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Form 990

Return of Organization Exempt From Income Tax

2009

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Providence TrinityCare Hospice Foundation

Doing Business As

Number and street (or P O box if mail is not delivered to street address)
2601 Airport Drive No 230

D Employer identification number

33-0261016

E Telephone number

(310) 257-3535

G Gross receipts \$ 1,767,564

City or town, state or country, and ZIP + 4
Torrance, CA 90505F Name and address of principal officer
Barbara Roberts
2601 Airport Drive No 230
Torrance, CA 90505H(a) Is this a group return for affiliates?
 Yes NoH(b) Are all affiliates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ►

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

J Website: ► www.trinitycarehospice.org

K Form of organization Corporation Trust Association Other ►

L Year of formation 1987

M State of legal domicile CA

Part I Summary

| | |
|----|---|
| 1 | Briefly describe the organization's mission or most significant activities Support TrinityCare Hospice in Torrance, CA |
| 2 | Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets |
| 3 | Number of voting members of the governing body (Part VI, line 1a) |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) |
| 5 | Total number of employees (Part V, line 2a) |
| 6 | Total number of volunteers (estimate if necessary) |
| 7a | Total gross unrelated business revenue from Part VIII, column (C), line 12 |
| b | Net unrelated business taxable income from Form 990-T, line 34 |
| 7a | 0 |
| 7b | 0 |

| | | | |
|----|--|------------|--------------|
| 8 | Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| 9 | Program service revenue (Part VIII, line 2g) | 1,202,308 | 1,290,151 |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 0 | 0 |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -76,310 | -44,682 |
| 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,963 | 23,079 |
| | | 1,127,961 | 1,268,548 |

| | | | |
|-----|---|------------|--------------|
| 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | Prior Year | Current Year |
| 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 1,202,308 | 1,290,151 |
| 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 0 | 0 |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e) | -76,310 | -44,682 |
| b | Total fundraising expenses (Part IX, column (D), line 25) ► 298,286 | 1,963 | 23,079 |
| 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 1,127,961 | 1,268,548 |
| 18 | Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 945,902 | 721,376 |
| 19 | Revenue less expenses Subtract line 18 from line 12 | 0 | 0 |

| | | | |
|----|---|---------------------------|-------------|
| 20 | Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| 21 | Total liabilities (Part X, line 26) | 2,233,344 | 2,652,917 |
| 22 | Net assets or fund balances Subtract line 21 from line 20 | 103,133 | 170,484 |
| | | 2,130,211 | 2,482,433 |

| | | | |
|--------------------------|--|--|--|
| Sign Here | 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 | | |
| | Signature of officer Barbara Roberts Executive Director Type or print name and title | | |
| Paid Preparer's Use Only | Preparer's signature ► CLARK NUBER PS Date Check if self-employed ► Preparer's identifying number (see instructions) Firm's name (or yours if self-employed), address, and ZIP + 4 Clark Nuber PS 10900 NE 4th Suite 1700 Bellevue, WA 98004 EIN ► Phone no ► (425) 454-4919 | | |

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

Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission

As People of Providence, we reveal God's love for all, especially the poor and vulnerable, through our compassionate service Support TrinityCare Hospice in Torrance, CA

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 exempt purpose achievements for each of the organization's three largest program services by expenses
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 259,619 including grants of \$ 259,619) (Revenue \$ 0)

Trinity Kids Care Program Started in 2001, Trinity Kids Care remains the only dedicated pediatric hospice program in Los Angeles and Orange counties. The program helps children with life-limiting conditions live as normal a life as possible, for as long as possible, in their own homes. The program gives these families access to a continuum of total care with the primary goal of keeping the children in their homes with their families. What began as a true labor of love with three children grew to serve over 100 in 2009. Funding is used to support the medical doctor and staff, pharmaceuticals, medical equipment and other supplies that are in excess of the insurance reimbursement. Providence Health & Services selected TrinityCare Hospice's pediatric hospice program, Trinity Kids Care, as the 2009 recipient of its annual Mission Leadership Award. This prestigious award is given to the program or service within the entire Providence system that best typifies the work of the Providence Mission. As people of Providence, we reveal God's love for all, especially the poor and vulnerable, through our compassionate service. Trinity Kids Care program helps children to live well and die gently.

4b (Code) (Expenses \$ 150,000 including grants of \$ 150,000) (Revenue \$ 0)

The Gathering Place Located in Redondo Beach, is a center for loss and life transitions, offering counseling to those in the community who have suffered the death of a loved one from any cause. It is staffed by licensed professionals, graduate-level mental health interns, and trained volunteers. The Gathering Place serves all ages - children through adults - whether or not their loved one was in our hospice services. In 2009, the program provided 26 individual one-on-one counseling meetings to children and teens, and 367 children and teens attended approximately 41 group sessions. In total, more than 2300 individuals were assisted through the grief process by The Gathering Place.

4c (Code) (Expenses \$ 150,000 including grants of \$ 150,000) (Revenue \$ 0)

Capital Support for Inpatient Hospice Suites In partnership with Providence Little Company of Mary Medical Center Torrance, Providence TrinityCare Hospice opened its first three dedicated hospice suites in the Medical Center's Transitional Care Center in 2009. These are private rooms newly remodeled and outfitted specifically for TrinityCare Hospice patients and their families who require a higher level of skilled care (general inpatient level of care) to manage pain and symptoms. The homelike environment of the suites makes these precious final moments of life easier for both the patient and his or her grieving family. This funding made the remodel of the rooms possible.

4d Other program services (Describe in Schedule O) See also Additional Data for Description

(Expenses \$ 161,757 including grants of \$ 161,757) (Revenue \$)

4e Total program service expenses \$ 721,376

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors?

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

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

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

6 Did the organization maintain any donor advised funds or any similar funds or 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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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

10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.

- Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.
- Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.
- Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.
- Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.
- Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.
- Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.

12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII

12A Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No

If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A Yes

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

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

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I

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 U.S.? If "Yes," complete Schedule F, Part II

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 U.S.? If "Yes," complete Schedule F, Part III

17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

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

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

| | Yes | No |
|-----|-----|----|
| 1 | Yes | |
| 2 | Yes | |
| 3 | | No |
| 4 | | No |
| 5 | | |
| 6 | | No |
| 7 | | No |
| 8 | | No |
| 9 | | No |
| 10 | Yes | |
| 11 | Yes | |
| 12 | Yes | |
| 13 | | No |
| 14a | | No |
| 14b | | No |
| 15 | | No |
| 16 | | No |
| 17 | | No |
| 18 | Yes | |
| 19 | | No |
| 20 | | No |

Part IV Checklist of Required Schedules (continued)

| | | | | |
|-----|---|-----|-----|--|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Yes | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Yes | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | Yes | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25 | 24a | No | |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) 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 | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | No | |
| 26 | 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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | 27 | No | |
| 28 | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | 28a | No | |
| a | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | No | |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28c | No | |
| c | An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV | 29 | No | |
| 30 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 30 | No | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | No | |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | Yes | |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | No | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | Yes | |
| 35 | 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 | No | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | No | |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | No | |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Yes | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

| | | Yes | No |
|------------|--|------------|-----|
| 1a | Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable | 1a | 0 |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 |
| 1c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | |
| 2a | Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return | 2a | 0 |
| 2b | 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 |
| 3b | 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 |
| 4b | 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 | 4b | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | No |
| 5b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | No |
| 5c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | 5c | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? | 6a | No |
| 6b | 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). | 7a | Yes |
| 7b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Yes |
| 7c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | No |
| 7d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | |
| 7e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | No |
| 7f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | No |
| 7g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | 7g | |
| 7h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | 7h | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | |
| 9 | Sponsoring organizations maintaining donor advised funds. | 9a | |
| 9b | Did the organization make any taxable distributions under section 4966? | 9b | |
| 10 | Section 501(c)(7) organizations. Enter | 10a | |
| 10b | Initiation fees and capital contributions included on Part VIII, line 12 | 10b | |
| 10b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | |
| 11 | Section 501(c)(12) organizations. Enter | 11a | |
| 11b | Gross income from members or shareholders | 11b | |
| 11b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | 11b | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | |
| 12b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | |

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.

