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Form **990** 匆

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 2008

Open to Public

4 Fo									
	the 2	2008 calendar yea	·	nd ending 06-30-2009)	D Employer iden	itification number		
_		pplicable Please	C Name of organization Providence Foundation						
_	ress cha	label or	Doing Business As			63-0915493 E Telephone number			
Nan	ne chan	nge print or type. See							
Inıtı	al retur		Number and street (or P O box if mail is not	delivered to street addres	s) Room/suite	(251) 633-1			
Ten	nınatıoı		6801 Airport Boulevard			G Gross receipts \$	665,054		
₹ Am∈	ended r	return	City or town, state or country, and ZIP + 4						
– App	lication	pending	Mobile, AL 36608						
		F Na	ne and address of principal officer		H(a) Is thu	l s a group return f	ior.		
		Susan	Cornejo		affiliat		☐ Yes ▼ No		
			Airport Boulevard , AL 36608						
		1105110	,,,,,		• •	affiliates included	,		
	-exem	pt status 🔽 501(d	() (3) ◀ (insert no)	27		p exemption num	see instructions) her 🕨 0928		
10/	abeit e	∷ ► N/A			n(c) Grou	p exemption nam	DC1 F 0320		
		-	tion Trust Association Other 🕨		L Year of fo	rmation 1985 M	State of legal domicile AL		
Par		Summary							
		•	ie organization's mission or most signifi sist Providence Hospital in its healthcar						
<u>ا د</u>			F						
Activities & Governance									
֝֞֝֝֓֞֝֟֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	2	Chack this have		erations or disposed	of more than	25% of the second	·s		
5		•							
ő			members of the governing body (Part VI ndent voting members of the governing l				3		
			mployees (Part V, line 2a)		,				
			olunteers (estimate if necessary)						
ŧ			ited business revenue from Part VIII, III						
		-	iness taxable income from Form 990-T,	•	7b				
			······································		Prio	r Year	Current Year		
ē	8	Contributions an	d grants (Part VIII, line 1h)		1.110	1,622,604	1,106,459		
	9	Program service	revenue (Part VIII, line 2g)		, ,	0			
Revenu	10	-	me (Part VIII, column (A), lines 3, 4, ar		365,070	-547,685			
윤	11	Other revenue (F	art VIII, column (A), lines 5, 6d, 8c, 9c		-279,267	-152,654			
	12	Total revenue—a	dd lines 8 through 11 (must equal Part						
						1,708,407	406,120		
	13		ar amounts paid (Part IX, column (A), lii				0		
	14		or for members (Part IX, column (A), line				0		
8	15	Salaries, other c	ompensation, employee benefits (Part II	-		0			
Expenses	16a	•	draising fees (Part IX, column (A), line 1			0			
₩	ь		penses (Part IX, column (D), line 25) ▶ 135,280						
ш	17		(Part IX, column (A), lines 11a-11d, 11			627,621	438,591		
	18		Add lines 13-17 (must equal Part IX, c			627,621	438,591		
	19		penses Subtract line 18 from line 12 .			1,080,786	-32,471		
5 %					Beginni	ng of Year	End of Year		
ගසි 🛭	20	Total assets (Pa	rt X, line 16)			11,046,550	9,003,990		
\$ <u>.</u> ∰ 1	20	Total assets (Part X, line 16)				2,395,244	2,015,279		
Base		Total liabilities /	Part X. line 261		1	-,,			
aet Asset and Basa	21	·	Part X, line 26)			8 651 306	<u>ፍ ዐ</u> ፬፬ 711		
	21 22	Net assets or fu	nd balances Subtract line 21 from line 2			8,651,306	6,988,711		
eset Asset Feed Bafal	21 22	Net assets or fu	nd balances Subtract line 21 from line 2	20	schedules and e				
	21 22	Net assets or ful Signature Bl Under penalties of p	nd balances Subtract line 21 from line 2	o, including accompanying		tatements, and to th	e best of my knowledge		
Par	21 22 t III	Net assets or ful Signature BI Under penalties of p and belief, it is true,	ock ergury, I declare that I have examined this return correct, and complete Declaration of preparer (o	o, including accompanying	l on all informati 2011-	tatements, and to th	e best of my knowledge		
Par Sign	21 22 t II	Net assets or ful Signature Bl Under penalties of p	ock ergury, I declare that I have examined this return correct, and complete Declaration of preparer (o	o, including accompanying	l on all informati I	tatements, and to th on of which prepare	e best of my knowledge		
Par Sign	21 22 t II	Net assets or fur Signature BI Under penalties of p and belief, it is true, Signature of office Vince Formica CI	ock ergury, I declare that I have examined this return correct, and complete Declaration of preparer (or ergury).	o, including accompanying	l on all informati 2011-	tatements, and to th on of which prepare	e best of my knowledge		
Par Sign	21 22 t II	Net assets or fur Signature BI Under penalties of p and belief, it is true, Signature of office	ock ergury, I declare that I have examined this return correct, and complete Declaration of preparer (or er mef financial officer me and title	, including accompanying other than officer) is based	l on all informati 2011- Date	tatements, and to th on of which prepare 05-16	e best of my knowledge r has any knowledge		
Par Sign Here	21 22 t II	Net assets or fur Signature Bl Under penalties of p and belief, it is true, Signature of office Vince Formica Ch Type or print nar	ock ergury, I declare that I have examined this return correct, and complete Declaration of preparer (or ergury).	n, including accompanying other than officer) is based	l on all informati 2011-	tatements, and to th on of which prepare	e best of my knowledge r has any knowledge		
Sign Here	21 22 t II	Net assets or fur Signature BI Under penalties of p and belief, it is true, Signature of office Vince Formica Ch Type or print nar	ock ergury, I declare that I have examined this return correct, and complete Declaration of preparer (or er mef financial officer me and title	n, including accompanying other than officer) is based	l on all informati 2011- Date	tatements, and to the on of which prepare 05-16	r has any knowledge		
Par Sign Here	21 22 t III	Net assets or fur Signature Bl Under penalties of p and belief, it is true, Signature of office Vince Formica Cl Type or print nar Preparer's signature Firm's name (or your	ock ergury, I declare that I have examined this return correct, and complete Declaration of preparer (or ergure) and title Date of the property of the proper	n, including accompanying other than officer) is based	l on all informati 2011- Date Theck if elf-	tatements, and to the on of which prepare 05-16	e best of my knowledge r has any knowledge		
Par Sign Here	21 22 t III	Net assets or fur Signature Bl Under penalties of p and belief, it is true, Signature of office Vince Formica Ch Type or print nar Preparer's signature	ock ergury, I declare that I have examined this return correct, and complete Declaration of preparer (or er interference and title Date of the property of th	n, including accompanying other than officer) is based	l on all informati 2011- Date Theck if elf-	Preparer's identify (see instructions)	e best of my knowledge r has any knowledge		

