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Form 990

## Return of Organization Exempt From Income Tax

2009

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

B Check if applicable	C Name of organization St Joseph Hospital Corporation		D Employer identification number 81-0463482
<input type="checkbox"/> Address change	Doing Business As		E Telephone number (425) 525-3985
<input type="checkbox"/> Name change	Number and street (or P O box if mail is not delivered to street address) 1801 Lind Avenue SW No 9016		G Gross receipts \$ 22,677,988
<input type="checkbox"/> Initial return	Room/suite		
<input type="checkbox"/> Terminated	City or town, state or country, and ZIP + 4 Renton, WA 980579016		
<input type="checkbox"/> Amended return	F Name and address of principal officer John F Koster MD 1801 Lind Avenue SW No 9016 Renton, WA 980579016		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Application pending			H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)

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

J Website: ► www.saintjoes.org

K Form of organization  Corporation  Trust  Association  Other ► L Year of formation 1991 M State of legal domicile MT

## Part I Summary

1 Briefly describe the organization's mission or most significant activities Healthcare with special concern for the poor and vulnerable		
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	282
6 Total number of volunteers (estimate if necessary) . . . . .	6	52
7a Total gross unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7a	762,612
b Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7b	34,063

8 Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year	Current Year
9 Program service revenue (Part VIII, line 2g) . . . . .	67,212	60,037
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	20,372,531	21,461,615
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	98,718	60,164
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	1,021,520	1,088,671
	21,559,981	22,670,487

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	Prior Year	Current Year
14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	2,357	1,475
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	12,405,570	12,925,194
16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .		0
b Total fundraising expenses (Part IX, column (D), line 25) ► <sup>0</sup>		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . . .	8,722,788	9,381,814
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	21,130,715	22,308,483
19 Revenue less expenses Subtract line 18 from line 12 . . . . .	429,266	362,004

20 Total assets (Part X, line 16) . . . . .	Beginning of Current Year	End of Year
21 Total liabilities (Part X, line 26) . . . . .	19,404,601	21,232,832
22 Net assets or fund balances Subtract line 21 from line 20 . . . . .	16,985,879	19,110,127
	2,418,722	2,122,705

## 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			
Signature of officer		2010-10-14 Date	
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-employed ► <input type="checkbox"/>	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

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**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

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<b>4a</b>	(Code	) (Expenses \$	3,168,071	including grants of \$	0 ) (Revenue \$	3,858,768 )
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Acute Inpatient - 594 Admissions St Joseph Hospital is a 40 bed acute care hospital providing a wide range of medical services to the community without regard to the patients ability to pay for these services OUR MISSION - As people of Providence, we reveal God's love for all, especially the poor and vulnerable, through our compassionate service OUR CORE VALUES - Respect, Compassion, Justice, Excellence, and Stewardship Providence cares Whether tenderly holding a special-needs child who requires round-the-clock care, or easing the way for a stroke patient who faces both physical and financial struggles, the people of Providence are called to a mission of service Our lifework is to provide excellent care for everyone, at all stages of life, regardless of ability to pay This has been the Providence mission since the Sisters of Providence arrived on the shores of the Columbia River 150 years ago, committed to the care and healing of poor and vulnerable frontier neighbors On March 13, 1984, after 67 years serving the Polson community so well and lovingly, the Hospitalier Sisters transferred sponsorship of the local hospital to the Presentation Health System In 1990, St Joseph Hospital was in dire economic circumstances The Sisters of Providence assumed responsibility for the hospital on March 1, allowing St Joseph's to continue providing health care services to the community Under the sponsorship of Providence Health & Services, St Joseph Hospital participates as a member of a system of hospitals and an affiliate of St Patrick Hospital in Missoula Expansion of services, shared purchasing and management expertise provide fundamental value to the community through the services St Joseph Hospital provides The Sisters of Providence understand that the hospital is vital to the well being of the community Indeed, St Joseph Hospital belongs to the community Faced with an old building in need of extensive upgrades to meet standards and maintain its operating license, the St Joseph Hospital Board of Directors reviewed options and concluded that new construction was the solution The options included closing St Joseph Hospital, renovating and upgrading the existing facility, joining with St Luke Community Hospital in Ronan to build a replacement facility in Pablo, or doing nothing Clearly, closure of St Joseph Hospital would deny essential access to excellent health care to the people of Polson Today, people need to access health care services in ways compatible with their changing lifestyles and the capabilities of the information age Physicians and patients need modern diagnostic imaging equipment, outpatient surgery, physical therapy, cardiovascular rehabilitation, home health services, and wellness and fitness programs In short, today's patients need ready access to outpatient services, modern technology, and skilled staff and physicians more than they need long halls of patient rooms The resulting vision was one of the hospital and doctors working together to continue to provide primary health care services in a state-of-the-art facility, designed to meet the health care needs of the area's growing, diverse and aging population The plan included replacing the 1933 building with a new structure that includes a modern imaging suite, a new emergency room, a new surgical suite, patient rooms, medical office space and administrative office areas The cost of the project was estimated at \$10 million The community, combined with donations from foundations, generously contributed \$1.6 million The balance of the project was financed through a Providence Bond Issue We watched the old building go down and the new one rise in its place with great anticipation The new building, St Joseph Medical Center, allows us to have "one-stop-shopping" for medical services, patient convenience for doctor visits, added a complete retail pharmacy, which is available 6 days a week, and closer proximity to testing laboratories so folks don't have to leave the building We expanded our Family Maternity Center to promote a wonderful experience with closer family interaction The new hospital takes full advantage of the beautiful views of Flathead Lake and is filled with lots of natural light, which combined with the care, competence and training of our staff, make this a special healing place

