See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319063060

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

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 HEALTH & SERVICES - OREGON

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1801 Lind Avenue SW No 9016

City or town, state or country, and ZIP + 4
Renton, WA 980579016

D Employer identification number
51-0216587

E Telephone number
(425) 525-3985

G Gross receipts $ 2,886,060,425

F Name and address of principal officer
John F Koster M D
1801 Lind Avenue SW No 9016
Renton, WA 980579016

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

H(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: ▶ www2 providence org

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

L Year of formation 1986

M State of legal domicile OR

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
Healthcare with special concern for the poor and vulnerable in Oregon

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of employees (Part V, line 2a)	5	17,777
6	Total number of volunteers (estimate if necessary)	6	2,954
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	20,950,431
b	Net unrelated business taxable income from Form 990-T, line 34	7b	4,828,744

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	23,266,915	34,613,139
9	Program service revenue (Part VIII, line 2g)	1,857,630,901	1,992,881,770
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	23,772,537	-66,655,657
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	152,878,170	97,009,287
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,057,548,523	2,057,848,539

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,150,357	7,429,459
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,120,929,135	1,161,405,992
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,279,423		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	798,772,473	831,411,061
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,923,851,965	2,000,246,512
19	Revenue less expenses Subtract line 18 from line 12	133,696,558	57,602,027

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,144,641,147	2,278,746,989
21	Total liabilities (Part X, line 26)	566,979,202	605,553,965
22	Net assets or fund balances Subtract line 21 from line 20	1,577,661,945	1,673,193,024

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 2010-11-15

▶ Michael L Butler Exec VP/CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ CLARK NUBER PS	Date	Check if self-empolyed ▶ ☐	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 Healthcare with special concern for the poor and vulnerable in Oregon

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 $ 716,079,286 including grants of $ 0) (Revenue $ 870,442,034)

Acute Care-Inpatient Admissions - 66,252Patient Days - 292,178OUR CORE VALUES - Respect, Compassion, Justice, Excellence, and Stewardship OUR COMMITMENT As a not-for-profit health care ministry, Providence Health & Services - Oregon embraces our responsibility to respond to the needs of people in our communities, especially the poor and vulnerable This commitment, this Mission rooted in God's love for all, began with the Sisters of Providence more than 150 years ago The Heart of our MissionA Providence nurse was recently reflecting on why she chose her career "My wish to help others began to develop when I was old enough to comprehend that people suffer," she noted "I knew I wanted to alleviate as much pain in the world as I could "The nurse's words speak to the heart of our Mission In this corner of the world, Providence seeks to provide comfort and compassionate care for the people of our Oregon communities, never forgetting the poor and vulnerable We focus our community benefit outreach on four specific populations These are low-income and uninsured people, diverse populations, older citizens, and people with behavioral needs Our outreach can range from covering the medical bills of a husband and father disabled by diabetes, to financially supporting a nonprofit that embraces older refugees and immigrants During these hard economic times in our neighborhoods and our nation, we reinforce our commitments to caring for the poor and vulnerable This compassionate caring is, and always has been, the heart of our Mission Providence Health & Services - Oregon is a not-for-profit network of hospitals, care centers, health plans, physicians, home health services, clinics and other services We continue a tradition of caring that the Sisters of Providence began in the West 150 years ago Our facilities include Providence St Vincent Medical Center, Providence Portland Medical Center, Providence Milwaukie Hospital, Providence Hood River Memorial Hospital, Providence Newberg Medical Center, Providence Seaside Hospital,Providence Medford Medical Center, Providence Child Center, Providence Elderplace, Providence Benedictine Nursing Center, Providence Senior Village, Providence Seaside Extended Care, Providence Home and Community Services, Providence Health Plans, Providence Medical Group clinics, Providence Graduate Medical Education clinics, Providence North Coast clinics and Providence Hood River clinicsResearch CentersProvidence physicians, scientists and research teams participate in basic research, applied research and clinical trial research They have achieved national recognition for their work, some of which has led to revolutionary changes in health care *Albert Starr Academic Center for Cardiac Surgery*Center for Outcomes Research and Education*Earle A Chiles Research Institute*Oregon Medical Laser Center*Robert W Franz Cancer Research Center*Women and Children's Health Research Center2009 Accomplishments National cancer selection Providence Cancer Center is recognized as one of the nation's best community cancer facilities by the National Cancer Institute This selection, the first of its type in the Northwest, comes with $2 8 million over the next two years to fund expansion of programs already making a difference in cancer care and research Magnet recognition for nursing excellence Providence St Vincent Medical Center and Providence Portland Medical Center are among 3 percent of national hospitals that have earned the American Nurses Credentialing Center honor more than once Thomson Reuters 100 Top Hospitals Providence St Vincent was the only hospital in Oregon to make the 2009 Thompson Reuters "100 Top" lists for overall care and cardiovascular care Get With The Guidelines awards Providence Heart and Vascular Institute and Providence Stroke Center have earned awards from the American Heart/Stroke Association for excellence in coronary artery disease and stroke care Gold LEED certification Providence Newberg Medical Center was the first hospital in the nation to earn Gold LEED (Leadership in Energy and Environmental Design) certification from the U S Green Building Council ALS Center of Excellence Providence ALS Center was named by the national ALS Association as a center of excellence for care of patients with amyotrophic lateral sclerosis Full accreditation The Joint Commission has fully certified all Providence Health & Services hospitals in Oregon Volunteer service Collectively the employees of Providence Health & Services in Oregon received the Heart of the Community Corporate Volunteer Award from Hands on Greater Portland Environmental leadership Providence Portland and Providence St Vincent medical centers along with Providence Milwaukie Hospital have earned membership in the Practice Greenhealth Environmental Leadership Circle, a rigorous national certification achieved by only 26 U S hospitals

4b (Code) (Expenses $ 651,865,198 including grants of $ 0) (Revenue $ 792,385,340)

Acute Care - Outpatient Visits - 2,883,551See Line 4a Narrative

4c (Code) (Expenses $ 141,841,038 including grants of $ 0) (Revenue $ 172,362,765)

Primary Care Visits - 1,127,160See Line 4a Narrative

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

(Expenses $ 174,251,957 including grants of $ 7,429,459) (Revenue $ 202,972,189)

4e **Total program service expenses** ▶ $ 1,684,037,479

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any 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*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
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.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *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*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *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*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	

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**		No
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**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) 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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
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**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**	Yes	
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, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	1,610		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	17,777		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, 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
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	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.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

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 14		
b	Enter the number of voting members that are independent . .	1b 14		
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	Yes	
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	Yes	

Section C. Disclosure

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

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 ▶

Karl E Fritschel CPA
1801 Lind Ave SW 9016
Renton, WA 980579016
(425) 525-3339

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	Former			
See add'l data										

1b Total . . . . . ▶	3,344,904	19,515,102	3,036,913

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 ▶ 1,351

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization 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
JE Dunn Construction Group Inc 437 N Columbia Blvd Portland, OR 97217	Construction	47,460,647
Andersen Construction Co Inc 6712 N Cutter Cir Portland, OR 97217	Construction	38,470,071
Oregon Emergency Physicians PC 9340 Barnes Rd Ste 202 Portland, OR 97225	Medical	31,625,206
In Line Commercial Construction Inc 18880 SW Shaw Aloha, OR 97007	Construction	11,933,353
Anethesia Assoc Northwest LLC 6400 SE Lake Rd Ste 130 Portland, OR 97222	Medical	8,434,801
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 ▶ 316		

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	18,914				
	b	Membership dues					
	c	Fundraising events	61,899				
	d	Related organizations	18,842,324				
	e	Government grants (contributions)	12,078,090				
	f	All other contributions, gifts, grants, and similar amounts not included above	3,611,912				
	g	Noncash contributions included in lines 1a-1f $ 53,599					
	h	**Total.** Add lines 1a-1f		34,613,139			
Program Service Revenue			Business Code				
	2a	Acute Care/Inpatient	900,099	857,562,717	857,562,717		
	b	Acute Care/Outpatient	621,400	780,660,971	780,660,971		
	c	LTC/HomeCare/Hospice	621,610	184,846,453	184,846,453		
	d	Primary Care	621,110	169,811,629	169,811,629		
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		1,992,881,770			
	3	Investment income (including dividends, interest and other similar amounts)		15,495,356			15,495,356
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		485,575			485,575
			(i) Real	(ii) Personal			
	6a	Gross Rents	23,112,200				
	b	Less rental expenses	18,018,639				
	c	Rental income or (loss)	5,093,561				
	d	Net rental income or (loss)		5,093,561			5,093,561
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	712,936,438	461,878			
	b	Less cost or other basis and sales expenses	794,787,618	761,711			
	c	Gain or (loss)	-81,851,180	-299,833			
	d	Net gain or (loss)		-82,151,013			-82,151,013
Other Revenue	8a	Gross income from fundraising events (not including $ 61,899 of contributions reported on line 1c) See Part IV, line 18	a 52,121				
	b	Less direct expenses	b 67,585				
	c	Net income or (loss) from fundraising events		-15,464			-15,464
	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 31,208,494				
	b	Less cost of goods sold	b 14,576,333				
	c	Net income or (loss) from sales of inventory		16,632,161	15,125,287	1,506,874	
		Miscellaneous Revenue	Business Code				
	11a	Contracted Svc Aff	900,099	21,029,247	21,029,247		
	b	Laboratory	621,500	19,443,557		19,443,557	
	c	Cafeteria Revenue	722,210	11,931,044			11,931,044
	d	All other revenue		22,409,606	9,126,024		13,283,582
	e	**Total.** Add lines 11a–11d		74,813,454			
	12	**Total revenue.** See Instructions		2,057,848,539	2,038,162,328	20,950,431	-35,877,359