Section A. Governing Body and Management

| | | Yes | No |
|----|---|-----|-----|
| 1a | Enter the number of voting members of the governing body . . . | 1a | 12 |
| b | Enter the number of voting members that are independent . . . | 1b | 11 |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | No |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | No |
| 4 | Did the organization make any significant changes to its 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 |
| b | 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 | | |
| a | The governing body? | 8a | Yes |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Yes |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | No |

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

| | | Yes | No |
|-----|--|-----|-----|
| 10a | Does the organization have local chapters, branches, or affiliates? | 10a | No |
| 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? | 10b | |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | 11 | Yes |
| 11a | Describe in Schedule O the process, if any, used by the organization to review the Form 990 | | |
| 12a | 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 |
| c | 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? | | |
| a | The organization's CEO, Executive Director, or top management official | 15a | Yes |
| b | Other officers or key employees of the organization | 15b | Yes |
| | If "Yes" to line a or b, 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 |
| b | 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 | |

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 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 organization ►
 LCM Accounting Department
 4101 Torrance Blvd
 Torrance, CA 90503
 (310) 793-8182

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. Report compensation for the calendar year ending with or within the organization's tax year. 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 all of the organization's **current** key employees. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any current or former officer, director, trustee or key employee.

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | (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 | | | |
| Jacqueline M Glass Chair | 2 00 | X | | X | | | 0 | 0 | 0 |
| Bruce Brusavich Esq Trustee | 1 00 | X | | | | | 0 | 0 | 0 |
| Kitty Edler Trustee | 2 00 | X | | | | | 0 | 0 | 0 |
| Althea Halchuck Trustee | 1 00 | X | | | | | 0 | 0 | 0 |
| Gary S Kuwahara CPA Treasurer | 2 00 | X | | X | | | 0 | 0 | 0 |
| Carole J La Caze Trustee | 1 00 | X | | | | | 0 | 0 | 0 |
| Ann La Franchi Secretary | 1 00 | X | | X | | | 0 | 0 | 0 |
| Sandra Rowe Maier Trustee | 1 00 | X | | | | | 0 | 0 | 0 |
| Noreen Miller Trustee | 1 00 | X | | | | | 0 | 0 | 0 |
| Scott Sharpe Vice Chair | 3 00 | X | | X | | | 0 | 0 | 0 |
| Neil Siegel Trustee | 1 00 | X | | | | | 0 | 0 | 0 |
| Terri Warren Exec Dir - Hospice | 3 00 | X | | | | | 0 | 174,490 | 30,968 |
| Barbara Roberts Exec Dir - Foundation | 50 00 | | | X | | | 0 | 128,023 | 15,163 |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | |
|-----------------|---|---------|--------|
| 1b Total | 0 | 302,513 | 46,131 |
|-----------------|---|---------|--------|

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 0 | | |

Part VIII Statement of Revenue

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 | |
|--|--|----------------------|--|---|---|--|
| Contributions, gifts, grants and other similar amounts | 1a Federated campaigns | 1a 7,569 | | | | |
| | b Membership dues | 1b | | | | |
| | c Fundraising events | 1c 122,964 | | | | |
| | d Related organizations | 1d 505,321 | | | | |
| | e Government grants (contributions) | 1e 2,133 | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f 652,164 | | | | |
| | g Noncash contributions included in lines 1a-1f \$ | 10,233 | | | | |
| | h Total. Add lines 1a-1f | | 1,290,151 | | | |
| Program Service Revenue | Business Code | | | | | |
| | | | 2a | | | |
| | | | b | | | |
| | | | c | | | |
| | | | d | | | |
| | | | e | | | |
| | | | f All other program service revenue | | | |
| | g Total. Add lines 2a-2f | | | | | |
| 3 Investment income (including dividends, interest and other similar amounts) | | 32,130 | | 32,130 | | |
| 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 | | | | |
| | 339,206 | | | | | |
| b Less cost or other basis and sales expenses | 416,018 | | | | | |
| c Gain or (loss) | -76,812 | | | | | |
| d Net gain or (loss) | | | -76,812 | -76,812 | | |
| 8a Gross income from fundraising events (not including \$ 122,964 of contributions reported on line 1c) See Part IV, line 18 | | | | | | |
| | a 106,077 | | | | | |
| b Less direct expenses | b 82,998 | | | | | |
| c Net income or (loss) from fundraising events | | 23,079 | | 23,079 | | |
| 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 | | | | | | |
| b | | | | | | |
| c | | | | | | |
| d All other revenue | | | | | | |
| e Total. Add lines 11a-11d | | | | | | |
| 12 Total revenue. See Instructions | | 1,268,548 | 0 | 0 | -21,603 | |

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) but are not required to complete columns (B), (C), and (D).**

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21 | 682,356 | 682,356 | | |
| 2 Grants and other assistance to individuals in the U S See Part IV, line 22 | 39,020 | 39,020 | | |
| 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 | 284,262 | | 113,705 | 170,557 |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 50,339 | | 20,136 | 30,203 |
| 10 Payroll taxes | 20,884 | | 8,354 | 12,530 |
| 11 Fees for services (non-employees) | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | | | | |
| d Lobbying | | | | |
| e Professional fundraising See Part IV, line 17 | | | | |
| f Investment management fees | 485 | | 485 | |
| g Other | 84,656 | | 11,004 | 73,652 |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 14,019 | | 4,746 | 9,273 |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | | | | |
| 17 Travel | 2,381 | | 310 | 2,071 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | | | | |
| 20 Interest | | | | |
| 21 Payments to affiliates | 24,300 | | 24,300 | |
| 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) | | | | |
| a Dues & Subscriptions | 1,281 | | 1,281 | |
| b | | | | |
| c | | | | |
| d | | | | |
| e | | | | |
| f All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24f | 1,203,983 | 721,376 | 184,321 | 298,286 |
| 26 Joint costs. Check here <input checked="" type="checkbox"/> <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

