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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

| _ | | | | | | | | | | | |
|--------------------------------------|------------|------------------------------|--|---|----------------------------|------------------|------------------|-----------------------|---|--------------------------|------------------|
| | For th | e 2009 calen | dar year, | or tax year beginning | | 9, and endin | ig | | <u>, , , , , , , , , , , , , , , , , , , </u> | | |
| В | Check if | applicable | | C | | |] D | Employe | r Identification | Number | |
| | Add | dress change | Please use IRS label | Health Services Foun | dation | | | 73-0 | 599682 | | |
| | Na | me change | or print or type. | dba Providence Place | ! | | E | Telephor | ne number | | |
| | \vdash | ial return | See | P.O. Box 1712 | | | | 580- | 256-590 | n | |
| | \vdash | | specific Instruc- | Woodward, OK 73802 | | | ⊢ | 300 | 230 330 | <u> </u> | |
| | H | mination | tions. | | | | | | | 010 | |
| | ⊢ Am | ended return | | <u> </u> | | | | Gross re | | | 121. |
| | L Apı | plication pending | | and address of principal officer | | | H(a) Is this a g | • | | Yes | X No |
| | | | Same A | As C Above | | | H(b) Are all aff | | ded? see instructions | Yes | No. |
| 1_ | Tax- | exempt statu | ıs 🛛 501 | 1(c) (3) (insert no) | 4947(a)(1) or | 527 | | | 3003 | , | |
| J | Web | site: N/ | A. | | | | H(c) Group exe | mption nur | mber 🏲 | | |
| ĸ | Form | of organization | Corpora | ation Trust Association O | Other > L | Year of Forma | <u> </u> | | ate of legal dor | ———— ncile | |
| _ | ırt I | Summa | | 3.00. | | | | 1 | oto or rogar and | | |
| | | | | ganization's mission or most sign | ificant activities 1 | o provi | do acció | rt od 1 | iving | ervice | |
| |] ' ' | Differily descri | DE LITE OIL | ganization s mission of most sign | inicant activities _1 | ro brosī | ne assi: | sieu . | rī ā ī ī ī ā | ET ATC | ? <u>S</u> |
| Š | - | | - - | · | | | | | _ | | |
| . ७ ८ ।।। Activities & Governance | ነ - | | - | | | | | | | | |
| Ver | | | | | | | | | | | |
| Ĝ | l . | Check this bo | | if the organization discontinued if | | posea of mo | ore than 257 | 6 OT ITS 8 | _ 1 | | 11 |
| ح مق | | | | nbers of the governing body (Part | | a 16) | | | 3 4 | | $-\frac{11}{11}$ |
| 5 8 | ľ | | | nt voting members of the governing | ig body (Fart VI, III | ie ib) | | ŀ | 5 | | |
| √ <u>₹</u> | | | | byees (Part V, line 2a) | | | | | 6 | | 33 |
| े दू | | | | teers (estimate if necessary) | naluman (C) luna 10 | | | - | 7a | | 0. |
| _ Q | ı | | | business revenue from Part VIII, o | | | | } | | | 0. |
| | D | ivet unrelated | business | s taxable income from Form 990- | 1, line 34 | | | | 7b | | |
| 2 | [| | | | | | Pric | or Year | | urrent Ye | |
| • | 8 | Contributions | and gran | nts (Part VIII, line 1h) | | | | 10,5 | | | 300. |
| Ž | | | | nue (Part VIII, line 2g) | | | L | 798,6 | | | 659. |
| Revenue | 10 | Investment in | come (Pa | art VIII, column (A), lines 3, 4, an | nd 7d) | | | 18,0 | | 9, | 863. |
| Œ | 11 | Other revenu | e (Part VI | III, column (A), lines 5, 6d, 8c, 9c | c, 10c, and 11e) | | | 24,3 | 87. | 7, | 299. |
| | 12 | Total revenue | – add lii | ines 8 through 11 (must equal Pai | rt_VIII, column (A), | line 12) | | 851,5 | 93. | 912, | 121. |
| | 13 | Grants and si | mılar amı | ounts paid (Part IX, column (A), I | lines 1-3) | | | | | | |
| | 14 | Benefits paid | to or for | members (Part IX, column (A), In | ne 4) | | | | | | |
| | | - | | nsation, employee benefits (Part | | s 5-10) | | 428,6 | 54 | 500 | 218. |
| e | | | | · • | | .3 0 10) | | 120,0 | | | |
| Expenses | | | | ng fees (Part IX, column (A), line | - | | | | | | - |
| . <u>.</u> | 1 | | - | nses (Part-IX, column (D), line 25 | | | | | | | |
| ш | 17 | Other expens | es (Part I | IX, com (AF Ines 13-11d, 11 | f-24f) | | | 751,8 | 68. | 741, | 311. |
| | | | | ines 13-17 (must equal Part) (co | | | 1, | 180,5 | 22. | 1,241, | 529. |
| | 19 | Revenue less | expense | Subtract line 18 from line (2) | , ,, | | | 328, 9 | | -329, | |
| - R | | | 6 | Subtract line 18 familine (02) | | | | | | | |
| 2 5 | | T.4.14. | 1 | | | | Beginni | | | nd of Ye | |
| Be | | Total assets (| | | | | | $\frac{901,1}{500,7}$ | | <u>5,499,</u> | |
| Net Assats or Fund Balancos | 21 | rotal liabilitie | s (Partix, | , InGCDEN, UI | | | | 599,7 | | 5,527, | |
| | | | | ances Subtract line 21 from line : | 20 | | | 301,3 | 51. | -28, | 049. |
| Pa | rt II | Signatu | re Bloc | ck | | | | | | | |
| | | Under penaltie | s of perjury. | I declare that I have examined this return, in Declaration of prepares (other than officer) | ncluding accompanying sci | hedules and stat | tements, and to | the best of | my knowledge | and belief, it | . IS |
| | | true, correct, a | na gompiete | Declaration of prepared (other than officer) | is based on all informatio | n or wnich prepa | arer nas any kno | wieage/ | / . | | |
| Sig | ın | / / | mi | to long | | | - | 5/1 | 4/201 | 0 | |
| He | re | Signature | of officer | | | | Date | | | | |
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| | | Type or pr | int name and | | Asuren | | | | | | |
| _ | | + | , · · · · · · · · · · · · · · · · · · · | | | Date | T _a . | | Prenarer's | identifying n | umber |
| Pa | : a | | | | | Date | Chec self- | . 1 | (see instru | identifying n ctions) | J |
| Pro | | Preparer's signature | | Com com | | E/10/ | empl | oyed P | ,_ | | |
| | - rer's | signature | | | <u> </u> | 2/15/10 | | | N/A | | |
| Us | | Firm's name (| | ttain & Company PLLC | | | | | | | |
| On | | yours if self- employed), | ► 101 | 1 Texas Avenue | | | EIN | > N/ | 'A_ | | |
| • | ٠., | address, and ZIP + 4 | Woo | dward, OK 73801 | | | Phon | | | 6-683 | 0 |
| May | the If | | | with the preparer shown above? | (see instructions) | | | | - E-1 | Yes | No |
| _ | | | | rwork Reduction Act Notice. see | ` | ctions. | | EEA0113L | | Form 99 0 | |