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<b>4b</b>	(Code	) (Expenses \$	9,593,649	including grants of \$	0 ) (Revenue \$	11,685,240 )
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Acute - Outpatient - 31,021 Visits SEE PART III, Line 4a

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<b>4c</b>	(Code	) (Expenses \$	4,285,129	including grants of \$	0 ) (Revenue \$	5,219,366 )
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Primary Care - 32,694 Visits SEE PART III, Line 4a

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<b>4d</b>	Other program services (Describe in Schedule O ) See also Additional Data for Description	(Expenses \$	665,483	including grants of \$	1,475 ) (Revenue \$	808,774 )
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<b>4e</b>	<b>Total program service expenses</b>	\$	17,712,332			
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**Part IV Checklist of Required Schedules**

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

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

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

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

5 **Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II

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

9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

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

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

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

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

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

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

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

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

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

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U.S.? If "Yes," complete Schedule F, Part II

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U.S.? If "Yes," complete Schedule F, Part III

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

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

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

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

	Yes	No
1	Yes	
2	Yes	
3		No
4		No
5		
6		No
7		No
8		No
9		No
10		No
11	Yes	
12		No
13		No
14a		No
14b		No
15		No
16		No
17		No
18	Yes	
19		No
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		No
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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a	Yes	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	29		No
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	<b>1a</b> 5	
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 0	
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 282	
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	Yes	
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	Yes	
<b>4a</b>	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)?	Yes	
<b>4b</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	No	
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	No	
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	No	
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	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?	No	
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	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?	Yes	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	No	
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	No	
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	No	
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

**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	No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b	

### Section C. Disclosure

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

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.

<b>1b Total</b>	2,082,184	15,071,741	2,212,157
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**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 **►15**

		<b>Yes</b>	<b>No</b>
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	<b>3</b>	Yes	
<b>4</b> 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	<b>4</b>	Yes	
<b>5</b> 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	<b>5</b>		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

<b>(A)</b> Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation
Mission Valley Anesthesia Assoc Glacier Bank 49430 Highway 99 Polson, MT 59860	Anesthesiology	562,245
Health Services Northwest 2201 Lind Avenue Suite 300 Renton, WA 98057	AR Collections	193,151
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization <b>►2</b>		

**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	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b> Membership dues . . . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	5,275			
	<b>d</b> Related organizations . . . . .	<b>1d</b>	500			
	<b>e</b> Government grants (contributions)	<b>1e</b>	39,902			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	14,360			
	<b>g</b> Noncash contributions included in lines 1a-1f \$		1,350			
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .		60,037			
Program Service Revenue	<b>2a</b> Acute - Outpatient	Business Code				
		621,400	11,574,707	11,574,707		
	<b>b</b> Primary Care	900,099	5,219,366	5,219,366		
	<b>c</b> Acute - Inpatient	900,099	3,858,768	3,858,768		
	<b>d</b> LTC/Home Care	900,099	808,774	808,774		
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .		21,461,615			
Other Revenue	<b>3</b> Investment income (including dividends, interest and other similar amounts) . . . . .					
			60,164		60,164	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b> Royalties . . . . .					
	<b>6a</b> Gross Rents	(i) Real	(ii) Personal			
		45,164				
	<b>b</b> Less rental expenses					
	<b>c</b> Rental income or (loss)	45,164				
<b>d</b> Net rental income or (loss) . . . . .			45,164		45,164	
<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
<b>b</b> Less cost or other basis and sales expenses						
<b>c</b> Gain or (loss)						
<b>d</b> Net gain or (loss) . . . . .						
<b>8a</b> Gross income from fundraising events (not including \$ 5,275 of contributions reported on line 1c) See Part IV, line 18 . . . . .						
	<b>a</b>	16,033				
<b>b</b> Less direct expenses . . . . .	<b>b</b>	7,501				
<b>c</b> Net income or (loss) from fundraising events . . . . .			8,532		8,532	
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .						
	<b>a</b>					
<b>b</b> Less direct expenses . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities . . . . .						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .						
	<b>a</b>					
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory . . . . .						
Miscellaneous Revenue	Business Code					
<b>11a</b> Pharmacy Revenue		446,110	762,612	762,612		
<b>b</b> Contracted Services		900,099	110,533	110,533		
<b>c</b> Dietary		900,099	81,973		81,973	
<b>d</b> All other revenue . . . . .			79,857		79,857	
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .			1,034,975			
<b>12</b> <b>Total revenue.</b> See Instructions . . . . .		22,670,487	21,572,148	762,612	275,690	

