	HEALTHCARE	CA	501(C)(3)	3	PHS	Yes	
(48)PROVIDENCE HOOD RIVER MEMORIAL HOSPITAL FOUNDATION INC 810 12TH STREET PO BOX 149 HOOD RIVER, OR 97031 93-0921990	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
(49)PROVIDENCE HOSPICE AND HOME CARE FOUNDATION SNOHOMISH COUNTY 1615 75TH ST SW SUITE 210 EVERETT, WA 98203 27-2552749	HEALTHCARE	WA	501(C)(3)	7	PHS W WA	Yes	
(50)PROVIDENCE HOSPICE OF SEATTLE FOUNDATION 2811 SOUTH 102ND NO 220 TUKWILA, WA 98168 91-2077378	HEALTHCARE	WA	501(C)(3)	7	PHS W WA	Yes	
(51)PROVIDENCE INLAND NORTHWEST FOUNDATION (FKA PROV HC FDN - E WA) 101 W 8TH AVE SPOKANE, WA 99204 32-0014330	HEALTHCARE	WA	501(C)(3)	7	PHS WA	Yes	
(52)PROVIDENCE LITTLE COMPANY OF MARY FOUNDATION 4101 TORRANCE BLVD TORRANCE, CA 90503 51-0224944	HEALTHCARE	CA	501(C)(3)	7	PHS SOCAL	Yes	
(53)PROVIDENCE MARIANWOOD FOUNDATION 3725 PROVIDENCE POINT DRIVE SE ISSAQUAH, WA 980297219 93-1554288	HEALTHCARE	WA	501(C)(3)	7	PHS W WA	Yes	
(54)PROVIDENCE MEDICAL FDN (FKA ST JOSEPH HERITAGE HEALTHCARE) 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 33-0185031	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
(55)PROVIDENCE MEDICAL INSTITUTE 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 33-0283773	HEALTHCARE	CA	501(C)(3)	12, I	PHS SOCAL	Yes	
(56)PROVIDENCE MILWAUKIE FOUNDATION 10150 SE 32ND AVE MILWAUKIE, OR 97222 94-3079515	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
(57)PROVIDENCE MINISTRIES 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057	RELIGIOUS ORG	WA	501(C)(3)	1	N/A		No
(58)PROVIDENCE MOUNT ST VINCENT FOUNDATION 4831 35TH AVE SW SEATTLE, WA 981262799 91-1188119	HEALTHCARE	WA	501(C)(3)	7	PHS WA	Yes	
(59)PROVIDENCE NEWBERG HEALTH FOUNDATION 1001 PROVIDENCE DRIVE NEWBERG, OR 97132 93-0889144	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
(60)PROVIDENCE PETER CLAVER ASSOCIATION 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 31-1629656	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
(61)PROVIDENCE PLAN PARTNERS 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 91-1861964	HEALTHCARE	WA	501(C)(4)	N/A	PHS OR	Yes	
(62)PROVIDENCE PORTLAND MEDICAL FOUNDATION 4805 NE GLISAN ST PORTLAND, OR 972132967 93-1231494	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
(63)PROVIDENCE ROSSI ASSOCIATION 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 31-1584166	SUPPORT	WA	501(C)(3)	10	PHS WA	Yes	
(64)PROVIDENCE SAINT JOHN'S HEALTH CENTER 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 95-1684082	HEALTHCARE	CA	501(C)(3)	3	PHS SOCAL	Yes	
(65)PROVIDENCE SAINT JOHN'S MEDICAL FOUNDATION 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 81-4542216	HEALTHCARE	CA	501(C)(3)	3	PHS SOCAL	Yes	
(66)PROVIDENCE SEASIDE HOSPITAL FOUNDATION 725 S WAHANNA ROAD SEASIDE, OR 97138 93-0927320	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