01111	990 (2008)				Page Z
Par	t IIII Statement of Progr		plishments (see ınstru	ctions.)	
1	Briefly describe the organizatio	n's mission			
To S	upport Providence Hospital				
2	Did the organization undertake a the prior Form 990 or 990-EZ?			ich were not listed on	✓ No
	If "Yes," describe these new ser	vices on Schedule O			
3	Did the organization cease cond services?		nt changes in how it condu		▽ No
	If "Yes," describe these changes	on Schedule O			
4	Describe the exempt purpose ac Section 501(c)(3) and 501(c)(4 allocations to others, the total e) organizations and sect	ion 4947(a)(1) trusts are r	equired to report the amount of q	
4a	(Code) (Expe	enses \$ 75,693	ıncludıng grants of \$) (Revenue \$)
	The Foundation provides assistance b	y supporting patient services,	charity care, new building and m	edical equipment, and other activities th	at sustain the chantable
	purposes of Providence See Schedule	O for complete community be	enefit report		
4b	(Code) (Expe	nses \$	including grants of \$) (Revenue \$)
4с	(Code) (Expe	enses \$	including grants of \$) (Revenue \$)
4d	Other program services (Desc	rıbe ın Schedule O)			
	(Expenses \$	including grants	of \$) (Revenue \$)
4e	Total program service expense	s► \$ 75,6	93 (Must equal Part IX, Li	ne 25, column (B).)	

Part IV Chec	klist of	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Νο
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt[4]{3}$	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νo
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 on Part IX, column (A), line $2?$ If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d		24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
8	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
5	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

	1990 (2008)			Page:
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal		Yes	No
Ia	of U.S. Information Returns. Enter -0- if not applicable			
	1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	V	No
g h	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7g	Yes	
	required?	7h	Yes	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	0-		
a b		9a 9b		
10	Section 501(c)(7) organizations. Enter	75		
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
11	facilities Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

(251) 633-1670

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Se	ction A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 1a 31			
ь	Enter the number of voting members that are independent 1b 28			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		N o
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νο
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or 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	11		No
Se	ction B. Policies			
			Yes	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
	The organization's CEO, Executive Director, or top management official?	15a	Yes	
Ь	Other officers or key employees of the organization?	15b		No
	Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
Ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
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 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orga	nızatıor	n ►
	Susan Cornejo 6801 Airport Blvd Mobile, AL 36608			

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
 - List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
 - List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
 - List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if th	ne organizat	tion did not compensate any officer	, dire	ctor	tru	stee	orke	ey employee		
	(B) Average hours per week	(C) Position (check all that apply)					(F)			
(A) Name and Title		x Individual	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Russell E Allman Chairman	10 00	Х		х				0	0	0
G Tım Gaston Treasurer	2 00	Х		х				0	0	0
Jeanie G Wilkins Secretary	2 00	Х		Х				0	0	0
Chad M Alford MD Board Member	2 00	Х						0	0	0
W Terrance Ankerson Board Member	2 00	Х						0	0	0
Dr Bill Barrick Board Member	2 00	Х						0	0	0
Amelia L Bell Board Member	2 00	Х						0	0	0
Lynn D Clapper Board Member	2 00	Х						0	0	0
Kara C Coats Board Member	2 00	Х						0	0	0
Gretchen R Cooper Board Member	2 00	Х						0	0	0
Robert B Doyle III Board Member	2 00	Х						0	0	0
Helene H Hassell Board Member	2 00	Х						0	0	0
Robert M Hope Jr Board Member	2 00	Х						0	0	0
Brenda R Huddle RN Board Member	2 00	Х						0	0	0
John Johnson Board Member	2 00	Х						0	0	0
Irıs Fetterman Kleın Board Member	2 00	Х						0	0	0
Henry J Koch MD Board Member	2 00	х						0	0	0