| | 990 (| | | | Serv | | | | | | | | | | | | | 73-0 | 5996 | 32 | | Page 2 |
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| 2 | Did th | he ord | anızat | ion und | dertake | any si | gnifica | ant pr | ogram | serv | ices di | uring the | vea | r which | were n | ot liste | d on th | e prior | | | | |
| | | | or 990- | | | , | J - | | - 3 - | | | 5 | , | | | | | | | Yes | X | No |
| | | | | | new ser | vices i | on Scl | hedule | <u>- 0</u> | | | | | | | | | | | | لتت | |
| 3 | | | | | | | | | | ant c | hanne | s in how | ıt c | anducts | anv n | rooram | servic | es? | | Yes | X | No |
| ŭ | | - | | | changes | | - | | Jig. IIIIc | , and c | , i ai igc | .5 111 11011 | , ,, ,, | oridacis | , any p | rogram | 30,110 | | ш | | نشتا | |
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| 7 | and 5 | 501(c) | (4) org | ganızatı | ions and | d secti | on 49 | 947(a) | (1) trus | sts ar | e requ | zation's lired to r | epor | t the an | nount o | f grants | s and a | allocatio | ns to of | hers, | the tot | al |
| | exper | nses, | and re | venue, | ıf any, | for ea | ch pro | ogram | servic | e rep | oorted | | | | | - | | | | | | |
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| 44 | Other | pron | ram se | ervices | (Descr | ibe in | Sched | dule C |) } | | | | _ | | | | | | | | | |
| -7 U | | | \$ | | | | | | | nts of | f \$ | | | |) (F | Seveni ia | e Ś | | | | ` | |
| 40 | | | | | expense | | | | L, 15 | | | | | | | iut | <u>~ ~</u> | | | | | |
| | 10101 | p. og | 2.11 30 | | | | | | -, -, | - , 02 | <u>· · · · · · · · · · · · · · · · · · · </u> | | | | | | | | | | | |
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| | | | 163 | 110 |
|-------------|---|-----|----------|-----------------------|
| 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 | х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | X |
| 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 | | X |
| 4 | Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II | _4 | | X |
| 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_ | | Х |
| 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 | | _ <u>x</u> _ |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III | 8 | | X |
| 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 | | х |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? In 'Yes,' complete Schedule D, Part V | 10 | | Х |
| 11 | Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable | 11 | х | |
| • | Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI | Ÿ. | | 7. |
| • | 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 | , | | Manadona unuar e un a |
| • | 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. | , 1 | days. | * |
| • | 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 | | <i>t</i> | , |
| • | 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 | | | |
| | Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII | 12 | х | - |
| 12 <i>F</i> | Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Yes No 12 A X | ¥ | | 1 |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 13 | | X |
| | i Did the organization a school described in section 170(b)(1)(A)(ii) In res, complete schedule E | 14a | | X |
| | 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 | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III | 16 | | X |
| 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 | | X |
| 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 | | X |
| 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 | | |
| 20 | Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H | 20 | | <u>X</u> |
| | | | | |

Form 990 (2009) Health Services Foundation

Part JV Checklist of Required Schedules (continued)

| | | | Yes | No |
|------|--|-----|-----|----------|
| 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 | | <u> </u> |
| 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 | | X |
| 23 | Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> | 23 | | <u>x</u> |
| 24 a | a 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, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No,'go to line 25</i> | 24a | | <u>x</u> |
| t | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | 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 | | |
| C | Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 a | a 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 | | <u>X</u> |
| | 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 | | Х |
| 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 | | х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| á | A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28a | | <u>X</u> |
| 1 | A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28b | | X |
| | 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 direct or indirect owner? If 'Yes,' complete Schedule L, Part IV | 28c | | X |
| | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I | 31 | | <u>X</u> |
| 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 | | X |
| 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 | | X |
| 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 | | Х |
| 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 | | Х |
| 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 | | Х |
| 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 | | X |
| 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 | | X |

| | | | Yes | No |
|----|--|-----|---------|------------|
| 1 | a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S | | 163 | 110 |
| | Information Returns Enter -0- if not applicable 1a 0 | | | |
| | b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 | | | |
| | c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| _ | (gambling) winnings to prize winners? | 1c | | |
| 2 | a 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 33 | | | |
| 2 | b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) | | | |
| | a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | За | | х |
| | b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O | _3b | | |
| 4 | a 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 | | х |
| | 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 | | -d | <u></u> |
| 5 | a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | Х |
| | b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5 b | _ | Х |
| | 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? | 5с | | |
| 6 | 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 | | x |
| | b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? | 6 b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | § 1 | · 4 | % 1 |
| | 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 | | Х |
| | b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | 7b | <u></u> | |
| | c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7с | | Х |
| | d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d | | ~ | 1 |
| | e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | Х |
| | f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | Х |
| | 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 | | * | | |
| | 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. | Ť | | á |
| | a Did the organization make any taxable distributions under section 4966? | 9a | | |
| | b Did the organization make any distribution to a donor, donor advisor, or related person? | 9b | | |
| | Section 501(c)(7) organizations. Enter | | | |
| | a Initiation fees and capital contributions included on Part VIII, line 12 | | | ** |
| | b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | 1 | | |
| | Section 501(c)(12) organizations. Enter | | | * |
| | a Gross income from other members or shareholders. | ļ | | |
| | b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | |
| 12 | a 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 | | | |
| | | | | |

Form **990** (2009)