Part X Balance Sheet

| | | (A) Beginning of year | (B) End of year |
|-----------------------------|--|---------------------------------|---------------------------|
| Assets | 1 Cash—non-interest-bearing | 1 | |
| | 2 Savings and temporary cash investments | 1,010,941 | 2 945,578 |
| | 3 Pledges and grants receivable, net | 35,000 | 3 45,000 |
| | 4 Accounts receivable, net | 2,779 | 4 2,779 |
| | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | 5 |
| | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 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 | | 9 459 |
| | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10,510 | |
| | b Less accumulated depreciation | 10b 10,510 | 10c 0 |
| | 11 Investments—publicly traded securities | 1,136,044 | 11 1,557,152 |
| | 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 | 48,580 | 15 101,949 |
| | 16 Total assets. Add lines 1 through 15 (must equal line 34) | 2,233,344 | 16 2,652,917 |
| Liabilities | 17 Accounts payable and accrued expenses | 14,395 | 17 7,954 |
| | 18 Grants payable | | 18 |
| | 19 Deferred revenue | | 19 |
| | 20 Tax-exempt bond liabilities | | 20 |
| | 21 Escrow or custodial account liability Complete Part IV of Schedule D | | 21 |
| | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | 22 |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 |
| | 25 Other liabilities Complete Part X of Schedule D | 88,738 | 25 162,530 |
| | 26 Total liabilities. Add lines 17 through 25 | 103,133 | 26 170,484 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | |
| | 27 Unrestricted net assets | 1,827,982 | 27 2,266,515 |
| | 28 Temporarily restricted net assets | 302,229 | 28 215,918 |
| | 29 Permanently restricted net assets | | 29 |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | |
| | 30 Capital stock or trust principal, or current funds | | 30 |
| | 31 Paid-in or capital surplus, or land, building or equipment fund | | 31 |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 |
| | 33 Total net assets or fund balances | 2,130,211 | 33 2,482,433 |
| | 34 Total liabilities and net assets/fund balances | 2,233,344 | 34 2,652,917 |

Part XI Financial Statements and Reporting

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?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes," to 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

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both
 Separate basis Consolidated basis Both consolidated and separated basis

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 | |

2009

Open to Public
Inspection**SCHEDULE A**
(Form 990 or 990EZ)**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. ► See separate instructions.

Department of the Treasury

Internal Revenue Service

Name of the organization

Providence TrinityCare Hospice Foundation

Employer identification number

33-0261016

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 11, check only one box)

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

2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)

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 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)

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

11 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 that describes the type of supporting organization and complete lines 11e through 11h

e a Type I b Type II c Type III - Functionally integrated d Type III - Other

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

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 described in (ii) and (iii) below, the governing body of the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

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

| | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? | | (v) Did you notify the organization in col (i) of your support? | | (vi) Is the organization in col (i) organized in the U S ? | | (vii) Amount of support? |
|---|-------------|---|---|----|---|----|--|----|--------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |

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.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|-----------|-----------|-----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | 764,191 | 1,051,582 | 1,269,342 | 1,202,308 | 1,290,151 | 5,577,574 |
| 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 | 764,191 | 1,051,582 | 1,269,342 | 1,202,308 | 1,290,151 | 5,577,574 |
| 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) | | | | | | 741,611 |
| 6 Public Support. Subtract line 5 from line 4 | | | | | | 4,835,963 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|-----------|-----------|-----------|-----------|
| 7 Amounts from line 4 | 764,191 | 79,613 | 1,269,342 | 1,202,308 | 1,290,151 | 5,577,574 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 29,170 | 79,613 | 138,758 | 63,134 | 32,130 | 342,805 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets | | | | | | |
| 11 Total support (Add lines 7 through 10) | | | | | | 5,920,379 |
| 12 Gross receipts from related activities, etc (See instructions) | | | | | 12 | 778,603 |
| 13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here | | | | | | ► |

Section C. Computation of Public Support Percentage

| | | |
|--|----|----------|
| 14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) | 14 | 81 680 % |
| 15 Public Support Percentage for 2008 Schedule A, Part II, line 14 | 15 | 81 550 % |
| 16a 33 1/3% support test—2009. 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—2008. If the organization did not check the 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—2009. 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 IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization | | ► |
| b 10%-facts-and-circumstances test—2008. 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 IV 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 IRC 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (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) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (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 IV) | | | | | | |
| 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 501(c)(3) organization, check this box and stop here | | | | | | |

Section C. Computation of Public Support Percentage

| | |
|---|----|
| 15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f)) | 15 |
| 16 Public support percentage from 2008 Schedule A, Part III, line 15 | 16 |

Section D. Computation of Investment Income Percentage

| | |
|---|----|
| 17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f)) | 17 |
| 18 Investment income percentage from 2008 Schedule A, Part III, line 17 | 18 |
| 19a 33 1/3% support tests—2009. 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—2008. 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

2009

Open to Public
Inspection**SCHEDULE D**
(Form 990)**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions.

Department of the Treasury
Internal Revenue Service**Name of the organization**

Providence TrinityCare Hospice Foundation

Employer identification number

33-0261016

Part I 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 |
|--|-------------------------|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate contributions to (during year) | | |
| 3 Aggregate grants from (during year) | | |
| 4 Aggregate value at end of year | | |

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

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

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 pleasure) Preservation of an historically importantly land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 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 | |
| 2b | |
| 2c | |
| 2d | |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)? Yes No

9 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.

1a 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

b 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 ► \$ _____

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 relating to these items

a Revenues included in 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 accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

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

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

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" to 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 XIV and complete the following table

| | Amount |
|----|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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 | 849,767 | 1,288,493 | | | |
| b Contributions | | | | | |
| c Investment earnings or losses | 248,664 | -438,726 | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 1,098,431 | 849,767 | | | |

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ► 100 000 % %

b Permanent endowment ► 0 % %

c Term endowment ► 0 % %

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

| | Yes | No |
|---|-----|----|
| 3a(i) unrelated organizations | | |
| 3a(ii) related organizations | | |

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| | Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|------------------------------------|---------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | | |
| b Buildings | | | | | |
| c Leasehold improvements | | | | | |
| d Equipment | | 10,510 | | 10,510 | 0 |
| e Other | | | | | |

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ► 0

Part VII Investments—Other Securities. 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 |
|---|----------------|---|
| Financial derivatives | | |
| Closely-held equity interests | | |
| Other | | |
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Total. (Column (b) should equal Form 990, Part X, col (B) line 12)

Part VIII Investments—Program Related. See Form 990, Part X, line 13

Total. (Column (b) should equal Form 990, Part X, col (B) line 13)

Part IX Other Assets. See Form 990, Part X, line 15

Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)

Part X Other Liabilities. See Form 990, Part X, line 25

| 1 | (a) Description of Liability | (b) Amount |
|---|---|------------|
| | Federal Income Taxes | |
| | Due to Affiliates | 143,872 |
| | Obligations under Split Interest Agreements | 18,658 |
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| Total. (Column (b) should equal Form 990, Part X, col (B) line 25) | 162,530 |
|--|---------|

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

| | | | |
|----|---|----|-----------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 1,268,548 |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 1,203,983 |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | 64,565 |
| 4 | Net unrealized gains (losses) on investments | 4 | 299,603 |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | -11,946 |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | 287,657 |
| 10 | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | 352,222 |