(67)PROVIDENCE ST ELIZABETH HOUSE ASSOCIATION 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 91-2171539	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
(68)PROVIDENCE ST FRANCIS ASSOCIATION 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 94-3244854	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
(69)PROVIDENCE ST JOSEPH HEALTH 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 81-1244422	HEALTHCARE	WA	501(C)(3)	12, III	N/A		No
(70)PROVIDENCE ST JOSEPH HEALTH FOUNDATION 4400 NE HALSEY ST STE 599 PORTLAND, OR 97213 94-3078543	HEALTHCARE	WA	501(C)(3)	7	PHS WA	Yes	
(71)PROVIDENCE ST JOSEPH MEDICAL CENTER 1801 LIND AVENUE SW ATTN TAX DEPT	HEALTHCARE	MT	501(C)(3)	3	PHS WA	Yes	

RENTON, WA 98057 81-0463482							
(72)PROVIDENCE ST MARY FOUNDATION 401 W POPLAR STREET WALLA WALLA, WA 99362 45-2841492	HEALTHCARE	WA	501(C)(3)	7	PHS WA	Yes	
(73)PROVIDENCE ST VINCENT MEDICAL FOUNDATION 9205 SW BARNES ROAD STE MT2111 PORTLAND, OR 97225 93-0575982	HEALTHCARE	OR	501(C)(3)	7	PHS OR	Yes	
(74)PROVIDENCE SW WASHINGTON FOUNDATION (FKA PROV ST PETER FDN) 413 LILLY ROAD NE OLYMPIA, WA 985065166 91-1097056	SUPPORT	WA	501(C)(3)	7	PHS W WA	Yes	
(75)PROVIDENCE TRINITYCARE HOSPICE 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 95-3264139	HEALTHCARE	CA	501(C)(3)	10	PHS SOCAL	Yes	
(76)PROVIDENCE TRINITYCARE HOSPICE FOUNDATION 5315 TORRANCE BLVD NO B-1 TORRANCE, CA 90503 33-0261016	HEALTHCARE	CA	501(C)(3)	7	PTCH	Yes	
(77)PROVIDENCE WILLAMETTE FALLS MEDICAL FOUNDATION 1500 DIVISION STREET OREGON CITY, OR 97045 93-1003750	HEALTHCARE	OR	501(C)(3)	12, I	PHS OR	Yes	
(78)REDWOOD MEMORIAL FOUNDATION 2700 DOBEER STREET EUREKA, CA 95501 94-2779313	HEALTHCARE	CA	501(C)(3)	7	SJHNC LLC	Yes	
(79)SAINT JOHN'S CANCER INSTITUTE (FKA JOHN WAYNE CANCER INST) 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 95-4291515	HEALTHCARE	CA	501(C)(3)	4	PSJHC	Yes	
(80)SAINT JOHN'S HOSPITALHEALTH CENTER FOUNDATION 2121 SANTA MONICA BLVD SANTA MONICA, CA 90404 95-6100079	SUPPORT SAINT JOHN HEALTH CENTER & SJCI	CA	501(C)(3)	7	PSJHC	Yes	
(81)SEATTLE SCIENCE FOUNDATION 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 61-1502822	PHYSICIAN COLLABORATION	WA	501(C)(3)	7	WHC	Yes	
(82)SISTERS OF PROVIDENCE OF MONTANA CORPORATION 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 26-2612415	SHELL CORPORATION	MT	501(C)(3)	1	PHS WA		No
(83)SISTERS OF ST JOSEPH OF ORANGE 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 95-1643383	RELIGIOUS ORG	CA	501(C)(3)	1	N/A		No
(84)SRM ALLIANCE HOSPITAL SERVICES (PVH) 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 68-0395200	HEALTHCARE	CA	501(C)(3)	3	SJHNC LLC	Yes	
(85)ST JOSEPH HEALTH MINISTRY 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 27-1666576	RELIGIOUS ORG	CA	501(C)(3)	1	SSJO		No