Form 990 (2009) Health Services Foundation 73-0599682 Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. **Governing Body and Management**

| | | | _ | | Yes | No |
|-----|--|--------------------|-------------|------------|-----|------|
| 1 a | Enter the number of voting members of the governing body | 1a | 11 | | | |
| 1 | Enter the number of voting members that are independent | 1b | 11 | - | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business re | elationship with a | any other | | | - 17 |
| | officer, director, trustee or key employee? | | } | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or of officers, directors or trustees, or key employees to a management company or other pers | | supervision | 3 | | х |
| 4 | Did the organization make any significant changes to its organizational documents | | | 4 | _ | X |
| | since the prior Form 990 was filed? | | | | | |
| 5 | Did the organization become aware during the year of a material diversion of the organization | on's assets? | | 5 | İ | X |
| 6 | Does the organization have members or stockholders? | | | 6 | | X |
| 7 | Does the organization have members, stockholders, or other persons who may elect one or governing body? | more members o | of the | 7a | | Х |
| ı | Are any decisions of the governing body subject to approval by members, stockholders, or o | ther persons? | | 7b | | Х |
| 8 | Did the organization contemporaneously document the meetings held or written actions under the following | ertaken during th | e year by | <i>,</i> , | ** | 4. |
| a | The governing body? | | | 8a | Х | |
| ı | Each committee with authority to act on behalf of the governing body? | | | 8ь | Х | |
| 9 | Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who ca organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O | annot be reached | at the | 9 | | х |

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

| TEV | enue coue) | | Vac | No |
|-----|--|---------|---------|---------------|
| 10: | a Does the organization have local chapters, branches, or affiliates? | 10a | Yes | No X |
| | o If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, | 100 | | _ |
| | and branches to ensure their operations are consistent with those of the organization? | 10 b | | |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | 11 | X | <u> </u> |
| 11 | A Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O | L | | |
| 12 | Does the organization have a written conflict of interest policy? If 'No,' go to line 13 | 12a | | X |
| l | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | |
| • | Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done | 12c | | <u></u> |
| 13 | Does the organization have a written whistleblower policy? | 13 | | X |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | | X |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | ** |
| | The organization's CEO, Executive Director, or top management official | 15 a | | Х |
| 1 | Other officers of key employees of the organization | 15 b | | Х |
| | If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.) | | | |
| 16 | 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 | | X |
| ı | 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 | } | |
| Sec | tion C. Disclosures | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ► None | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) at inspection. Indicate how you make these available. Check all that apply | vaılabl | e for | public |
| | Own website | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest pol statements available to the public | ıcy, ar | nd fina | ancial |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization. | anızat | on | |
| | Christi Pagett Woodward OK 73801 | | _ | |
| | | | | |

Form 990 (2009)

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 organizations'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. 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 employees'

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

- 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, and 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

| (4) | (D) | 1 | | - | - \ | | | (D) | (E) | (F) |
|----------------------|-------------------|--------------------------------|-----------------------|---|--------------|------------------------------|--------|---|---|--|
| (A) | (B) Average | Pos | tion (| | c) | hat appl | | (D) | (E) | |
| Name and Title | hours per week | Individual trustee or director | institutional trustee | | Key employee | Highest compensated employee | Former | Reportable compensation from the organization (W-2/1099-MISC) | Reportable compensation from related organizations (W-2/1099-MISC) | Estimated amount of other compensation from the organization and related organizations |
| Leah Barby | | | | | | | | | | |
| Chairman | 0 | Х | _ | | | | | 0. | 0. | 0. |
| Sandi Liles | ļ | | | | | | | | | |
| Vice Chairman | 0 | X | | | | | | 0. | 0. | 0. |
| Hugh Jones Secretary | 0 | x | | | | | | 0. | 0. | 0. |
| Anita Potts | <u> </u> | | _ | | | | | | | |
| Treasurer | 0 | Х | | | | | | 0. | 0. | 0. |
| | | | | | | | | | | |
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TEEA0107L 11/10/09

| Part VII Section A. Officers, Directors, Trus | (B) | . <u>.</u> | | (| | , | | (D) | (E) | (F) |
|--|----------------------|-----------------------|------------|--------------|--------------|------------|---------------|--|---|---------------------|
| Name and Title | Average | Posi | tion (| - | - | hat a | pply) | Reportable | Reportable | Estimated |
| Name and Title | hours per week | | | Officer | _ | | | compensation from the organization (W-2/1099-MISC) | compensation from related organizations (W-2/1099-MISC) | amount of other |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | _ | | | | | | | |
| | _ | | | | | | | | | |
| 1 b Total | | | | | | | _ | 0. | 0 | |
| 2 Total number of individuals (including but not limite from the organization ► 0 | d to tho | se II | stec | ab | ove) | wn | o re | ceived more than | \$100,000 in repo | Yes No |
| 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such it | | | | | | | | | | 3 X |
| 4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater t individual | portable han \$15 | e coi 50,00 | mpe 00? | nsa If 'Y | tion ′es′ | and com | l oth plet | er compensation e Schedule J for | from such | 4 X |
| 5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sc | ompens hedule . | satio <i>J for</i> | n fr | om a | any erso | unre n | elate | ed organization fo | r services | 5 X |
| Section B. Independent Contractors 1 Complete this table for your five highest compensa | | | d o m | ۱ ۵۵۰ | | **** | the | at recovered more t | ban \$100 000 of | |
| compensation from the organization. | led inde | реп | uem | COI | ııraı | | . IIIa | I | | |
| Name and business addres | ss | | | | | | | Description | of Services | (C) Compensation |
| | _ | | | _ | | | | | | |
| | | | | | | | | | | |
| | | | 4 | Ac 1 | | . 1 | اد ما | - have \ ha | od mars it | |
| 2 Total number of independent contractors (including \$100,000 in compensation from the organization ▶ | | umi | tea | to t | 1056 | : IIS1 | ed a | above) who receiv | red more man | |