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

	1							ı	Γ			
		(C) Position (check all that apply)						(D)	(E)		(F Estim	
(A) Name and Title	(B) Average hours per week	x <u>I</u> ndividual	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W- 2/1099- MISC)	Reportable compensation from relate organization (W- 2/1099 MISC)	on d is	amoun oth compen from organizand re organiza	nt of er sation the ation lated
John H Lewis III Board Member	2 00	Х						0		0		0
LaBarron N McClendon Board Member	2 00	Х						0		0		0
T Vance McCown Board Member	2 00	Х						0		0		0
Lawrence J McKinney Board Member	2 00	Х						0		0		0
Herbert A Meisler Board Member	2 00	Х						0		0		0
Kımı S Oaks Board Member	2 00	Х						0		0		0
Michael A Pennington M Board Member	2 00	Х						0		0		0
Jeanne M Sanderford Board Member	2 00	Х						0		0		0
Tammy Smith Board Member	2 00	Х						0		0		0
Selden H Stephens Jr Board Member	2 00	Х						0		0		0
Luis M Williams Board Member	2 00	Х						0		0		0
James L Walker MD Board Member (Sch O)	2 00	Х						0	414,	,366		9,359
Thomas B Van Antwerp Executive Dir (Sch O)	40 00	Х		х				0	134,	,958		7,873
Clark Christianson President (sch O)	2 00	Х		х				0	484,	,438		70,524
1b Total					•	-		0	1,033,76	2		87,756
2 Total number of compensation fr		(including those in 1a) who receiv anization▶0	ed mo	re th	nan	<u> </u>	,000	O in reportable		•		
											Yes	No
		former officer, director or trusted to Schedule J for such individual							d employee	3		N o
	al listed on	line 1a, is the sum of reportable c	omper	ısatı	on a	and ot	:her	compensation fro	m the			

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

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

(A) Name and business address	(B) Description of services	(C) Compensation
	•	·

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶0

			(A) Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
## ##	1a	Federated campaigns 1a				
医克里	ь	Membership dues 1b				
Contributions, gifts, grants and other similar amounts	С	Fundraising events 1c 234,756				
	d	Related organizations 1d				
		Government grants (contributions) 1e				
	e		!			
ığı er	f	All other contributions, gifts, grants, and similar amounts not included above				
itribi I oth	g	Noncash contributions included in lines 1a-1f \$				
and G	h	Total. Add lines 1a-1f	1,106,459			
<u>e</u>		Business Code				
E E	2a					
es Es	ь					
- e	С					
ž	d					
X	e					
â		All other program corrupt and the second	1			
Program Service Revenue	f	All other program service revenue				
屳	g	Total. Add lines 2a−2f				
	3	Investment income (including dividends, interest				
		and other similar amounts)	-547,685			-547,685
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(ı) Real (ıı) Personal				
	6a	Gross Rents	1			
	ь	Less rental				
		expenses Partal reserve	4			
	C	or (loss)				
	d	Net rental income or (loss)				
		(ı) Securities (ıı) O ther				
	7a	Gross amount from sales of				
		assets other				
	ь	than inventory Less cost or	+			
	"	other basis and				
	l c	sales expenses Gain or (loss)				
	d	Net gain or (loss)	+			
	8a	Gross income from fundraising				
Other Revenue		events (not including \$234,756 of contributions reported on line 1c) See Part IV, line 18				
ē	ь	Less direct expenses b 258,934	1			
₹	c	Net income or (loss) from fundraising events	-152,654	-152,654		
	9a	Gross income from gaming activities	1			
		See Part IV, line 19				
		a				
	ь	Less direct expenses b]			
	С	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances .				
	ь	Less cost of goods sold b	1			
	С	Net income or (loss) from sales of inventory	1			
		Miscellaneous Revenue Business Code				
	11a		1			
	ь					
			-			
	C					
	d	All other revenue	1			
	e	Total. Add lines 11a-11d	4	455.55	_	F.1=
	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	406,120	-152,654	0	-547,685