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

| | | | |
|---|--|----|-----------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 1,556,205 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains on investments | 2a | 299,603 |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV) | 2d | -11,946 |
| e | Add lines 2a through 2d | 2e | 287,657 |
| 3 | Subtract line 2e from line 1 | 3 | 1,268,548 |
| 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 XIV) | 4b | |
| c | Add lines 4a and 4b | 4c | 0 |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5 | 1,268,548 |

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | |
|---|---|----|-----------|
| 1 | Total expenses and losses per audited financial statements | 1 | 1,203,983 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIV) | 2d | |
| e | Add lines 2a through 2d | 2e | 0 |
| 3 | Subtract line 2e from line 1 | 3 | 1,203,983 |
| 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) | 4b | |
| c | Add lines 4a and 4b | 4c | 0 |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | 5 | 1,203,983 |

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

| Identifier | Return Reference | Explanation |
|---------------------------------------|--|---|
| Part V, Line 4 | Description of Intended Use of Endowment Funds | The Endowment funds are Board Designated and are quasi endowments in nature. They can be used for any purpose the Board designates within the charitable purposes of the organization |
| Part XI, Line 8 - Other Adjustments | | Actuarial Gain/Loss -11946 |
| Part XII, Line 2d - Other Adjustments | | Actuarial Gain/Loss -11946 |

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► **Attach to Form 990 or Form 990-EZ.** ► **See separate instructions.**

Employer identification number

Name of the organization

Providence TrinityCare Hospice Foundation

Employer identification number

33-0261016

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, Line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

a Mail solicitations **e** Solicitation of non-government grants
b Internet and e-mail solicitations **f** Solicitation of government grants
c Phone solicitations **g** Special fundraising events
d In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table

3 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.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other Events | (d) Total Events (Add col (a) through col (c)) |
|-----------------|---|--|--------------------------------------|----------------------------|---|
| | | <u>Sunday By The Sea</u> (event type) | <u>American Girl</u> (event type) | <u>1</u> (total number) | |
| Revenue | 1 Gross receipts . . . | 178,163 | 28,692 | 22,186 | 229,041 |
| | 2 Less Charitable contributions . . . | 98,902 | 18,287 | 5,775 | 122,964 |
| | 3 Gross income (line 1 minus line 2) . . . | 79,261 | 10,405 | 16,411 | 106,077 |
| Direct Expenses | 4 Cash prizes . . . | | | | |
| | 5 Non-cash prizes . . . | | | | |
| | 6 Rent/facility costs . . . | 13,100 | | 1,030 | 14,130 |
| | 7 Food and beverages . . . | | 4,390 | 250 | 4,640 |
| | 8 Entertainment . . . | | | | |
| | 9 Other direct expenses . . | 54,921 | 5,723 | 3,584 | 64,228 |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) | | | | 82,998 |
| | 11 Net income summary Combine lines 3, column d, and line 10. | | | | 23,079 |

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (Add col (a) through col (c)) |
|-----------------|---|---|---|---|---|
| | | | | | |
| | 1 Gross revenue | | | | |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Non-cash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses . . | | | | |
| | 6 Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| | 7 Direct expense summary Add lines 2 through 5 in column (d) | | | | |
| | 8 Net gaming income summary Combine lines 1, column d, and line 7 | | | | |

| | | |
|--|------------------------------|-----------------------------|
| 9 Enter the state(s) in which the organization operates gaming activities | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| a Is the organization licensed to operate gaming activities in each of these states? | <input type="checkbox"/> 9a | |
| b If "No," Explain _____ | | |
| 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? | <input type="checkbox"/> 10a | |
| b If "Yes," Explain _____ | | |
| 11 Does the organization operate gaming activities with nonmembers? | <input type="checkbox"/> 11 | |
| 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? | <input type="checkbox"/> 12 | |

| | Yes | No |
|---|-----------------------------------|---|
| 13 Indicate the percentage of gaming activity operated in | 13a | 13b |
| a The organization's facility | | |
| b An outside facility | | |
| 14 Enter 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 | |
| b 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 ► | | |
| <input type="checkbox"/> Director/officer | <input type="checkbox"/> Employee | <input type="checkbox"/> Independent contractor |
| 17 Mandatory distributions | | |
| a 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 ► \$ _____ | | |

**Schedule I
(Form 990)****2009**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

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

► Attach to Form 990

**Open to Public
Inspection**

Name of the organization

Providence TrinityCare Hospice Foundation

Employer identification number

33-0261016

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ►

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|-----------|------------------------------------|--------------------------|-----------------------------------|---|--|---------------------------------------|
| Providence TrinityCare Hospice 2601 Airport Dr Ste 230 Torrance, CA 90505 | 953264139 | 501(C)(3) | 532,356 | | | | Support various Charitable programs |
| Providence Little Company of Mary Medical Center 4101 Torrance Blvd Torrance, CA 90503 | 510216589 | 501(C)(3) | 150,000 | | | | Capital Support for TTC Hospice Rooms |

2 Enter total number of section 501(c)(3) and government organizations ► 2

3 Enter total number of other organizations ► 0

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|--|--------------------------|--------------------------|-----------------------------------|---|--|
| Charitable Outreach - Necessities of Life, such as funeral expenses, utilities, clothing, shelter, etc | 72 | 39,020 | | | |
| See Additional Data Table | | | | | |

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

| Identifier | Return Reference | Explanation |
|--|------------------|---|
| Procedure for Monitoring Grants in the U S | Part I, Line 2 | Schedule I, Part I, Line 2 The grant funds are recorded as a separate restricted fund and each month amount is transferred for the grant purpose expenses This way the use of grant fund is monitored at the end of each month The grant money is distributed based on the total expenses incurred on each specific program The accountant runs the expense report each month for each program from the database and distributes grant money to those programs These program expenses are limited by budget prepared at the beginning of the year |
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Schedule J
(Form 990)**Compensation Information**

OMB No 1545-0047

2009**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
► Attach to Form 990. ► See separate instructions.

Name of the organization

Providence TrinityCare Hospice Foundation

Employer identification number

33-0261016

Part I Questions Regarding Compensation

Yes

No

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

| | |
|--|--|
| <input checked="" type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

1b Yes

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

2 Yes

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

| | |
|---|--|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

4a No

a Receive a severance payment or change-of-control payment?

4b No

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

4c No

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

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

5a No

a The organization?

5b No

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6a No

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

6b No

a The organization?

7 No

b Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

8 No

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

9 No

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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.

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

| Identifier | Return Reference | Explanation |
|------------|------------------|--|
| | Part I, Line 1a | First Class Travel or Charter Travel or Travel of Companions The Providence Expense Reimbursement Procedures include the following policy. Air travel is reimbursable for tourist or economy class only and should be at the least expensive airfare, which permits departures and arrivals at reasonable times and reasonable distance traveled. Employees are encouraged to plan in advance to get available discounts. Airline frequent flyer upgrades will never be reimbursed. Spouse travel will be reimbursed by the organization if the spouse is required to attend or is invited to a Providence-sponsored meeting. A spouse's travel expenses that are reimbursed by the organization and that are not for bona fide business purposes are considered a taxable benefit by the IRS and are included on the employee's Form W-2. |

**SCHEDULE N
(Form 990 or 990-EZ)****Liquidation, Termination, Dissolution or Significant Disposition of Assets**

► Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32 or Form 990-EZ, line 36.