| Pa | rt,VIII Statement of Revenue | | | | |
|--|---|----------------------|---|---|---|
| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | Revenue excluded from tax under sections 512, 513, or 514 |
| STS | 1a Federated campaigns 1a | | | | |
| SA | b Membership dues 1 b | | | | |
| S, G | c Fundraising events 1c |] | | | |
| AR. | d Related organizations. | | | | |
| SIS, C | e Government grants (contributions) |] | | | , |
| CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS | f All other contributions, gifts, grants, and similar amounts not included above 1 f 300. | | | 4 | |
| Ž | g Noncash contribns included in lns 1a-1f \$ | | | | |
| | h Total. Add lines 1a-1f | 300. | , | , | |
| PROGRAM SERVICE REVENUE | Business Code | | | | |
| S | 2a Rental Income | 868,500. | 868,500. | | |
| 2 | b Other Client Fees & Servi | 9,880. | 9,880. | | |
| Σ | c Respite Room | 6,769. | 6,769. | | |
| SER | d Guest Meals & Catering Se | 5,477. | 5,477. | | |
| Σ | e Gift Shop & Pop Machine | 2,783. | 2,783. | | |
| 90 | f All other program service revenue | 1,250. | 1,250. | | |
| 8 | g Total. Add lines 2a-2f ▶ | 894,659. | , 🗼 , | - 4 | ·, » |
| | 3 Investment income (including dividends, interest and | | | | |
| | other similar amounts) | 9,863. | 9,863. | | <u> </u> |
| | 4 Income from investment of tax-exempt bond proceeds | | | | _ |
| | 5 Royalties | | | | , , , , , , , , , , , , , , , , , , , |
| | (i) Real (ii) Personal | | , | | \$ 2 |
| | 6a Gross Rents | | * ** | 4 | * **; |
| | b Less rental expenses | * | | | |
| | c Rental income or (loss) | <u> </u> | *************************************** | <u> </u> | <u> </u> |
| | d Net rental income or (loss) | 4 | | | * |
| | 7 a Gross amount from sales of assets other than inventory | *** | * | 3.7 | * |
| | b Less: cost or other basis and sales expenses | * ' | * \$; | · • | |
| | c Gain or (loss) | ×× a | | | |
| | d Net gain or (loss) | | | · | |
| UE | 8a Gross income from fundraising events (not including \$ | | | * ** | , |
| Ę. | of contributions reported on line 1c). | | | | |
| 2 | See Part IV, line 18 | | | | |
| OTHER REVEN | b Less direct expenses b | | | * | · , , », |
| ٥ | c Net income or (loss) from fundraising events | | | | |
| | 9a Gross income from gaming activities See Part IV, line 19 | | | × | |
| | b Less direct expenses b | | | | |
| | c Net income or (loss) from gaming activities | | | | |
| | 10a Gross sales of inventory, less returns and allowances | | | | |
| | b Less cost of goods sold b | | | | |
| | c Net income or (loss) from sales of inventory | · | | | |
| | Miscellaneous Revenue Business Code | | | | 1 |
| ĺ | 11a Physician Incentive | 5,000. | 5,000. | | |
| | b Scholarship Contribution | 1,850. | 1,850. | | |
| | c Other Income | 449. | 449. | | |
| | d All other revenue | | | | |
| | e Total. Add lines 11a-11d | 7,299. | | | |
| | 12 Total revenue. See instructions | 912,121. | 911,821. | 0. | 0. |

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).

| | All other organizations must com | piete column (A) but are | | | |
|-------------|---|--------------------------|--------------------------------------|---|---------------------------------------|
| Do 1 6b, | not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraisingexpenses |
| 1 | Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to individuals in the U.S. See Part IV, line 22 | | | * | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 0. | 0. | 0. | 0. |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B) | 0. | 0. | 0. | 0. |
| 7 | Other salaries and wages | 439,156. | 391,425. | 47,731. | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | 27,847. | 27,847. | | <u> </u> |
| 10 | Payroll taxes | 33,215. | 29,522. | 3,693. | |
| 11 | | , | , | , | |
| | Management | | | | |
| | D Legal | | | | · · · · · · · · · · · · · · · · · · · |
| | Accounting | 4,550. | | 4,550. | |
| | Lobbying | 1,550. | | 1,000. | · |
| | Prof fundraising svcs See Part IV, In 17 | | | | |
| | Investment management fees | | , %, ¢ | *************************************** | |
| | | 6,175. | | 6,175. | |
| | Other | | 4 560 | 0,173. | |
| | Advertising and promotion | 4,560. | 4,560. | 2 174 | |
| 13 | Office expenses | 2,174. | | 2,174. | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | 152. | | 152. | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials. | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | 237,625. | 237,555. | 70. | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 231,506. | 231,192. | 314. | |
| 23 | Insurance | 46,392. | 44,588. | 1,804. | |
| 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 | Cost of Groceries | 82,348. | 82,348. | | |
| | Utilities | 63,364. | 63,364. | | |
| | : Supplies | 21,970. | 19,544. | 2,426. | |
| | Lawn Care | 12,425. | | 12,425. | |
| | Maintenance and Repairs | 11,002. | 11,002. | , | |
| | All other expenses | 17,068. | 16,673. | 395. | |
| | Total functional expenses. Add lines 1 through 24f | 1,241,529. | 1,159,620. | 81,909. | 0. |
| | Joint costs. Check here ► If following | | _,, | 32,303. | |
| | SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |
| BAA | | | | | Form 990 (2009) |

| Pá | art X | Balance Sheet | | | | |
|-----------------|-------|---|--|--------------------------|-----------|---------------------------|
| | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | 137,607. | 1 | 8,549. |
| | 2 | Savings and temporary cash investments | | 570,002. | 2 | 491,497. |
| | 3 | Pledges and grants receivable, net | | | 3 | |
| | 4 | Accounts receivable, net | | | 4 | 350. |
| | 5 | Receivables from current and former officers, director and highest compensated employees Complete Part | rs, trustees, key employees, II of Schedule L | | 5 | |
| | 6 | Receivables from other disqualified persons (as defin | ed under section 4958(f)(1)) | | | |
| | ł | and persons described in section 4958(c)(3)(B). Com | plete Part II of Schedule L | | 6 | |
| ASSETS | 7 | Notes and loans receivable, net | | | 7 | |
| Ĕ | 8 | Inventories for sale or use | Į | | 8 | |
| Ś | 9 | Prepaid expenses and deferred charges | | 13,730. | 9 | 14,620. |
| | 10 a | Land, buildings, and equipment: cost or other basis | 10a 5,506,331. | | | * |
| | | Complete Part VI of Schedule D | | | | |
| | b | Less accumulated depreciation. | 10b 522,347. | 5,178,248. | 10 c | 4,983,984. |
| | 11 | Investments — publicly-traded securities | | | 11 | <u></u> |
| | 12 | Investments – other securities. See Part IV, line 11 | | | 12 | |
| | 13 | Investments – program-related. See Part IV, line 11 | | | 13 | |
| | 14 | Intangible assets | | | 14 | |
| | 15 | Other assets See Part IV, line 11 | | 1,523. | 15 | 740. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line | 34) | 5,901,110. | 16 | _5,499,740. |
| | 17 | Accounts payable and accrued expenses | | 15,134. | 17 | 16,691. |
| | 18 | Grants payable | 1 | | 18 | |
| | 19 | Deferred revenue | 1 | | 19 | |
| į | 20 | Tax-exempt bond liabilities | ļ | | 20 | |
| A B I | 21 | Escrow or custodial account liability Complete Part | | | 21 | |
| Ļ | 22 | Payables to current and former officers, directors, tru highest compensated employees, and disqualified per | stees, key employees, rsons Complete Part II | | | <u> </u> |
| - | | of Schedule L | | | 22 | |
| E S | 23 | Secured mortgages and notes payable to unrelated the | · ' | 5,349,121. | 23 | 5,437,573. |
| | l | Unsecured notes and loans payable to unrelated third | l parties | | 24 | |
| | 25 | Other liabilities Complete Part X of Schedule D | | 235,494. | 25 | 73,525. |
| _ | 26 | Total liabilities. Add lines 17 through 25 | | 5,599,749. | 26 | 5,527,789. |
| N E T | | Organizations that follow SFAS 117, check here | X and complete lines | | . | 4. 4 4 4 |
| _ | | 27 through 29 and lines 33 and 34. | | | <u></u> - | |
| S S | 1 | Unrestricted net assets | , | 283,117. | 27 | -73,589. |
| E S | | Temporarily restricted net assets | } | 18,244. | 28 | 45,540. |
| | 29 | Permanently restricted net assets | - | | 29 | |
| R | | Organizations that do not follow SFAS 117, check he | ere and complete | | | 3 |
| | | lines 30 through 34. | | | | |
| | 30 | Capital stock or trust principal, or current funds | | | 30 | |
| Ř | 31 | Paid-in or capital surplus, or land, building, and equip | F | | 31 | |
| BALANCES | 32 | Retained earnings, endowment, accumulated income | , or other funds | 201 201 | 32 | |
| Ĕ | 33 | Total net assets or fund balances | | 301,361. | 33 | -28,049. |
| <u> </u> | 34 | Total liabilities and net assets/fund balances. | | 5,901,110. | 34 | 5,499,740. |