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	7,429,459	7,429,459		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	893,565,908	766,168,074	127,397,834	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	60,632,692	51,988,144	8,644,548	
9 Other employee benefits	137,262,355	117,692,532	19,569,823	
10 Payroll taxes	69,945,037	59,972,805	9,972,232	
11 Fees for services (non-employees)				
a Management				
b Legal	2,129,251	310,143	1,819,108	
c Accounting	9,500		9,500	
d Lobbying	10,500	10,500		
e Professional fundraising *See Part IV, line 17*				
f Investment management fees	1,269,382		1,269,382	
g Other	181,413,399	156,053,758	25,359,641	
12 Advertising and promotion	8,439,435	6,830,883	1,608,552	
13 Office expenses	329,932,687	313,244,819	16,687,868	
14 Information technology	34,643,251	5,724,563	28,918,688	
15 Royalties				
16 Occupancy	41,715,072	18,378,423	23,336,649	
17 Travel	4,144,537	3,267,893	876,644	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,297,896	1,509,484	788,412	
20 Interest	4,747,750	4,747,750		
21 Payments to affiliates	28,585,478		28,585,478	
22 Depreciation, depletion, and amortization	93,597,190	80,732,061	12,865,129	
23 Insurance	16,175,458	15,748,192	427,266	
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 Bad Debts	49,639,198	49,639,198		
b Provider Tax Expense	14,894,640	14,894,640		
c Research Expenses	7,849,637	7,849,637		
d Fundraising Expenses	3,279,423			3,279,423
e Recruitment/Relocation	2,392,023	399,069	1,992,954	
f All other expenses	4,245,354	1,445,452	2,799,902	
25 **Total functional expenses.** Add lines 1 through 24f	2,000,246,512	1,684,037,479	312,929,610	3,279,423
26 **Joint costs.** Check here ▶ ☐ 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		85,244	1	93,074
	2	Savings and temporary cash investments		19,012,638	2	15,665,823
	3	Pledges and grants receivable, net		2,805,459	3	1,801,161
	4	Accounts receivable, net		244,926,842	4	244,349,070
	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		3,007,526	7	3,023,049
	8	Inventories for sale or use		29,471,598	8	30,837,660
	9	Prepaid expenses and deferred charges		10,566,623	9	12,303,752
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 2,349,608,076			
	b	Less accumulated depreciation	10b 1,150,618,674	1,163,187,377	10c	1,198,989,402
	11	Investments—publicly traded securities		501,487,277	11	605,686,410
	12	Investments—other securities See Part IV, line 11		386,336	12	385,905
	13	Investments—program-related See Part IV, line 11		84,050,628	13	76,806,322
	14	Intangible assets		3,051,783	14	2,346,710
	15	Other assets See Part IV, line 11		82,601,816	15	86,458,651
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,144,641,147	16	2,278,746,989
Liabilities	17	Accounts payable and accrued expenses		188,319,554	17	177,675,582
	18	Grants payable			18	
	19	Deferred revenue		11,779,434	19	11,213,044
	20	Tax-exempt bond liabilities		318,785,000	20	316,680,000
	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		4,971,873	23	7,589,919
	24	Unsecured notes and loans payable to unrelated third parties		3,465,898	24	2,864,218
	25	Other liabilities Complete Part X of Schedule D		39,657,443	25	89,531,202
	26	**Total liabilities.** Add lines 17 through 25		566,979,202	26	605,553,965
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,518,620,371	27	1,620,708,801
	28	Temporarily restricted net assets		34,296,020	28	27,196,512
	29	Permanently restricted net assets		24,745,554	29	25,287,711
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,577,661,945	33	1,673,193,024
	34	Total liabilities and net assets/fund balances		2,144,641,147	34	2,278,746,989

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
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	2c	Yes	
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?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319063060

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
PROVIDENCE HEALTH & SERVICES - OREGON

Employer identification number
51-0216587

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

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

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

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?

	Yes	No
(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 the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
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 ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

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

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319063060

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
PROVIDENCE HEALTH & SERVICES - OREGON	51-0216587

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		13,750
e	Publications, or published or broadcast statements?	Yes		16,132
f	Grants to other organizations for lobbying purposes?	Yes		10,500
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		189,322
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		3,250
i	Other activities? If "Yes," describe in Part IV	Yes		
j	Total lines 1c through 1i			232,954
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying Activities	Lobbying activity includes * Analysis of early draft legislation for 2009 Oregon Legislative Session * Visits, calls, e-mails, and letters to state legislators, legislative bodies, and members of Congress * Visits, calls, e-mails, and letters to legislative staff and government officials * Discussions and meetings with lobbyists * Ongoing analysis of legislation during the 2009 Legislative Session * Attending state, federal and local government hearings and meetings in the Portland area * Publication of information about Cover the Uninsured Week - in Providence publications and on Providence campuses * Website development and maintenance (Providence on Reform and Sustainable Health Care Oregon sites) Major issues supported, opposed, or commented on to legislators/government officials/staffers by Providence Health & Services - Oregon, in 2009 include * Federal funding levels for and cuts to Medicaid * Provider tax funds to support Oregon Health Plan Standard (Medicaid) * Department of Human Services budget * Employer/employee relations issues * Federal funding decisions for health care projects * Medicare reimbursement to hospitals and other providers * Medicare Advantage * Health insurance mandates * Labor and union related issues * Columbia River crossing I-5 replacement bridge * Health insurer regulatory, finance and legislative issues * Hospital regulatory, finance and legislative issues * Long term care facilities regulatory, finance and legislative issues * Health care reform * Formation of the Oregon Health Authority * Integrated health home * Health care workforce issues * Health information technology * Physician orders for life sustaining treatment * Certificate of need * Data security * Nurse staffing * Rural hospital issues * Acute care for mental health patients * Routine medical care during clinical trials * Affiliation with Willamette Falls Hospital * Local government - Transportation fee, economic issues - Proposed housing project - Policies on payment for behavioral health treatment - Public safety levies - Land use and signage

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319063060

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
PROVIDENCE HEALTH & SERVICES - OREGON

Employer identification number
51-0216587

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
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	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
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ 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					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ %
- c Term endowment ▶ %

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

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

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	2,602,759	75,243,899		77,846,658
b Buildings	2,398,321	1,029,245,997	445,663,727	585,980,591
c Leasehold improvements		27,266,066	15,389,165	11,876,901
d Equipment		680,324,469	533,039,072	147,285,397
e Other		532,526,565	156,526,710	375,999,855
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				1,198,989,402

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		
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.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
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	
Medicare/Medicaid Settlements	8,993,104
Due to Affiliates	60,933,930
Other Liabilities	4,298
Resident Trust Funds	883,876
LT Asset Retirement Obligation - FIN 47	4,051,811
Third Party Reserves	10,545,979
Consolidated JV Minority Interest Liability	531,219
Bond Premium Discount	3,586,985
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	89,531,202

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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	2,057,848,539
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,000,246,512
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	57,602,027
4	Net unrealized gains (losses) on investments	4	57,764,654
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-19,835,602
9	Total adjustments (net) Add lines 4 - 8	9	37,929,052
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	95,531,079

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	1,824,549,807
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	57,764,652		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-310,968,066		
e	Add lines **2a** through **2d**			2e	-253,203,414
3	Subtract line **2e** from line **1**			3	2,077,753,221
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	-19,904,682		
c	Add lines **4a** and **4b**			4c	-19,904,682
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	2,057,848,539

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

1	Total expenses and losses per audited financial statements			1	1,681,921,726
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	-317,519,339		
e	Add lines **2a** through **2d**			2e	-317,519,339
3	Subtract line **2e** from line **1**			3	1,999,441,065
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	805,447		
c	Add lines **4a** and **4b**			4c	805,447
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	2,000,246,512

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 held by the affiliated Foundations and provide for research, patient care and capital needs of Providence Health & Services - Oregon
Part XI, Line 8 - Other Adjustments		Cumulative Effect of FAS 136 -5219344 Interaffiliate Transfers -14606215 Income on Medical Staff Funds -10043
Part XII, Line 2d - Other Adjustments		Foundations - Filed Separate Forms 990 37311271 Internal Assessments -375028514 Fundraising Revenue Reclassification 15320 FAS 136 Elimination 1338007 Prov Willamette Falls Med Ctr - Filed separate Form 990 26216617 Investment Fees -820767
Part XII, Line 4b - Other Adjustments		Foundation Capital Donations 5982130 Net Rental Expense Reclassification -18018639 Cost of Goods Sold Reclassification -14576333 Income on Medical Staff Funds 10043 VHA Rebates 4965843 Special Events Expense -13986 Tax Refunds 1746260
Part XIII, Line 2d - Other Adjustments		Net Rental Expense Reclassification 18018639 Cost of Goods Sold Reclassification 14576333 Foundations - Filed Separate Forms 990 5182854 Internal Assessments -375028514 VHA Rebates -4965843 Special Events Expense 13986 Prov Willamette Falls Med Ctr - Filed Separate Form 990 26429466 Tax Refunds -1746260
Part XIII, Line 4b - Other Adjustments		Fundraising Revenue -15320 Investment Fees 820767

Additional Data

Software ID:
Software Version:
EIN: 51-0216587
Name: PROVIDENCE HEALTH & SERVICES - OREGON

Form 990, Schedule D, Part X, - Other Liabilities

1 (a) Description of Liability	(b) Amount
Medicare/Medicaid Settlements	8,993,104
Due to Affiliates	60,933,930
Other Liabilities	4,298
Resident Trust Funds	883,876
LT Asset Retirement Obligation - FIN 47	4,051,811
Third Party Reserves	10,545,979
Consolidated JV Minority Interest Liability	531,219
Bond Premium Discount	3,586,985

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319063060

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
PROVIDENCE HEALTH & SERVICES - OREGON

Employer identification number
51-0216587

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

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

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	(iii) No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

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 Montessori School Auction (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	114,020			114,020
	2 Less Charitable contributions	61,899			61,899
	3 Gross income (line 1 minus line 2)	52,121			52,121
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	8,477			8,477
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	59,108			59,108
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				67,585
	11 Net income summary Combine lines 3, column d, and line 10 ▶				-15,464

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))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ 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 ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	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?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	**13a**		
b	An outside facility	**13b**		
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 ▶			
	☐ Director/officer ☐ Employee ☐ 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 ▶ $			

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319063060

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
PROVIDENCE HEALTH & SERVICES - OREGON

Employer identification number
51-0216587

Part I Charity Care and Certain Other Community Benefits at Cost

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

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			100,732,818	0	100,732,818	5 220 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			158,785,000	119,919,000	38,866,000	2 010 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			503,000	0	503,000	0 030 %
d **Total** Charity Care and Means-Tested Government Programs			260,020,818	119,919,000	140,101,818	7 260 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			6,479,734	1,513,821	4,965,913	0 250 %
f Health professions education (from Worksheet 5)			18,365,375	3,786,576	14,578,799	0 760 %
g Subsidized health services (from Worksheet 6)			24,990,432	13,805,492	11,184,940	0 580 %
h Research (from Worksheet 7)			26,658,943	0	26,658,943	1 380 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			3,710,344	74,124	3,636,220	0 190 %
j **Total** Other Benefits			80,204,828	19,180,013	61,024,815	3 160 %
k **Total.** Add lines 7d and 7j			340,225,646	139,099,013	201,126,633	0