Part IX Statement of Functional Expenses

Do no	ll other organizations must complete column (A) but are not required to co ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				· ·
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	4,995	1,998		2,997
12	Advertising and promotion				
13	Office expenses	2,248	450	224	1,574
14	Information technology	4,480			4,480
15	Royalties				
16	Occupancy	44,553		44,553	
17	Travel	5,979	5,979		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	7,687			7,687
19	Conferences, conventions, and meetings	11,305			11,305
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Allocated Salaries/ben	299,809	67,237	182,392	50,180
ь	Fundraising Expense	56,797			56,797
c	Telephone	449	0	449	0
d	Minor Equipment	289	29	0	260
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	438,591	75,693	227,618	135,280
26	Joint Costs. Check here ► ☐ If following SOP 98-2	, :-	,	 	, <u> </u>
	Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet					<u> </u>	
	TC A	barance once:			(A) Beginning of year		(B End of	•
	1	Cash—non-interest-bearing				1		
	2	Savings and temporary cash investments		4,658,934	2		4,272,218	
	3	Pledges and grants receivable, net		1,378,559	3		354,989	
	4	Accounts receivable, net				4		
	5	Receivables from current and former officers, directors, trustees, other related parties <i>Complete Part II of Schedule L</i>				5		
	6	Receivables from other disqualified persons (as defined under sec persons described in section 4958(c)(3)(B) Complete Part II of So		6				
	7	Notes and loans receivable, net				7		
Assets	8	Inventories for sale or use				8		
SS(9	Prepaid expenses and deferred charges				9		
⋖	10a	Land, buildings, and equipment cost basis	10a	650,800				
	Ь	Less accumulated depreciation Complete Part VI of Schedule D	10ь	64,262	422,256	10c		586,538
	11	Investments—publicly traded securities			2,108,493	11		1,775,500
	12	Investments—other securities See Part IV, line 11				12		
	13	Investments—program-related See Part IV, line 11	•		13			
	14	Intangible assets			14			
	15	Other assets See Part IV, line 11		2,478,308	-		2,014,745	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		•	11,046,550			9,003,990
	17	Accounts payable and accrued expenses .	•		2,395,244	17		2,015,279
	18	·	2,333,244	18		2,013,273		
		Grants payable		19				
	19	Deferred revenue						
Ø.	20	Tax-exempt bond liabilities		20				
Liabilities	21 22	Escrow account liability <i>Complete Part IV of Schedule D</i> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified		21				
ख		persons Complete Part II of Schedule L		22				
	23	Secured mortgages and notes payable to unrelated third parties		23				
	24	Unsecured notes and loans payable	•			24		
	25	Other liabilities Complete Part X of Schedule D				25		
	26	Total liabilities. Add lines 17 through 25		2,395,244	26		2,015,279	
	20	Organizations that follow SFAS 117, check here ▶ 🔽 and comple	te lin	es 27	2,555,244	20	•	2,010,270
Balance	27	through 29, and lines 33 and 34. Unrestricted net assets			6,172,998	27		6,319,401
<u> </u>					2,478,308		<u> </u>	669,310
8	28	Temporarily restricted net assets			2,478,308	28		009,310
Fund	29	Permanently restricted net assets	comp	let e		29		
٥	30	lines 30 through 34. Capital stock or trust principal, or current funds				30		
sets	31	Paid-in or capital surplus, or land, building or equipment fund				31		
AS	32	Retained earnings, endowment, accumulated income, or other fun-	ds			32		
Net	33	Total net assets or fund balances			8,651,306	33	(6,988,711
Z	34	Total liabilities and net assets/fund balances			11,046,550	34		9,003,990
Pa	rt XI	Financial Statements and Reporting				L		
							Yes	No
1	Acco	ounting method used to prepare the Form 990 Cash 🔽 A	\ c c rua	al 「Other				
2a	Were	the organization's financial statements compiled or reviewed by an	n inde	pendent account	ant?	2a		No
b	Were	the organization's financial statements audited by an independent	acco	untant?		2b		Νο
c		es" to 2a or 2b, does the organization have a committee that assur , review, or compilation of its financial statements and selection of		•	•	2c		
3а		result of a federal award, was the organization required to undergoe Audit Act and OMB Circular A - 133?				3a		No
b	If "Y€	es," did the organization undergo the required audit or audits?				3b		

DLN: 93493136016231

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

Open to Public Inspection

		e organization Equipment to the control of the cont	mployer identif	icat ion nu	ımber			
TOVIG	crice i c		3-0915493					
Pai	rt I	Reason for Public Charity Status (to be completed by all organizations) (Se		;)				
he c	organiz	zation is not a private foundation because it is (Please check only one organization)						
1	Γ	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).					
2	Γ	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)						
3	Γ	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)	(iii). (Attach Sc	hedule H)			
4	Γ	A medical research organization operated in conjunction with a hospital described in Section	n 170(b)(1)(A)((iii). Ente	r the			
		hospital's name, city, and state						
5	Г	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	Γ	A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v).					
7	Γ	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	Γ	A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II)						
9	Г	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross						
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more thar	3 3 1/3%	of			
		its support from gross investment income and unrelated business taxable income (less sect						
		acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part II	I)					
10	Г	An organization organized and operated exclusively to test for public safety. See Section 50	9(a)(4). (See in	struction	s)			
11	ন	An organization organized and operated exclusively for the benefit of, to perform the function one or more publicly supported organizations described in section 509(a)(1) or section 509 the box that describes the type of supporting organization and complete lines 11e through 1 a Type I b Type II c F Type III - Functionally Integrated	ns of, or to carry (a)(2) See Sec t .1h	out the p	ourpos a)(3).	Check		
e	Г	By checking this box, I certify that the organization is not controlled directly or indirectly by other than foundation managers and other than one or more publicly supported organizations section 509(a)(2)		•				
f		If the organization received a written determination from the IRS that it is a Type I, Type II check this box		porting o	rganız	ation,		
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?						
		(i) a person who directly or indirectly controls, either alone or together with persons describ	ea in (ii)	44.43	Yes	No		
		and (III) below, the governing body of the the supported organization?		11g(i)		No		
		(ii) a family member of a person described in (i) above?		11g(ii)		No		
_		(iii) a 35% controlled entity of a person described in (i) or (ii) above?		11g(iii)		Νo		
h		Provide the following information about the organizations the organization supports						

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (See Instructions))	organization in		organization in col (i) listed in your governing		the orga	the organization organ in col (i) of your col (i)		s the ation in rganized US?	(vii) A mount of support?
			Yes	No	Yes	No	Yes	No	1		
Providence Hospital	630288861	3 - Hospital		No		No		No	274308		
Total									274,308		

Part II	Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 160, 1/a or	1/D, check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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 30 June, 1975		+				
С	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 IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumm (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
	-			-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** 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

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)						
	Facts and Circumstances Test						

Schedule A (Form 990 or 990-EZ) 2008

efile GRAPHIC print - DO NOT PROCESS

As Filed Data

DLN: 93493136016231

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements ► Attach to Form 990. To be completed by organizations that