**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	1,475	1,475		
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	10,336,557	8,725,533	1,611,024	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	648,346	541,856	106,490	
9 Other employee benefits . . . . .	1,236,451	862,669	373,782	
10 Payroll taxes . . . . .	703,840	561,643	142,197	
11 Fees for services (non-employees)				
a Management . . . . .				
b Legal . . . . .	2,895	19	2,876	
c Accounting . . . . .				
d Lobbying . . . . .				
e Professional fundraising See Part IV, line 17 . . . . .				
f Investment management fees . . . . .				
g Other . . . . .	2,100,128	1,543,329	556,799	
12 Advertising and promotion . . . . .	133,642	36,917	96,725	
13 Office expenses . . . . .	3,202,733	2,870,029	332,704	
14 Information technology . . . . .	183,456	103,224	80,232	
15 Royalties . . . . .				
16 Occupancy . . . . .	412,352	234,167	178,185	
17 Travel . . . . .	63,509	31,381	32,128	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19 Conferences, conventions, and meetings . . . . .	35,585	32,786	2,799	
20 Interest . . . . .	511,652	492,980	18,672	
21 Payments to affiliates . . . . .	257,427	50	257,377	
22 Depreciation, depletion, and amortization . . . . .	1,141,641	508,570	633,071	
23 Insurance . . . . .	256,479	230,831	25,648	
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	646,123	646,123		
b Licenses/Taxes	139,060	103,321	35,739	
c Recruitment	48,095	43,291	4,804	
d Dues & Subscriptions	42,047	17,688	24,359	
e UBI Taxes	4,469		4,469	
f All other expenses	200,521	124,450	76,071	
<b>25 Total functional expenses.</b> Add lines 1 through 24f	22,308,483	17,712,332	4,596,151	0
<b>26 Joint costs.</b> Check here <input checked="" type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year
Assets	<b>1</b> Cash—non-interest-bearing . . . . .	1,475	<b>1</b> 1,335
	<b>2</b> Savings and temporary cash investments . . . . .	3,303,306	<b>2</b> 3,263,091
	<b>3</b> Pledges and grants receivable, net . . . . .	3	
	<b>4</b> Accounts receivable, net . . . . .	3,692,782	<b>4</b> 4,489,153
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	5	
	<b>6</b> 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	
	<b>7</b> Notes and loans receivable, net . . . . .	7	5,718
	<b>8</b> Inventories for sale or use . . . . .	528,739	<b>8</b> 618,181
	<b>9</b> Prepaid expenses and deferred charges . . . . .	46,394	<b>9</b> 20,816
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b>	22,666,898
	<b>b</b> Less accumulated depreciation . . . . .	<b>10b</b>	12,257,388
		11,006,133	<b>10c</b> 10,409,510
	<b>11</b> Investments—publicly traded securities . . . . .	231,106	<b>11</b> 298,244
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	12	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	13	
	<b>14</b> Intangible assets . . . . .	14	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	594,666	<b>15</b> 2,126,784
	<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	19,404,601	<b>16</b> 21,232,832
Liabilities	<b>17</b> Accounts payable and accrued expenses . . . . .	1,323,948	<b>17</b> 1,582,373
	<b>18</b> Grants payable . . . . .	18	
	<b>19</b> Deferred revenue . . . . .	411,114	<b>19</b> 527,134
	<b>20</b> Tax-exempt bond liabilities . . . . .	10,251,338	<b>20</b> 10,251,338
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .	21	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .	22	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	23	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	655,128	<b>24</b> 647,016
	<b>25</b> Other liabilities Complete Part X of Schedule D . . . . .	4,344,351	<b>25</b> 6,102,266
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	16,985,879	<b>26</b> 19,110,127
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
	<b>27</b> Unrestricted net assets . . . . .	2,418,722	<b>27</b> 2,122,705
	<b>28</b> Temporarily restricted net assets . . . . .	28	
	<b>29</b> Permanently restricted net assets . . . . .	29	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>		
	<b>30</b> Capital stock or trust principal, or current funds . . . . .	30	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .	31	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	32	
	<b>33</b> Total net assets or fund balances . . . . .	2,418,722	<b>33</b> 2,122,705
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	19,404,601	<b>34</b> 21,232,832