(86)ST JOSEPH HEALTH NORTHERN CALIFORNIA LLC 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 81-4791043	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
(87)ST JOSEPH HEALTH SYSTEM 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 95-3589356	HEALTHCARE	CA	501(C)(3)	12, I	PSJH		No
(88)ST JOSEPH HEALTH SYSTEM FOUNDATION 3345 MICHELSON DRIVE SUITE 100 IRVINE, CA 92612 33-0143024	HEALTHCARE	CA	501(C)(3)	10	SJHS	Yes	
(89)ST JOSEPH HOME CARE NETWORK 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 68-0331084	HEALTHCARE	CA	501(C)(3)	10	SJHS	Yes	
(90)ST JOSEPH HOSPITAL OF ORANGE 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 95-1643359	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
(91)ST JUDE HOSPITAL INC 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 95-1643325	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
(92)ST LUKE ASSOCIATION 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 94-3176618	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
(93)ST MARY MEDICAL CENTER 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 95-1914489	HEALTHCARE	CA	501(C)(3)	3	SJHS	Yes	
(94)ST PATRICK HOSPITAL FOUNDATION 502 W SPRUCE STREET MISSOULA, MT 59802 23-7056976	HEALTHCARE	MT	501(C)(3)	7	PHS WA	Yes	
(95)ST THOMAS CHILD AND FAMILY CENTER 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 81-0233495	EDUCATION	MT	501(C)(3)	10	PHS WA	Yes	
(96)SWEDISH EDMONDS 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 27-2305304	HEALTHCARE	WA	501(C)(3)	3	WHC	Yes	
(97)SWEDISH HEALTH SERVICES 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 91-0433740	HEALTHCARE	WA	501(C)(3)	3	WHC	Yes	
(98)SWEDISH MEDICAL CENTER FOUNDATION	HEALTHCARE	WA	501(C)(3)	7	SHS	Yes	

747 BROADWAY SEATTLE, WA 98122 91-0983214							
(99)SWEDISH MJM HOLDINGS 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 27-3139262	HOLDING COMPANY	WA	501(C)(3)	12, I	SHS	Yes	
(100)TARZANA MEDICAL CENTER LLC 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 83-3972614	HEALTHCARE	CA	501(C)(3)	3	PHS SOCAL	Yes	
(101)THE GAMELIN ASSOCIATION 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 91-1180824	SUPPORT	WA	501(C)(3)	7	PHS WA	Yes	
(102)THE GAMELIN OREGON ASSOCIATION 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 91-1214491	SUPPORT	OR	501(C)(3)	10	PHS OR	Yes	
(103)TRI-CITIES CANCER CENTER FOUNDATION 7350 W DESCHUTES AVE BUILDING A KENNEWICK, WA 99336 91-1739024	SUPPORT	WA	501(C)(3)	7	KRMC	Yes	
(104)UNIVERSITY OF PROVIDENCE 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 81-0231777	EDUCATION	MT	501(C)(3)	2	PHS	Yes	
(105)WESTERN HEALTHCONNECT 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 45-4171900	HEALTHCARE	WA	501(C)(3)	3	PHS W WA	Yes	

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.