Open to Public Inspection

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Internal Revenue Service Name of the organization Employer identification number Providence Foundation 63-0915493 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ☐ Yes ☐ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements 2b b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section ☐ Yes 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, 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" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 relating to these items

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

▶ \$

Part	Organizations Maintaining Co	llections of Art	t, HIS	tori	cal Ti	reasui	res, or Ot	nei	r Similar	Asse	ts (cc	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	owing	that are	a significai	nt us	se of its co	llection		
а	Public exhibition		d	Γ	Loan	orexch	ange progra	ms				
b	Scholarly research		e	Γ	Othe	r						
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ıın hov	w the	y furthe	er the o	rganızatıon':	sex	empt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ılar	Γ.	Yes	Г No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an an						nızatıon ar	iswe	ered "Yes	" to Fo	rm 9	90,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterm	ediary	for c	ontribu	itions o	r other asse	ts n	ot	Γ,	Yes	┌ No
b	If "Yes," explain why in Part XIV and comple	te the following tab	le				Г			A mou	nt	
c	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance						<u> </u>	1f				
2a	Did the organization include an amount on Fo	orm 990, Part X. lin	e 21?							Γ,	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV									,		,
Par			n ans	were	ed "Ye	s" to F	orm 990.	Part	t IV, line	10.		
		(a)Current Year		Prior `			Years Back		hree Years B		Four Ye	ears Back
1a	Beginning of year balance											
b	Contributions											
c	Investment earnings or 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 yea	r end balance held	as									
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment 🕨											
c	Term endowment ►											
3а	Are there endowment funds not in the posses organization by	ssion of the organiz	ation	that a	are hel	d and ac	dmınıstered	for t	the		Yes	N-
	(i) unrelated organizations			. <u>.</u>					[3a(i)	res	No
	(ii) related organizations									3a(ii)		
ь	If "Yes" to 3a(II), are the related organization					٠				3b		
4	Describe in Part XIV the intended uses of th	e organization's en	dowm	ent fu	nds				L			•
Par	t VI Investments—Land, Buildings	, and Equipme	nt. S	ee F	orm 9	90, Pa	rt X, line 1	LO.				
	Description of investment				ı) Cost c sıs (ınve	or other stment)	(b)Cost or o		(c) Depred	iation	(d) Bo	ook value
	and											
1 a l												
	Buildings											
b E	Buildings		٠.									
b E	· ·	· · · · · · · · · · · · · · · · · · ·	· ·				7,	,262		4,841		2,421
b E c L d E	easehold improvements							,262		4,841 59,421		2,421 584,117

Part VIII Investments—Other Securities. S	ee Form 990, Part X, line 1	2.	
(a) Description of security or category	(b)Book value	(c) Method o	
(including name of security)		Cost or end-of-ye	ear market value
Financial derivatives and other financial products			
Closely-held equity interests			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related.	See Form 990, Part X, line		
(a) Description of investment type	(b) Book value	(c) Method o	
		Cost or end-of-ye	ar market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X			
(a) Des	cription		(b) Book value
health system depository account			77,805
Donor Restricted assets			1,936,940
Total. (Column (b) should equal Form 990, Part X, col.(B) II	ne 15.)		2,014,745
Part X Other Liabilities. See Form 990, Pa	rt X, line 25.		
(a) Description of Liability	(b) A mount]	
Federal Income Taxes			
See Additional Data Table		1	
		1	
		1	
		1	
		1	
		4	
		4	
		1	
		1	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	 -	1	
	ı	<u> </u>	

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	406,120
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	438,591
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-32,471
4	Net unrealized gains (losses) on investments	4	-615,624
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	164,283
8	Other (Describe in Part XIV)	8	-1,178,784
9	Total adjustments (net) Add lines 4 - 8	9	-1,630,125
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,662,596
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per Re	turn
1	Total revenue, gains, and other support per audited financial statements	. 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d]	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a]	
b	Other (Describe in Part XIV)]	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
	Reconciliation of Expenses per Audited Financial Statements With Expenses	s per F	Return
1	Total expenses and losses per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	-	
Ь	Prior year adjustments	-	
с	Losses reported on Form 990, Part IX, line 25	-	
d	Other (Describe in Part XIV)	┨╻	
е -	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
b	Other (Describe in Part XIV)	ا ہے ا	
C -	Add lines 4a and 4b	4c	
5 Dar	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
	• •		nee 1h and 2h
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P	art IV , II	nes id and ∠d,

Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Return Reference	Explanation
Part X	Description of Uncertain Tax Positions Under FIN 48	FROM THE CONSOLIDATED FINANCIAL STATEMENTS OF Seton health Corporation of NOrth Alabama AND AFFILIATES (WHICH INCLUDES Providence Foundation) Effective June 30, 2008, the Health Ministry adopted FIN 48 The adoption of FIN 48 did not have a material impact on the Health Ministry's consolidated financial position or results of operations
Part XI, Line 8 - O ther Adjustments		G/LOSS Restricted-Fetterman Fund -5923 Funds Released from Restriction -148854 change in pledges receivables -632608 Pledge Writeoffs -391399

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DLN: 93493136016231

OMB No 1545-0047

(Form 990 or 990-EZ)