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing			76,812	0	76,812	0 %
2	Economic development			7,000	600	6,400	0 %
3	Community support			305,741	44,400	261,341	0 010 %
4	Environmental improvements						
5	Leadership development and training for community members			214,976	23,070	191,906	0 010 %
6	Coalition building			192,365	22,400	169,965	0 010 %
7	Community health improvement advocacy			162,689	6,700	155,989	0 010 %
8	Workforce development			93,229	3,000	90,229	0 %
9	Other			656	0	656	0 %
10	**Total**			1,053,468	100,170	953,298	0 040 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1			No
2	Enter the amount of the organization's bad debt expense (at cost)	2	20,725,140		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	0		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	596,656,000
6	Enter Medicare allowable costs of care relating to payments on line 5	6	673,275,000
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-76,619,000
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes	
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)

See Additional Data Table

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

Part I, Line 7f Our total expense from Form 990, Part IX, Line 25, column (A) was $2,000,246,512 The bad debt expense included in this amount was $46,639,198 This left us with total expense of $1,953,607,314 for purposes of calculating line 7, column f

Part III, Line 4 It is Providence's policy to exclude all bad debts from Community Benefit information The Consolidated Audited Financial Statements do not contain a footnote specific to Bad Debt Expense

Part III, Line 8 It is Providence's policy to exclude any Medicare shortfall from Community Benefit information The amount reported on Part III, Section B, line 6, was determined by applying the Cost-to-Charge Ratio to the Medicare revenue

Part III, Line 9b Billing and Collection PracticesProvidence has written policies about when and under whose authority patient debt is advanced for collection, and uses its best efforts to ensure that patient accounts are processed fairly and consistently Providence ensures that practices to be used by their outside (non-hospital) collection agencies conform to the standards set forth in this policy, and obtains written commitments from such agencies that they will adhere to those standards Providence also conducts an assessment of each collection agency's adherence to the policy Such assessments are conducted at least annually At time of billing, we provide to all low-income uninsured patients the same information concerning services and charges provided to all other patients who receive care at the hospital When sending a bill to a patient, Providence includes a) a statement that indicates that if the patient meets certain income requirements the patient may be eligible for a government-sponsored program or for financial assistance from the hospital, and b) a statement that provides the patient with the name and telephone number of a hospital employee or office from whom or which the patient may obtain information about Providence's financial assistance policies for patients and how to apply for such assistance Any patient (or the patient's legal representative) seeking financial assistance from Providence provides the individual facility with information concerning health benefits coverage, financial status (i e income, assets) and any other information that is necessary for the hospital to make a determination regarding the patient's status relative to Providence's financial assistance policy, discounted payment policy, or eligibility for government-sponsored programs For patients who have an application pending determination for either government-sponsored coverage or for the hospitals' own financial assistance program, Providence will not knowingly send that patient's bill to a collection agency Eligibility for financial assistance will be determined as closely as possible to the date of service

PART III, SECTION A, LINE 1 The reporting entity reports bad debt expense in accordance with HFMA Statement #15 with the exception of the following sections 8 1(b) and 9 1

2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves

Part VI, Line 2 NEEDS ASSESSMENT We recognize that caring for the poor and vulnerable is not a task we can do on our own On a routine basis we conduct a formal community assessment to determine who in our communities is experiencing the greatest need This outreach connects us to many not-for-profits and social service agencies as well as care providers and their clients in the communities To ensure that we conduct a comprehensive assessment, our process includes research, meetings, interviews, focus groups and surveys Additionally, Providence ministries have community and foundation boards The civic leaders that serve on Providence Boards connect our Mission with a local perspective on community needs Our assessment findings are assembled to make certain we understand and respond to local and regional needs, which often vary from one city or county to another Identified areas of need not only guide our community benefit giving, but also guide our strategic planning We believe meaningful community needs assessment provides insight into the complete community benefit that is required, beyond just free and discounted care

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

Part VI, Line 3 COMMUNICATION TO THE PUBLIC Providence hospitals post notices regarding the availability of financial assistance to low-income uninsured patients These notices are posted in visible locations throughout the hospital such as admitting/registration, billing office, emergency department and other outpatient settings Every posted notice regarding financial assistance policies contains brief instructions on how to apply for financial assistance or a discounted payment The notices also include a contact telephone number that a patient or family member can call to obtain more information Providence ensures that appropriate staff members are knowledgeable about the existence of the hospital's financial assistance policies Training is provided to staff members (i e , billing office, financial department, etc) who directly interact with patients regarding their hospital bills When communicating to patients regarding their financial assistance policies, Providence attempts to do so in the primary language of the patient, or his/her family, if reasonably possible, and in a manner consistent with all applicable federal and state laws and regulations Providence shares their financial assistance policies with appropriate community health and human services agencies and other organizations that assist such patients

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

Part VI, Line 4 COMMUNITY INFORMATION Providence Health & Services in Oregon serves both urban and rural areas throughout a geographically diverse state, including hospitals, health plans, physicians, clinics, home health services, long-term care and affiliated health services Three of our hospitals in Oregon are rural and five are in urban settings, they range in size from 25 beds to 523 beds (licensed) Of our 68 clinics, seven are safety nets and many more provide a significant proportion of care to underserved populations We continue our commitment to acute behavioral health care and have the only unit for children under 11 years of age in the entire state We have the only long-term care facility for medically fragile children in the Pacific Northwest Out of a total population of more than 3 8 million in Oregon *More than 571,000 are covered by Medicare *Just under 500,000 were covered by Medicaid (December 2009) *An estimated 644,200 non-elderly people were uninsured All of our hospitals, clinics and other facilities are open to these populations Quick facts *About half of the patients served by Providence Oregon's seven safety net clinics are uninsured or on Medicare or Medicaid *Medicare represents about 15 percent of Oregon's population, but in 2009, 39 percent of the patient revenues at our eight hospitals were Medicare *Providence provided 29 percent of all charity care in Oregon during 2009 - more than our entire market share of 22 percent in the state *Almost all the children at Providence Child Center are covered by Medicaid In September 2009, Oregon's unemployment was 11 percent, in September 2010, unemployment dropped only slightly to 10 6 percent, placing the state seventh highest in the nation In 2009, Providence saw an increase of 24 percent in charity care compared to 2008 - and in rural areas it is much higher Between 2006 and 2009, overall charity care costs have increased 85 percent at Providence ministries in Oregon

5 Community building activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

Part VI, Line 5 COMMUNITY BUILDING ACTIVITIES Physical Improvements and HousingProvidence recognizes that the social determination of health needs includes adequate housing, food, transportation, utilities and primary education These deficits fall disproportionately on low-income and multicultural populations and therefore Providence has aligned its diversity programs to intersect with and advise our community benefit giving Oregon ranks first in homelessness per capita according to the U S Department of Housing and Urban Development Lack of adequate housing contributes to poor health, therefore, Providence supports a number of nonprofits that help homeless people or work to prevent homelessness In addition, we partner with organizations in multiple Oregon communities that provide or support low-income housing Some important partners include the Good Neighbor Center, Neighborhood Partnership Fund, Portland Rescue Mission, Share Outreach Vancouver and West Women's Shelter Economic DevelopmentEconomic development has an important impact on available housing and services for the underserved An economically depressed area cannot easily support and care for the vulnerable Providence looks for partnerships with like-minded organizations that will encourage a stable and strong economy Community SupportIt is critical that such needs as after school programs, neighborhood support groups and violence prevention be identified and addressed in communities Providence has established an initiative - Healthy Lives, Healthy Communities - that reaches out to meet the needs of low income and diverse communities across our service areas In addition, we have many nonprofit community partners with whom we work and support financially to reach populations who need these types of services Leadership Development and Training for Community MembersIn this area, Providence has put a strong focus on diverse and low-income communities For example, for some years we have provided scholarships for youth in multicultural and diverse populations, including Asian, African-American and Hispanic communities Coalition BuildingProvidence has long known that, while we can do a great deal to help our communities, we often can get the best results in meeting health needs, and those basic needs that contribute to or affect health, by aligning with other organizations that have an established presence and expertise Throughout our history, we have sought like-minded partners with a mission to care for the vulnerable in the communities we serve During 2009, we provided financial support to many organizations that are intent on building collaborative programs that will meet community health and safety needs These include the African-American Health Coalition, Asian Muslims in Need, Catholic Charities, Jefferson Regional Health Alliance, United Way and more These organizations reach right across our state to help thousands of Oregonians every year Community Health Improvement AdvocacyIn keeping with our strong commitment to social justice, Providence is an advocate for those among us who do not have a voice in policy development and community decision making During 2009, we joined with Community Connections, Community Health Partnerships, Parish Health Promoters, the Foundation for Medical Excellence and Ride Connection, among others, to ensure that the needs of those we serve have been articulated to policy makers Workforce DevelopmentProvidence provided financial support to the Hood River County Health Department, the Oregon Center for Nursing and a workforce development initiative in Oregon City, all of which are working to enhance communitywide workforce issues in various part of Oregon

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

Part VI, Line 6 FURTHERANCE OF EXEMPT PURPOSE As a not-for-profit Catholic health care ministry, Providence Health & Services embraces its responsibility to provide for the needs of the communities it serves and especially the poor and vulnerable Providence's not-for-profit, tax-exempt status enables Providence to serve its communities, to solicit donations through its foundations and to access capital to respond to community needs that otherwise would go unmet Health care is fundamentally different from most other goods and services It is about the most human and intimate needs of people, their families and communities This critical difference is why we should work together to preserve and strengthen the not-for-profit sector in health care

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

Part VI, Line 7 AFFILIATED HEALTH CARE SYSTEM Providence Health & Services is a not-for-profit Catholic health care ministry committed to providing for the needs of the communities it serves - especially the poor and vulnerable Providence's comprehensive scope of services includes 27 hospitals, numerous non-acute care facilities and physician clinics, a health plan, a liberal arts university, a high school, nearly 50,000 employees and numerous other health, housing and educational services The health system spans five states - Alaska, Washington, Montana, Oregon and California - with its system office located in Renton, Washington Providence Health & Services continues a tradition of caring that the Sisters of Providence began more than 154 years ago Continuing a History of Compassionate Service - The charitable purpose of Providence Health & Services and each of its ministries is guided by one Mission and set of core values based on Catholic health care and inspired by the legacy of the Sisters of Providence As one system committed to caring for the poor and vulnerable, Providence Health & Services has developed a single framework for consistently reporting charity care and community benefit Meeting the needs of our communities remains at the heart of what we do Benefiting Our Communities - As a not-for-profit Catholic health care ministry, Providence embraces its responsibility to provide for the needs of the communities we serve - especially the poor and vulnerable In 2009, Providence offered $200 million in charity care so the uninsured and underinsured could access health care This charity care is a part of Providence's total community benefit of $581 million in 2009 Working Together to Fulfill Community Need - Providence care reaches out beyond the walls of our hospitals and clinic settings to touch lives in the places where relief, comfort and care are needed Guided by a willingness to adapt to meet changing times and unmet community needs, Providence collaborates with government agencies, churches, schools, charitable foundations, universities, research facilities and other partners to provide a lasting community benefit A Commitment to Respect and Fairness - Providence has a system-wide compensation practice Locally, Providence ministries are empowered to apply this practice to meet the needs of their community Additionally, Providence ministries conduct local assessments to ensure community benefit giving responds to community and regional needs Sustaining Our Mission - Our commitment to financial sustainability allows us to continue to deliver the highest quality care, provide increased community benefit assets and offer charity and discounted care to those who cannot afford access to health care Our responsibility to stewardship drives us to a standardized approach to supply chain so that we can deliver excellent patient care while reducing the cost of delivered supplies