(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) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) 20TH STREET SURGERY LLC 1301 20TH STREET STE 140 SANTA MONICA, CA 90404 73-1735618	AMBULATORY SURGERY CENTER	CA	N/A					No			No	
(2) BRIDGEPORT MEDICAL IMAGING LLC (BMI) 4400 NE HALSEY 495 PORTLAND, OR 97213 26-0796953	IMAGING - DIAGNOSTICS	OR	N/A					No		Yes		
(3) BROADWAY IMAGING LLC PO BOX 4587 MISSOULA, MT 598064587 52-2405971	MEDICAL IMAGING	MT	N/A					No		Yes		
(4) CANBY MEDICAL CENTER I LLC 4800 SW MACADAM AVE STE 120 PORTLAND, OR 97239 20-5470937	REAL ESTATE - MOB	OR	N/A					No		Yes		
(5) CENTER FOR MEDICAL IMAGING LLC (CMI) 4400 NE HALSEY 495 PORTLAND, OR 97213 20-0477972	IMAGING - DIAGNOSTICS	OR	N/A					No		Yes		
(6) CLACKAMAS RADIATION ONCOLOGY CENTER LLC 4400 NE HALSEY 495 PORTLAND, OR 97213 26-0381897	RADIATION ONCOLOGY	OR	N/A					No		Yes		
(7) COMPREHENSIVE IMAGING PARTNERS OF ORANGE COUNTY 1031 W CHAPMAN AVE 101 ORANGE, CA 92868 26-4591502	HEALTHCARE	CA	N/A					No		Yes		
(8) COVENANT HIGH PLAINS SURGERY CENTER LLC 40 VALLEY STREAM PKWY MALVERN, PA 19355 75-2177401	HEALTHCARE	PA	N/A					No		Yes		
(9) COVENANT PARK PHASE I VENTURE LLC 3615 19TH ST LUBBOCK, TX 79410 87-1464045	REAL ESTATE	TX	N/A					No			No	
(10) CSS JV LLC 11782 SW BARNES ROAD STE 200 BLDG C PORTLAND, OR 97225 26-3638838	AMBULATORY SURGERY CENTER	OR	N/A					No			No	
(11) FIRST HILL SURGERY CENTER LLC 1101 MADISON STREET STE 200 SEATTLE, WA 98104 47-2066485	AMBULATORY SURGERY CENTER	WA	N/A					No		Yes		
(12) FULLERTON SURGICAL CENTER LP 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 47-0927394	AMBULATORY SURGERY CENTER	CA	N/A					No		Yes		
(13) GREATER VALLEY MEDICAL BUILDING LP 501 S BUENA VISTA ST BURBANK, CA 91505 95-4570858	REAL ESTATE - MOB	CA	N/A					No		Yes		
(14) HERITAGE INVESTMENT GROUP I LLC 500 S MAIN STREET STE 1000 ORANGE, CA 92868 27-1000061	INVESTMENTS	CA	N/A					No			No	
(15) IMAGING ASSOCIATES LLC 3650 PIPER STREET STE A ANCHORAGE, AK 99508 20-3906048	MEDICAL IMAGING	AK	N/A					No		Yes		
(16) LSC REAL PROPERTY LLC	REAL ESTATE	TX	N/A					No		Yes		

1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 47-4646059												
(17) METHODIST DIAGNOSTIC IMAGING 4005 24TH STREET LUBBOCK, TX 79410 75-2343261	HEALTHCARE	TX	N/A					No		Yes		
(18) MISSION VIEJO PARTNERS II LLC 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 82-3943675	REAL ESTATE - MOB	CA	N/A					No		Yes		
(19) NORTH OC IMAGING JV HOLDINGS LLC 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 85-2444305	HEALTHCARE	CA	N/A					No			No	
(20) OREGON ADVANCED IMAGING LLC 881 OHARE PARKWAY MEDFORD, OR 97504 45-0471748	MEDICAL IMAGING	OR	N/A					No		Yes		
(21) PAVILION SURGERY CENTER LLC 1140 WEST LAVETA AVE ORANGE, CA 92868 81-4376492	AMBULATORY SURGERY CENTER	CA	N/A					No			No	
(22) PERFORMANCE MEDICAL EQUIPMENT & RESPIRATORY SERVICES LLC 19625 62ND AVENUE SOUTH SUITE 101 KENT, WA 98032 45-2901632	MEDICAL EQUIPMENT	WA	N/A					No		Yes		