SCHEDULE G

Department of the Treasury

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public

nternal Revenue Service lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a. Inspection							
Name of the organization Providence Foundation					Employer ider	ntification number	
Providence Foundation					63-0915493		
Part I Fundraisin	ng Activities. Complet	e if the o	rganızat	ion answered "Yes"	to Form 990, Part IV	, line 17.	
1 Indicate whether the	e organization raised funds	through a	ny of the	following activities Che	eck all that apply		
a Mail solicitation	ıs			e Solicitation of r	non-government grants		
b F Email solicitation	D ☐ Email solicitations f ☐ Solicitat						
c Phone solicitations g Special fundrais					sing events		
d In-person solici	tations						
	n have a written or oral agre sted in Form 990, Part VII		•	` .		Γ Yes Γ No	
	highest paid individuals of at least \$5,000 by the org						
(1)		(iii) fundrais	erhave	(;) 6	(v) A mount paid to	(vi) A mount paid to	
(i) Name of ındıvıdu or entity (fundraisei	I (III) A ctivity	custo	ody or rol of	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by)	
, ,		contribi	utions?	<u> </u>	col (i)	organization	
		Yes	No				
		1	1	1	I	1	

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

·	rt II	Fundraising Events. Com more than \$15,000 on Form					ТСРОТ	
			(a) Event #1 Flower Show	(b) Event #2	(c) O ther Events	(Add co	otal Eve I (a) th ol (c))	
			(event type)	(event type)	(total number)		(-,,	
Φ	1	Gross receipts	341,036	5			34	1,036
Revenue	2	Less Charitable contributions	234,756	;			23	4,756
	3	Gross revenue (line 1 minus line 2)	106,280				10	6,280
	4	Cash Prizes						
စ္တ	5	Non-cash Prizes						
Sens	6	Rent/Facility costs	56,797				5	6,797
Direct Expenses	7	Other direct expenses	202,137				20	2,137
ğ	8	Direct expense summary Add lin	es 4 through 7 ın column	(d)	🛌		25	8,934
_	9	Net income summary Combine li	nes 3 and 8 ın column (d)	🕨		-15	2,654
Par	t III	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	art IV, line 19, or repo	orted mo	re thai	n
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot col (a)	al gaming hrough co	(Add ol (c))
ď	1	Gross revenue						
	2	Cash prizes						
bens	3	Non-cash prizes						
Direct Expenses	4	Rent/facility costs						
₽ B	5	Other direct expenses						
	6	Volunteer labor	┌ Yes%	┌ Yes	┌ Yes%_			
	7	Direct expense summary Add line	,	,	.			
	8	Net gaming income summary Com	ibine lines 1 and 7 in colu	ımn (d)				
				(,			Yes	No
9		er the state(s) in which the organiza						
a b		he organization licensed to operate No," Explain	gaming activities in each	of these states /		· 9a		
D		NO, Explain						
40					- 11- 1 2			
10a b		re any of the organization's gaming Yes," Explain	ncenses revoked, suspen	aed or terminated durin	g the tax year?	10:	a	
11	Doe	es the organization operate gaming	activities with nonmembe	rs?		11		
12		he organization a grantor, beneficia						
	form	ned to administer charitable gaming	,					1

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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DLN: 93493136016231

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Name of the organization

ın Part III

Internal Revenue Service

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

Prov	ridence Foundation	62,004,5402			
Do	rt I Questions Regarding Compensation	63-0915493			
Pa	Questions Regarding Compensation	11		Yes	Νο
1a		vided any of the following to or for a person listed in Form I to provide any relevant information regarding these items		163	140
	First class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a wi provision of all the expenses described above? If "N		1b		
2	Did the organization require substantiation prior to rofficers, directors, trustees, and the CEO/Executive	<u> </u>	2		
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all the Compensation committee Independent compensation consultant Form 990 of other organizations				
4	During the year, did any person listed in Form 990,	Part VII, Section A, line 1a			
а	Receive a severance payment or change of control p		4a		No
ь	Participate in, or receive payment from, a suppleme	ntal nonqualified retirement plan?	4b		Νο
c	Participate in, or receive payment from, an equity-b	ased compensation arrangement?	4c		Νο
		ovide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	mplete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a, did the organization pay or accrue any			
а	The organization?		5a		Νo
Ь	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of				
а	The organization?		6a		No
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," o		7		No
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in	paid or accured pursuant to a contract that was n Regs section 53 4958-4(a)(3)? If "Yes," describe			

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
James L Walker MD	(I) (II)	361,646	7,980	44,740	4,600	4,759	423,725	
Clark Christianson	(I) (II)	309,249	158,567	16,622	64,600	5,924	554,962	
	(i)							
	(ii)							
	(i)							
	(ii)							
_	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)	·						
	(ii)	<u> </u>						

Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
Supplemental Information	Part III	Part I, Line 3 Providence Hospital, a related organization of Providence Foundation, uses the following to establish the compensation of the organization's Executive Director Thomas b Van Antwerp - Compensation Committee - Approval by the board/compensation committee

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SCHEDULE 0

Department of the Treasury

(Form 990)

Supplemental Information to Form 990

DLN: 93493136016231 OMB No 1545-0047

Inspection

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information. Internal Revenue Service

Name of the organization Employer identification number Providence Foundation

63-0915493

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		Providence Foundation has a single corporate member, Seton Health Corporation of South Alabama

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		Providence Foundation has a single corporate member, Seton Health Corporation of South Alabama, who has the ability to elect members to the governing body of Providence Foundation

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		All decisions that have a material impact to Providence Foundation financial information or corporation as a whole are subject to approval by its sole corporate member, Seton Health Corporation of South Alabama