► Attach certified copies of any articles of dissolution, resolutions or plans.

► Attach to Form 990 or 990-EZ.

2009**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service**Name of the organization**

Providence TrinityCare Hospice Foundation

Employer identification number

33-0261016

Part I Liquidation, Termination or Dissolution. Complete if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Use Schedule N-1 if additional space is needed.

| 1 | (a) Description of asset(s) distributed or transaction expenses paid | (b) Date of distribution | (c) Fair market value of asset(s) distributed or amount of transaction expenses | (d) Method of determining FMV for asset(s) distributed or transaction expenses | (e) EIN of recipient | (f) Name and address of recipient | (g) IRC section of recipient(s) (if tax-exempt) or type of entity |
|----------|---|---------------------------------|--|---|-----------------------------|--|--|
| | | | | | | | |

2 Did or will any officer, director, trustee, or key employee of the organization**Yes** **No****2a****2b****2c****2d****a** Become a director or trustee of a successor or transferee organization?**b** Become an employee of, or independent contractor for, a successor or transferee organization?**c** Become a direct or indirect owner of a successor or transferee organization?**d** Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?**e** If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III ►

Part I Liquidation, Termination or Dissolution (continued)

| Note. If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B) should equal -0- | | | | | | Yes | No |
|--|---|--|--|--|--|------------|-----------|
| 3 | Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III | | | | | 3 | |
| 4a | Did the organization request or receive a determination letter from EO Determinations that the organization's exempt status was terminated? | | | | | 4a | |
| b | (If "Yes," provide the date of the letter ► _____) | | | | | | |
| 5a | Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate? | | | | | 5a | |
| b | If "Yes," did the organization provide such notice? | | | | | 5b | |
| 6 | Did the organization discharge or pay all liabilities in accordance with state laws? | | | | | 6 | |
| 7a | Did the organization have any tax-exempt bonds outstanding during the year? | | | | | 7a | |
| b | Did the organization discharge or defease tax-exempt bond liabilities in accordance with the Internal Revenue Code and state laws? | | | | | 7b | |
| c | If "Yes," describe in Part III how the organization defeased or otherwise settled these liabilities. If "No," explain in Part III | | | | | | |

Part II Sale, Exchange, Disposition or Other Transfer of More Than 25% of the Organization's Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 32, or Form 990-EZ, line 36. Use Schedule N-1 if additional space is needed.

| 1 | (a) Description of asset(s) distributed or transaction expenses paid | (b) Date of distribution | (c) Fair market value of asset(s) distributed or amount of transaction expenses | (d) Method of determining FMV for asset(s) distributed or transaction expenses | (e) EIN of recipient | (f) Name and address of recipient | (g) IRC section of recipient(s) (if tax-exempt) or type of entity |
|---|---|--------------------------|---|--|----------------------|---|---|
| | Operations Support as part of the reporting organization's exempt purpose | 12-31-2009 | 532,356 | Cost | 95-3264139 | Providence TrinityCare Hospice 2601 Airport Drive Torrance, CA 90505 | 501(c)(3) |
| | Capital Support as part of the reporting organization's exempt purpose | 12-31-2009 | 150,000 | Cost | 51-0216589 | Providence Little Company of Mary Medical Center Torrance 4101 Torrance Blvd Torrance, CA 90503 | 501(c)(3) |

| 2 Did or will any officer, director, trustee, or key employee of the organization | | | | | | Yes | No |
|--|---|--|--|--|--|------------|-----------|
| a | Become a director or trustee of a successor or transferee organization? | | | | | 2a | |
| b | Become an employee of, or independent contractor for, a successor or transferee organization? | | | | | 2b | |
| c | Become a direct or indirect owner of a successor or transferee organization? | | | | | 2c | |
| d | Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets? | | | | | 2d | |
| e | If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III | | | | | | |

Part III Supplemental Information. Complete to provide the information required by Part I, lines 2e, 7c; Part II, line 2e; and any additional information.

| Identifier | Return Reference | Explanation |
|------------|------------------|---|
| | | The distribution of funds to Providence TrinityCare Hospice and Providence Health System - So California dba Providence Little Company of Mary Medical Center Torrance was done as part of the reporting organization's exempt purpose Providence TrinityCare Hospice Foundation is not terminating or discontinuing its operations |

2009

Open to Public
Inspection**SCHEDULE O**
(Form 990)**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
► Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Employer identification number

33-0261016

| Identifier | Return Reference | Explanation |
|---|-----------------------|---|
| Form 990, Part VI, Section A, line 6 | | Providence TrinityCare Hospice is the sole Corporate Member |
| Form 990, Part VI, Section A, line 7a | | The powers of the Corporate Member include the provision to approve the number of Trustees if less than 7 or greater than 20, appoint Board of Trustees of the Foundation, and to remove such Trustees at any time with or without cause |
| Form 990, Part VI, Section A, line 7b | | The following powers are reserved exclusively to the Corporate Member A) To adopt and amend the Articles of Incorporation and the By laws of the Foundation after consultation with the Foundation Board of Trustees B) To approve the merger, consolidation, or affiliation of the Foundation with another corporation, organization or program, or the dissolution of the Foundation C) To approve any strategic plan of the Foundation D) To approve the annual fundraising plan including special events, annual, capital and planned giving activities E) To approve the acceptance of any gift that carries conditions or limitations or any gift restricted to services, programs or facilities not currently offered or approved to be offered by the Corporate Member's Board of Directors |
| Form 990, Part VI, Section B, line 11 | | The Form 990 is prepared internally by experienced staff and reviewed by external tax advisors. The Foundation Director and signing Board Officer will review the Form 990 in detail. Once approved, an electronic copy of the Form 990 is emailed to the Board prior to filing with the IRS |
| Form 990, Part VI, Section B, line 12c | | All employees and Trustees are required to review and sign the Providence Health & Services Conflict of Interest Disclosure statement. This statement indicates that they have received a copy of Providence's policies on confidentiality and conflict of interest. This form is re-reviewed and re-signed each year and the forms are kept on file in the Foundation's offices. Questions about conflict of interest are first brought to the Corporate Member of the Board of Trustees. Further questions would be brought to the Hospice Operating Board of Directors for resolution. |
| Form 990, Part VI, Section B, line 15 | | The process for determining the compensation of the Executive Director was part of the search process conducted by independent parties in 2007. At that time, a compensation level was established based on responsibilities and parity within Providence Health & Services for similar positions. Additional factors such as years of experience were taken into account when the offer was extended. The Executive Director is subject to an annual review conducted through the Regional HR Department. There is contemporaneous substantiation of this entire review process. |
| Form 990, Part VI, Section C, line 19 | | The governing documents, financial statements and conflict of interest policy are available for public review in the Foundation's offices during normal business hours, by request. |
| FORM 990, PART XI, LINE 2C | AUDIT & COMPLIANCE | The Providence Health & Services Audit and Compliance Committee assists the Board of Directors with the oversight of the integrity of the financial statements and reporting, the audit process and the internal financial controls and policies, compliance with ethical, legal and regulatory standards and requirements, the independence, qualifications and performance of the internal and external auditors, and informs the Board of Directors of critical risk areas and recommended mitigation. |

| Identifier | Return Reference | Explanation |
|-----------------------------|------------------|--|
| FORM 990, PART I, LINE 6 | Volunteers | The volunteers provide assistance with office work such as preparing mailings, filing and organizing storage. They also work at special events performing tasks such as registering guests, set-up and clean-up, selling opportunity tickets and event tickets, soliciting auction items, greeting guests and arranging food, beverages and utensils. They also help plan the event, and lead other volunteers in soliciting requests for donations. |

