

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047
2018
Open to Public Inspection

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

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

C Name of organization: THE GAMELIN ASSOCIATION
 Doing business as: PROVIDENCE HOUSE YAKIMA
 Number and street (or P O box if mail is not delivered to street address) Room/suite: 1801 LIND AVENUE SW ATTN TAX DEPT
 City or town, state or province, country, and ZIP or foreign postal code: RENTON, WA 980579016

D Employer identification number: 91-1180824
E Telephone number: (855) 360-5478
G Gross receipts \$ 480,582

F Name and address of principal officer: MIKE BUTLER, 1801 LIND AVENUE SW ATTN TAX DEPT, RENTON, WA 980579016

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number: 0928

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

J Website: WWW PROVIDENCESUPPORTIVEHOUSING ORG

K Form of organization: Corporation Trust Association Other

L Year of formation: 1982 **M** State of legal domicile: WA

Part I Summary

| | | | |
|-----------------------------|---|---|--|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities AS EXPRESSIONS OF GOD'S HEALING LOVE, WITNESSED THROUGH THE MINISTRY OF JESUS, WE ARE STEADFAST IN SERVING ALL, ESPECIALLY THOSE WHO ARE POOR AND VULNERABLE | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets | | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 13 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 13 |
| | 5 | Total number of individuals employed in calendar year 2018 (Part V, line 2a) | 0 |
| | 6 | Total number of volunteers (estimate if necessary) | 0 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 0 |
| 7b | Net unrelated business taxable income from Form 990-T, line 34 | 0 | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year: 323,577 / Current Year: 332,636 |
| | 9 | Program service revenue (Part VIII, line 2g) | 123,958 / 122,733 |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | -5,497 / -5,188 |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 3,940 / 3,980 |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 445,978 / 454,161 |
| | Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) |
| 14 | | Benefits paid to or for members (Part IX, column (A), line 4) | 0 / 0 |
| 15 | | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 71,646 / 82,571 |
| 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) | 411,922 / 400,201 |
| 18 | Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 483,568 / 482,772 | |
| 19 | Revenue less expenses Subtract line 18 from line 12 | -37,590 / -28,611 | |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | Beginning of Current Year: 1,764,940 / End of Year: 1,708,023 |
| | 21 | Total liabilities (Part X, line 26) | 2,037,385 / 2,009,109 |
| | 22 | Net assets or fund balances Subtract line 21 from line 20 | -272,445 / -301,086 |

Part II Signature Block

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

Sign Here

Signature of officer: _____ Date: 2019-11-14

JO ANN ESCASA-HAIGH EVP/ASSISTANT TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____

Check if self-employed PTIN: P01650740

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

Firm's address: 4365 EXECUTIVE DRIVE SUITE 1600 SAN DIEGO, CA 92121 Phone no: (858) 535-7200

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 434,465 including grants of \$ 0) (Revenue \$ 126,713)
See Additional Data

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

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

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

4e Total program service expenses ▶ 434,465

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax 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 | | |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | |
| 1c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | |

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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [x] Upon request [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records. JO ANN ESCASA-HAIGH 3345 MICHELSON DRIVE IRVINE, CA 92612 (949) 381-4000

Part VIII Statement of Revenue

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

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
|--|---|----------------------|--|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | | | |
| | b Membership dues | 1b | | | |
| | c Fundraising events | 1c | | | |
| | d Related organizations | 1d | | | |
| | e Government grants (contributions) | 1e | 332,636 | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | | | |
| | g Noncash contributions included in lines 1a - 1f \$ _____ | | | | |
| | h Total. Add lines 1a-1f | | 332,636 | | |
| Program Service Revenue | 2a TENANT RENTS | Business Code | | | |
| | | 531110 | 122,602 | 122,602 | |
| | b HUD RESERVES INTEREST | 900099 | 130 | 130 | |
| | c TENANT DEPOSIT INT | 900099 | 1 | 1 | |
| | d _____ | | | | |
| | e _____ | | | | |
| | f All other program service revenue | | | | |
| g Total. Add lines 2a-2f | | 122,733 | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | |
| | 5 Royalties | | | | |
| | 6a Gross rents | (i) Real | (ii) Personal | | |
| | b Less rental expenses | | | | |
| | c Rental income or (loss) | | | | |
| | d Net rental income or (loss) | | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | |
| | | | 21,233 | | |
| | b Less cost or other basis and sales expenses | | 26,421 | | |
| | c Gain or (loss) | | -5,188 | | |
| | d Net gain or (loss) | | -5,188 | | -5,188 |
| | 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 | a | | | |
| | b Less direct expenses | b | | | |
| | c Net income or (loss) from fundraising events | | | | |
| 9a Gross income from gaming activities See Part IV, line 19 | a | | | | |
| b Less direct expenses | b | | | | |
| c Net income or (loss) from gaming activities | | | | | |
| 10a Gross sales of inventory, less returns and allowances | a | | | | |
| b Less cost of goods sold | b | | | | |
| c Net income or (loss) from sales of inventory | | | | | |
| Miscellaneous Revenue | Business Code | | | | |
| 11a LAUNDRY & VENDING | 812300 | 2,590 | 2,590 | | |
| b RESIDENT ACTIVITIES | 900099 | 1,390 | 1,390 | | |
| c _____ | | | | | |
| d All other revenue | | | | | |
| e Total. Add lines 11a-11d | | 3,980 | | | |
| 12 Total revenue. See Instructions | | 454,161 | 126,713 | 0 | -5,188 |

Part IX Statement of Functional Expenses

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

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

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | | | |
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21. | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22. | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16. | | | | |
| 4 Benefits paid to or for members. | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees. | | | | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). | | | | |
| 7 Other salaries and wages. | 65,532 | 65,532 | | |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions). | | | | |
| 9 Other employee benefits. | 12,026 | 12,026 | | |
| 10 Payroll taxes. | 5,013 | 5,013 | | |
| 11 Fees for services (non-employees): | | | | |
| a Management. | | | | |
| b Legal. | 604 | 604 | | |
| c Accounting. | 18,717 | | 18,717 | |
| d Lobbying. | | | | |
| e Professional fundraising services. See Part IV, line 17. | | | | |
| f Investment management fees. | | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). | 114,383 | 114,383 | | |
| 12 Advertising and promotion. | | | | |
| 13 Office expenses. | 16,224 | 16,224 | | |
| 14 Information technology. | 1,113 | 1,113 | | |
| 15 Royalties. | | | | |
| 16 Occupancy. | 30,138 | 30,138 | | |
| 17 Travel. | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. | | | | |
| 19 Conferences, conventions, and meetings. | 923 | 923 | | |
| 20 Interest. | 94,141 | 94,141 | | |
| 21 Payments to affiliates. | 29,590 | | 29,590 | |
| 22 Depreciation, depletion, and amortization. | 77,636 | 77,636 | | |
| 23 Insurance. | 11,772 | 11,772 | | |
| 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 TAX & LICENSES | 2,534 | 2,534 | | |
| b RESIDENT ACTIVITIES | 1,239 | 1,239 | | |
| c SCREENING FEES | 522 | 522 | | |
| d BAD DEBTS | 369 | 369 | | |
| e All other expenses | 296 | 296 | | |
| 25 Total functional expenses. Add lines 1 through 24e. | 482,772 | 434,465 | 48,307 | 0 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). | | | | |