liabilities and net assets/fund balances. 5, 901, 110. 34 5, 499, 740. Form 990 (2009)

| Form 990 (2009) Health Services Foundation | 73-0599682 | Pa | ige 12 |
|--|-------------------------|-----|--------|
| Part XI Financial Statements and Reporting | | | |
| | | Yes | No |
| 1 Accounting method used to prepare the Form 990: Cash X 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 | | Х |
| b Were the organization's financial statements audited by an independent accountant? | 2b | X | |
| c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for over review, or compilation of its financial statements and selection of an independent accountant? | rsight of the audit, | Х | |
| If the organization changed either its oversight process or selection process during the tax year, expl in Schedule O | laın | , | |
| d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year vectorsolidated basis, separate basis, or both | were issued on a | | |
| X Separate basis Consolidated basis Both consolidated and separate basis | | | |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set for Audit Act and OMB Circular A-133? | th in the Single | ! | Х |
| b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo or audits, explain why in Schedule O and describe any steps taken to undergo such audits | o the required audit 3b | | |

Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

nonexempt charitable trust.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Health Services Foundation dba Providence Place

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Employer identification number 73-0599682

Schedule A (Form 990 or 990-EZ) 2009

| Parl | l | Reason for Pu | blic Charity Statu | is (All organizations | must | comple | ete this | part. | See i | nstruct | ions | | |
|----------|--------|--|--|--|--|-------------------------|---------------------|--|--|--------------------------------|---------------------------------|------------------|-----------------|
| The c | rga | | | use it is: (For lines 1 thro | | | | | | | | | |
| 1 | \Box | | | sociation of churches des | | | | |). | | | | |
| 2 | П | | | A)(ii). (Attach Schedule | | | | | <i>-</i> | | | | |
| 3 | П | | | e organization described | - | ion 170(| БХ1ХА Х | (iii). | | | | | |
| 4 | П | | | ed in conjunction with a l | | | | | '0(b)(1)(| AYiii) Er | nter the ho | spital' | s |
| | _ | name, city, and sta | | , | | | | | -1-//-/ | ,,,,, | | | - |
| 5 | | | erated for the benefit | of a college or university | y owned | or oper | ated by | a gove | rnmenta | l unit de | scribed in | sectio | n |
| 6 | | A federal, state, or | local government or | governmental unit descri | ibed in s | section ' | 170(b)(1 |)(A)(v). | | | | | |
| 7 | | in section 170(b)(1 | (Complete F | | | _ | overnme | ntal un | it or fron | n the ge | neral public | desc | rıbed |
| 8 | 닏 | A community trust | described in section | 170(b)(1)(A)(vi). (Comple | te Part | 11) | | | | | | | |
| 9 | X | 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 org | ganized and operated | exclusively to test for pi | ublic saf | ety See | section | n 509(a) | (4). | | | | |
| 11 | | An organization or | ganized and operated | l exclusively for the bene described in section 509(zation and complete line | fit of to | perform | the fur | nctions i | of orca | rry out ti 509(a)(3 | he purpose). Check t | s of o | ne or k that |
| | _ | a Type I | b Type II | c 🗌 Type II | I – Fun | ctionally | ıntegra | ted | | d 🗍 | Type III- | Other | • |
| е | | By checking this both than foundation ma 509(a)(2) | ox, I certify that the or anagers and other tha | rganization is not control in one or more publicly s | lled direction | ctly or ind d organi | directly zations | by one describ | or more ed in se | disqual ction 509 | ified perso (a)(1) or s | ns oth ection | ner |
| f | | If the organization check this box | received a written de | termination from the IRS | that is | a Type I | , Type I | l or Typ | e III sup | porting | organizatio | n, | |
| g | | Since August 17, 2 | 006, has the organiza | ation accepted any gift o | or contrib | oution fr | om any | of the f | ollowing | persons | ۶,7 | | |
| | | (i) a person who | directly or indirectly | controls, either alone or | togethe | with pe | ersons d | escribe | d ın (ıı) a | and (III) | | Yes | No |
| | | - | | supported organization? | | | | | | | 11g (i) | | |
| | | | ber of a person desc | * = | | | | | | | 11g (ii) | | |
| | | | = - | n described in (i) or (ii) a | | | | | | | 11g (iii) | | |
| <u>h</u> | | | | the supported organization | | | _ | | Ι | | | | |
| | (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? | | the organ | rou notify nization in (i) of upport? | (vi) Is the organization in col (i) organized in the US? | | (vii) Amount of Support | | port |
| | | | | | Yes | No | Yes | No | Yes | No | | | |
| | | | | | | | | | | | | | |
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| ı aı | Complete only of your charle | _ | | · · | | u 170(b)(1 | 八个八 | VI) |
|---|---|--|---------------------------------------|------------------------------------|---|----------------|----------|---------------------------|
| Sec | (Complete only if you check tion A. Public Support | ed the box on line | : 5, 7, 01 6 01 Fai | | | | | |
| begi | ndar year (or fiscal year nning in) ► | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | ,] | (f) Total |
| 1 | Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants ') | | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | | | |
| 3 | The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public 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 | ž. – Š | | * ` ' \$ | * | * | · | |
| 6 | shown on line 11, column (f) Public support. Subtract line 5 | s. | <i>→</i> | 2 | * ; . | * *, | - | |
| Soc | from line 4 tion B. Total Support | <u> </u> | <u> </u> |) | * | <u> </u> | | |
| | | | | | - | | | - |
| Calendar year (or fiscal year beginning in) ► | | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | <u>'</u> | (f) Total |
| 7 | Amounts from line 4 | | | | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. | | | , | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | | |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | | |
| 11 | Total support. Add lines 7 through 10 | * ~ | , " | * | * | | \$ 2 | |
| 12 | Gross receipts from related activ | rities, etc (see ins | structions) | | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 12 | |
| 13 | First five years. If the Form 990 organization, check this box and | | ation's first, seco | nd, third, fourth, | or fifth tax year a | s a section 50 | 01(c)(| 3) ▶ □ |
| Sec | tion C. Computation of Pu | blic Support P | ercentage | | | | | |
| 14 | Public support percentage for 20 | 009 (line 6, columi | n (f) divided by li | ne 11, column (f) | | | 14 | % |
| 15 | Public support percentage from | 2008 Schedule A, | Part II, line 14 | | | Ł | 15 | % |
| 16 a | 33-1/3 support test — 2009. If the and stop here. The organization | e organization did qualifies as a pul | not check the boolicly supported o | ox on line 13, and organization | the line 14 is 33 | -1/3 % or mo | re, ch | neck this box |
| t | 33-1/3 support test — 2008. If the and stop here. The organization | e organization did qualifies as a put | not check a box blicly supported o | on line 13, or 16a organization | a, and line 15 is 3 | 3-1/3% or mo | ore, cl | heck this box |
| 17 a | a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts | meets the 'facts-a | and-circumstance | s' test, check this | box and stop he | re. Explain in | Part | IV how |
| t | • 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an | meets the 'facts-a | and-circumstance | s' test, check this | box and stop he | re. Explain in | Part | 15 is 10% IV how the ▷ |
| | Private foundation. If the organi | zation did not che | ck a box on line, | , 13, 16a, 16b, 17a | | | | |
| BAA | | | | | Sc | hedule A (Fo | rm 99 | 0 or 990-EZ) 2009 |