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

OR,WA,CA,MT,AK

Additional Data

Software ID:
Software Version:
EIN: 51-0216587
Name: PROVIDENCE HEALTH & SERVICES - OREGON

Form 990 Schedule H, Part V - Facility Informaiton

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Providence Portland Medical Center 4805 NE Glisan St Portland, OR 97213	X	X		X			X		
Providence St Vincent Medical Center 9205 SW Barnes Rd Portland, OR 97225	X	X		X			X		
Providence Milwaukie Hospital 10150 SE 32nd Milwaukie, OR 97222	X			X			X		
Providence Hood River Memorial Hospital 811 - 13th Street Hood River, OR 97031	X				X		X		
Providence Seaside Hospital 725 S Wahanna Rd Seaside, OR 97138	X				X		X		Nursing Facility
Providence Newberg Medical Center 1001 Providence Drive Newberg, OR 97132	X	X					X		
Providence Medford Medical Center 1111 Crater Lake Avenue Medford, OR 97504	X	X					X		
Prov Portland Med Ctr Dialysis Unit 4805 NE Glisan St Portland, OR 97213									ESRD-End Stage Renal Disease
Providence St Vincent Kidney Dialysis 9450 SW Barnes Rd Suite 125 Portland, OR 97225									ESRD-End Stage Renal Disease
PHRMH Ray Yasui Dialysis Center 1125 May Avenue Hood River, OR 97031									ESRD-End Stage Renal Disease
Providence Home Health 6410 NE Halsey Suite 200 Portland, OR 97213									Home Health Agency
Prov Benedictine Nursing Center HHA 570 S Main St Mt Angel, OR 97362									Home Health Agency
Providence Home Care 2033 Commerce Drive Medford, OR 97504									Home Health Agency
Providence Hospice 6410 NE Halsey Suite 300 Portland, OR 97213									Hospice
Providence Medford Hospice 2033 Commerce Drive Medford, OR 97504									Hospice
Surgery Center at Tanasbourne 18650 NW Cornell Rd Suite 110 Hillsboro, OR 97124									Ambulatory Surgery Center
Center for Specialty Surgery 11782 SW Barnes Rd 200 Bldg C Portland, OR 97225									Ambulatory Surgery Center
Oregon Outpatient Surgery 7300 SW Childs Rd Tigard, OR 97224									Ambulatory Surgery Center
Providence Child Center 860 NE 47th Ave Portland, OR 97213									Nursing Facility
Providence Benedictine Nursing Center 540 S Main St Mt Angel, OR 97362									Nursing Facility
Providence Benedictine Orchard House 550 S Main St Mt Angel, OR 97362									Assisted Living Facility
Providence Brookside Manor 1550 Brookside Dr Hood River, OR 97031									Assisted Living Facility
Prov Elderplace in Irvington Village 420 NE Mason Portland, OR 97211									Assisted Living Facility
Providence Elderplace in Glendover 13007 NE Glisan St Portland, OR 97230									Residential Care Facility
Providence Elderplace in Cully 5119 NE 57th Ave Portland, OR 97218									Residential Care Facility
Providence Brookside Memory Care 1550 Brookside Dr Hood River, OR 97031									Residential Care Facility

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319063060

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
PROVIDENCE HEALTH & SERVICES - OREGON

Employer identification number
51-0216587

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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 72

3 Enter total number of other organizations . . . ▶ 13

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

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 In the application for support, we request a detailed explanation of the kind of services provided to the community along with specific financial data If the application for support is approved, we send a letter indicating the amount of the support along with a request for documentation of how the funds were used, along with a report of the number of children/families served over the year

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 51-0216587
Name: PROVIDENCE HEALTH & SERVICES - OREGON

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
African American Heart Coalition2800 N Vancouver Ave Suite 100 Portland,OR 97227	91-2039277	501 (c) 3	10,000				Sponsorship of Wellness Walk and Wellness Village
Archdiocese of Portland2838 E Burnside St Portland,OR 97214	93-0114100	501 (c) 3	17,000				Support of Yom Hoshoah event
Asian Muslims in Need3480 NW Bantt Dr Portland,OR 97229	93-1294294	501 (c) 3	10,000				Support for clinic serving refugee Muslim population in Washington County
Boys and Girls of Portland Metro AreaPO BOX 820127 Portland,OR 97224	93-0474800	501 (c) 3	17,000				Community Health Support
Bruce Burton DMD1002 10th St Suite 1 Hood River,OR 97031	93-0888441	Other	54,400				Donated dental services
California Oregon Broadcasting125 S Fir Street Medford,OR 97501	93-0879130	Other	8,167				Southern Oregon Meth Project Sponsorship
Camp Fire USA619 SW 11th Ave Suite 234 Portland,OR 97205	93-0386901	501 (c) 3	150,000				Community Health Support
Catholic Charities231 SE 12th Ave Portland,OR 97214	93-0386801	501 (c) 3	32,000				Sponsorship of annual celebration and El Programa Hispano
Central City Concern232 NW Everett St Portland,OR 97209	93-0728816	501 (c) 3	284,106				Family Alcohol and Drug Free Community Housing Network, Working our Way Home Luncheon & Richard Harris homeless action fund
Clackamas Service Center PO BOX 2620 Clackamas,OR 97015	93-0626175	501 (c) 3	19,400				Community Health Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Clatsop Community Action 364 9th Street Astoria, OR 97103	93-1010260	501 (c) 3	20,000				Community Health Support
Columbia Gorge Community College400 East Scenic Drive The Dalles, OR 97058	93-0700843	Other	50,500				Healthcare Occupations Program and Sponsorship for Science Education Summit
Community Action Organization1001 SW Baseline Hillsboro, OR 97123	93-0554941	501 (c) 3	25,656				Support Prenatal Care
Compassion Connect6605 SE Lake Rd Portland, OR 97222	26-2304524	501 (c) 3	5,500				Community Health Support - H1N1 Clinics
De Paul Treatment Centers 1312 SW Washington St Portland, OR 97205	93-0706892	501 (c) 3	25,000				Community Grants Council Donation Behavorial Health-STAY (at risk program)
Dental Foundation of Oregon ThePO BOX 2448 Wilsonville, OR 97070	93-0818476	501 (c) 3	75,000				Tooth Taxi-access to primary care/diverse populations
East Washington County Shelter Partnership Council Inc11130 SW Greenburg Rd Tigard, OR 97223	93-1269989	501 (c) 3	27,000				Community Grants Council Donation Essential Services
Ecumenical Ministries of Oregon0245 SW Bancroft Suite B Portland, OR 97239	93-0625359	501 (c) 3	8,000				Community Health Support
Eddie Barnett Jr Foundation 317 NE Killingsworth 257 Portland, OR 97211	76-0804580	501 (c) 3	25,058				Purchase of Automated External defibrilators
Emanuel Hospital and Health CenterPO BOX 5939 Portland, OR 97228	93-0386823	501 (c) 3	25,000				CARES NW Program

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Essential Health Clinic155 N First Ave St MS 5 Hillsboro, OR 97124	38-3672046	501 (c) 3	93,750				Support of Clinic Program-Treatment of urgent medical problems for uninsured individuals
Faith in Action-Partners in SeniorsPO BOX 713 Seaside, OR 97138	26-3624411	501 (c) 3	15,000				Community Health Support, N OR Coast
Foundation of Medical Excellence1 SW Columbia St Suite 860 Portland, OR 97258	93-0632522	501 (c) 3	25,000				Sponsorship
Free Clinic of SW Washington 4100 Plomondon Street Vancouver, WA 98661	91-1707542	501 (c) 3	25,656				Expansion of services offered
Gorge Orthodontics PLLC 1625 E 12th St The Dalles, OR 97058	75-3120828	Other	47,606				Donated Dental Services
Hispanic Metropolitan Chamber333 SW 5th Ave Suite 100 Portland, OR 97204	93-1156358	501 (c) 3	10,725				Scholarship fund, Employment and Business Fair, Hispanic Heritage Celebration Dinner
Hood River County1109 June St Hood River, OR 97031	93-6002297	Other	89,990				School Health Services
Hood River Sheltered Workshop2940 Thomsen Rd Hood River, OR 97031	93-0563617	501 (c) 3	9,300				Community Health Support
Hood River Valley High School1220 Indian Creek Rd Hood River, OR 97031	93-6000502	Other	26,250				Support concussion testing for impact concussion studies for all student athletes, Project Graduation
Jackson County 4-H280 Worthington Rd Eagle Point, OR 97524	93-1247291	501 (c) 3	6,199				Community Health Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Jackson County Children's Advocacy Center816 W 10th Street Medford, OR 97501	94-3079497	501 (c) 3	25,000				Community Health Support
Jackson County Medical Society204 Genessee St Medford, OR 97504	93-6039879	501 (c) 6	5,500				VolPACT Yearly Admin Support
Jackson County Mental Health Services1005 E Main St Bldg B Medford, OR 97504	93-6002298	Other	26,400				Community Health Support
Janus Youth Programs707 NE Couch St Portland, OR 97232	23-7345990	501 (c) 3	93,823				Community Health Support
La Clinica3617 S Pacific Hwy Medford, OR 97501	94-3096772	501 (c) 3	76,100				Support for Kid's Health Connection
Lifeworks NW14600 NW Cornell Rd Portland, OR 97229	93-0502822	501 (c) 3	28,360				Community Health Support, Table Sponsorship at fundraiser
Light House for Kids The 1230 Marine Dr Suite 301 Astoria, OR 97103	93-1258590	501 (c) 3	6,500				Community Health Support
Loaves and Fishes Centers IncPO BOX 19477 Portland, OR 97280	93-0584318	501 (c) 3	7,900				Community Health Support and annual luncheon sponsor
Luke-Dorf Inc10313 SW 69th Ave Tigard, OR 97223	93-0685734	501 (c) 3	97,880				Support residents of Bridgeport Community
Lutheran Family Services 605 SE 39th Ave Portland, OR 97214	93-0386860	501 (c) 3	125,900				Community Grants Council-diverse populations/behavioral health