Part X Balance 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 | 37,912 | 1 | 91,811 | |
| | 2 Savings and temporary cash investments | | 2 | | |
| | 3 Pledges and grants receivable, net | 5,001 | 3 | | |
| | 4 Accounts receivable, net | | 4 | 522 | |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | 5 | | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | | 6 | | |
| | 7 Notes and loans receivable, net | | 7 | | |
| | 8 Inventories for sale or use | | 8 | | |
| | 9 Prepaid expenses and deferred charges | 3,675 | 9 | 3,275 | |
| | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 2,929,696 | | | |
| | b Less accumulated depreciation | 1,679,530 | | | |
| | | | 1,306,569 | 10c | 1,250,166 |
| | 11 Investments—publicly traded securities | | 11 | | |
| | 12 Investments—other securities See Part IV, line 11 | | 12 | | |
| | 13 Investments—program-related See Part IV, line 11 | | 13 | | |
| | 14 Intangible assets | 88,156 | 14 | 85,282 | |
| 15 Other assets See Part IV, line 11 | 323,627 | 15 | 276,967 | | |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 1,764,940 | 16 | 1,708,023 | | |
| Liabilities | 17 Accounts payable and accrued expenses | 24,202 | 17 | 22,345 | |
| | 18 Grants payable | | 18 | | |
| | 19 Deferred revenue | 19 | 19 | | |
| | 20 Tax-exempt bond liabilities | | 20 | | |
| | 21 Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | 22 | | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 1,984,395 | 23 | 1,952,186 | |
| | 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 | 28,769 | 25 | 34,578 | |
| | 26 Total liabilities. Add lines 17 through 25 | 2,037,385 | 26 | 2,009,109 | |
| Net Assets or Fund Balances | 27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets | -272,445 | 27 | -301,086 | |
| | 28 Temporarily restricted net assets | | 28 | | |
| | 29 Permanently restricted net assets | | 29 | | |
| | 30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds | | 30 | | |
| | 31 Paid-in or capital surplus, or land, building or equipment fund | | 31 | | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | | |
| | 33 Total net assets or fund balances | -272,445 | 33 | -301,086 | |
| | 34 Total liabilities and net assets/fund balances | 1,764,940 | 34 | 1,708,023 | |

Part XI Reconciliation 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 | 454,161 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 482,772 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | -28,611 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | -272,445 |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | -30 |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | -301,086 |

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

Software ID:**Software Version:****EIN:** 91-1180824**Name:** THE GAMELIN ASSOCIATION

Form 990 (2018)

Form 990, Part III, Line 4a:

SEE SCHEDULE O PROVIDENCE ST JOSEPH HEALTH SYSTEM ON JULY 1, 2016, PROVIDENCE HEALTH & SERVICES (PHS) AND ST JOSEPH HEALTH SYSTEM (SJHS) ENTERED INTO A BUSINESS COMBINATION AGREEMENT BY COMING TOGETHER, PROVIDENCE ST JOSEPH HEALTH SEEKS TO BETTER SERVE ITS COMMUNITIES THROUGH GREATER PATIENT AFFORDABILITY, OUTSTANDING CLINICAL CARE, IMPROVEMENTS TO THE PATIENT EXPERIENCE AND INTRODUCTION OF NEW SERVICES WHERE THEY ARE NEEDED MOST TOGETHER, OUR CAREGIVERS SERVE IN 51 HOSPITALS, 829 CLINICS ACROSS ALASKA, CALIFORNIA, MONTANA, NEW MEXICO, OREGON, TEXAS AND WASHINGTON THE FOUNDERS OF BOTH ORGANIZATIONS WERE COURAGEOUS WOMEN AHEAD OF THEIR TIME THE SISTERS OF PROVIDENCE AND THE SISTERS OF ST JOSEPH OF ORANGE BROUGHT HEALTH CARE AND OTHER SOCIAL SERVICES TO THE AMERICAN WEST WHEN IT WAS STILL A RUGGED, UNTAMED FRONTIER NOW, AS WE FACE A DIFFERENT LANDSCAPE A CHANGING HEALTH CARE ENVIRONMENT WE DRAW UPON THEIR PIONEERING AND COMPASSIONATE SPIRIT TO PLAN FOR THE NEXT CENTURY OF HEALTH CARE PROVIDENCE HEALTH & SERVICES IN 1856, MOTHER JOSEPH AND FOUR SISTERS OF PROVIDENCE ESTABLISHED HOSPITALS, SCHOOLS AND ORPHANAGES ACROSS THE NORTHWEST OVER THE YEARS, OTHER CATHOLIC SISTERS TRANSFERRED SPONSORSHIP OF THEIR MINISTRIES TO PROVIDENCE, INCLUDING THE LITTLE COMPANY OF MARY, DOMINICANS AND CHARITY OF LEAVENWORTH RECENTLY, SWEDISH HEALTH SERVICES, KADLEC REGIONAL MEDICAL CENTER AND PACIFIC MEDICAL CENTERS HAVE JOINED PROVIDENCE AS SECULAR PARTNERS WITH A COMMON COMMITMENT TO SERVING ALL MEMBERS OF THE COMMUNITY TODAY, PROVIDENCE SERVES ALASKA, CALIFORNIA, MONTANA, OREGON AND WASHINGTON ST JOSEPH HEALTH SYSTEM IN 1912, A SMALL GROUP OF SISTERS OF ST JOSEPH LANDED ON THE RUGGED SHORES OF EUREKA, CALIFORNIA TO PROVIDE EDUCATION AND HEALTH CARE THEY LATER ESTABLISHED ROOTS IN ORANGE, CALIFORNIA, AND EXPANDED TO SERVE SOUTHERN CALIFORNIA, NORTHERN CALIFORNIA AND TEXAS THE HEALTH SYSTEM ESTABLISHED MANY KEY PARTNERSHIPS, INCLUDING A MERGER BETWEEN LUBBOCK METHODIST HOSPITAL SYSTEM AND ST MARY HOSPITAL TO FORM COVENANT HEALTH IN LUBBOCK TEXAS RECENTLY, AN AFFILIATION WAS ESTABLISHED WITH HOAG HEALTH TO INCREASE ACCESS TO SERVICES IN ORANGE COUNTY, CALIFORNIA PROGRAM SERVICE ACCOMPLISHMENTS PROVIDE SUBSIDIZED HOUSING DESIGNED TO MEET THE NEEDS OF LOW INCOME ELDERLY AND/OR DISABLED PERSONS OVERVIEW PROVIDENCE HOUSE YAKIMA IS A HIGH-QUALITY, SUPPORTIVE HOUSING PROGRAM FOUNDED BY THE SISTERS OF PROVIDENCE AND NOW SPONSORED, OWNED AND MANAGED BY PROVIDENCE HEALTH & SERVICES DESIGNED AND BUILT ESPECIALLY FOR LOW-INCOME SENIORS, THE PET FRIENDLY BUILDING FEATURES 48 PRIVATE STUDIO AND ONE-BEDROOM APARTMENTS WITH ALL THE COMFORTS OF HOME EACH APARTMENT INCLUDES FULL KITCHEN AMENITIES, A PRIVATE BATHROOM WITH TUB OR WALK-IN SHOWER, BUILT-IN STORAGE, AIR-CONDITIONING AND AN OPEN FLOOR PLAN SHARED LAUNDRY FACILITIES AND WELCOMING COMMUNITY SPACES ARE AVAILABLE TO ALL RESIDENTS LOCATED IN DOWNTOWN YAKIMA - WASHINGTON STATE'S LEADING AGRICULTURAL REGION - PROVIDENCE HOUSE RESIDENTS ENJOY EASY ACCESS TO A SEASONAL FARMER'S MARKET, IN ADDITION TO SHOPPING, RESTAURANTS, MOVIES, COMMUNITY CELEBRATIONS, THE YAKIMA CAPITOL THEATER, AND PUBLIC TRANSIT LINES GRANTS FROM FEDERAL AND LOCAL SOURCES IN 2011 FUNDED ECO-FRIENDLY RETROFITS TO THE BUILDING, INCLUDING THE ADDITION OF SYSTEMS THAT PROVIDE COMFORTABLE HEAT AND COOLING WHILE KEEPING UTILITY COSTS AFFORDABLE PROVIDENCE PLACES A HIGH VALUE IN SUPPORTING INDIVIDUAL RESIDENTS AND CREATING A VIBRANT COMMUNITY BY PROVIDING GATHERING SPACES FOR RESIDENT GROUPS, AND A WIDE VARIETY OF SCHEDULED ACTIVITIES INCLUDING EDUCATIONAL AND RECREATIONAL PROGRAMMING THE SERVICE COORDINATOR HELPS RESIDENTS IDENTIFY AND ACCESS LOCAL RESOURCES AND SERVICES, AND ADVOCATES FOR RESIDENTS WHO REQUIRE ASSISTANCE PROVIDENCE HOUSE YAKIMA RECEIVES AN OPERATING SUBSIDY FROM THE UNITED STATES DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD) HUD REQUIREMENTS STATE THAT APPLICANTS FOR HOUSING AT PROVIDENCE HOUSE YAKIMA MUST BE AT LEAST 55 YEARS OF AGE OR MUST BE DISABLED AND OVER THE AGE OF 18 AT THE TIME OF APPLICATION AND THEIR ANNUAL INCOME CANNOT EXCEED 50% OF THE AREA MEDIAN INCOME RESIDENTS PAY APPROXIMATELY 30% OF THEIR MONTHLY INCOME TOWARD THEIR RENT AND UTILITIES PROVIDENCE HOUSE YAKIMA PROVIDES EQUAL HOUSING OPPORTUNITIES FOR ALL PROSPECTIVE TENANTS REGARDLESS OF RACE, COLOR, NATIONAL ORIGIN, RELIGION, SEX, DISABILITY, PARENTAL/FAMILY STATUS, MARITAL STATUS, AGE, ANCESTRY, SEXUAL ORIENTATION, CREED, POLITICAL IDEOLOGY, GENDER IDENTITY OR MEMBERSHIP IN ANY OTHER CLASS OF PERSONS OUR CORE VALUES - DIGNITY, COMPASSION, JUSTICE, EXCELLENCE AND INTEGRITY PROVIDENCE CARES - THE PEOPLE OF PROVIDENCE ARE CALLED TO A MISSION OF SERVICE OUR LIFEWORX IS TO PROVIDE EXCELLENT CARE FOR EVERYONE, AT ALL STAGES OF LIFE THIS HAS BEEN THE PROVIDENCE MISSION SINCE THE SISTERS OF PROVIDENCE ARRIVED ON THE SHORES OF THE COLUMBIA RIVER IN 1856