Schedule A (Form 990 or 990-EZ) 2009 Health Services Foundation Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

| Sec | tion A. Public Support | | | | • | | |
|------------|--|--|--|--|---|--|----------------|
| Cale | ndar year (or fiscal yr 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 'unusual grants') | | 68,539. | 96,005. | 10,500. | 300. | 175,344. |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt | 7 175 | 00,333. | | | | |
| 3 | purpose Gross receipts from activities that are not an unrelated trade or business under section 513 | 7,175. | | 164,065. | 798,669. | 894,659. | 1,864,568. |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0. |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0. |
| 6 | Total. Add lines 1 through 5 | 7,175. | 68,539. | 260,070. | 809,169. | 894,959. | 2,039,912. |
| 78 | Amounts included on lines 1, 2, 3 received from disqualified persons | 0. | 0. | 0. | 0. | 0. | 0. |
| ŀ | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year | 0. | 0. | 0. | 0. | 0. | 0. |
| | Add lines 7a and 7b | 0. | 0. | 0. | 0. | 0. | 0. |
| 8 | Public support (Subtract line | 0. | | | - 0. | | |
| · | 7c from line 6) | · \$. | | | * | | 2,039,912. |
| Sec | tion B. Total Support | | | | 1 | 1 | 2,033,312. |
| | ndar year (or fiscal yr beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| | Amounts from line 6 | 7,175. | 68,539. | 260,070. | 809,169. | 894,959. | 2,039,912. |
| | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources. | 16,025. | 25,215. | | | 9,863. | |
| t | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | 10,023. | 25,215. | 30,732. | 18,037. | 9,863. | 99,872. |
| 11 | Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on | 16,025. | 25,215. | 30,732. | 18,037. | 9,863. | 99,872. |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) See Part IV | | 39,052. | 21,500. | 24,387. | 7,299. | 92,238. |
| 13 | Total support. (add tns 9, 10c, 11, and 12) | | | | | | 2,232,022. |
| 14 | First five years. If the Form 990 organization, check this box and | stop here | | d, third, fourth, o | r fifth tax year as | a section 501(c)(| (3) ► <u> </u> |
| | tion C. Computation of Pub | | | | | | |
| | Public support percentage for 20 | | • • | e 13, column (f)) | | 15 | 91.4% |
| | Public support percentage from 2 | | | | | 16 | 0.0% |
| | tion D. Computation of Inv | | | · · · · · · · · · · · · · · · · · · · | | - 1' - 1 | |
| | | | | مريامه 12 مميليما | nn (fl) | 17 | 4.5% |
| | Investment income percentage for | | | - | ···· (1)). | | |
| 18 | Investment income percentage fr | om 2008 Schedule | e A, Part III, line | 17 | | 18 | 0.0% |
| 18 19 a | Investment income percentage fr 33-1/3 support tests – 2009. If the o more than 33-1/3%, check this be | rom 2008 Schedulo organization did not cox ox and stop here. | e A, Part III, line in the check the box on line. The organization | 17 ne 14, and line 15 i qualifies as a pul | s more than 33-1/39 olicly supported o | 18 %, and line 17 is not rganization | 0.0 % t ► X |
| 18 19 a | Investment income percentage fr | om 2008 Schedule organization did not cook and stop here. The organization did this box and stop | e A, Part III, line in the check the box on ling The organization in the check a box in the organization i | 17 ne 14, and line 15 i qualifies as a pul on line 14 or 19a zation qualifies as | s more than 33-1/39 blicly supported o , and line 16 is m s a publicly suppo | 18 %, and line 17 is no rganization are than 33-1/3% rted organization | 0.0 % t ► X |

| Schedule | A (Form 990 or 990-E | Z) 2009 | Health | Services | Foundation | on | 73-0599682 | Page 4 |
|----------|----------------------|----------|----------------|---------------|----------------|------------------|--|--------------|
| Part IV | Supplemental I | nformati | on. Comp | olete this pa | art to provide | the explanation | s required by Part II, line | 10; |
| | Part II, line 17a | or 17b; | and Part | III, line 12. | Provide any | other additional | s required by Part II, line information. See instruc | tions. |
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TEEA0404L 02/05/10