(23) PETCT IMAGING AT SWEDISH CANCER INSTITUTE LLC 1221 MADISON STREET SEATTLE, WA 98104 20-3132044	MEDICAL IMAGING	WA	N/A					No		Yes		
(24) PHS INVESTMENT TRUST SHORT TERM INVESTMENT PORTFOLIO 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 81-2701056	INVESTMENTS	WA	N/A					No			No	
(25) PROVIDENCE & SCA OFF-CAMPUS HOLDINGS LLC 569 BROOKWOOD VILLAGE SUITE 901 BIRMINGHAM, AL 35209 82-3765555	MEDICAL	AL	N/A					No			No	
(26) PROVIDENCE & SCA ON-CAMPUS HOLDINGS LLC 569 BROOKWOOD VILLAGE SUITE 901 BIRMINGHAM, AL 35209 82-3270499	MEDICAL	AL	N/A					No		Yes		
(27) PROVIDENCE ALASKA HOUSE I OWNER LP 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 88-2819223	SUPPORTIVE HOUSING	AK	N/A					No			No	
(28) PROVIDENCE HOUSE OAKLAND LP 540 23RD ST OAKLAND, CA 94612 81-1441264	SUPPORTIVE HOUSING	CA	N/A					No		Yes		
(29) PROVIDENCE IMAGING CENTER JOINT VENTURE 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 92-0118807	MEDICAL IMAGING	AK	N/A					No			No	
(30) PROVIDENCE ST JOSEPH HEALTH LONG TERM PORTFOLIO 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 82-3190634	INVESTMENTS	WA	PHS WA	EXCLUDED	2,924,214	54,681,920		No	-8,905		No	1.310 %
(31) PROVIDENCE SURGERY CENTER LLC 902 N ORANGE ST MISSOULA, MT 59802 84-1401625	AMBULATORY SURGERY CENTER	MT	N/A					No			No	
(32) PROVIDENCEUSP SPOKANE SURGERY CENTERS LLC 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 88-1149413	AMBULATORY SURGERY CENTER	WA	N/A					No			No	
(33) PROVIDENCEUSP SURGERY CTRS LLC 11550 INDIAN HILLS ROAD 160 MISSION HILLS, CA 91345 20-0684116	AMBULATORY SURGERY CENTER	CA	N/A					No			No	
(34) RADIATION THERAPY INNOVATIONS LLC 1221 MADISON ST 1ST FL SEATTLE, WA 98104 30-0553035	HEALTHCARE	WA	N/A					No		Yes		
(35) RIVERSIDE HEALTHCARE 1107 HAZELTINE BLVD 200 CHASKA, MN 55318 41-1594648	HEALTHCARE	MN	N/A					No		Yes		
(36) ST JOSEPH PHYSICIAN VENTURES I LLC 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 45-4521884	REAL ESTATE	CA	N/A					No		Yes		
(37) ST JOSEPHSATELLITE DIALYSIS CENTERS LLC 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 81-4657391	HEALTHCARE	CA	N/A					No			No	
(38) ST JUDE SURGICAL CENTERS LLC 1801 LIND AVENUE SW ATTN TAX DEPT RENTON, WA 98057 82-3352570	AMBULATORY SURGERY CENTER	CA	N/A					No		Yes		
(39) ST PETER-SOUTH SOUND REGIONAL MRI CENTER 3417 ENSIGN RD NE OLYMPIA, WA 98506 91-1455338	MEDICAL IMAGING	WA	N/A					No		Yes		
(40) SURGERY CENTER AT TANASBOURNE LLC 11221 ROE AVE STE 300 LEAWOOD, KS 66211 20-8187971	AMBULATORY SURGERY CENTER	KS	N/A					No		Yes		
(41) THE MADISON SPOKANE INN LLC 15 WEST ROCKWOOD BLVD SPOKANE, WA 99204 84-1606484	HOTEL SERVICES	WA	N/A					No		Yes		
(42) WON-ONC LLC 1900 COOKS HILL RD CENTRALIA, WA 98531	REAL ESTATE - MOB	WA	N/A					No		Yes		

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) Section 512(b)(13) controlled entity? No
(1)1221 MADISON STREET OWNERS ASSOC 747 BROADWAY SEATTLE, WA 98122 20-1954319	OWNERS' ASSOCIATION	WA	N/A	C					No