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| DICK P ALLEN DIRECTOR | 0 10 5 00 | X | | | | | | 0 | 30,360 | 0 |
| RICHARD BLAIR BOARD CHAIR | 0 10 7 70 | X | | | | | | 0 | 60,360 | 0 |
| ISIAAH CRAWFORD PHD DIRECTOR | 0 10 4 10 | X | | | | | | 0 | 30,360 | 0 |
| SR LUCILLE DEAN SP DIRECTOR | 0 10 5 50 | X | | | | | | 0 | 0 | 0 |
| SR DIANE HEJNA CSJ RN DIRECTOR | 0 10 5 30 | X | | | | | | 0 | 0 | 0 |
| MICHAEL HOLCOMB DIRECTOR | 0 10 5 50 | X | | | | | | 0 | 30,360 | 0 |
| SR PHYLLIS HUGHES RSM DRPH DIRECTOR | 0 10 5 00 | X | | | | | | 0 | 0 | 0 |
| SALLYE LINER MSN RN DIRECTOR | 0 10 5 00 | X | | | | | | 0 | 25,360 | 0 |
| MARY LYONS PHD DIRECTOR | 0 10 4 60 | X | | | | | | 0 | 30,360 | 0 |
| WALTER NOCE JR DIRECTOR | 0 10 5 50 | X | | | | | | 0 | 30,360 | 0 |

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|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| DAVE OLSEN BOARD VICE CHAIR | 0 10 7 00 | X | | | | | | 0 | 30,360 | 0 |
| CAROLINA REYES MD DIRECTOR | 0 10 6 00 | X | | | | | | 0 | 30,360 | 0 |
| PHOEBE YANG DIRECTOR | 0 10 5 50 | X | | | | | | 0 | 25,360 | 0 |
| DONALD ANDERSON JR ASSISTANT SECRETARY FOR ENROLLMENT | 7 00 53 00 | | | X | | | | 0 | 210,649 | 0 |
| VENKAT BHAMIDIPATI EVP/TREASURER | 7 00 53 00 | | | X | | | | 0 | 1,227,009 | 0 |
| MIKE BUTLER PRESIDENT | 7 00 53 00 | | | X | | | | 0 | 4,583,366 | 0 |
| JO ANN ESCASA-HAIGH EVP/ASSISTANT TREASURER | 6 00 54 00 | | | X | | | | 0 | 1,110,835 | 0 |
| CINDY STRAUSS SECRETARY | 7 00 53 00 | | | X | | | | 0 | 1,884,790 | 0 |
| JIM WATSON ESQ ASSISTANT SECRETARY | 6 00 54 00 | | | X | | | | 0 | 576,188 | 0 |
| JOHN WHIPPLE ASSISTANT SECRETARY | 7 00 53 00 | | | X | | | | 0 | 1,029,547 | 0 |

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|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| ROBERT HELLRIGEL SVP-CE/SENIOR & COMM SERVICES | 0 10 54 90 | | | | X | | | 0 | 1,077,407 | 0 |
| TAMMY TEODOSIO ASSISTANT SECRETARY | 7 00 53 00 | | | | | | X | 0 | 122,692 | 0 |
| ROD F HOCHMAN MD FORMER PRESIDENT/CEO | 0 00 60 00 | | | | | | X | 0 | 6,569,155 | 0 |
| TODD HOFHEINS FORMER EVP/CFO/TREAS | 0 00 60 00 | | | | | | X | 0 | 820,571 | 0 |
| HECTOR BOIRIE FORMER SVP/SUPPLY CHAIN MANAGEMENT | 0 00 57 00 | | | | | | X | 0 | 736,808 | 0 |
| DEBRA CANALES FORMER EVP/CAO | 0 00 60 00 | | | | | | X | 0 | 2,732,103 | 0 |
| MARK GARGETT FORMER VP/DIGITAL INTEGRATION | 0 00 50 00 | | | | | | X | 0 | 389,747 | 0 |
| JOEL GILBERTSON FORMER SVP/COMMUNITY PARTNERSHIPS | 0 00 60 00 | | | | | | X | 0 | 1,606,496 | 0 |
| OREST HOLUBEC FORMER SVP/CHIEF COMM/EXT AFF OFF | 0 00 55 00 | | | | | | X | 0 | 1,111,242 | 0 |
| JACK MUDD FORMER SVP/MISSION LEADERSHIP | 0 00 29 00 | | | | | | X | 0 | 477,056 | 0 |