**Part XI Financial Statements and Reporting**

**1** Accounting method used to prepare the Form 990       Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

**2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .

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

**c** If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . . . .

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

**3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . . . .

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

2009

Open to Public  
Inspection**SCHEDULE A**  
(Form 990 or 990EZ)**Public Charity Status and Public Support**

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

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

Department of the Treasury  
Internal Revenue Service  
  
Name of the organization  
St Joseph Hospital Corporation

Employer identification number

81-0463482

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

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

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

3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state

5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)

6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III)

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

11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h

e  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?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

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

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

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

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

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

**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 <b>Total.</b> 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 <b>Public Support.</b> 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 <b>Total support</b> (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 <b>First Five Years</b> 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 <b>stop here</b>						►

**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 <b>33 1/3% support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		►
b <b>33 1/3% support test—2008.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization		►
17a <b>10%-facts-and-circumstances test—2009.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		►
b <b>10%-facts-and-circumstances test—2008.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		►
18 <b>Private Foundation</b> 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						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public Support</b> (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						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12 )						
<b>14 First Five Years</b> 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 <b>stop here</b>						

**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
<b>19a 33 1/3% support tests—2009.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	
<b>b 33 1/3% support tests—2008.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	
<b>20 Private Foundation</b> 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

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## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 81-0463482  
**Name:** St Joseph Hospital Corporation

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

#### 4d. Other program services

(Code	) (Expenses \$	664,008	including grants of \$	0 ) (Revenue \$	808,774 )
-------	----------------	---------	------------------------	-----------------	-----------

Housing & Assisted Living Total Residents - 34 Total Housing & Assisted Living Patient Days - 11,558 St. Joseph Assisted Living is the first phase of St. Joseph Retirement Community, a multi-phase senior retirement campus located on the grounds of St. Joseph Hospital in Polson, MT. The Assisted Living Center was thoughtfully designed with the purpose of creating a warm and comfortable atmosphere. The library/living area is an irresistible gathering place where the warmth of fireplaces mingles with beautiful art and furnishings. The centrally located dining room serves nutritious, home cooked meals three times a day in a pleasant and social environment. The Assisted Living Program is based on the principles of choice, dignity, independence, privacy, individuality and homelike surroundings. The program is designed for seniors who desire or need to have some additional personal assistance with managing their daily activities.

(Code	) (Expenses \$	1,475	including grants of \$	1,475 ) (Revenue \$	0 )
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Grants & Allocations

**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			
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 Held 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
Jeffrey W Rogers Corporate Secretary	50 00		X				0	600,231	185,151
James Kiser CEO - SJHC	45 00		X				22,156	0	2,551
John Steven McNeece Interim CEO - SJHC	45 00		X				307,575	0	12,716
John Glueckert Former CEO - SJHC	45 00		X				177,024	0	3,488
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	
		Or director	Individual trustee	Institutional Trustee	Office	Key employee	Highest compensated employee	Former		
Russell Danielson SVP/CEO - OR Region	50.00					X		0	1,131,241	310,654
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
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
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
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
Richard S Irwin MD/Chief of Staff	45.00					X		227,844	0	32,035
Nathaniel Buffington MD ER Physician	50.00						X	342,711	0	34,115
Adam T Smith MD Physician	50.00						X	294,601	0	31,314
Kelly G Bagnell MD Physician	50.00						X	286,618	0	35,072
Daniel P Rausch MD Physician	50.00						X	247,633	0	33,559
Dennis S Probst MD Physician	50.00						X	176,022	0	23,260
Lawrence C Kleinman Former VP/HR	0.00						X	0	233,111	24,014

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

<i><b>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</b></i>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
Bad Debts	646,123	646,123		
Licenses/Taxes	139,060	103,321	35,739	
Recruitment	48,095	43,291	4,804	
Dues & Subscriptions	42,047	17,688	24,359	
UBI Taxes	4,469		4,469	

**SCHEDULE D**

(Form 990)

**Supplemental Financial Statements****2009**Department of the Treasury  
Internal Revenue Service

► 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.

**Open to Public  
Inspection****Name of the organization**  
St Joseph Hospital Corporation**Employer identification number**

81-0463482

**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

	<b>Held at the End of the Year</b>
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

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

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ► \$ \_\_\_\_\_

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

a Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X ► \$ \_\_\_\_\_

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance . . . . .					
1b Contributions . . . . .					
1c Investment earnings or losses . . . . .					
1d Grants or scholarships . . . . .					
1e Other expenditures for facilities and programs . . . . .					
1f Administrative expenses . . . . .					
1g 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
3a(i) unrelated organizations . . . . .		
3a(ii) related organizations . . . . .		