(2)ADVATA INC (FKA KENSCI INC) 615 2ND AVE 700 SEATTLE, WA 98104 47-4048082	HEALTHCARE	WA	N/A	C					No
(3)AMERICAN UNITY GROUP LTD 90 PITTS BAY ROAD PEMBROKE HM08 BD	CAPTIVE INSURANCE	BD	N/A	C					No
(4)AYIN HEALTH HOLDINGS INC 4400 NE HALSEY ST STE 609 ATTN ACCO PORTLAND, OR 97213 83-3037172	HEALTHCARE	DE	N/A	C					No
(5)AYIN HEALTH SOLUTIONS INC 4400 NE HALSEY ST STE 609 ATTN ACCO PORTLAND, OR 97213 93-1211733	HEALTHCARE	OR	N/A	C					No
(6)BOURGET HEALTH SERVICES INC 101 W 8TH AVE TAF C-9 SPOKANE, WA 99204 91-1354431	CLINICAL/MEDICAL LAB	WA	N/A	C					No
(7)CARON CORPORATION 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 81-0486082	MEDICAL PHYSICIAN SERVICE	MT	N/A	C					No
(8)CLOUD 21 LIMITED 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057	HEALTHCARE	UK	N/A	C					No
(9)ENDOSCOPY CENTER OF SOUTHERN CALIFORNIA 1301 20TH ST STE 280 SANTA MONICA, CA 90404 95-2880495	HEALTHCARE	CA	N/A	S					No
(10)HCSA PROPERTIES LLC 1600 M STREET NW AUBURN, WA 98001 46-0620892	REAL ESTATE RENTAL	WA	N/A	C					No
(11)KENSCI ASIA PACIFIC PTE LTD 615 2ND AVE 700 SEATTLE, WA 98104	HEALTHCARE	SN	N/A	C					No
(12)KENSCI TECH INDIA PRIVATE LIMITED 615 2ND AVE 700 SEATTLE, WA 98104	HEALTHCARE	IN	N/A	C					No
(13)LUBBOCK METHODIST HOSP PRACTICE MGMT 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 75-2578995	INACTIVE	TX	N/A	C					No
(14)LUBBOCK METHODIST HOSPITAL SVCS 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 75-2118585	HEALTHCARE	TX	N/A	C					No
(15)MEDICAL SPECIALTIES MANAGERS INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 33-0406218	HEALTHCARE	WA	N/A	C					No
(16)MISSION VIEJO MEDICAL VENTURES INC 27800 MEDICAL CENTER RD 354 MISSION VIEJO, CA 92691 33-0212905	HEALTHCARE	CA	N/A	C					No
(17)PHN HOLDINGS 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 46-1814184	STRATEGIC PLANNING SERVICES	CA	N/A	C					No
(18)PRAIA HEALTH INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 99-0552297	HEALTHCARE	DE	N/A	C					No
(19)PROVIDENCE GLOBAL CENTER LLP 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 98-1516461	IT SVCS	IN	N/A	C					No
(20)PROVIDENCE HEALTH CARE VENTURES INC 101 W 8TH AVE TAF C-9 SPOKANE, WA 99204 90-0155714	CLINICAL/MEDICAL LAB	WA	N/A	C					No
(21)PROVIDENCE HEALTH NETWORK 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 80-0886966	PREPAID HEALTHCARE	CA	N/A	C					No
(22)PROVIDENCE PARTNERS HOLDINGS INC 4400 NE HALSEY ST STE 609 ATTN ACCO PORTLAND, OR 97213 88-2962549	INVESTMENT	DE	N/A	C					No
(23)PROVIDENCE PHYSICIAN SERVICES CO 101 W 8TH AVE TAF C-9 SPOKANE, WA 99204 91-1216033	HEALTHCARE	WA	N/A	C					No
(24)PROVIDENCE ST JOSEPH HEALTH NETWORK 20555 EARL ST TORRANCE, CA 90503 82-3771547	HEALTHCARE	CA	N/A	C					No
(25)PROVSOURCE 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 90-2318536	HEALTHCARE	DE	N/A	C					No

(26)ST JOSEPH HEALTH 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 46-2340232	HOLDING COMPANY	CA	N/A	C					No
(27)ST JOSEPH HEALTH SOURCE INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 46-1900168	HEALTHCARE	CA	N/A	C					No