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| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| JANICE NEWELL FORMER SVP/CHIEF INFORMATION OFFCR | 0 00 60 00 | | | | | | X | 0 | 1,512,913 | 0 |
| TERRY SMITH FORMER SVP/MANAGEMENT SVCS | 0 00 0 00 | | | | | | X | 0 | 232,094 | 0 |
| TERESA SPALDING FORMER VP/REVENUE CYCLE | 0 00 60 00 | | | | | | X | 0 | 335,301 | 0 |
| GREG TILL FORMER VP/CHIEF TALENT OFFICER | 0 00 65 00 | | | | | | X | 0 | 963,974 | 0 |
| SHARON TONCRAY FORMER SVP/CHIEF LABOR EE COUNSEL | 0 00 60 00 | | | | | | X | 0 | 1,423,352 | 0 |
| DANA WHITE FORMER VP/REAL ESTATE & CONSTR | 0 00 60 00 | | | | | | X | 0 | 786,854 | 0 |

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE GAMELIN ASSOCIATION

Employer identification number
91-1180824

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

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

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

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

Section A. Public Support

| | Calendar year (or fiscal year beginning in) ▶ | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|----------|---|----------|----------|----------|----------|----------|-----------|
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.") | 322,640 | 308,414 | 317,201 | 323,577 | 332,636 | 1,604,468 |
| 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 | 322,640 | 308,414 | 317,201 | 323,577 | 332,636 | 1,604,468 |
| 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 | | | | | | 1,604,468 |

Section B. Total Support

| | Calendar year (or fiscal year beginning in) ▶ | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|-----------|--|----------|----------|----------|----------|-----------|-----------|
| 7 | Amounts from line 4 | 322,640 | 308,414 | 317,201 | 323,577 | 332,636 | 1,604,468 |
| 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 | | | | | | 1,604,468 |
| 12 | Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 640,912 |

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

Section C. Computation of Public Support Percentage

| | | | |
|-----------|--|-----------|-----------|
| 14 | Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) | 14 | 100.000 % |
| 15 | Public support percentage for 2017 Schedule A, Part II, line 14 | 15 | 97.710 % |

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

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? | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |

Section E. Type III Functionally-Integrated Supporting Organizations

| | | | |
|----------|--|-----|----|
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) | | |
| a | <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c | <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 2 | Activities Test Answer (a) and (b) below. | | |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | Yes | No |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 3 | Parent of Supported Organizations Answer (a) and (b) below. | | |
| a | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

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

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

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | 1 | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI) | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| Section C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) | | |

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 91-1180824

Name: THE GAMELIN ASSOCIATION

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
THE GAMELIN ASSOCIATION

Employer identification number
91-1180824

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? | <input type="checkbox"/> Yes <input type="checkbox"/> 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

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

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|-----|----|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 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 | | 81,000 | | 81,000 |
| b Buildings | | 2,557,408 | 1,401,176 | 1,156,232 |
| c Leasehold improvements | | 96,395 | 84,881 | 11,514 |
| d Equipment | | 194,893 | 193,473 | 1,420 |
| e Other | | | | |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶ | | | | 1,250,166 |

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) TENANT SECURITY DEPOSITS | 8,246 |
| (2) REPLACEMENT RESERVES | 242,770 |
| (3) RESIDUAL RECEIPT RESERVES | 16,342 |
| (4) ESCROW DEPOSITS | 9,609 |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) | 276,967 |

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

| (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | |
| DUE TO AFFILIATES | 26,333 |
| DUE TO TENANTS | 8,245 |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) | 34,578 |

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 | 459,349 |
| 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 | 0 |
| 3 | Subtract line 2e from line 1 | | 3 | 459,349 |
| 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 | | -5,188 |
| c | Add lines 4a and 4b | | 4c | -5,188 |
| 5 | Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12) | | 5 | 454,161 |

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 | 487,990 |
| 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 | | 30 |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII) | 2d | | 5,188 |
| e | Add lines 2a through 2d | | 2e | 5,218 |
| 3 | Subtract line 2e from line 1 | | 3 | 482,772 |
| 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 | 0 |
| 5 | Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18) | | 5 | 482,772 |

Part XIII Supplemental Information

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

| Return Reference | Explanation |
|---------------------------|-------------|
| See Additional Data Table | |
| | |
| | |
| | |
| | |
| | |

Part XIII Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
| | |
| | |
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Additional Data

Software ID:

Software Version:

EIN: 91-1180824

Name: THE GAMELIN ASSOCIATION

Supplemental Information

| Return Reference | Explanation |
|------------------|---|
| Part X, Line 2 | THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES AS AN ENTITY DESCRIBED IN SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE AS A RESULT, THERE IS NO PROVISION FOR FEDERAL INCOME TAXES IN THESE FINANCIAL STATEMENTS AND NO FEDERAL INCOME TAXES WERE PAID MANAGEMENT BELIEVES THAT THE ORGANIZATION HAS ADEQUATELY ADDRESSED ALL RELEVANT TAX POSITIONS AND THERE ARE NO UNRECORDED TAX LIABILITIES GENERALLY, THE ORGANIZATION'S TAX RETURNS REMAIN OPEN FOR THREE YEARS FOR FEDERAL AND STATE INCOME TAX EXAMINATION |

Supplemental Information

| Return Reference | Explanation |
|--------------------------------------|-------------------------------------|
| Part XI, Line 4b - Other Adjustments | LOSS ON RETIREMENT OF ASSETS -5,188 |

Supplemental Information

| Return Reference | Explanation |
|---------------------------------------|------------------------------------|
| Part XII, Line 2d - Other Adjustments | LOSS ON RETIREMENT OF ASSETS 5,188 |

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
THE GAMELIN ASSOCIATION

Employer identification number
91-1180824

Part I Questions Regarding Compensation

| | | Yes | No | | |
|---|--|--|----|--|--|
| <p>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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table> | <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | | |
| <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | | | |
| <p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p> | 1b | | | | |
| <p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p> | 2 | | | | |
| <p>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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table> | <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee | | | |
| <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee | | | | |
| <p>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</p> | | | | | |
| <p>a Receive a severance payment or change-of-control payment?</p> | 4a | Yes | | | |
| <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> | 4b | Yes | | | |
| <p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p> | 4c | | No | | |
| <p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> | | | | | |
| <p>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</p> | | | | | |
| <p>a The organization?</p> | 5a | | No | | |
| <p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p> | 5b | | No | | |
| <p>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</p> | | | | | |
| <p>a The organization?</p> | 6a | | No | | |
| <p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p> | 6b | | No | | |
| <p>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</p> | 7 | | No | | |
| <p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p> | 8 | | No | | |
| <p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p> | 9 | | | | |

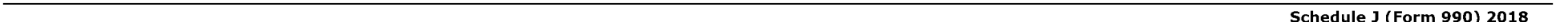
Part III Supplemental Information

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

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

| Return Reference | Explanation |
|-------------------------|--|
| Part I, Lines 4a-b | THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS DURING 2018 TODD HOFHEINS - \$824,990 TERESA SPALDING - \$334,131 DANA WHITE - \$232,879 NONQUALIFIED RETIREMENT PLAN ENTITIES WITHIN THE PSJH SYSTEM SPONSOR NON-QUALIFIED SUPPLEMENTAL EXECUTIVE RETIREMENT PLANS FOR CERTAIN EXECUTIVES THE PLANS PROVIDE FOR EMPLOYER CONTRIBUTIONS BASED ON A PERCENTAGE OF EXECUTIVE BASE SALARY AND, DEPENDING ON THE PLAN, ARE SUBJECT TO EITHER A THREE YEAR, AGE 59 1/2 OR A FIVE YEAR, AGE 65 VESTING SCHEDULE CERTAIN EXECUTIVES PARTICIPATE IN A NON-QUALIFIED SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN PROVIDED BY A RELATED ENTITY THE AMOUNTS SHOWN IN COLUMN F OF PART II REFLECT CURRENT YEAR PAYOUTS FROM THESE PLANS |