FORM 990, PART I, LINE 5 & PART V, LINE 2A EMPLOYEE COMPENSATION The employees working at the Foundation are paid by Providence Health System - Southern California - EIN # 51-0216589 Therefore, no W-2s are issued by the reporting organization
For Paperwork Reduction Act Notice, see the Instructions for Form 990

Cat No 51056K

Schedule O (Form 990) 2009

**SCHEDULE R
(Form 990)****Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

2009Department of the Treasury
Internal Revenue Service**Open to Public
Inspection**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990. ► See separate instructions.

Name of the organization

Providence TrinityCare Hospice Foundation

Employer identification number

33-0261016

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

| (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 Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity |
|---|-------------------------|--|----------------------------|---|----------------------------------|
|---|-------------------------|--|----------------------------|---|----------------------------------|

See Additional Data Table

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

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

See Additional Data Table

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership |
|---|---------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|
| Providence Ventures Inc 4101 Torrance Blvd Torrance, CA90503 33-0122216 | Investment | CA | N/A | C | | | |
| Caron Health Corporation 510 West Front Street Missoula, MT59802 81-0486082 | Medical Physician Service | MT | N/A | C | | | |
| Providence Health Care Ventures Inc 101 West 8th Ave TAF C-9 Spokane, WA99204 90-0155714 | Clinical/Medical Lab | WA | N/A | C | | | |
| Providence Physician Services Co 101 West 8th Ave TAF C-9 Spokane, WA99208 91-1216033 | Clinical/Medical Lab | WA | N/A | C | | | |
| Yakima Medical Arts Inc 611 N Perry Suite 100 Spokane, WA99202 91-0787963 | Rental Real Estate | WA | N/A | C | | | |
| Bourget Health Services Inc PO Box 2687 Spokane, WA99220 91-1354431 | Clinical/Medical Lab | WA | N/A | C | | | |

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III or IV**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 (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

| | Yes | No |
|-----------|-----|----|
| 1a | | No |
| 1b | Yes | |
| 1c | Yes | |
| 1d | | No |
| 1e | | No |
| | | |
| 1f | | No |
| 1g | | No |
| 1h | | No |
| 1i | | No |
| | | |
| 1j | | No |
| 1k | | No |
| 1l | | No |
| 1m | | No |
| 1n | | No |
| | | |
| 1o | Yes | |
| 1p | | No |
| | | |
| 1q | | No |
| 1r | Yes | |

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 other organization(b)
Transaction type(a-r)(c)
Amount involved

(1) See Additional Data Table

(2)

(3)

(4)

(5)

(6)

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

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Are all partners section 501(c)(3) organizations? | (e) Share of end-of-year assets | (f) Disproportionate allocations? | (g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (h) General or managing partner? |
|---|-------------------------|--|--|--|---|---|---|
| Yes | No | Yes | No | Yes | No | Yes | No |

Additional Data

Software ID:
Software Version:
EIN: 33-0261016
Name: Providence TrinityCare Hospice Foundation

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

| | | | | | | |
|-------|----------------|---------|------------------------|---------|---------------|---|
| (Code |) (Expenses \$ | 110,725 | including grants of \$ | 110,725 |) (Revenue \$ | 0 |
|-------|----------------|---------|------------------------|---------|---------------|---|

Patient Care Assistance (Charity Care) No one is ever turned away from TrinityCare Hospice due to an inability to pay or lack of insurance. For these patients, and for those who are underinsured, the Foundation provides assistance to make any and all of our hospice services available. In 2009, \$78,317 was provided for adult charity care and \$32,407 for children charity care.

| | | | | | | |
|-------|----------------|--------|------------------------|--------|---------------|---|
| (Code |) (Expenses \$ | 39,020 | including grants of \$ | 39,020 |) (Revenue \$ | 0 |
|-------|----------------|--------|------------------------|--------|---------------|---|

Necessities of Life Some of our patients find their financial resources exhausted by a long illness. Necessities of Life assist in paying for the basic essentials for the patient and the family. These may include rent, phone or utility bills, food, crisis care, respite care, medical supplies, medications and medical co-payments.

| | | | | | | |
|-------|----------------|--------|------------------------|--------|---------------|---|
| (Code |) (Expenses \$ | 12,012 | including grants of \$ | 12,012 |) (Revenue \$ | 0 |
|-------|----------------|--------|------------------------|--------|---------------|---|

Volunteer Training and Staff Retreat Funding provided training for clinical and Legacy Art volunteers and assisted with costs for an annual hospice staff retreat.

Software ID:
Software Version:
EIN: 33-0261016
Name: Providence TrinityCare Hospice Foundation