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Medical Teams International-Dental ProgramPO BOX 10 Portland, OR 97207	93-0878944	501 (c) 3	48,900				Annual Safety Net Donation, Donation in honor of Doctor's Day, Great Adventure Dinner and Auction, Dental Van Support
Multnomah County Health Department426 SW Stark St 6th Floor Portland, OR 97204	93-6002309	Other	25,000				Community Health Support
NAMI Oregon3550 SE Woodward Street Portland, OR 97202	93-0875209	501 (c) 3	30,000				Presenting sponsor NAMI Northwest Walk
Native American Youth and Family Center5135 NE Columbia Blvd Portland, OR 97218	93-1141536	501 (c) 3	26,500				Sponsorship for Celebrating Native American Month Dinner, Services for at risk youth and frail elders
Neighborhood Partnership Fund1010 SW Taylor Suite 680 Portland, OR 97205	91-1943624	501 (c) 3	25,000				Community access to primary care
Next Door IncPO BOX 661 Hood River, OR 97031	93-0600421	501 (c) 3	8,000				Donation in memory of Dr Cogswell, Co-Sponsor of Divot's dinner
North by Northeast Community Healthcare3030 NE MLK Jr Blvd Portland, OR 97212	72-1618287	501 (c) 3	25,000				Community benefits and access to primary care
Northwest Health Foundation Fund221 NW 2nd Ave Suite 300 Portland, OR 97209	93-1293344	501 (c) 3	7,500				OR Health Information Exchange Project
Northwest Parish Nurse Ministries2801 N Gantenbein Ave Room 1072 Portland, OR 97227	94-3180955	501 (c) 3	45,000				Support for promoting Health and Wellness
NW Catholic Counseling Center8383 NE Sandy Blvd Suite 205 Portland, OR 97220	93-1088962	501 (c) 3	82,000				Community Health Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Oregon Area Jewish Committee1220 SW Morrison Suite 828 Portland,OR 97205	26-1871211	501 (c) 3	12,000				Human Relations Award Dinner
Oregon Association of Minority Entrepreneurs4134 N Vancouver Ave Suite 100 Portland,OR 97217	94-3058546	501 (c) 3	10,500				Sponsorship for tradeshow and conference
Oregon Business CouncilOBP Funds1100 SW Sixth Ave Suite 1608 Portland,OR 97204	93-0884244	501 (c) 6	60,000				Sponsorship Health Leadership Task Force, Oregon Business Plan Leadership Summit
Oregon Center for Nursing 5000 N Willamette Blvd MSC 192 Portland,OR 97203	74-3052430	501 (c) 3	7,500				Sponsor Annual OCN Fundraising Breakfast
Oregon Food BankPO BOX 55370 Portland,OR 97238	93-0785786	501 (c) 3	144,437				Oregon Food Drive Donations
Our House of Portland2727 SE Alder Street Portland,OR 97214	93-0986632	501 (c) 3	5,100				Our House Annual Dinner/Auction
Our Lady of Victory Church 120 Ocean Way Seaside,OR 97138	93-0427369	501 (c) 3	8,000				Community Health Support
Outside In1132 SW 13th Ave Portland,OR 97205	93-0567549	501 (c) 3	5,880				Community Health Support
Partners for a Hunger Free Oregon4110 SW Hawthorne Blvd Portland,OR 97214	20-4970868	501 (c) 3	7,000				Business Hunger Initiative Support-Child nutrition support fund
Project Access NOWPO BOX 10953 Portland,OR 97296	20-8928388	501 (c) 3	60,100				Support of care coordination efforts

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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 Benedictine Nursing Center Foundation 540 S Main St Mt Angel, OR 97362	91-1940286	501 (c) 3	5,400				Community Health Support
Providence Child Center Foundation830 NE 47th Portland, OR 97213	93-0800140	501 (c) 3	50,500				Community Health Support
Providence Community Health Foundation1111 Crater Lake Ave Medford, OR 97504	93-0692907	501 (c) 3	7,500				Community Health Support
Providence Health International2601 Willamette Dr NE Suite G Lacey, WA 98516	51-0216586	501 (c) 3	10,000				International Mission Donation
Providence Milwaukie Foundation10150 SE 32nd Milwaukie, OR 97222	94-3079515	501 (c) 3	75,400				Donation, Community Health in Motion Free Clinics
Providence Parish Health Outreach Program9205 SW Barnes Rd Portland, OR 97225	93-0386929	501 (c) 3	13,000				Training for outreach volunteers
Providence Portland Medical FoundationPO BOX 13993 Portland, OR 97213	93-1231494	501 (c) 3	28,756				Community Health Support
Providence St Vincent Medical FoundationPO BOX 13993 Portland, OR 97213	93-0575982	501 (c) 3	1,510,000				Univ of Portland School of Nursing simulation lab and scholarships, Terry Misener Memorial Fund
Restoration House Inc208 N Holladay Seaside, OR 97138	93-1271139	501 (c) 3	13,500				Community Health Support
Rose Haven CICPO BOX 11620 Portland, OR 97211	20-5922682	501 (c) 3	14,700				Community Health Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Salvation Army2010 NW Kearney St Portland,OR 97209	94-1156347	Other	8,120				Donation for West Women's and Children's shelter
Self Enhancement Inc3920 N Kerby Ave Portland,OR 97227	93-1086629	501 (c) 3	41,000				Student sponsorship, table at summer celebration
Skanner FoundationPO BOX 5455 Portland,OR 97228	93-1109980	501 (c) 3	8,000				23rd Annual Dr Martin Luther King Jr Breakfast
St Andrew Nativity School 4925 NE 9th Ave Portland,OR 97211	93-1291049	501 (c) 3	12,500				Promoting Success Luncheon and Gold Sponsorship and matching gift commitment
St Francis House of Odell 4960 York Hill Drive Hood River,OR 97031	26-1778553	501 (c) 3	5,900				Support expansion of ministry capacity
St Joseph the Worker7528 N Fenwick Ave Portland,OR 97217	93-1322114	501 (c) 3	50,000				Corporate Internship Program
St Vincent de Paul2424 N Pacific Hwy PO BOX 1663 Medford,OR 97501	93-0831082	501 (c) 3	20,808				Community Health Support
Transition Projects475 NW Glisan Portland,OR 97209	93-0591582	501 (c) 3	30,000				Community Health Support, 40th Anniversay dinner, Jean's Place Luncheon
Trillium Family Services3415 SE Powell Blvd Portland,OR 97202	93-1254344	501 (c) 3	75,000				Sponsorships Classic Wine Auction, Golf Classic, Heroes for Hope
United Way of Columbia Willamette-Portland619 SW 11th Ave Suite 300 Portland,OR 97205	93-0582124	501 (c) 3	85,232				Community Health Support, Assist with culturally competent census count, Cornerstone Partner

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Urban League of Portland10 N Russell Street Portland,OR 97227	93-0395590	501 (c) 3	15,000				Sponsorship of Equal Opportunity Day
Virginia Garcia Memorial Health CenterPO BOX 568 Cornelius,OR 97113	93-0717997	501 (c) 3	150,000				Community Health Support
Volunteers of America3910 SE Stark St Portland,OR 97214	93-0395591	501 (c) 3	35,000				DePreist Award for Excellence Tribute Dinner- Sponsor

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319063060

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
PROVIDENCE HEALTH & SERVICES - OREGON

Employer identification number
51-0216587

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☑ First-class or charter travel	☑ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☑ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision 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			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) 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			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
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			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
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	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

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

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 policies 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 Tax Indemnifications or Gross-Up Payments Providence Health & Services follows the federal and state taxation laws related to relocation expenses paid to the employee or to a third party on the employee's behalf They are considered income and are therefore subject to payroll taxes Based on the way Providence has chosen to pay the relocation expenses, Providence reports reimbursements and payments to vendors as income and these expense payments are reflected on the executive's Form W-2 Providence will gross-up the relocation benefits to offset the personal tax burden to the employee for IRS allowable expenses Discretionary Spending Account Providence Health & Services provides an executive flex spending allowance per year (paid bi-weekly) It is provided in lieu of a car allowance, additional executive life or disability insurance, spouse travel, club dues and similar executive benefits Housing Allowance or Residence for Personal Use Providence Health & Services provides housing allowances for purposes of relocation assistance only Providence may pay temporary living expenses for the employee up to a maximum of 60 calendar days Covered expenses are rent (excluding "rent" which may be paid in order to occupy a new permanent residence until the title clears) and utilities, including heat, electricity, gas, water, local internet and local telephone and garbage services The vice president/chief human resources officer may approve temporary housing assistance for up to six months when family relocation is delayed to accommodate the school year or equivalent circumstances Only in extenuating circumstances is housing extended beyond this six month period
	Part I, Line 4a	A) SERP = Supplemental Executive Retirement Plan B) CBRP = Cash Balance Restoration Plan C) ESP = Elective Survivor Plan D) SOP = Share Option Plan 1) John F Koster, MD a) SOP Paid - $125,207 2) Michael L Butler a) SERP Earned but not Vested - $56,784 b) SOP Paid - $27,250 3) Jeffrey W Rogers a) ESP Earned but not Paid - $66,589 4) John V Fletcher a) Taxable SERP Vested but not Paid - $ 341,985 b) Taxable CBRP Vested but not Paid - $401,347 c) Non-Taxable CBRP Vested but not Paid - $3,553 d) ESP Earned but not Paid - $38,474 5) Janice A Jones a) Taxable CBRP Vested but not Paid - $ 179 b) Non-Taxable CBRP Vested but not Paid - $312 6) Michael J Madden a) SOP Paid - $146,660 7) Gregory Van Pelt a) Taxable SERP Vested but not Paid - $ 57,732 b) ESP Earned but not Paid - $73,505 c) SOP Paid - $6,030 8) Russell Danielson a) Taxable SERP Vested but not Paid - $ 177,755 b) Non-Taxable SERP Vested but not Paid - $153,373 c) ESP Earned but not Paid - $62,924 9) Arnold R Schaffer a) SERP Earned but not Vested - $34,764 10) John O Mudd a) Taxable SERP Vested but not Paid - $ 244,875 b) Non-Taxable SERP Vested but not Paid - $22,155 11) Keith Marton, MD a) SERP Earned but not Vested - $ 15,840 12) Claudia Haglund a) ESP Earned but not Paid - $19,017 13) Charles E Hawley a) Taxable SERP Vested but not Paid - $ 59,240 b) Non-Taxable SERP Vested but not Paid - $69,086 14) John Kenagy a) SERP Earned but not Vested - $ 11,976 15) Tom Johnson a) SERP Earned but not Vested - $7,620 16) Deborah Burton a) SERP Earned but not Vested - $15,720 17) Lawrence C Kleinman a) Severance - $88,996 18) Terry L Smith a) Taxable CBRP Vested but not Paid - $307 b) Non-Taxable CBRP Vested but not Paid - $405 c) ESP Earned but not Paid - $51,244 19) David T Underriner a) Non-Taxable SERP Earned but not Vested - $6,048 b) ESP Earned but not Paid - $26,382 20) June Chrisman a) Taxable CBRP Vested but not Paid - $2,596 b) Non-Taxable CBRP Vested but not Paid - $3,450 21) Janice Burger a) Non-Taxable SERP Earned but not Vested - $22,428 b) ESP Earned but not Paid - $22,655 22) Richard Cagen a) Taxable SERP Paid - $ 698,424 b) Non-Taxable SERP Vested but not Paid - $11,156 c) Severance - $189,870 23) Craig L Wright a) Non-Taxable SERP Earned but not Vested - $23,976 24) Lisa Vance a) Non-Taxable SERP Earned but not Vested - $22,308 25) Walter J Urba a) Taxable CBRP Vested but not Paid - $53,259 b) Non-Taxable CBRP Vested but not Paid - $10,953 26) Ted J Dodge a) Severance - $221,539 27) John A Schwartz a) Taxable CBRP Vested but not Paid - $162,751 28) James B Durham a) Taxable CBRP Vested but not Paid - $31,840 b) Non-Taxable CBRP Vested but not Paid - $7,068 29) Tom Hanenburg a) Non-Taxable SERP Earned but not Vested - $ 9,828