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



Additional Data

Software ID:
Software Version:
EIN: 91-1180824
Name: THE GAMELIN ASSOCIATION

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| DONALD ANDERSON JR ASSISTANT SECRETARY FOR ENROLLMENT | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 195,960 | 14,071 | 618 | 29,366 | 8,505 | 248,520 | 0 |
| VENKAT BHAMIDIPATI EVP/TREASURER | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 903,927 | 282,772 | 40,310 | 649,292 | 24,549 | 1,900,850 | 0 |
| MIKE BUTLER PRESIDENT | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 1,320,076 | 2,525,154 | 738,136 | 942,095 | 26,366 | 5,551,827 | 692,718 |
| JO ANN ESCASA-HAIGH EVP/ASSISTANT TREASURER | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 676,469 | 396,611 | 37,755 | 503,453 | 23,971 | 1,638,259 | 0 |
| CINDY STRAUSS SECRETARY | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 769,625 | 724,144 | 391,021 | 664,452 | 26,096 | 2,575,338 | 356,681 |
| JIM WATSON ESQ ASSISTANT SECRETARY | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 449,476 | 64,532 | 62,180 | 24,750 | 40,393 | 641,331 | 0 |
| JOHN WHIPPLE ASSISTANT SECRETARY | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 420,678 | 357,576 | 251,293 | 321,644 | 24,045 | 1,375,236 | 218,336 |
| ROBERT HELLRIGEL SVP-CE/SENIOR & COMM SERVICES | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 431,949 | 212,824 | 432,634 | 285,075 | 26,988 | 1,389,470 | 430,367 |
| TAMMY TEODOSIO ASSISTANT SECRETARY | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 113,095 | 8,184 | 1,413 | 12,754 | 11,510 | 146,956 | 0 |
| ROD F HOCHMAN MD FORMER PRESIDENT/CEO | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 2,026,331 | 3,370,808 | 1,172,016 | 4,239,838 | 26,428 | 10,835,421 | 1,130,152 |
| TODD HOFHEINS FORMER EVP/CFO/TREAS | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 0 | 0 | 820,571 | 4,960 | 30,986 | 856,517 | 0 |
| HECTOR BOIRIE FORMER SVP/SUPPLY CHAIN MANAGEMENT | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 483,894 | 213,681 | 39,233 | 327,057 | 23,145 | 1,087,010 | 0 |
| DEBRA CANALES FORMER EVP/CAO | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 857,075 | 881,587 | 993,441 | 706,123 | 17,988 | 3,456,214 | 949,253 |
| MARK GARGETT FORMER VP/DIGITAL INTEGRATION | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 13,877 | 151,632 | 224,238 | 10,620 | 6,520 | 406,887 | 39,641 |
| JOEL GILBERTSON FORMER SVP/COMMUNITY PARTNERSHIPS | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 482,510 | 421,153 | 702,833 | 334,483 | 27,500 | 1,968,479 | 666,795 |
| OREST HOLUBEC FORMER SVP/CHIEF COMM/EXT AFF OFF | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 414,903 | 376,200 | 320,139 | 248,009 | 26,681 | 1,385,932 | 284,306 |
| JACK MUDD FORMER SVP/MISSION LEADERSHIP | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 181,444 | 246,198 | 49,414 | 110,334 | 14,134 | 601,524 | 25,651 |
| JANICE NEWELL FORMER SVP/CHIEF INFORMATION OFFCR | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 605,657 | 593,967 | 313,289 | 140,906 | 13,217 | 1,667,036 | 280,351 |
| TERRY SMITH FORMER SVP/MANAGEMENT SVCS | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 199,733 | 21,000 | 11,361 | 11,820 | 9,367 | 253,281 | 0 |
| TERESA SPALDING FORMER VP/REVENUE CYCLE | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 0 | 0 | 335,301 | 9,485 | 13,225 | 358,011 | 0 |

| Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees | | | | | | | | |
|--|------|---|--|--|---|--------------------------------|--|--|
| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| GREG TILL FORMER VP/CHIEF TALENT OFFICER | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 413,001 | 366,609 | 184,364 | 266,034 | 29,474 | 1,259,482 | 149,031 |
| SHARON TONCRAY FORMER SVP/CHIEF LABOR EE COUNSEL | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 415,487 | 390,622 | 617,243 | 148,032 | 30,407 | 1,601,791 | 578,583 |
| DANA WHITE FORMER VP/REAL ESTATE & CONSTR | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 45,655 | 276,225 | 464,974 | 4,499 | 21,780 | 813,133 | 190,935 |

SCHEDULE O
(Form 990 or 990-EZ)**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.

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization
THE GAMELIN ASSOCIATION

Employer identification number

91-1180824

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PART I, LINE 5 & PART V, LINE 2A - EMPLOYEE COMPENSATION | THE EMPLOYEES WORKING AT THE HUD HOUSING LOCATIONS ARE PAID BY PROVIDENCE HEALTH & SERVICES - WASHINGTON DBA WA/MT REGIONAL SERVICES EIN# 91-1996732 THEREFORE, NO W-2S ARE ISSUED BY THE REPORTING ORGANIZATION |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--------------------------------------|--|
| Form 990, Part VI, Section A, line 6 | THE MEMBERS OF THE CORPORATION ARE THE PROVINCIAL SUPERIOR OF THE SISTERS OF PROVIDENCE - MOTHER JOSEPH PROVINCE AND THOSE PERSONS WHO ARE MEMBERS OF THE PROVINCIAL COUNCIL OF THE SISTERS OF PROVIDENCE - MOTHER JOSEPH PROVINCE |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------------|--|
| Form 990, Part VI, Section A, line 7a | THE GAMELIN ASSOCIATION HAS A TIERED GOVERNANCE IN WHICH THE CORPORATE MEMBERS RESERVE THE RIGHT TO APPOINT DIRECTORS TO THE THE GAMELIN ASSOCIATION BOARD ALL DIRECTOR NOMINATIONS THAT COME FROM THE THE GAMELIN ASSOCIATION BOARD AS NOMINATIONS MUST BE APPROVED BY THE PROVINCIAL SUPERIOR OF THE SISTERS OF PROVIDENCE - MOTHER JOSEPH PROVINCE, AS THE CORPORATE MEMBER |