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

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

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

	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		235,295			235,295
1b Buildings . . . . .		9,589,449	3,806,533		5,782,916
1c Leasehold improvements . . . . .		604,132	549,320		54,812
1d Equipment . . . . .		12,225,176	7,901,535		4,323,641
1e Other . . . . .		12,846			12,846
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .					10,409,510

**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		
<b>Total</b> (Column (b) should equal Form 990, Part X, col (B), line 12.)		

**Total.** (Column (b) should equal Form 990, Part X, col (B) line 12)

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

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

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

<b>(a) Description</b>	<b>(b) Book value</b>
Unamortized Bond Finance Costs	93,515
Due from Affiliates	1,308,375
CSV Life Insurance	9,725
Deposits	67,169
Third Party Settlements	648,000
<b>Total</b> (Column (b) should equal Form 202, Part X, col (B) line 15.)	<b>3,126,784</b>

**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		
Third Party Settlements		126,000
Due to Affiliates		5,544,560
Bond Premium Discount		278,230
Bond Interest Payable		124,590
Capital Lease Obligations		28,590
SJRC Trust Account		27
<b>Total</b>	(Column (b) should equal Form 990, Part X, col (B), line 25.)	6,102,260

**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 Total expenses (Form 990, Part IX, column (A), line 25)	2
3 Excess or (deficit) for the year Subtract line 2 from line 1	3
4 Net unrealized gains (losses) on investments	4
5 Donated services and use of facilities	5
6 Investment expenses	6
7 Prior period adjustments	7
8 Other (Describe in Part XIV)	8
9 Total adjustments (net) Add lines 4 - 8	9
10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10

**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
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a Net unrealized gains on investments . . . . .	2a
b Donated services and use of facilities . . . . .	2b
c Recoveries of prior year grants . . . . .	2c
d Other (Describe in Part XIV) . . . . .	2d
e Add lines 2a through 2d . . . . .	2e
3 Subtract line 2e from line 1 . . . . .	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a
b Other (Describe in Part XIV) . . . . .	4b
c Add lines 4a and 4b . . . . .	4c
5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5

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

1 Total expenses and losses per audited financial statements . . . . .	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	
a Donated services and use of facilities . . . . .	2a
b Prior year adjustments . . . . .	2b
c Other losses . . . . .	2c
d Other (Describe in Part XIV) . . . . .	2d
e Add lines 2a through 2d . . . . .	2e
3 Subtract line 2e from line 1 . . . . .	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a
b Other (Describe in Part XIV) . . . . .	4b
c Add lines 4a and 4b . . . . .	4c
5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5

**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

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**SCHEDULE G**  
**(Form 990 or 990-EZ)**

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

2009

## Open to Public Inspection

**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.

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.

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Department of the Treasury  
Internal Revenue Service

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Name of the organization  
St Joseph Hospital Corporation

**Employer identification number**

81-0463482

**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.

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.

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

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

	(a) Event #1 <b>Chuckwagon Auction/BBQ</b> (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
<b>Revenue</b>	1 Gross receipts . . .	21,308		21,308
	2 Less Charitable contributions . . .	5,275		5,275
	3 Gross income (line 1 minus line 2) . . .	16,033		16,033
<b>Direct Expenses</b>	4 Cash prizes . . .			
	5 Non-cash prizes . . .	323		323
	6 Rent/facility costs . . .			
	7 Food and beverages . . .	1,391		1,391
	8 Entertainment . . .	1,500		1,500
	9 Other direct expenses . . .	4,287		4,287
<b>10 Direct expense summary</b> Add lines 4 through 9 in column (d) . . . . .				7,501
<b>11 Net income summary</b> Combine lines 3, column d, and line 10. . . . .				8,532

**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))
<b>Revenue</b>	1 Gross revenue . . .			
<b>Direct Expenses</b>	2 Cash prizes . . . . .			
	3 Non-cash prizes . . . . .			
	4 Rent/facility costs . . . . .			
	5 Other direct expenses . . . . .			
	6 Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
<b>7 Direct expense summary</b> Add lines 2 through 5 in column (d) . . . . .				
<b>8 Net gaming income summary</b> 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	

	<b>Yes</b>	<b>No</b>
<b>13</b> Indicate the percentage of gaming activity operated in	<input type="checkbox"/> <b>13a</b> <input type="checkbox"/> <b>13b</b>	
<b>a</b> The organization's facility . . . . .	<input type="checkbox"/> <b>13a</b> <input type="checkbox"/> <b>13b</b>	
<b>b</b> An outside facility . . . . .	<input type="checkbox"/> <b>13a</b> <input type="checkbox"/> <b>13b</b>	
<b>14</b> Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ►		
Address ►		
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .	<input type="checkbox"/> <b>15a</b>	
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
<b>c</b> If "Yes," enter name and address		
Name ►		
Address ►		
<b>16</b> Gaming manager information		
Name ►		
Gaming manager compensation ► \$ _____		
Description of services provided ►		
<input type="checkbox"/> Director/officer	<input type="checkbox"/> Employee	<input type="checkbox"/> Independent contractor
<b>17</b> Mandatory distributions		
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .	<input type="checkbox"/> <b>17a</b>	
<b>b</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 ► \$ _____	<input type="checkbox"/> <b>17a</b>	