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 501(c)(3)) | (f) Direct Controlling Entity |
|---|---|--|-------------------------------|---|-------------------------------------|
| Providence Health & Services - Washington 1801 Lind Avenue SW 9016 Renton, WA980579016 51-0216586 | Healthcare System | WA | 501(c)(3) | Line 3 | N/A |
| Providence Health & Services - Oregon 1801 Lind Avenue SW 9016 Renton, WA980579016 51-0216587 | Healthcare System | OR | 501(c)(3) | Line 3 | N/A |
| Providence Health System - So California 1801 Lind Avenue SW 9016 Renton, WA980579016 51-0216589 | Healthcare System | CA | 501(c)(3) | Line 3 | N/A |
| Everett Transitional Care Services PO Box 1067 Everett, WA982061067 94-3264605 | Transitional Care | WA | 501(c)(3) | Line 9 | N/A |
| Providence Health System Housing 1801 Lind Avenue SW 9016 Renton, WA980579016 94-3230587 | Assisted Living | AK | 501(c)(3) | Line 9 | N/A |
| Providence Oregon Management Corporation 1801 Lind Avenue SW 9016 Renton, WA980579016 93-0813977 | Shell Corporation | OR | 501(c)(3) | Line 1 | N/A |
| Providence Portland Medical Foundation 4805 NE Glisan St Portland, OR972132967 93-1231494 | Support Providence Portland Medical Center | OR | 501(c)(3) | Line 7 | N/A |
| Providence Hospice & Home Care of Snohomish County 2731 Wetmore 500 Everett, WA98201 91-1054828 | Hospice & Home Care | WA | 501(c)(3) | Line 7 | N/A |
| Providence Alaska Foundation 3300 Providence Drive - B Tower2 Anchorage, AK99508 92-0093565 | Support PHS-Alaska | AK | 501(c)(3) | Line 11/Type I | N/A |
| PH&S FoundationSFVSA & SCVSA 501 S Buena Vista Street Burbank, CA91505 95-3544877 | Support Program & Activities of SFVSA & SCVSA | CA | 501(c)(3) | Line 7 | N/A |
| Providence Hospice of Seattle Foundation 425 Pontius Avenue North 300 Seattle, WA981095452 91-2077378 | Support Hospice of Seattle | WA | 501(c)(3) | Line 11/Type I | N/A |
| Providence St Vincent Medical Foundation 9205 SW Barnes Rd Portland, OR97225 93-0575982 | Support Providence St Vincent Medical Center | OR | 501(c)(3) | Line 7 | N/A |
| Providence Health Assurance 3601 SW Murray Blvd 10 Beaverton, OR97005 55-0828701 | Medicaid Healthcare Provider | OR | 501(c)(4) | N/A | N/A |
| Providence St Francis Association 3415 12th Avenue NE Olympia, WA98506 94-3244854 | Housing | WA | 501(c)(3) | Line 7 | N/A |
| Providence Rossi Association 1700 Providence Pl Centralia, WA98531 31-1584166 | Housing | WA | 501(c)(3) | Line 9 | N/A |
| Lundberg Association 5921 E Burnside Portland, OR97215 91-1562797 | Housing | OR | 501(c)(3) | Line 7 | N/A |
| Providence St Elizabeth House Association 3201 SW Graham St Seattle, WA98126 91-2171539 | Housing | WA | 501(c)(3) | Line 7 | N/A |
| The Gamelin Oregon Association 5520 NE Glisan Portland, OR97213 91-1214491 | Housing | OR | 501(c)(3) | Line 9 | N/A |
| Providence Gamelin House Association 4515 MLK Jr Way S Ste 200 Seattle, WA98108 31-1744654 | Housing | WA | 501(c)(3) | Line 7 | N/A |
| Gamelin Washington Association 1423 First Avenue Seattle, WA98101 20-1910170 | Housing | WA | 501(c)(3) | Line 7 | N/A |
| St Luke Association 350 Washington Ave SE Chehalis, WA98352 94-3176618 | Housing | WA | 501(c)(3) | Line 7 | N/A |
| The Gamelin California Association 540 23rd St Oakland, CA94612 91-1293869 | Housing | CA | 501(c)(3) | Line 9 | N/A |
| The Gamelin Association 312 North Fourth St Yakima, WA98901 91-1180824 | Housing | WA | 501(c)(3) | Line 1 | N/A |
| Providence Blanchet Association 1700 Providence Pl Centralia, WA98531 91-1789266 | Housing | WA | 501(c)(3) | Line 7 | N/A |
| Providence Peter Claver Association 7101 38th Avenue South Seattle, WA98118 31-1629656 | Housing | WA | 501(c)(3) | Line 7 | N/A |
| St Joseph Hospital Corporation PO Box 1010 Polson, MT598601010 81-0463482 | Healthcare | MT | 501(c)(3) | Line 3 | N/A |
| Providence Newberg Health Foundation 1001 Providence Drive Newberg, OR97132 93-0889144 | Support Providence Newberg Medical Center | OR | 501(c)(3) | Line 7 | N/A |
| St Patrick Hospital and Health Sciences Center 500 W Broadway PO Box 4587 Missoula, MT598064587 81-0231793 | Healthcare | MT | 501(c)(3) | Line 3 | N/A |
| Providence Benedictine Nursing Center Foundation 540 South Main St Mt Angel, OR973629532 91-1940286 | Support Providence Benedictine Nursing Center | OR | 501(c)(3) | Line 7 | N/A |
| Providence Medical Institute 4101 Torrance Blvd Torrance, CA90503 33-0283773 | Healthcare | CA | 501(c)(3) | Line 11/Type I | N/A |