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		Management, including certain Officers, work diligently to complete the Form 990 and attached schedules in a thorough manner. Management presents the Form to the Board, or a designated committee, to review. Prior to filing the return, all Board Members are provided the Form 990 and management team members are available to answer any Board Members questions.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		The organization regularly and consistently monitors and enforces compliance with the conflict of interest policy in that any director, principal officer, or member of a committee with governing board delegated powers, who has a direct or indirect financial interest, must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of the committees with governing board delegated powers considering the proposed transaction or arrangement. The remaining individuals on the governing board or committee meeting will decide if conflicts of interest exist. Each director, principal officer and member of a committee with governing board delegated powers annually signs a statement which affirms such person has received a copy of the conflicts of interest policy, has read and understands the policy, has agreed to comply with the policy, and understands that the organization is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish its tax-exempt purpose

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, Iine 15		In determining compensation of the organization's Executive Director the process performed by Providence Hospital (a related entity) included a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. The audit committee review ed and approved the compensation. In the review of the compensation, the Executive Director was compared to other organizations in the area that hold the same title. During the review and approval of the compensation, documentation of the decision was recorded in the board minutes. The individual was not present when his compensation was decided. Line 15b is most appropriately answered as not applicable as this organization does not have officers and/or key employees.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The organization will provide any documents open to public inspection upon request

ldentifier	Return Reference	Explanation
Form 990, Part III	COMMUNITY BENEFIT REPORT	This report illustrates the significant degree to which Providence Foundation contributes to the positive health status of the communities it serves. As a member of Ascension Health, the nation's largest Catholic healthcare system, Providence Foundation continues to build and strengthen sustainable collaborative efforts that beriff the health of individuals, families, and society as a whole. The goal of Providence Foundation is to perpetuate the healing mission of the church. Providence Foundation furthers this goal through delivery of patient services, care to the elderly and indigent, patient education and health aw areness programs for the community, and medical resort. The Providence Hospital Foundation was established in 1985 to raise funds to assist Providence Hospital in its health care mission. The Foundation provides assistance by supporting patient services, charity care, new building and medical equipment, and other activities that sustain the charitable purposes of Providence Community Outreach activities. Through community support and contributions and funds raised through the Festival of Flowers and the annual goff tournament, the endow ment of the Providence Hospital Foundation has grown and provided over one million dollars in hospital construction and support. It has established an endow ed heart fund to support cardiology at Providence and an endow ed cancer fund to support cancer research projects. The Foundation has also improved educational technology in the Cancer Center by providing new televisions and dvd players for several waiting areas in the Cancer Center A fund has also been established to assist cancer patients who have long commutes and are required to recover treatments three or more times a week. In addition, the Foundation has made possible the purchase of sophisticated monitoring equipment that provides the latest technology for the benefit of patients plus furnishings for the comfort and convenience of those served through the Cuptain Surgery Department It has also provided f

ldentifier	Return Reference	Explanation
Form 990, Part IV, Line 12		Providence Foundation is included in the consolidated financial statements of Seton Health Corporation of South Alabama and affiliates

ldentifier	Return Reference	Explanation
Form 990, Part VII, Section A		Clark Christianson and James Walker receive compensation from Providence Hospital, a related organization of Providence Foundation. The compensation each receives is for the role served at Providence Hospital, and not for the role of a board member at Providence Foundation.

ldentifier	Return Reference	Explanation
Form 990, Part XI, Line 2		Providence Foundation is included in the consolidated financial statements of Seton Health Corporation of South Alabama and affiliates

ldentifier	Return Reference	Explanation
Form 990, Page 1, Item B	Description of Amendments to Return	The following forms and schedules have been amended to include compensation not previously reported for one officer. Form 990, Part VII, Line 1a, and Schedule J, Part II, Item B(III)

DLN: 93493136016231

2008

OMB No 1545-0047

Open to Public Inspection

Employer identification number

SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 See separate instructions.

Related Organizations and Unrelated Partnerships

Providence Foundation 63-0915493

Part I Identification of Disregarded Entities

Part I Identification of Disregarded Entities					
(A) Name, address, and EIN 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 Organiza	tions				
(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)	
ASCENSION HEALTH PO BOX 45998 ST LOUIS, MO63145 31-1662309	NATIONAL HEALTH SYSTEM	мо	section 501(c)(3)	schedule A, line 11a	N/A
Seton Health Corporation of South Alabama 6801 Airport Blvd Mobile, AL36608 63-0934712	Support Providence Hospital	AL	section 501(c)(3)	Schedule A, line 11c	Ascension Health
Providence Hospital 6801 Airport Blvd Mobile, AL36608 63-0288861	Hospital	AL	section 501(c)(3)	Schedule A, Line 3	Ascension Health
Providence Building Corporation 6801 Airport Blvd Mobile, AL36608 63-0914564	Support Providence Hospital	AL	section 501(c)(2)	n/a	Seton Health Corporation of South AL
Providence Healthcare Services 6801 Airport Blvd Mobile, AL36608 63-0937705	Support Providence Hospital	AL	section 501(c)(3)	Schedule A, line 11c	Seton Health Corporation of South AL
Seton Medical Management 6801 Airport Blvd Mobile, AL36608 63-0937704	Support Providence Hospital	AL	section 501(c)(3)	Schedule A, line 11b	Seton Health Corporation of South AL
		O . N. E010-	- > /		a I I I D / E 000' 000'