2009

Open to Public  
InspectionSCHEDULE 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.Name of the organization  
St Joseph Hospital Corporation

Employer identification number

81-0463482

## Part I Charity Care and Certain Other Community Benefits at Cost

**1a** Does the organization have a charity care policy? If "No," skip to question 6a . . . . .

**b** If "Yes," is it a written policy? . . . . .

**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 \_\_\_\_\_

**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 \_\_\_\_\_

**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"? . . . . .

**5a** Does the organization budget amounts for free or discounted care provided under its charity care policy? . . . . .

**b** If "Yes," did the organization's charity care expenses exceed the budgeted amount? . . . . .

**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 eligible for free or discounted care? . . . . .

**6a** Does the organization prepare an annual community benefit report? . . . . .

**6b** If "Yes," does the organization make it available to the public? . . . . .

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H

	Yes	No
<b>1a</b>	Yes	
<b>1b</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	
<b>4</b>	Yes	
<b>5a</b>	Yes	
<b>5b</b>	Yes	
<b>5c</b>		No
<b>6a</b>	Yes	
<b>6b</b>	Yes	

## 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
<b>a</b> Charity care at cost (from Worksheets 1 and 2) . . . . .			519,674		519,674	2 330 %
<b>b</b> Unreimbursed Medicaid (from Worksheet 3, column a) . . . . .		1,680	3,169,706	3,871,812	-702,106	0 %
<b>c</b> Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b) . . . . .		153	8,741	4,870	3,871	0 020 %
<b>d Total</b> Charity Care and Means-Tested Government Programs . . . . .		1,833	3,698,121	3,876,682	-178,561	
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .	9	413	13,967	700	13,267	0 060 %
<b>f</b> Health professions education (from Worksheet 5) . . . . .	6	234	6,829	120	6,709	0 030 %
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .	2	165	835	350	485	0 %
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions to community groups (from Worksheet 8) . . . . .	10	50	14,366	40	14,326	0 060 %
<b>j Total</b> Other Benefits . . . . .	27	862	35,997	1,210	34,787	0 150 %
<b>k Total</b> Add lines 7d and 7j . . . . .	27	2,695	3,734,118	3,877,892	-143,774	

**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						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
<b>10 Total</b>						

**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 Healthcare Financial Management Association Statement No 15?	1		No
2 Enter the amount of the organization's bad debt expense (at cost)	2	465,893	
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	8,240,998
6 Enter Medicare allowable costs of care relating to payments on line 5	6	7,650,293
7 Subtract line 6 from line 5 This is the surplus or (shortfall)	7	590,705
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 NONE					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

**Part V Facility Information**

Name and address

Other  
(Describe)

St Joseph Hospital Corporation  
Six 13th Avenue East  
Polson, MT 59860

ER-other
ER-24 hours
Research facility
Critical access hospital
Teaching hospital
Children's hospital
General medical & surgical
Licensed hospital

**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 6a In addition to providing its own smaller Community benefit Report, St Joseph's Community benefit information is included in the consolidated report for Providence Health & Services

Part I, Line 7f Our total expense from Form 990, Part IX, Line 25, column (A) was \$22,308,483 The bad debt expense included in this amount was \$646,123 This left us with total expense of \$21,662,360 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 Practices Providence 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 seeking financial assistance from Providence (or the patient's legal representative) 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 hospital's 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 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 St Joseph Medical Center (SJMC), located about one and a half hours north of Missoula on the Flathead Indian Reservation in Polson, Montana, provides community hospital care for the more than 28,000 residents of Lake County At SJMC, 36% of patients are covered by Medicare, another 28% are covered by Medicaid and 5% are self-pay and uninsured SJMC serves a higher percentage of older adults, with 14% of the primary service area's population over the age of 65 With approximately 16% of the population living in poverty the community is characterized by lower income levels than the national average

**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 There were no reportable Community Building Activities for this facility during 2009

**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 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 & 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 communities served

Part VI, Line 7 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 guided 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 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 Our commitment to respect and fairness means 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

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

**Schedule J**  
(Form 990)**Compensation Information**

OMB No 1545-0047

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

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

**Name of the organization**  
St Joseph Hospital Corporation**Employer identification number**

81-0463482

**Part I Questions Regarding Compensation**

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

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

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

**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?

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

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

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

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

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

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

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

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

**a** The organization?

**b** Any related organization?

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?