(28)ST JOSEPH MEDICAL PLAZA ASSOCIATION 1140 W LA VETA STE 400 ORANGE, CA 92868 33-0621539	CONDO ASSOCIATION	CA	N/A	C					No
(29)ST JOSEPH PROF SVCS ENTERPRSES INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 33-0155323	HEALTHCARE	CA	N/A	C					No
(30)TEGRIA HOLDINGS LLC (FKA GRADY BLOCKER LLC) 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 84-2092143	HOLDING COMPANY	DE	N/A	C					No
(31)TEGRIA INSIGHTS GROUP HOLDINGS INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 86-1400769	HOLDING COMPANY	WA	N/A	C					No
(32)TEGRIA INSIGHTS GROUP INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 86-1532593	HEALTHCARE	WA	N/A	C					No
(33)TEGRIA PRODUCTS GROUP INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 87-0995138	HOLDING COMPANY	DE	N/A	C					No
(34)TEGRIA RCM GROUP US INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 86-3046450	HOLDING COMPANY	DE	N/A	C					No
(35)TEGRIA RCM GROUP INC (FKA PROV RCM GROUP INC) 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 84-4686520	HOLDING COMPANY	DE	N/A	C					No
(36)TEGRIA SERVICES GROUP INC (FKA PROVIDENCE SERVICES GROUP) 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 84-4704409	HOLDING COMPANY	DE	N/A	C					No
(37)TEGRIA SERVICES GROUP-CAN INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057	HEALTHCARE	CA	N/A	C					No
(38)TEGRIA SERVICES GROUP-US INC (FKA BLUETREE NETWORK INC) 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 90-0872936	HEALTHCARE	WI	N/A	C					No
(39)TRUSANA INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 92-2370159	HEALTHCARE	DE	N/A	C					No
(40)VINSERRA INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 95-3943315	INVESTMENT	CA	N/A	C					No
(41)WEIGHT LOSS INC (FKA HMR WEIGHT MANAGEMENT SERVICES CORP) 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 98057 46-3598718	HEALTHCARE	WA	N/A	C					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**			**No**
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**		**Yes**	
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**			**No**
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	**1n**			**No**
o	Sharing of paid employees with related organization(s)	**1o**		**Yes**	
p	Reimbursement paid to related organization(s) for expenses	**1p**		**Yes**	
q	Reimbursement paid by related organization(s) for expenses	**1q**			**No**
r	Other transfer of cash or property to related organization(s)	**1r**			**No**
s	Other transfer of cash or property from related organization(s)	**1s**			**No**

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)ST JOSEPH HEALTH SYSTEM	P	353,068	COST
(2)PROVIDENCE HEALTH & SERVICES - WASHINGTON	L	161,004	COST
(3)PROVIDENCE HEALTH & SERVICES - WASHINGTON	O	84,604	COST
(4)SWEDISH HEALTH SERVICES	O	3,972,378	COST
(5)PROVIDENCE HEALTH & SERVICES - WASHINGTON	K	1,094,847	COST
(6)SWEDISH HEALTH SERVICES	K	135,629	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	