Schedule A (Form 990 or 990-EZ) 2009

BAA

2009

Schedule A, Part IV - Supplemental Information Health Services Foundation dba Providence Place

Page 5

73-0599682

| Part | III. | Line | 12 - | Other | Income |
|------|------|------|------|-------|--------|
|------|------|------|------|-------|--------|

| Nature and Source | <u>. </u> | 2009 | 2008 | 2007 | 2006 | 2005 |
|-------------------|--|---------------------|-----------------------|-----------------------|-----------------------|------|
| Other Income | Total 3 | 7,299. \$ 7,299. | 24,387. \$ 24,387. | 21,500. \$ 21,500. | 39,052. \$ 39,052. | \$0. |

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

OMB No 1545-0047

Open to Public Inspection Employer Identification number

| | alth Services Foundation | | | 3. 0.00.00 |
|-----|--|--|---|---|
| | a Providence Place | | | 73-0599682 |
| Pa | | r Advised Funds or Other Similar I | Funds or Acco | ounts Complete if |
| | the organization answered 'Yes' t | | _ | |
| | | (a) Donor advised funds | (b) Fi | unds 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 do funds are the organization's property, subject | nor advisors in writing that the assets held to the organization's exclusive legal contro | in donor advised | Yes No |
| 6 | Did the organization inform all grantees, donc used only for charitable purposes and not for purpose conferring impermissible private beni | the benefit of the donor or donor advisor or | funds may be r for any other | ☐Yes ☐ No |
| Da | rt II Conservation Easements Comple | | es' to Form 90 | |
| | | | es to rollil 33 | o, Fait IV, line 7. |
| ' | Purpose(s) of conservation easements held b | | | Iller and a second |
| | Preservation of land for public use (e.g., | — | | ally important land area |
| | Protection of natural habitat | Freservat | ion of certified his | storic structure |
| • | Preservation of open space | an hald a gualified concentration contribution | the form of a | |
| 2 | Complete lines 2a through 2d if the organizat last day of the tax year. | on neid a quaimed conservation contributio | on in the form of a | a conservation easement on the |
| | | | | Held at the End of the Year |
| ; | Total number of conservation easements | | 2a | |
| - 1 | Total acreage restricted by conservation ease | ments | 2 b | |
| | Number of conservation easements on a certi | fied historic structure included in (a) | 2c | |
| • | Number of conservation easements included | n (c) acquired after 8/17/06 | 2 d | |
| 3 | Number of conservation easements modified, | transferred, released, extinguished, or term | minated by the org | ganization during the tax |
| | year ► | | | |
| 4 | Number of states where property subject to co | onservation easement is located 🟲 | | |
| 5 | Does the organization have a written policy re and enforcement of the conservation easeme | garding the periodic monitoring, inspection nt it holds? | i, handling of viola | ations, Yes No |
| 6 | Staff and volunteer hours devoted to monitoring the year | | _ | |
| 7 | Amount of expenses incurred in monitoring, in during the year ► | nspecting, and enforcing conservation ease | ements \$ | |
| 8 | Does each conservation easement reported o 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? | n line 2(d) above satisfy the requirements of | of section | Yes No |
| 9 | In Part XIV, describe how the organization report include, if applicable, the text of the footnote conservation easements | s conservation easements in its revenue and e to the organization's financial statements th | expense statement, hat describes the | and balance sheet, and organization's accounting for |
| Pa | Organizations Maintaining Colle Complete if the organization ans | ections of Art, Historical Treasures wered 'Yes' to Form 990, Part IV, I | or Other Sim | ilar Assets |
| 1: | If the organization elected, as permitted unde treasures, or other similar assets held for pub the text of the footnote to its financial statement | lic exhibition, education, or research in furt | atement and balar therance of public | nce sheet works of art, historical service, provide, in Part XIV, |
| ı | o If the organization elected, as permitted unde treasures, or other similar assets held for pub amounts relating to these items: | lic exhibition, education, or research in furt | | service, provide the following |
| | (i) Revenues included in Form 990, Part VIII, | line 1 | | ► \$ |
| | (ii) Assets included in Form 990, Part X | | | ►\$ ►\$ |
| | If the organization received or held works of a amounts required to be reported under SFAS | 116 relating to these items | ets for financial g | ain, provide the following |
| ā | a Revenues included in Form 990, Part VIII, line | e 1 | | ► \$ |
| ı | Assets included in Form 990, Part X | | | ►\$ |

| Schedule D (Form 990) 2009 Real | | | | /3-059 | |
|---|-----------------------------------|----------------------------------|----------------------------|----------------------------|--|
| Part III Organizations Mainta | ining Collection | s of Art, Histo | orical Treasures, o | <u>r Other Similar Ass</u> | ets (continued) |
| Using the organization's acquisit items (check all that apply). | ion accession and o | ther records, che | ck any of the following | that are a significant us | e of its collection |
| a Public exhibition | | d Loan | or exchange programs | | |
| b Scholarly research | | e 📗 Other | | | |
| c Preservation for future gener | | | | | |
| 4 Provide a description of the organic Part XIV | | | | | se in |
| 5 During the year, did the organiza assets to be sold to raise funds | | | | | Yes No |
| Part IV Escrow and Custodia 9, or reported an amo | I Arrangements unt on Form 990 | Complete if o), Part X, line | rganization answe | red 'Yes' to Form 99 | 90, Part IV, Ime |
| 1a Is the organization an agent, true included on Form 990, Part X? | stee, custodian, or o | ther intermediary | for contributions or other | her assets not | Yes No |
| b If 'Yes,' explain the arrangement | in Part XIV and cor | nplete the follow | ing table | | |
| Decree of heleson | | | | | Amount |
| c Beginning balance | | | | 1c | |
| d Additions during the year | | | | 1d | |
| e Distributions during the year | | | | 1e | |
| f Ending balance | . = | 5 | | 1f | |
| 2a Did the organization include an a | | , Part X, line 217 | • | | Yes No |
| b If 'Yes,' explain the arrangement | | | 10/ 14: 5: 0/ | 20 D + 10/ 1 - 10 | |
| Part V Endowment Funds Co | | | | | |
| | (a) Current year | (b) Prior year | r (c) Two years bac | k (d) Three years back | (e) Four years back |
| 1a Beginning of year balance | | | | | |
| b Contributions | | - | | | |
| c Net Investment earnings, gains, and losses | | | × | ٧. | |
| d Grants or scholarships | | | | | |
| Other expenditures for facilities and programs | | | * * | * | . % |
| f Administrative expenses | | | | | ۱۸ ۸۱ |
| g End of year balance | | | | | * ! |
| 2 Provide the estimated percentag | e of the year end ba | lance held as | | | |
| a Board designated or quasi-endov | vment ► | <u> </u> | | | |
| b Permanent endowment ▶ | 8 | | | | |
| c Term endowment ► | | | | | |
| 3a Are there endowment funds not organization by | in the possession of | the organization | that are held and adm | inistered for the | Yes No |
| (i) unrelated organizations | | | | | 3a(i) |
| (ii) related organizations | | | | | |
| b If 'Yes' to 3a(ii), are the related | raanizationa listad i | or roominad on Ca | shadula D2 | | 3a(ii) |
| 4 Describe in Part XIV the intende | _ | | | | 30 |
| Part VI Investments—Land, B | | | | line 10 | |
| Description of investment | | st or other basis | (b) Cost or other | (c) Accumulated | (d) Paak Value |
| Description of investment | | nvestment) | basis (other) | Depreciation | (d) Book Value |
| 1a Land | | | 140,840. | | 140,840. |
| b Buildings | | | 5,007,500. | | 5,007,500. |
| c Leasehold improvements | | | | | |
| d Equipment | | | 16,843. | - | 16,843. |
| e Other | | | 341,148. | 522,347. | -181,199. |
| Total. Add lines 1a through 1e (Column | n (d) must equal Fo | rm 990, Part X. c | | • | 4,983,984. |
| BAA | , | | 3-7-7 | Sched | ule D (Form 990) 2009 |