Additional Data Return to Form

Software ID:
Software Version:
EIN: 51-0216587
Name: PROVIDENCE HEALTH & SERVICES - OREGON

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
John F Koster MD	(I)	0	0	0	0	0	0	0
	(II)	1,054,225	539,663	145,207	35,987	18,894	1,793,976	0
Michael L Butler	(I)	0	0	0	0	0	0	0
	(II)	641,768	277,077	47,250	101,112	19,577	1,086,784	0
Terry L Smith	(I)	0	0	0	0	0	0	0
	(II)	492,266	141,265	125,227	171,047	19,716	949,521	0
Jeffrey W Rogers	(I)	0	0	0	0	0	0	0
	(II)	451,177	134,054	15,000	166,745	18,406	785,382	0
Shelly M Handkins	(I)	0	0	0	0	0	0	0
	(II)	283,439	78,308	31,500	48,173	19,260	460,680	0
Russell Danielson	(I)	0	0	0	0	0	0	0
	(II)	631,287	362,603	137,351	290,808	19,846	1,441,895	0
Eugene Al Parrish	(I)	0	0	0	0	0	0	0
	(II)	478,507	171,243	20,025	34,367	21,288	725,430	0
John V Fletcher	(I)	0	0	0	0	0	0	0
	(II)	509,843	930,337	20,000	115,003	18,848	1,594,031	0
Janice J Jones	(I)	0	0	0	0	0	0	0
	(II)	542,820	224,045	36,500	45,343	21,743	870,451	0
Michael J Madden	(I)	0	0	0	0	0	0	0
	(II)	648,456	217,490	216,419	73,187	21,218	1,176,770	0
Gregory Van Pelt	(I)	0	0	0	0	0	0	0
	(II)	546,299	312,685	42,530	168,003	19,140	1,088,657	0
Arnold R Schaffer	(I)	0	0	0	0	0	0	0
	(II)	544,431	262,151	36,500	70,825	20,270	934,177	0
John O Mudd	(I)	0	0	0	0	0	0	0
	(II)	318,605	373,612	36,500	54,751	17,552	801,020	0
Keith Marton MD	(I)	0	0	0	0	0	0	0
	(II)	405,001	154,072	36,500	41,702	16,907	654,182	0
Craig L Wright	(I)	0	0	0	0	0	0	0
	(II)	398,857	135,325	15,000	60,602	19,969	629,753	0
Claudia Haglund	(I)	0	0	0	0	0	0	0
	(II)	306,721	103,478	31,500	118,557	17,675	577,931	0
Charles E Hawley	(I)	0	0	0	0	0	0	0
	(II)	299,607	159,970	31,500	150,091	17,359	658,527	0
Joel S Gilbertson	(I)	0	0	0	0	0	0	0
	(II)	243,430	62,436	132,492	25,793	18,300	482,451	0
David T Underriner	(I)	0	0	0	0	0	0	0
	(II)	356,626	74,601	31,500	91,277	19,911	573,915	0
Cindra R Syverson	(I)	0	0	0	0	0	0	0
	(II)	342,337	92,723	275,546	22,187	19,680	752,473	0
John Kenagy	(I)	0	0	0	0	0	0	0
	(II)	306,597	86,481	31,500	37,838	19,005	481,421	0
June Chrisman	(I)	0	0	0	0	0	0	0
	(II)	263,625	78,919	31,500	81,597	17,322	472,963	0
Janice Burger	(I)	0	0	0	0	0	0	0
	(II)	273,008	61,086	15,000	52,181	19,215	420,490	0
Lisa Vance	(I)	0	0	0	0	0	0	0
	(II)	258,785	50,818	31,500	65,106	11,383	417,592	0
Tom Johnson	(I)	0	0	0	0	0	0	0
	(II)	217,404	67,788	29,991	32,340	10,595	358,118	0
Deborah Burton	(I)	0	0	0	0	0	0	0
	(II)	265,243	2,903	15,000	43,027	16,064	342,237	0
Walter J Urba	(I)	601,788	139,099	0	51,128	9,915	801,930	0
	(II)	0	0	0	0	0	0	0
Ted J Dodge	(I)	492,065	0	238,039	27,470	15,321	772,895	0
	(II)	0	0	0	0	0	0	0
John A Schwartz	(I)	528,733	162,751	16,500	27,991	16,442	752,417	0
	(II)	0	0	0	0	0	0	0
Erin J Allen	(I)	596,911	0	16,500	24,912	16,013	654,336	0
	(II)	0	0	0	0	0	0	0
James B Durham	(I)	504,328	44,307	3,883	43,183	11,567	607,268	0
	(II)	0	0	0	0	0	0	0
Lawrence C Kleinman	(I)	0	0	0	0	0	0	0
	(II)	11,977	82,639	138,495	19,830	4,184	257,125	0
Tom Hanenburg	(I)	0	0	0	0	0	0	0
	(II)	234,496	54,302	31,500	34,088	16,139	370,525	0
Richard Cagen	(I)	0	0	0	0	0	0	0
	(II)	0	698,424	196,484	36,400	5,538	936,846	698,424

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319063060

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
PROVIDENCE HEALTH & SERVICES - OREGON

Employer identification number
51-0216587

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased Yes	(g) Defeased No	(h) On Behalf of Issuer Yes	(h) On Behalf of Issuer No
A	Hospital Facility Authority of Clackamas County	93-0847114	179027TU1	05-16-2003	213,475,000	Refund Series 1987 & 1992 Bonds & Capital Construction		X		X
B	Hospital Facility Authority of Multnomah County	93-1266280	62551PAV9	07-21-2004	104,904,239	Construction of Patient Tower & Parking Structure at PPMC & Child Center		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	213,475,000	104,904,239			
2	Gross proceeds in reserve funds					
3	Proceeds in refunding or defeasance escrows	13,307,793				
4	Other unspent proceeds					
5	Issuance costs from proceeds	2,047,481	1,094,787			
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds	198,119,726	103,809,452			
8	Year of substantial completion	2006	2007			

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X						
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X						
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 %		0 %						
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %		0 %						
6	Total of lines 4 and 5		0 %		0 %						
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X							

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X						
2	Is the bond issue a variable rate issue?	X			X						
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X						
b	Name of provider	NA		NA							
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X		X						
b	Name of provider	NA		NA							
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		X		X						
5	Were any gross proceeds invested beyond an available temporary period?		X		X						
6	Did the bond issue qualify for an exception to rebate?		X		X						

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319063060

Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
PROVIDENCE HEALTH & SERVICES - OREGON

Employer identification number
51-0216587

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
John F Koster MD	Officer	158,916,038	Purchase of supplies through cooperative of which Dr Koster is a Director		No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319063060

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
PROVIDENCE HEALTH & SERVICES - OREGON

Employer identification number
51-0216587

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (Auction Items)	X	287	53,599	Fair Market Value
26	Other ▶( )				
27	Other ▶( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . | 29 | 0

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
Method for Determining Number of Contributors	Part I, Column (b)	Amounts shown are based on the actual number of contributions received

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319063060

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
PROVIDENCE HEALTH & SERVICES - OREGON