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------------|--|
| Form 990, Part VI, Section B, line 15 | <p>THE ORGANIZATION'S CHIEF EXECUTIVE OFFICER/PRESIDENT/EXECUTIVE DIRECTOR IS PAID BY ITS TAX EXEMPT PARENT, PROVIDENCE ST JOSEPH HEALTH (PSJH), AND IS DISCLOSED AS A PERSON PAID BY A RELATED ORGANIZATION IT IS PROVIDENCE ST JOSEPH HEALTH'S INTENTION TO MAKE FINANCIAL INFORMATION ACCESSIBLE AND TRANSPARENT ALTHOUGH THE FILING OF FORM 990 PROVIDES INSIGHT IN TO HOW PROVIDENCE ST JOSEPH HEALTH ACHIEVES ITS MISSION, DELIVERS ITS PROGRAMS AND STEWARDS ITS FINANCES, DECIPHERING THE INFORMATION DIRECTLY FROM FORM 990 CAN BE CHALLENGING THE FOLLOWING PARAGRAPHS PROVIDE FURTHER INFORMATION ABOUT THE PROCESS WE USE TO DETERMINE COMPENSATION FOR TOP MANAGEMENT, OFFICERS AND KEY EMPLOYEES PROVIDENCE ST JOSEPH HEALTH HAS A SINGLE FIDUCIARY BOARD, WITH RESPONSIBILITY FOR FINANCIAL OVERSIGHT ASSOCIATED WITH FULFILLMENT OF THE PROVIDENCE ST JOSEPH HEALTH MISSION, DEVELOPING SYSTEM POLICIES, PROTECTING THE ASSETS ENTRUSTED TO THE ORGANIZATION AND OVERSEEING THE STRATEGIC AND OPERATIONAL AFFAIRS OF PROVIDENCE ST JOSEPH HEALTH'S LEGAL ENTITIES PROVIDENCE ST JOSEPH HEALTH ALSO MAINTAINS A NETWORK OF COMMUNITY ENTITY BOARDS WITH RESPONSIBILITY FOR QUALITY OF CARE OVERSIGHT, COMMUNITY RELATIONS, ADVOCACY AND COMMUNITY NEEDS ASSESSMENTS PROVIDENCE ST JOSEPH HEALTH HAS A CONSISTENT COMPENSATION PHILOSOPHY FOR ALL OF ITS OFFICERS, INCLUDING OUR SENIOR EXECUTIVES SALARIES FOR SENIOR EXECUTIVES ARE REVIEWED BY THE PROVIDENCE ST JOSEPH HEALTH COMMITTEE THE BOARD RETAINS AN INDEPENDENT CONSULTANT EACH YEAR TO REVIEW SALARIES OF THOSE IN THE MOST SIGNIFICANT LEADERSHIP ROLES IN THE ORGANIZATION PART OF THE CONSULTANT'S ROLE IS TO REVIEW AN EXTENSIVE ARRAY OF COMPENSATION SURVEYS OF LARGE, NOT-FOR-PROFIT HEALTH CARE SYSTEMS IN THE UNITED STATES PROVIDENCE ST JOSEPH HEALTH IS ONE OF THE LARGER HEALTH SYSTEMS IN THE COUNTRY, AND AS SUCH, THE BOARD BENCHMARKS EXECUTIVE COMPENSATION AGAINST OTHER LARGE, NOT-FOR-PROFIT HEALTH SYSTEMS WHOSE REVENUE IS SIMILAR TO THAT OF PROVIDENCE ST JOSEPH HEALTH ADDITIONALLY, PROVIDENCE ST JOSEPH HEALTH'S LABOR MARKET CONTINUES TO SPREAD ACROSS HEALTH CARE AND INTO GENERAL INDUSTRY BECAUSE OF THIS, PROVIDENCE ST JOSEPH HEALTH ALSO TAKES INTO CONSIDERATION GENERAL INDUSTRY FOR-PROFIT MARKET DATA, WHERE APPLICABLE BASE SALARIES FOR PROVIDENCE ST JOSEPH HEALTH EXECUTIVES ARE GENERALLY TARGETED TO THE MEDIAN LEVEL OF THE MARKET, AS IDENTIFIED BY THE INDEPENDENT CONSULTANT AND REVIEWED WITH THE EXECUTIVE COMPENSATION COMMITTEE THE PRESIDENT/CEO UTILIZES THE MARKET INFORMATION PROVIDED BY THE CONSULTANT ALONG WITH FORMAL PERFORMANCE EVALUATIONS, TO DETERMINE SALARY RECOMMENDATIONS FOR OTHER SENIOR EXECUTIVES THIS PROCESS INCLUDES A THOROUGH ANALYSIS OF THOSE RECOMMENDATIONS WITH THE EXECUTIVE COMPENSATION COMMITTEE AS A PART OF THE REVIEW AND APPROVAL PROCESS PERFORMANCE INCENTIVES ALLOW EXECUTIVES TO EARN ADDITIONAL COMPENSATION IF THEY ACHIEVE SPECIFIC ORGANIZATIONAL GOALS FOR FURTHERING PROVIDENCE ST JOSEPH HEALTH OPERATING</p> |

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VII - RELIGIOUS COMMUNITY MEMBERS | AS MEMBERS OF THE RELIGIOUS COMMUNITY, EACH SISTER HAS TAKEN A VOW OF POVERTY AS A COMPULSORY PART OF HER RELIGIOUS LIFE ANY COMPENSATION FOR SERVICES OF A SISTER INURES ONLY FOR THE BENEFIT OF THE COMMUNITY, NOT THE INDIVIDUAL MEMBERS ALL PAYMENTS FOR SERVICES ARE MADE DIRECTLY TO THE RELIGIOUS COMMUNITY |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------------|--|
| Form 990, Part IX, line 11g | REPAIRS & MAINTENANCE Program service expenses 102,056 Total expenses 102,056 SERVICE COORDINATOR Program service expenses 12,327 Total expenses 12,327 |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

Open to Public Inspection

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
THE GAMELIN ASSOCIATION

Employer identification number

91-1180824

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

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

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

See Additional Data Table

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| | | | | | | Yes | No |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

See Additional Data Table

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

See Additional Data Table

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512(b) (13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| | | | | | | | | | |
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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 organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 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 | No |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 1l | No |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m | Yes |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | No |
| o Sharing of paid employees with related organization(s) | 1o | 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 |
|-------------------------------------|-------------------------------|------------------------|--|
| | | | |
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Part VII **Supplemental Information**