(A) Name, address, and EIN of related organization	(B) Primary act		(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	(H Disproj alloca	1) prtionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana	J) eral o aging ener?
								Yes	No		Yes	No
									1			
								-				
Part IV Identification of	Related Org	anizations '	Taxable a	as a Corporation	or Trust							
(A) Name, address, and EIN of related o		(B) Primary activi		(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 inc	ome	Sh end-	are of Perce	H) entage ership	
Providence Park PO Box 850429 Mobile, AL36685 63-0886846		Real Estate		AL	N/A	С						
Anesthesia Solutions of Mobile Inc 6701 Airport Blvd Suite D-430B Mobile, AL36608 82-0547505		ANESTHESIA SERVICES		AL	N/A	С						
gulf coast regional preferred PO Box 3201 mobile, AL36652 63-0931788		professional asse	ос	AL	N/A	С						

(6)

Part V	Transactions w	ith Related	Organizations
	II alibactions ii	itti ittiatta	OI guille a tions

РŒ	Part V Transactions with Related Organizations										
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No							
1 D	1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV	/?									
а	the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? selpt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity t, grant, or capital contribution to other organization(s) t, grant, or capital contribution from other organization(s) this or loan guarantees to or for other organization(s) this or loan guarantees by other organization(s) the of assets to other organization(s) the of assets from other organization(s) thange of assets se of facilities, equipment, or other assets to other organization(s) se of facilities, equipment, or other assets from other organization(s) formance of services or membership or fundraising solicitations for other organization(s) formance of services or membership or fundraising solicitations by other organization(s) therefore of facilities, equipment, mailing lists, or other assets aring of facilities, equipment, mailing lists, or other assets aring of paid employees mbursement paid to other organization for expenses mbursement paid to other organization for expenses metransfer of cash or property to other organization(s)										
b	b Gift, grant, or capital contribution to other organization(s)	1b		No							
c	c Gift, grant, or capital contribution from other organization(s)	1c		No							
d	d Loans or loan guarantees to or for other organization(s)	1d		No							
e	e Loans or loan guarantees by other organization(s)	1e		No							
f	f Sale of assets to other organization(s)										
g	g Purchase of assets from other organization(s)	19		No							
h	h Exchange of assets	1h		No							
i Lease of facilities, equipment, or other assets to other organization(s)											
j Lease of facilities, equipment, or other assets from other organization(s)											
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 (1) interest (ii) annuties (iii) royalites (iv) rent from a controlled entity biff, grant, or capital contribution form other organization(s) c Giff, grant, or capital contribution from ather organization(s) d Loans or loan guarantees to or for other organization(s) f Sale or assets to other organization(s) g Purchase of assets from other organization(s) f Lease of facilities, equipment, or other assets from other organization(s) g Purchase of facilities, equipment, or other assets from other organization(s) k Performance of services or membership or fundraising solicitations for other organization(s) g Parthoniance of services or membership or fundraising solicitations by other organization(s) g Reimbursement paid to other organization for expenses g Reimbursement paid to other organization for expenses g Other transfer of cash or property to other organization(s) 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 (b) Raine of other organization(s) (3) (4) (3)											
I Performance of services or membership or fundraising solicitations by other organization(s)											
m Sharing of facilities, equipment, mailing lists, or other assets											
n	n Sharing of paid employees	1n		No							
0	• Reimbursement paid to other organization for expenses	10		No							
р	p Reimbursement paid by other organization for expenses	1p		No							
q	q Other transfer of cash or property to other organization(s)	1 q		No							
r	r Other transfer of cash or property from other organization(s)	1r		No							
2	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationship	os and transaction thresholds									
	(A)										
	Name of other organization(s)										
(1)	(1)										
(2)	(2)										
(3)	(3)										
(4)	(4)										
(5)	(5)										

Part VI Unrelated Organizations Taxable as a Partnership

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

									_							
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1		r J
			Yes	No		Yes	No		Yes	No						
			•			•	•	Sabadula	D / Form	000) 2000						

Software ID:

Software Version:

EIN: 63-0915493 **Name:** Providence Foundation

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

Tom 350, Senedate N, Fart 11 Tachtineation of Related	lax Exempt organiz	1	I	I	I
(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 501(c)(3))	(F) Direct Controlling Entity
ASCENSION HEALTH					
PO BOX 45998 ST LOUIS, MO63145 31-1662309	NATIONAL HEALTH SYSTEM	МО	section 501(c)(3)	schedule A, line 11a	N/A
Seton Health Corporation of South Alabama					
6801 Airport Blvd Mobile, AL36608 63-0934712	Support Providence Hospital	AL	section 501(c)(3)	Schedule A, line 11c	Ascension Health
Providence Hospital					
6801 Airport Blvd Mobile, AL36608 63-0288861	Hospital	AL	section 501(c)(3)	Schedule A , Line 3	Ascension Health
Providence Building Corporation					Seton Health
6801 Airport Blvd Mobile, AL36608 63-0914564	Support Providence Hospital	AL	section 501(c)(2)	ln/a	Corporation of South A L
Providence Healthcare Services					Seton Health
6801 Airport Blvd Mobile, AL36608 63-0937705	Support Providence Hospital	AL	section 501(c)(3)	Schedule A, line 11c	
Seton Medical Management					Seton Health
6801 Airport Blvd Mobile, AL36608 63-0937704	Support Providence Hospital	AL	section 501(c)(3)	Schedule A, line 11b	