**b** Any related organization?

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

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

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

	Yes	No
<b>1b</b>	Yes	
<b>2</b>	Yes	
<b>4a</b>	Yes	
<b>4b</b>	Yes	
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		

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

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

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

**Part III Supplemental Information**

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

Identifier	Return Reference	Explanation
	Part I, Line 1a	First Class Travel or Charter Travel or Travel of Companions 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) John Glueckert a) Severance - \$68,962

**Software ID:**  
**Software Version:**  
**EIN:** 81-0463482  
**Name:** St Joseph Hospital Corporation

**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 (ii) 1,054,225	0 539,663	0 145,207	0 35,987	0 18,894	0 1,793,976	0 0
Michael L Butler	(i) 0 (ii) 641,768	0 277,077	0 47,250	0 101,112	0 19,577	0 1,086,784	0 0
Jeffrey W Rogers	(i) 0 (ii) 451,177	0 134,054	0 15,000	0 166,745	0 18,406	0 785,382	0 0
John Steven McNeece	(i) 231,966 0	39,520 0	36,089 0	5,518 0	7,198 0	320,291 0	0 0
John Glueckert	(i) 56,167 0	19,309 0	101,548 0	935 0	2,553 0	180,512 0	0 0
Eugene Al Parrish	(i) 0 (ii) 478,507	0 171,243	0 20,025	0 34,367	0 21,288	0 725,430	0 0
John V Fletcher	(i) 0 (ii) 509,843	0 930,337	0 20,000	0 115,003	0 18,848	0 1,594,031	0 0
Janice J Jones	(i) 0 (ii) 542,820	0 224,045	0 36,500	0 45,343	0 21,743	0 870,451	0 0
Michael J Madden	(i) 0 (ii) 648,456	0 217,490	0 216,419	0 73,187	0 21,218	0 1,176,770	0 0
Gregory Van Pelt	(i) 0 (ii) 546,299	0 312,685	0 42,530	0 168,003	0 19,140	0 1,088,657	0 0
Russell Danielson	(i) 0 (ii) 631,287	0 362,603	0 137,351	0 290,808	0 19,846	0 1,441,895	0 0
Arnold R Schaffer	(i) 0 (ii) 544,431	0 262,151	0 36,500	0 70,825	0 20,270	0 934,177	0 0
John O Mudd	(i) 0 (ii) 318,605	0 373,612	0 36,500	0 54,751	0 17,552	0 801,020	0 0
Keith Marton MD	(i) 0 (ii) 405,001	0 154,072	0 36,500	0 41,702	0 16,907	0 654,182	0 0
Claudia Haglund	(i) 0 (ii) 306,721	0 103,478	0 31,500	0 118,557	0 17,675	0 577,931	0 0
Charles E Hawley	(i) 0 (ii) 299,607	0 159,970	0 31,500	0 150,091	0 17,359	0 658,527	0 0
Joel S Gilbertson	(i) 0 (ii) 243,430	0 62,436	0 132,492	0 25,793	0 18,300	0 482,451	0 0
Cindra R Syverson	(i) 0 (ii) 342,337	0 92,723	0 275,546	0 22,187	0 19,680	0 752,473	0 0
John Kenagy	(i) 0 (ii) 306,597	0 86,481	0 31,500	0 37,838	0 19,005	0 481,421	0 0
Tom Johnson	(i) 0 (ii) 217,404	0 67,788	0 29,991	0 32,340	0 10,595	0 358,118	0 0
Deborah Burton	(i) 0 (ii) 265,243	0 2,903	0 15,000	0 43,027	0 16,064	0 342,237	0 0
Richard S Irwin	(i) 227,844 0	0 0	0 0	21,614 0	10,421 0	259,879 0	0 0
Nathaniel Buffington MD	(i) 326,211 0	0 0	16,500 0	23,388 0	10,727 0	376,826 0	0 0
Adam T Smith MD	(i) 294,601 0	0 0	0 0	20,869 0	10,445 0	325,915 0	0 0
Kelly G Bagnell MD	(i) 286,618 0	0 0	0 0	24,077 0	10,995 0	321,690 0	0 0
Daniel P Rausch MD	(i) 247,633 0	0 0	0 0	22,967 0	10,592 0	281,192 0	0 0
Dennis S Probst MD	(i) 176,022 0	0 0	0 0	14,208 0	9,052 0	199,282 0	0 0
Lawrence C Kleinman	(i) 0 (ii) 11,977	0 82,639	0 138,495	0 19,830	0 4,184	0 257,125	0 0

**Schedule K  
(Form 990)**

OMB No 1545-0047

**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.

**2009****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue ServiceName of the organization  
St Joseph Hospital CorporationEmployer identification number  
81-0463482**Part I Bond Issues**

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	Montana Facility Finance Authority	81-0302402	61204KCB5	06-22-2006	10,588,107	Refunded Series 1999 Bonds - 7/20/99, Refunded Series 2002 Bonds - 8/7/02		X		X