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

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

Additional Data

Software ID:
Software Version:
EIN: 91-1180824
Name: THE GAMELIN ASSOCIATION

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------|---|----------------------------------|---|----|
| | | | | | | Yes | No |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 61-1573313 | HEALTHCARE | TX | 501(c)(3) | 12,I | CHS | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 46-1259908 | HEALTHCARE | CA | 501(c)(3) | 12,III | SJHS | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 46-3516417 | HEALTHCARE | TX | 501(c)(3) | 12,I | CHS | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 75-2765566 | HEALTHCARE | TX | 501(c)(3) | 3 | SJHS | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 75-2897026 | HEALTHCARE | TX | 501(c)(3) | 7 | CHS | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 82-2913146 | HEALTHCARE | TX | 501(c)(3) | 3 | CHS | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 75-2743883 | HEALTHCARE | TX | 501(c)(3) | 3 | CHS | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1082119 | UNEMPLOYMENT | WA | 501(c)(3) | 12,I | PHS WA | Yes | |
| PO BOX 5128 EVERETT, WA 982065128 94-3264605 | TRANS CARE | WA | 501(c)(3) | 10 | N/A | | No |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-4322584 | SUPPORT | CA | 501(c)(3) | 7 | PHS SOCIAL | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 20-1910170 | SUPPORT | WA | 501(c)(3) | 7 | PHS WA | Yes | |
| 2800 SOUTH 192ND ST 104 SEATAC, WA 98188 27-3133200 | HEALTHCARE | WA | 501(c)(3) | 7 | SHS | Yes | |
| 1 HOAG DRIVE PO BOX 6100 NEWPORT BEACH, CA 926586100 45-3583707 | HEALTHCARE | CA | 501(c)(3) | 12,I | HMHP | Yes | |
| 2081 BUSINESS CENTER DR STE 195 IRVINE, CA 92612 45-2982422 | SUPPORT | CA | 501(c)(3) | 7 | HHF | Yes | |
| 1 HOAG DRIVE PO BOX 6100 NEWPORT BEACH, CA 926586100 33-0676831 | HEALTHCARE | CA | 501(c)(3) | 10 | HMHP | Yes | |
| 330 PLACENTIA AVE NEWPORT BEACH, CA 92663 95-3222343 | FUNDRAISING | CA | 501(c)(3) | 7 | HMHP | Yes | |
| 1 HOAG DRIVE PO BOX 6100 NEWPORT BEACH, CA 926586100 95-1643327 | HEALTHCARE | CA | 501(c)(3) | 3 | CHN | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 75-2133781 | HEALTHCARE | TX | 501(c)(3) | 10 | CHS | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1307555 | HEALTHCARE | WA | 501(c)(3) | 3 | PHS WA | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 81-4260130 | HEALTHCARE | WA | 501(c)(3) | 7 | PHS SJHS | Yes | |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations | | | | | | | |
|--|-------------------------|--|----------------------------|---|----------------------------------|---|----|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
| | | | | | | Yes | No |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-2003593 | HEALTHCARE | WA | 501(c)(3) | 7 | WHC | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-4291515 | HEALTHCARE | CA | 501(c)(3) | 4 | PSJHC | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-6033089 | SUPPORT | WA | 501(c)(3) | 12,III | KRMC | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 23-7005501 | SUPPORT | WA | 501(c)(3) | 12,I | KRMC | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-0655392 | HEALTHCARE | WA | 501(c)(3) | 3 | WHC | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 33-0844408 | IMAGING SVCS | CA | 501(c)(3) | 10 | PHS SOCAL | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 75-2220963 | HEALTHCARE | TX | 501(c)(3) | 7 | CHS | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1562797 | SUPPORT | OR | 501(c)(3) | 7 | PHS OR | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-2054035 | RESEARCH | WA | 501(c)(3) | 7 | SHS | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 75-2428911 | HEALTHCARE | TX | 501(c)(3) | 3 | CHS | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 75-2246348 | HEALTHCARE | TX | 501(c)(3) | 3 | CHS | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 75-2426010 | HEALTHCARE | TX | 501(c)(3) | 3 | CHS | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-1643360 | HEALTHCARE | CA | 501(c)(3) | 3 | CHN | Yes | |
| PO BOX 16069 SEATTLE, WA 98116 20-0799737 | SUPPORT | WA | 501(c)(3) | 12,I | SHS | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 56-2290878 | HEALTHCARE | WA | 501(c)(3) | 10 | WHC | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-3544877 | HEALTHCARE | CA | 501(c)(3) | 7 | PHS SOCAL | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 92-0093565 | HEALTHCARE | AK | 501(c)(3) | 12,I | PHS WA | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1940286 | HEALTHCARE | OR | 501(c)(3) | 7 | PHS OR | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1789266 | SUPPORT | WA | 501(c)(3) | 7 | PHS WA | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 93-0800140 | SUPPORT | OR | 501(c)(3) | 7 | PHS OR | Yes | |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations | | | | | | | |
|--|-------------------------|--|----------------------------|---|----------------------------------|---|----|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
| | | | | | | Yes | No |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 93-0692907 | HEALTHCARE | OR | 501(c)(3) | 7 | PHS OR | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 47-3385506 | SUPPORT | WA | 501(c)(3) | 7 | N/A | | No |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 31-1744654 | SUPPORT | WA | 501(c)(3) | 7 | PHS WA | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1549796 | HEALTHCARE | WA | 501(c)(3) | 12,II | PSJH | | No |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 81-0231793 | HEALTHCARE | MT | 501(c)(3) | 3 | PHS WA | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 51-0216587 | HEALTHCARE | OR | 501(c)(3) | 3 | PHS | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 51-0216586 | HEALTHCARE | WA | 501(c)(3) | 3 | PHS | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1303277 | HEALTHCARE | WA | 501(c)(3) | 3 | PMWHC | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 55-0828701 | MEDICAID | OR | 501(c)(4) | N/A | PHP | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 32-0014330 | HEALTHCARE | WA | 501(c)(3) | 7 | PHS WA | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1433382 | HEALTHCARE | WA | 501(c)(3) | 7 | PHS W WA | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 93-0863097 | HEALTHCARE | OR | 501(c)(4) | N/A | PPP | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 51-0216589 | HEALTHCARE | CA | 501(c)(3) | 3 | PHS | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 93-0921990 | HEALTHCARE | OR | 501(c)(3) | 7 | PHS OR | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 27-2552749 | HEALTHCARE | WA | 501(c)(3) | 7 | PHS W WA | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-2077378 | HEALTHCARE | WA | 501(c)(3) | 7 | PHS W WA | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 51-0224944 | HEALTHCARE | CA | 501(c)(3) | 7 | PHS SOCIAL | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 93-1554288 | HEALTHCARE | WA | 501(c)(3) | 12,I | PHS W WA | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 33-0283773 | HEALTHCARE | CA | 501(c)(3) | 12,I | PHS SOCIAL | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 94-3079515 | HEALTHCARE | OR | 501(c)(3) | 7 | PHS OR | Yes | |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations | | | | | | | |
|--|-------------------------|--|----------------------------|---|----------------------------------|---|----|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
| | | | | | | Yes | No |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 | RELIGIOUS ORG | WA | 501(c)(3) | 1 | N/A | | No |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1188119 | HEALTHCARE | WA | 501(c)(3) | 7 | PHS WA | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 93-0889144 | HEALTHCARE | OR | 501(c)(3) | 7 | PHS OR | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 31-1629656 | SUPPORT | WA | 501(c)(3) | 7 | PHS WA | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1861964 | HEALTHCARE | WA | 501(c)(4) | N/A | PHS OR | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 93-1231494 | HEALTHCARE | OR | 501(c)(3) | 7 | PHS OR | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 31-1584166 | SUPPORT | WA | 501(c)(3) | 10 | PHS WA | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-1684082 | HEALTHCARE | CA | 501(c)(3) | 3 | PHS SOCAL | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 81-4542216 | HEALTHCARE | CA | 501(c)(3) | 3 | PHS SOCAL | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 93-0927320 | HEALTHCARE | OR | 501(c)(3) | 7 | PHS OR | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-2171539 | SUPPORT | WA | 501(c)(3) | 7 | PHS WA | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 94-3244854 | SUPPORT | WA | 501(c)(3) | 7 | PHS WA | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 81-1244422 | HEALTHCARE | WA | 501(c)(3) | 12,III | N/A | | No |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 94-3078543 | HEALTHCARE | WA | 501(c)(3) | 12,I | PHS WA | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 81-0463482 | HEALTHCARE | MT | 501(c)(3) | 3 | PHS WA | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 45-2841492 | HEALTHCARE | WA | 501(c)(3) | 7 | PHS WA | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1097056 | SUPPORT | WA | 501(c)(3) | 7 | PHS W WA | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 93-0575982 | HEALTHCARE | OR | 501(c)(3) | 7 | PHS OR | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-3264139 | HEALTHCARE | CA | 501(c)(3) | 10 | PHS SOCAL | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 33-0261016 | HEALTHCARE | CA | 501(c)(3) | 7 | PTCH | Yes | |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations | | | | | | | |
|--|-------------------------|--|----------------------------|---|----------------------------------|---|----|
| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
| | | | | | | Yes | No |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 93-1003750 | HEALTHCARE | OR | 501(c)(3) | 12, I | PHS OR | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 94-1243669 | HEALTHCARE | CA | 501(c)(3) | 3 | SJHS | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 94-2779313 | HEALTHCARE | CA | 501(c)(3) | 7 | RMH | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 94-1384665 | HEALTHCARE | CA | 501(c)(3) | 3 | SJHS | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-6100079 | SUPPORT | CA | 501(c)(3) | 7 | PSJHC | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 94-1231005 | HEALTHCARE | CA | 501(c)(3) | 3 | SJHS | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 61-1502822 | PHYSN COLLAB | WA | 501(c)(3) | 7 | WHC | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 26-2612415 | SHELL CORP | MT | 501(c)(3) | 1 | PHS WA | | No |
| 480 S BATAVIA ORANGE, CA 92868 95-1643383 | RELIGIOUS ORG | CA | 501(c)(3) | 1 | N/A | | No |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 68-0395200 | HEALTHCARE | CA | 501(c)(3) | 3 | SRMH | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 27-1666576 | RELIGIOUS ORG | CA | 501(c)(3) | 1 | SSJO | | No |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 81-4791043 | HEALTHCARE | CA | 501(c)(3) | 3 | SJHS | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-3589356 | HEALTHCARE | CA | 501(c)(3) | 12,I | PSJH | | No |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 33-0143024 | HEALTHCARE | CA | 501(c)(3) | 7 | SJHS | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 33-0185031 | HEALTHCARE | CA | 501(c)(3) | 3 | SJHS | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 68-0331084 | HEALTHCARE | CA | 501(c)(3) | 10 | SJHS | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 94-1156596 | HEALTHCARE | CA | 501(c)(3) | 3 | SJHS | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-1643359 | HEALTHCARE | CA | 501(c)(3) | 3 | CHN | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-1643324 | HEALTHCARE | CA | 501(c)(3) | 3 | CHN | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 94-3176618 | SUPPORT | WA | 501(c)(3) | 7 | PHS WA | Yes | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c) (3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
|--|-------------------------|--|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-1914489 | HEALTHCARE | CA | 501(c)(3) | 3 | CHN | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 75-1653181 | HEALTHCARE | TX | 501(c)(3) | 7 | CHS | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 23-7056976 | HEALTHCARE | MT | 501(c)(3) | 7 | PHS WA | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 81-0233495 | EDUCATION | MT | 501(c)(3) | 10 | PHS WA | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 27-2305304 | HEALTHCARE | WA | 501(c)(3) | 3 | WHC | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-0433740 | HEALTHCARE | WA | 501(c)(3) | 3 | WHC | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-0983214 | HEALTHCARE | WA | 501(c)(3) | 7 | SHS | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 27-3139262 | HOLDING CO | WA | 501(c)(3) | 12,I | SHS | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1293869 | SUPPORT | CA | 501(c)(3) | 10 | PHS SOCIAL | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 91-1214491 | SUPPORT | OR | 501(c)(3) | 10 | PHS OR | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 81-0231777 | EDUCATION | MT | 501(c)(3) | 2 | PHS | Yes | |
| 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 45-4171900 | SHELL CORPORATION | WA | 501(c)(3) | 12,II | PHS W WA | Yes | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512 (b)(13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
| | | | | | | | | Yes | No |
| (1) 1221 MADISON STREET OWNERS ASSOC 747 BROADWAY SEATTLE, WA 98122 20-1954319 | OWNERS' ASSOC | WA | N/A | C | | | | | No |
| (1) AMERICAN UNITY GROUP LTD 90 PITTS BAY ROAD HM08 PEMBROKE BD | CAPTIVE INSURANCE | BD | N/A | C | | | | | No |
| (2) AYIN HEALTH SOLUTIONS INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 83-3037172 | HEALTHCARE | DE | N/A | C | | | | | No |
| (3) BOURGET HEALTH SERVICES INC PO BOX 2687 SPOKANE, WA 99223 91-1354431 | CLIN/MED LAB | WA | N/A | C | | | | | No |
| (4) CARON HEALTH CORPORATION 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 81-0486082 | MED PHYS SVCS | MT | N/A | C | | | | | No |
| (5) HOAG CLINIC 1 HOAG DRIVE PO BOX 6100 NEWPORT BEACH, CA 926586100 33-0676831 | HEALTHCARE | CA | N/A | C | | | | | No |
| (6) DATU HEALTH INC AND SUBSIDIARIES 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 46-3070062 | IT SVCS | DE | N/A | C | | | | | No |
| (7) GRACE CLINIC OF LUBBOCK 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 20-3856995 | HEALTHCARE | TX | N/A | C | | | | | No |
| (8) GRACE CLINIC SERVICES INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 20-3857067 | HEALTHCARE | TX | N/A | C | | | | | No |
| (9) HOAG MANAGEMENT SERVICES INC 1 HOAG DRIVE PO BOX 6100 NEWPORT BEACH, CA 926586100 33-0731587 | HEALTHCARE | CA | N/A | C | | | | | No |
| (10) LUBBOCK METHODIST HOSP PRACTICE MGMT 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 75-2578995 | INACTIVE | TX | N/A | C | | | | | No |
| (11) LUBBOCK METHODIST HOSPITAL SVCS 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 75-2118585 | HEALTHCARE | TX | N/A | C | | | | | No |
| (12) LUMEDIC ACQUISITION CO INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 83-3881097 | HEALTHCARE | WA | N/A | C | | | | | No |
| (13) MISSION VIEJO MEDICAL VENTURES 27800 MEDICAL CENTER RD 354 MISSION VIEJO, CA 92691 33-0212905 | HEALTHCARE | CA | N/A | C | | | | | No |
| (14) PHN HOLDINGS 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 46-1814184 | STRAT PLAN SVCS | CA | N/A | C | | | | | No |