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 501(c)(3)) | (f) Direct Controlling Entity |
|---|--|--|-------------------------------|---|-------------------------------------|
| Providence Little Company of Mary Foundation 4101 Torrance Blvd Torrance, CA90503 51-0224944 | Support Little Company of Mary Service Area | CA | 501(c)(3) | Line 7 | N/A |
| Providence Milwaukie Foundation 10150 SE 32nd Milwaukie, OR97222 94-3079515 | Support Providence Milwaukie Hospital | OR | 501(c)(3) | Line 7 | N/A |
| Providence Plan Partners 3601 SW Murray Blvd 10 Beaverton, OR97005 91-1861964 | Healthcare Services | OR | 501(c)(4) | N/A | N/A |
| Providence Marianwood Foundation 3725 Providence Point Drive SE Issaquah, WA980297219 93-1554288 | Support Providence Marianwood | WA | 501(c)(3) | Line 11/Type I | N/A |
| Providence Mount St Vincent Foundation 4831 - 35th Avenue SW Seattle, WA981262799 91-1188119 | Support Providence Mount St Vincent | WA | 501(c)(3) | Line 7 | N/A |
| Providence St Peter Foundation 413 Lilly Road NE Olympia, WA985065166 91-1097056 | Support Affiliated Tax- Exempt Organization | WA | 501(c)(3) | Line 7 | N/A |
| Providence Community Health Foundation 1111 Crater Lake Ave Medford, OR97504 93-0692907 | Support Providence Medford Medical Center | OR | 501(c)(3) | Line 7 | N/A |
| Providence Health Care Foundation (Centralia) 914 S Scheuber Road Centralia, WA98531 91-1433382 | Support Providence Centralia Hospital | WA | 501(c)(3) | Line 7 | N/A |
| Providence Child Center Foundation 830 NE 47th Portland, OR97213 93-0800140 | Support Providence Child Center | OR | 501(c)(3) | Line 7 | N/A |
| Providence TrinityCare Hospice 2601 Airport Drive 230 Torrance, CA90505 95-3264139 | Hospice | CA | 501(c)(3) | Line 9 | N/A |
| Little Company of Mary Ancillary Services Corporation 4101 Torrance Blvd Torrance, CA90503 33-0844408 | Imaging Services | CA | 501(c)(3) | Line 9 | N/A |
| Providence Health Plan 3601 SW Murray Blvd 10 Beaverton, OR97005 93-0863097 | Health Service Contractor | OR | 501(c)(4) | N/A | N/A |
| The John Gabriel Ryan Association 1801 Lind Avenue SW 9016 Renton, WA980579016 91-1303277 | Healthcare | WA | 501(c)(3) | Line 3 | N/A |
| Providence Health & Services 1801 Lind Avenue SW 9016 Renton, WA980579016 91-1549796 | Shell Corporation | WA | 501(c)(3) | Line 11/Type I | N/A |
| St Patrick Hospital and Health Foundation 500 West Broadway PO Box 4587 Missoula, MT598064587 23-7056976 | Support Healthcare in W Montana | MT | 501(c)(3) | Line 7 | N/A |
| Sacred Heart Children's Foundation PO Box 2555 Spokane, WA99220 32-0014330 | Support Sacred Heart Children's Hospital | WA | 501(c)(3) | Line 7 | N/A |
| St Thomas Child and Family Center 1710 Benefis Court Great Falls, MT59405 81-0233495 | Early Childhood Education | MT | 501(c)(3) | Line 1 | N/A |
| Sisters of Providence of Montana Corporation 1801 Lind Avenue SW 9016 Renton, WA980579016 26-2612415 | Shell Corporation | MT | 501(c)(3) | Line 1 | N/A |
| Providence Seaside Hospital Foundation 725 S Wahanna Rd Seaside, OR97138 93-0927320 | Support Providence Seaside Hospital | OR | 501(c)(3) | Line 7 | N/A |
| Providence Foundation 1801 Lind Avenue SW 9016 Renton, WA980579016 94-3078543 | Support PH&S Institutions | WA | 501(c)(3) | Line 11/Type I | N/A |
| University of Great Falls 1301 20th Street South Great Falls, MT59405 81-0231777 | Post Secondary Education | MT | 501(c)(3) | Line 2 | N/A |
| E WA & MT Unemployment Compensation Insurance Trust 1801 Lind Avenue SW 9016 Renton, WA980579016 91-1082119 | Unemployment Benefits | WA | 501(c)(3) | Line 11/Type I | N/A |
| Providence Willamette Falls Medical Foundation 1500 Division Street Oregon City, OR97045 93-1003750 | Support Willamette Falls Hospital | OR | 501(c)(3) | Line 11/Type I | N/A |
| Willamette Falls Hospital dba Providence Willamette Falls Medical Center 1500 Division Street Oregon City, OR97045 93-0426018 | Healthcare | OR | 501(c)(3) | Line 3 | N/A |
| Providence Hood River Memorial Hospital Foundation Inc 811 13th St Hood River, OR97031 93-0921990 | Support Providence Hood River Memorial Hospital | OR | 501(c)(3) | Line 7 | N/A |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal Domicile (State or Foreign Country) | (d) Direct Controlling Entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income (\$) | (g) Share of end-of-year assets (\$) | (h) Disproportionate allocations? | (i) Code V-UBI amount on Box 20 of K-1 (\$) | (j) General or Managing Partner? | |
|---|---------------------------|--|----------------------------------|--|-----------------------------------|---|--------------------------------------|--|-------------------------------------|----|
| | | | | | | | | | Yes | No |
| Providence Imaging Center 3340 Providence Drive Anchorage, AK99508 92-0118807 | Medical Imaging | AK | N/A | N/A | | | | No | | No |
| Providence Surgery Centers LLC PO Box 233889 Anchorage, AK99523 20-3567411 | Surgery | AK | N/A | N/A | | | | No | | No |
| Mountainstar Clinical Laboratories LLC 611 N Perry Spokane, WA99202 26-1345983 | Outpatient Lab | MT | N/A | N/A | | | | No | | No |
| Broadway Imaging LLC 500 W Broadway Missoula, MT59802 52-2405971 | Medical Imaging | MT | N/A | N/A | | | | No | | No |
| Providence Surgery Center LLC 902 N Orange Street Missoula, MT59802 84-1401625 | Outpatient Surgery | MT | N/A | N/A | | | | No | | No |
| Center for Medical Imaging-Tanasbourne LLC 1235 NE 47th Ave 288 Portland, OR97213 20-0477972 | Imaging - Diagnostics | OR | N/A | N/A | | | | No | | No |
| Center for Medical Imaging-Bridgeport LLC 1235 NE 47th Ave 288 Portland, OR97213 26-0796953 | Imaging - Diagnostics | OR | N/A | N/A | | | | No | | No |
| Center for Specialty Surgery LLC 11782 SW Barnes Rd Portland, OR97225 26-3638838 | Ambulatory Surgery Center | OR | N/A | N/A | | | | No | | No |
| Clackamas Radiation Oncology Center LLC 1235 NE 47th Ave 288 Portland, OR97213 26-0381897 | Radiation Oncology | OR | N/A | N/A | | | | No | | No |
| Oregon Outpatient Surgery Center 7300 SW Childs Rd Tigard, OR97224 22-3883387 | Ambulatory Surgery Center | OR | N/A | N/A | | | | No | | No |
| Surgery Center at Tanasbourne LLC 1235 NE 47th Ave 260 Portland, OR97213 20-8187971 | Ambulatory Surgery Center | OR | N/A | N/A | | | | No | | No |
| Providence Silverton Rehab LLC 1235 NE 47th Ave 260 Portland, OR97213 48-1287267 | Rehab Services | OR | N/A | N/A | | | | No | | No |
| Portland Medical Imaging LLC 10538 SE Washington St Portland, OR97216 20-1054971 | Imaging - Diagnostics | OR | N/A | N/A | | | | No | | No |
| Providence Radiation Oncology Development Assn LLC 1235 NE 47th Ave 288 Portland, OR97213 26-0682491 | Real Estate - MOB | OR | N/A | N/A | | | | No | | No |
| Central Point MRI LLC 870 S Front St Central Point, OR97502 26-1975164 | MRI Services | OR | N/A | N/A | | | | No | | No |
| Greater Valley Medical Building LP 501 S Buena Vista St Burbank, CA91505 95-4570858 | Real Estate - MOB | CA | N/A | N/A | | | | No | | No |
| Pathology Associates Medical Laboratories LLC 611 N Perry Spokane, WA99202 27-0943279 | Outpatient Lab | WA | N/A | N/A | | | | No | | No |
| Southern Idaho Regional Laboratory LLC 611 N Perry Spokane, WA99202 82-0511819 | Outpatient Lab | ID | N/A | N/A | | | | No | | No |
| Tri-Cities Laboratory LLC 611 N Perry Spokane, WA99202 91-1773986 | Outpatient Lab | WA | N/A | N/A | | | | No | | No |
| Alpha Medical Laboratory LLC 611 N Perry Spokane, WA99202 91-2017347 | Outpatient Lab | ID | N/A | N/A | | | | No | | No |
| PacLab LLC 611 N Perry Spokane, WA99202 91-1743952 | Outpatient Lab | WA | N/A | N/A | | | | No | | No |
| HealthServicesNW LLC PO Box 389672 Seattle, WA98138 31-1750915 | Medical Billing | WA | N/A | N/A | | | | No | | No |
| Medalia Healthcare LLC 1801 Lind Ave SW 9016 Renton, WA98057 91-1660459 | Physician Benefits | WA | N/A | N/A | | | | No | | No |
| Distribution Operations Center LLC 1801 Lind Ave SW 9016 Renton, WA98057 27-1054858 | Supplies Purchasing Agent | WA | N/A | N/A | | | | No | | No |

Form 990, Schedule R, Part V - Transactions With Related Organizations

| | (a) Name of other organization | (b) Transaction type(a-r) | (c) Amount Involved (\$) |
|-----|---|---------------------------------|--------------------------------|
| (1) | Providence TrinityCare Hospice | B | 532,356 |
| (2) | Providence Little Company of Mary Medical Center Torrance | B | 150,000 |
| (3) | Providence Health & Services | C | 10,000 |
| (4) | Providence Health & Services California Region | C | 10,000 |
| (5) | Providence TrinityCare Hospice | O | 24,300 |
| (6) | Providence Health & Services | O | 50,339 |
| (7) | Providence TrinityCare Hospice | C | 482,606 |