Employer identification number
51-0216587

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		The sole Member of the Corporation is Providence Health & Services
Form 990, Part VI, Section A, line 7a		The powers of the Corporate Member include the provision to appoint the number of Directors, appoint the Board of Directors and to remove such Directors at any time with or without cause
Form 990, Part VI, Section A, line 7b		1) To adopt or change the mission, philosophy, and values, including the strategic plan and mission statement 2) To amend or repeal the Articles of Incorporation or Bylaws 3) To approve the acquisition of assets, the incurrence of indebtedness or the lease, sale transfer, assignment or encumbering of assets exceeding a specified threshold, or the sale or transfer of any property which may have historical or religions significance 4) To approve the dissolution or liquidation 5) To approve the annual operating and capital budgets 6) To appoint the certified public accountants 7) To approve the closure of any institution or major ministry or work of the Corporation
Form 990, Part VI, Section B, line 11		The Form 990 is prepared internally by experienced staff and reviewed by external tax advisors The Board of Directors reviewed the Form 990 prior to filing with the IRS
Form 990, Part VI, Section B, line 12c		Providence Health & Services maintains a conflict of interest policy that applies to board members and management of all Providence-related organizations The purpose of the policy is to guide and direct those serving the Providence Health & Services' corporations and other legal entities so they can (1) fulfill their fiduciary responsibilities and exercise stewardship in ways that promote and protect the best interests of Providence and, (2) avoid situations that create a conflict, or the appearance of a conflict, between the interests of an individual associated with Providence and Providence On an annual basis, each board member and management level employee must complete and submit an updated conflict of interest statement Conflict of interest disclosures are reviewed by the System Integrity Department working in conjunction with the Department of Legal Affairs If it is determined that an actual conflict exists, appropriate follow-up action is taken with the individual to rectify the conflict
Form 990, Part VI, Section B, line 15		It is Providence's intention to make financial information accessible and transparent Although the filing of Form 990 provides insight into how Providence achieves its Mission, delivers its programs and stewards its finances, deciphering the information directly from Form 990 can be challenging The following paragraphs provide further information about the process we use to determine compensation for top management, officers and key employees Providence has a single fiduciary Board, with responsibility for financial oversight associated with fulfillment of the Providence Mission, developing system policies, protecting the assets entrusted to the organization and overseeing the strategic and operational affairs of Providence's legal entities Providence also maintains a network of community ministry boards with responsibility for quality of care oversight, community relations, advocacy and community needs assessments Providence has a consistent compensation philosophy for all of its employees, including our senior executives Salaries for senior executives are determined by the Providence Board's Human Resources Committee and approved by the full Board of Directors, none of whom is a Providence employee The Board retains an independent consultant each year to review salaries of those in the most significant leadership roles in the organization Part of the consultant's role is to review an extensive array of compensation surveys of large, not-for-profit health care systems in the United States Providence is one of the larger health systems in the country, and as such, the Board benchmarks executive compensation against other large, not-for-profit health systems whose revenue is similar to that of Providence Base salaries for Providence executives are set at the median level of the market, as identified by the independent consultant and reviewed with the Human Resources Committee Each year, the Board Chair conducts a formal performance evaluation of the President/CEO that considers input from the other directors and senior leaders reporting to the President The evaluation is discussed with the Human Resources Committee and then a recommendation is made by the committee to the full Board The Board Chair and the Chair of the Human Resources Committee also meet with an independent consultant to develop a salary recommendation, which is reviewed and approved first by the committee and then by the Board of Directors Additionally, the President/CEO utilizes the market information provided by the consultant along with formal performance evaluations, to determine salary recommendations for other senior executives This process includes a rigorous analysis of those recommendations with the Human Resources Committee as a part of the review and approval process Performance incentives allow executives to earn additional compensation if they achieve specific organizational and individual goals for furthering Providence operating principles & advancing the Providence Mission and core values, meeting benchmarks for charity care, achieving quality targets, delivering top-rated customer satisfaction, meeting employee satisfaction goals and reaching financial performance objectives The Board of Directors conducts a thorough process to ensure performance incentives are aligned with appropriate practices for not-for-profit health care systems The Board's process for executive compensation fully complies with IRS standards and mirrors the best practices recommended in the "Report to Congress and the Nonprofit Sector on Governance, Transparency, and Accountability" submitted to the Senate Finance Committee by the Panel on the Nonprofit Sector
Form 990, Part VI, Section C, line 19		Public disclosure of governing documents, conflict of interest policy and 990 filings are made available to the public upon written request Financial statements are available on our public Internet site www providence org All governing policies including the conflict of interest policy, as well as 990 filings are available to employees on the Intranet site
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, the investment committee, and informs the Board of Directors of critical risk areas and recommended mitigation

Identifier	Return Reference	Explanation
FORM 990, SCHEDULE J, PART II	EXECUTIVE PERFORMANCE AWARDS PROGRAM	The Providence Executive Performance Awards Program provides a lump sum award annually as a percent of the executive's base pay Percent opportunities are aligned with our total compensation philosophy as outlined in Part VI, Section B, Line 15 (Process for determining compensation of top management, officers & key employees) The performance award is based on the level of accomplishment of annual system objectives and personal objectives In 2009, 70 percent of the participant awards were based on pre-determined organizational goals consistent with Providence's five strategic priorities of mission driven, financially responsible, people centered, service oriented and quality focused In 2009 the percent allocation for each of these strategic priorities was Mission driven 10% Financially responsible 20% People centered 10% Service oriented 10% Quality focused 20% To ensure affordability of the program, the organization must meet a threshold of 50 percent of budgeted net operating income

FORM 990, PART VII, LINE 1A HOURS WORKED The average hours per week reflect hours worked for the entire Providence Health & Services healthcare system and are not allocated to the individual reporting entity FORM 990, PART I, LINE 6 VOLUNTEERS In addition to the time spent by the Board of Directors, other volunteers serve in numerous capacities throughout Providence Health & Services - Oregon facilities These various tasks include but are not limited to Routine clerical duties Greeting people and directing them to the correct areas of the facility Staffing the gift shops Delivering flowers and mail to patients Visiting with patients and their families FORM 990, PART VII RELIGIOUS COMMUNITY MEMBERS As members of the Religious Community, each Sister has taken a vow of poverty as a compulsory part of her religious life Any compensation for services of a Sister inures only for the benefit of the Community, not the individual members All payments for services are made directly to the Religious Community

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493319063060

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ 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.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
PROVIDENCE HEALTH & SERVICES - OREGON

Employer identification number
51-0216587

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
Providence Fairview Properties LLC 1235 NE 47th Avenue Suite 260 Portland, OR 97213 51-0216587	Own & Manage Land for future development	OR	0	1,646,195	Providence Health & Services - Oregon
Providence Padden Properties LLC 1235 NE 47th Avenue Suite 260 Portland, OR 97213 51-0216587	Own & Manage Land for future development	OR	0	1,700,000	Providence Health & Services - Oregon

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? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No
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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	
n Sharing of paid employees	1n	Yes	
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p	Yes	
q Other transfer of cash or property to other organization(s)	1q	Yes	
r Other transfer of cash or property from other organization(s)	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? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproprtionate allocations? Yes	(f) No	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 51-0216587
Name: PROVIDENCE HEALTH & SERVICES - OREGON

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, WA 980579016 51-0216586	Healthcare System	WA	501(c)(3)	Line 3	N/A
Providence Health System - So California 1801 Lind Avenue SW 9016 Renton, WA 980579016 51-0216589	Healthcare System	CA	501(c)(3)	Line 3	N/A
Everett Transitional Care Services PO Box 1067 Everett, WA 982061067 94-3264605	Transitional Care	WA	501(c)(3)	Line 9	N/A
Providence Hospice & Home Care of Snohomish County 2731 Wetmore 500 Everett, WA 98201 91-1054828	Hospice & Home Care	WA	501(c)(3)	Line 7	N/A
Providence Oregon Management Corporation 1801 Lind Avenue SW 9016 Renton, WA 980579016 93-0813977	Shell Corporation	OR	501(c)(3)	Line 1	N/A
Providence Plan Partners 3601 SW Murray Blvd 10 Beaverton, OR 97005 91-1861964	Healthcare Services	OR	501(c)(4)	N/A	N/A
Providence Health Plan 3601 SW Murray Blvd 10 Beaverton, OR 97005 93-0863097	Health Service Contractor	OR	501(c)(4)	N/A	N/A
Providence Health Assurance 3601 SW Murray Blvd 10 Beaverton, OR 97005 55-0828701	Medicaid Healthcare Provider	OR	501(c)(4)	N/A	N/A
Providence Medical Institute 4101 Torrance Blvd Torrance, CA 90503 33-0283773	Healthcare	CA	501(c)(3)	Line 11/Type I	N/A
Little Company of Mary Ancillary Services Corporation 4101 Torrance Blvd Torrance, CA 90503 33-0844408	Imaging Services	CA	501(c)(3)	Line 9	N/A
Providence TrinityCare Hospice 2601 Airport Drive 230 Torrance, CA 90505 95-3264139	Hospice	CA	501(c)(3)	Line 9	N/A
Providence Health System Housing 1801 Lind Avenue SW 9016 Renton, WA 980579016 94-3230587	Assisted Living	AK	501(c)(3)	Line 9	N/A
Providence St Francis Association 3415 12th Avenue NE Olympia, WA 98506 94-3244854	Housing	WA	501(c)(3)	Line 7	N/A
Providence Rossi Association 1700 Providence Pl Centralia, WA 98531 31-1584166	Housing	WA	501(c)(3)	Line 9	N/A
Lundberg Association 5921 E Burnside Portland, OR 97215 91-1562797	Housing	OR	501(c)(3)	Line 7	N/A
Providence St Elizabeth House Association 3201 SW Graham St Seattle, WA 98126 91-2171539	Housing	WA	501(c)(3)	Line 7	N/A
The Gamelin Oregon Association 5520 NE Glisan Portland, OR 97213 91-1214491	Housing	OR	501(c)(3)	Line 9	N/A
Providence Gamelin House Association 4515 MLK Jr Way S Ste 200 Seattle, WA 98108 31-1744654	Housing	WA	501(c)(3)	Line 7	N/A
Gamelin Washington Association 1423 First Avenue Seattle, WA 98101 20-1910170	Housing	WA	501(c)(3)	Line 7	N/A
St Luke Association 350 Washington Ave SE Chehalis, WA 98352 94-3176618	Housing	WA	501(c)(3)	Line 7	N/A
The Gamelin California Association 540 23rd St Oakland, CA 94612 91-1293869	Housing	CA	501(c)(3)	Line 9	N/A
The Gamelin Association 312 North Fourth St Yakima, WA 98901 91-1180824	Housing	WA	501(c)(3)	Line 1	N/A
Providence Blanchet Association 1700 Providence Pl Centralia, WA 98531 91-1789266	Housing	WA	501(c)(3)	Line 7	N/A
Providence Peter Claver Association 7101 38th Avenue South Seattle, WA 98118 31-1629656	Housing	WA	501(c)(3)	Line 7	N/A
Providence Foundation 1801 Lind Avenue SW 9016 Renton, WA 980579016 94-3078543	Support PH&S Institutions	WA	501(c)(3)	Line 11/Type I	N/A
Providence Alaska Foundation 3300 Providence Drive - B Tower2 Anchorage, AK 99508 92-0093565	Support PHS-Alaska	AK	501(c)(3)	Line 11/Type I	N/A
Providence St Peter Foundation 413 Lilly Road NE Olympia, WA 985065166 91-1097056	Support Affiliated Tax-Exempt Organization	WA	501(c)(3)	Line 7	N/A
Providence Health Care Foundation (Centralia) 914 S Scheuber Road Centralia, WA 98531 91-1433382	Support Providence Centralia Hospital	WA	501(c)(3)	Line 7	N/A
Providence Mount St Vincent Foundation 4831 - 35th Avenue SW Seattle, WA 981262799 91-1188119	Support Providence Mount St Vincent	WA	501(c)(3)	Line 7	N/A
Providence Marianwood Foundation 3725 Providence Point Drive SE Issaquah, WA 980297219 93-1554288	Support Providence Marianwood	WA	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 Newberg Health Foundation 1001 Providence Drive Newberg, OR97132 93-0889144	Support Providence Newberg Medical Center	OR	501(c)(3)	Line 7	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 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 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 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 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 Milwaukie Foundation 10150 SE 32nd Milwaukie, OR97222 94-3079515	Support Providence Milwaukie Hospital	OR	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 Foundation 2601 Airport Drive 230 Torrance, CA90505 33-0261016	Support TrinityCare Hospice	CA	501(c)(3)	Line 7	N/A
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
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
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 Sciences Center 500 W Broadway PO Box 4587 Missoula, MT598064587 81-0231793	Healthcare	MT	501(c)(3)	Line 3	N/A
St Joseph Hospital Corporation PO Box 1010 Polson, MT598601010 81-0463482	Healthcare	MT	501(c)(3)	Line 3	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
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 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
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) Disproprtionate allocations? Yes	(h) Disproprtionate allocations? No	(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner? Yes	(j) General or Managing Partner? No
ProvidenceSilverton Rehab LLC 1235 NE 47th Avenue Suite 260 Portland, OR97213 48-1287267	Rehabilitation Services	OR	N/A	Related	53,803	57,036		No		Yes	
Central Point MRI LLC 870 S Front Street Central Point, OR97502 26-1975164	MRI Services	OR	N/A	Related	112,813	1,227,399		No		Yes	
Surgery Center at Tanasbourne LLC 1235 NE 47th Avenue Suite 260 Portland, OR97213 20-8187971	Ambulatory Surgery Center	OR	N/A	Related	-2,147,994	3,203,512		No		Yes	
Oregon Outpatient Surgery Center 7300 SW Childs Rd Tigard, OR97224 22-3883387	Ambulatory Surgery Center	OR	N/A	Related	605,737	1,452,631		No			No
Bridgeport Medical Imaging LLC dba Center for Imaging-Bridgeport 1235 NE 47th Ave Suite 288 Portland, OR97213 26-0796953	Imaging-Diagnostics	OR	N/A	Related	-755,603	1,219,721		No		Yes	
Clackamas Radiation Oncology Center LLC 1235 NE 47th Ave Suite 288 Portland, OR97213 26-0381897	Radiation Oncology Services	OR	N/A	Related	-1,231,476	3,502,752		No		Yes	
Portland Medical Imaging LLC 10538 SE Washington St Portland, OR972162809 20-1054971	Imaging-Diagnostics	OR	N/A	Related	150,689	1,637,310		No		Yes	
Center for Medical Imaging LLC 1235 NE 47th Ave Suite 288 Portland, OR97213 20-0477972	Imaging-Diagnostics	OR	N/A	Related	109,888	1,610,613		No		Yes	
Center for Specialty Surgery 11782 SW Barnes Rd Portland, OR97225 26-3638838	Ambulatory Surgery Center	OR	N/A	Related	62,377	1,304,081		No		Yes	
Providence Radiation Oncology Development Assn LLC 1235 NE 47th Ave Suite 288 Portland, OR97213 26-0682491	Real Estate - MOB	OR	N/A	Excluded	-240,252	4,535,887		No		Yes	