| Schedule D (Form 990) 2009 Health Services Fo | oundation | 73-05 | 99682 Page 3 |
|--|----------------------------|---|----------------------------|
| Part VII Investments-Other Securities See Fo | orm 990, Part X, line | e 12. N/A | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of value Cost or end-of-year ma | ation rket value |
| Financial derivatives | | | |
| Closely-held equity interests | | | |
| Other | | | |
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| Total. (Column (b) must equal Form 990 Part X, col (B) line 12.) | | 10) | |
| Part VIII Investments-Program Related (See F | | | |
| (a) Description of investment type | (b) Book value | (c) Method of valua Cost or end-of-year ma | ation rket value |
| | | Cost of end-of-year ma | rket value |
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| Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13.) | | * * * | |
| Part IX Other Assets (See Form 990, Part X, | line 15) N/A | | |
| , | scription | | (b) Book value |
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| Total. (Column (b) must equal Form 990, Part X, col (B), In | | <u> </u> | |
| Part X Other Liabilities (See Form 990, Part) | X, line 25) | | |
| (a) Description of Liability | (b) Amount | | |
| Federal Income Taxes | | | * |
| Accrued Annual Leave, Payroll | 27,216 | | |
| Accrued Interest Payable | 16,294 | | |
| Deposits | 20,000 | | |
| Obligation Under Capital Lease | 594 | | |
| Outstanding WHF Checks | 3,542 | | |
| Payroll Taxes | 5,879 | <u>9. </u> | |
| | | _ | <u> </u> ! |
| | | | |
| | | _ | |
| | | _ | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ► | 73,525 | | |
| 2. FIN 48 Footnote In Part XIV, provide the text of the footi | note to the organization's | s financial statements that reports the | e organization's liability |

| | D (Form 990) 2009 Health Services Foundation | 73-0599 | 682 Page 4 |
|--------------|--|---|-----------------------------|
| Part X | Reconciliation of Change in Net Assets from Form 990 to Fina | ancial Statements | |
| 1 To | al revenue (Form 990, Part VIII,column (A), line 12) | | 912,121. |
| 2 To | al expenses (Form 990, Part IX, column (A), line 25) | | 1,241,529. |
| 3 Ex | cess or (deficit) for the year Subtract line 2 from line 1 | | 329,408. |
| 4 Ne | t unrealized gains (losses) on investments | <u></u> | |
| 5 Do | nated services and use of facilities. | <u> </u> | |
| | estment expenses | | |
| | or period adjustments. | | |
| 8 Otl | ner (Describe in Part XIV) | | |
| | tal adjustments (net). Add lines 4 through 8 | <u></u> | |
| | cess or (deficit) for the year per audited financial statements. Combine lines 3 an | | |
| | Reconciliation of Revenue per Audited Financial Statements | With Revenue per Return | |
| | tal revenue, gains, and other support per audited financial statements | 1 1 | 912,121. |
| | nounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| | <u> </u> | 2a 2 3 | |
| | | 2b | |
| | · · · · · · - | 2c | |
| | | 2d <u>& & /u> | |
| e Ad | d lines 2a through 2d | 2e | |
| 3 Su | btract line 2e from line 1 | 3 | 912,121. |
| 4 An | nounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| a Inv | estments expenses not included on Form 990, Part VIII, line 7b | la | |
| b Otl | ner (Describe in Part XIV) | 1b | |
| c Ad | d lines 4a and 4b | 4c | |
| 5 To | tal revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | 5 | 912,121. |
| Part X | III Reconciliation of Expenses per Audited Financial Statements | With Expenses per Return | |
| 1 To | tal expenses and losses per audited financial statements | 1 | 1,241,529. |
| 2 An | nounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a Do | nated services and use of facilities. | 2a . | |
| b Pri | or year adjustments | 2b 2c | |
| c Otl | ner losses | 2c 💮 🖟 🖟 | |
| d Otl | ner (Describe in Part XIV) | 2d 2 | |
| | d lines 2a through 2d | 2e | |
| | btract line 2e from line 1 | 3 | 1,241,529. |
| | nounts included on Form 990, Part IX, line 25, but not on line 1: | - 1 | · · · · · · |
| | | ta 🎼 | |
| | | 1b | |
| | d lines 4a and 4b | 4c | |
| | tal expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18) | 5 | 1,241,529. |
| Part X | | | |
| | art X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and lon | 4b. Also complete this part to pro | vide any additional |
| BAA | TEEA3304L 02/02/10 | Schedu | le D (Form 990) 2009 |

| Schedule D | (Form 990) 2009 | Health Services | Foundation | | 73-0599682 | Page 5 |
|-------------------|--------------------|-------------------------------------|------------|-------|------------|---------------|
| Part XIV | Supplemental | Health Services Information (contin | ued) | | | |
| 1 41 (341) | Cappiemental | momation (contin | | | , | |
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SCHEDULE O (Form-990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

| Name of the organization Health Services Foundation | Employer identification number |
|--|--------------------------------|
| dba Providence Place | 73-0599682 |
| Form 990, Part VI, Line 11 - Form 990 Review Process | |
| Return provided to governing body for review and comments and corrections reported | |
| to_preparer | |
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