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

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|---|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
| | | | | | | | | Yes | No |
| (16) PIONEER INNOVATIONS INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 36-4818191 | HEALTH INNOVATNS | WA | N/A | C | | | | | No |
| (1) PROVIDENCE ASSURANCE INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 20-8194071 | CAPTIVE INSURANCE | AZ | N/A | C | | | | | No |
| (2) PROVIDENCE HEALTH CARE VENTURES INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 90-0155714 | CLIN/MED LAB | WA | N/A | C | | | | | No |
| (3) PROVIDENCE HEALTH NETWORK 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 80-0886966 | PREPAID HEALTH | CA | N/A | C | | | | | No |
| (4) PROVIDENCE HEALTH VENTURES INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 33-0122216 | INVESTMENT | CA | N/A | C | | | | | No |
| (5) ST JOSEPH HEALTH SOURCE INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 46-1900168 | HEALTHCARE | CA | N/A | C | | | | | No |
| (6) ST JOSEPH HEALTH 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 46-2340232 | HOLDING COMPANY | CA | N/A | C | | | | | No |
| (7) ST JOSEPH PROF SVCS ENTERPRSES INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 33-0155323 | HEALTHCARE | CA | N/A | C | | | | | No |
| (8) VINSERRA INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 95-3943315 | INVESTMENTS | CA | N/A | C | | | | | No |
| (9) WESTERN HEALTHCONNECT VENTURES INC 1801 LIND AVE SW ATTN TAX DEPT RENTON, WA 980579016 80-0953654 | INVESTMENTS | WA | N/A | C | | | | | No |
| (10) YAKIMA MEDICAL ARTS INC 611 N PERRY 100 SPOKANE, WA 99202 91-0787963 | RENT REAL ESTATE | WA | N/A | C | | | | | No |