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 Benedictine Nursing Center Foundation	C	126,411
(2)	Providence Benedictine Nursing Center Foundation	B	5,400
(3)	Providence Child Center Foundation	C	1,853,587
(4)	Providence Child Center Foundation	B	50,500
(5)	Providence Community Health Foundation	C	614,150
(6)	Providence Community Health Foundation	B	7,500
(7)	Providence Health & Services - WA	C	557,556
(8)	Providence Hood River Memorial Hospital Foundation	C	385,700
(9)	Providence Hood River Memorial Hospital Foundation	P	216,523
(10)	Providence Milwaukie Foundation	C	396,421
(11)	Providence Milwaukie Foundation	B	75,400
(12)	Providence Newberg Health Foundation	C	188,106
(13)	Providence Newberg Health Foundation	P	283,450
(14)	Providence Portland Medical Foundation	C	4,966,446
(15)	Providence Portland Medical Foundation	B	28,756
(16)	Providence Seaside Hospital Foundation	C	208,653
(17)	Providence St Vincent Medical Foundation	C	9,545,294
(18)	Providence St Vincent Medical Foundation	B	1,510,000
(19)	Providence Health System - So California dba Holy Cross Medical Center	A	2,532,468
(20)	Providence Health System - So California dba Holy Cross Medical Center	R	247,500
(21)	Providence Plan Partners	N	48,445,229
(22)	Providence Plan Partners	P	14,183,965
(23)	Providence Plan Partners	M	3,711,235
(24)	Providence Health Plan	P	419,578
(25)	Providence Health Assurance	P	184,558
(26)	Oregon Outpatient Surgery Center	A	661,303
(27)	Central Point MRI LLC	A	140,000
(28)	Center for Medical Imaging LLC	B	505,125
(29)	Portland Medical Imaging LLC	B	80,000
(30)	Willamette Falls Hospital	Q	1,066,176
(31)	Willamette Falls Hospital Foundation	B	3,500,000
(32)	Providence Health & Services - WA	P	2,188,861
(33)	Providence Health & Services - WA	N	164,223
(34)	Providence Health & Services - WA	M	2,676,246
(35)	Providence Health & Services - WA	R	141,139,579
(36)	Providence Benedictine Nursing Center Foundation	P	118,945
(37)	Providence Child Center Foundation	P	406,923
(38)	Providence Community Health Foundation	P	512,775
(39)	Providence Milwaukie Foundation	P	238,841
(40)	Providence Portland Medical Foundation	P	156,775
(41)	Providence St Vincent Medical Foundation	P	701,929

Additional Data

Software ID:
Software Version:
EIN: 51-0216587
Name: PROVIDENCE HEALTH & SERVICES - OREGON

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

4d. Other program services

(Code) (Expenses $ 166,822,498 including grants of $ 0) (Revenue $ 202,972,189)

Long-Term Care, Homecare, Hospice, Housing & Assisted Living LTC Patient Days - 61,090, Home & Hospice Visits - 403,200, Housing & Assisted Living Days - 136,106

(Code) (Expenses $ 7,429,459 including grants of $ 7,429,459) (Revenue $ 0)

Grants & Allocations to Community Organizations - See Schedule I

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

(A) Name and Title	(B) Average hours per week	(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	Former			
E Kay Stepp Chair of the Board	5 20	X		X				0	50,000	0
M Adrian Davis LCM Director	3 90	X						0	0	0
Lucille Dean SP Director	6 00	X						0	0	0
Michael A Stein Director	3 90	X						0	18,000	0
Mary Corita Heid RSM Director	3 90	X						0	0	0
Dana A Rasmussen Director	3 80	X						0	15,000	0
Paul A Redmond Director	3 80	X						0	18,000	0
James S Roberts MD Director	5 80	X						0	15,000	0
Peter J Snow Director	3 70	X						0	15,000	0
Jeffrey B Clode MD Director	4 00	X						0	18,000	0
Gerald P Leahy Director	5 10	X						0	15,000	0
Owen B Robinson Director	5 40	X						0	15,000	0
Philip J Thompson Director	5 40	X						0	15,000	0
Ellen L Wolf Director	4 80	X						0	18,750	0
John F Koster MD President/CEO	50 00			X				0	1,739,095	54,881
Michael L Butler Exec VP/CFO	65 00			X				0	966,095	120,689
Terry L Smith COO - OR Region	40 00			X				0	758,758	190,763
Jeffrey W Rogers Corporate Secretary	50 00			X				0	600,231	185,151
Shelly M Handkins CFO - OR Region	50 00			X				0	393,247	67,433
Russell Danielson SVP/CEO - OR Region	50 00			X				0	1,131,241	310,654
Eugene Al Parrish SVP/CEO - AK Region	50 00				X			0	669,775	55,655
John V Fletcher SVP/CEO - WA/MT Region	55 00				X			0	1,460,180	133,851
Janice J Jones SVP/CAO	55 00				X			0	803,365	67,086
Michael J Madden VP/Advocacy & Develop	50 00				X			0	1,082,365	94,405
Gregory Van Pelt Executive VP	55 00				X			0	901,514	187,143

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

(A) Name and Title	(B) Average hours per week	(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	Former			
Arnold R Schaffer SVP/CEO - CA Region	60 00				X			0	843,082	91,095
John O Mudd SVP/Mission Ldrship	50 00				X			0	728,717	72,303
Keith Marton MD SVP/CMQO	60 00				X			0	595,573	58,609
Craig L Wright CEO/Ambulatory Clin Svc	55 00				X			0	549,182	80,571
Claudia Haglund VP/Gov /Sponsorship	50 00				X			0	441,699	136,232
Charles E Hawley VP/Public Affairs	60 00				X			0	491,077	167,450
Joel S Gilbertson VP/Public Affairs	50 00				X			0	438,358	44,093
David T Underriner CEO - PSA	40 00				X			0	462,727	111,188
Cindra R Syverson VP/CHRO	55 00				X			0	710,606	41,867
John Kenagy VP/CIO	60 00				X			0	424,578	56,843
June Chrisman CHRO - OR Region	40 00				X			0	374,044	98,919
Janice Burger CEO - SVMC	40 00				X			0	349,094	71,396
Lisa Vance CEO - PPMC	40 00				X			0	341,103	76,489
Tom Johnson VP/Communications	45 00				X			0	315,183	42,935
Deborah Burton VP/Chief Nursing Officer	60 00				X			0	283,146	59,091
Walter J Urba Clin Research Admin	40 00					X		740,887	0	61,043
Ted J Dodge Cardiology Phys	40 00					X		730,104	0	42,791
John A Schwartz Cardiology Phys	40 00					X		707,984	0	44,433
Erin J Allen PMG Dermatology	40 00					X		613,411	0	40,925
James B Durham Med Dir Pathology	40 00					X		552,518	0	54,750
Lawrence C Kleinman Former VP/HR	0 00						X	0	233,111	24,014
Tom Hanenburg Former CEO - SOSA	40 00						X	0	320,298	50,227
Richard Cagen Former COO - OR Region	0 00						X	0	894,908	41,938

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Bad Debts	49,639,198	49,639,198		
Provider Tax Expense	14,894,640	14,894,640		
Research Expenses	7,849,637	7,849,637		
Fundraising Expenses	3,279,423			3,279,423
Recruitment/Relocation	2,392,023	399,069	1,992,954	