**Part II Proceeds**

	A	B	C	D	E
1	Total proceeds of issue	10,588,107			
2	Gross proceeds in reserve funds				
3	Proceeds in refunding or defeasance escrows	10,474,770			
4	Other unspent proceeds				
5	Issuance costs from proceeds	113,336			
6	Working capital expenditures from proceeds				
7	Capital expenditures from proceeds				
8	Year of substantial completion				
9	Were the bonds issued as part of a current refunding issue?	X			
10	Were the bonds issued as part of an advance refunding issue?	X			
11	Has the final allocation of proceeds been made?	X			
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			

**Part III Private Business Use**

	A	B	C	D	E					
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	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								
2	Are there any lease arrangements with respect to the financed property which may result in private business use?	X								

**Part III Private Business Use (Continued)**

	A Yes	B No	C Yes	D No	E Yes	No
3a Are there any management or service contracts with respect to the financed property which may result in private business use?		X				
3b Are there any research agreements with respect to the financed property which may result in private business use?		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					
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 %				
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 %				
6 Total of lines 4 and 5		0 %				
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X					

**Part IV Arbitrage**

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

**Schedule L**  
(Form 990 or 990-EZ)**Transactions with Interested Persons**

OMB No 1545-0047

**2009****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service**Name of the organization**  
St Joseph Hospital Corporation**Employer identification number**

81-0463482

**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?	(c) Original principal amount	(d) Balance due	(e) In default?	(f) Approved by board or committee?	(g) Written agreement?
	To      From			Yes      No	Yes      No	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
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**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 of the organization	2,039,510	Supplies purchased through coop on which Dr Koster is a director	No

2009

Open to Public  
Inspection**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.**Name of the organization**  
St Joseph Hospital Corporation**Employer identification number**

81-0463482

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		The sole Corporate Member of the Corporation is St. Patrick Hospital and Health Sciences Center
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. Additionally, the Member may appoint and remove the President/CEO with or without cause after consultation with the Board
Form 990, Part VI, Section A, line 7b		The following powers reside with the Member. To adopt or change the mission, philosophy, and values of the Corporation. To amend or repeal the Articles of Incorporation and the Bylaws of the Corporation. To approve the acquisition of assets, the incurrence of indebtedness or the lease, sale, transfer, assignment or encumbering of the assets, in excess of a specified amount. To approve the dissolution and/or liquidation or the consolidation or merger of the Corporation. To approve the annual operating and capital budget and approval any deviations from the budget exceeding a specified amount. To appoint the Corporation's certified public accountants after receiving recommendation of the Board of Directors. To approve the lending of Corporate funds, other than the purchase of publicly traded securities, to unaffiliated organizations. To approve the closure of any institution or major ministry or work within this 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 I, LINE 6	VOLUNTEERS	Gift Shop Volunteers Surgery Reception Preparation of OB Care Bags Distribute/Replace Hospital Care Notes Purchasing Clerk Administration Clerk Oncology Reception/Lab Delivery Medical Records Clerk Visiting Doctor Reception Cardiac Rehab Equipment Cleaning/Assist Patients as needed

Identifier	Return Reference	Explanation
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 System's investment committee, and informs the Board of Directors of critical risk areas and recommended mitigation.

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 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 FROM 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 (system, region or entity) must meet a threshold of 50 percent of budgeted net operating income FORM 990, PART VII, SECTION A RELATED ORGANIZATION COMPENSATION Compensation paid by a related organization for those individuals listed on Part VII, was paid by Providence Health & Services - Washington dba Health System Office EIN# 91-0725998 and not by the reporting organization FORM 990, PART IX FUNDRAISING EXPENSES This entity had no allocation of expenses to Fundraising as its only source of Fundraising was the Special Event reported on Part VIII, Line 8 and Schedule G

For Paperwork Reduction Act Notice, see the Instructions for Form 990

Cat No 51056K

Schedule O (Form 990) 2009

**SCHEDULE R  
(Form 990)****Related Organizations and Unrelated Partnerships****2009**

► 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.

**Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service**Name of the organization**  
St Joseph Hospital Corporation**Employer identification number**

81-0463482

**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
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**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
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See Additional Data Table

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

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

See Additional Data Table

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

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

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III or IV**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

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

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	St Patrick Hospital and Health Sciences Center	E	217,142
(2)	St Patrick Hospital and Health Sciences Center	O	117,319
(3)	St Patrick Hospital and Health Sciences Center	C	500
(4)	Providence Health & Services - Washington	O	3,111,114
(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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Are all partners section 501(c)(3) organizations?	Share of end-of-year assets	Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?
Yes	No	Yes	No	Yes	No		

**Software ID:**  
**Software Version:**  
**EIN:** 81-0463482  
**Name:** St Joseph Hospital Corporation

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
Providence Health & Services - Washington  1801 Lind Avenue SW 9016 Renton, WA980579016 51-0216586	Healthcare System	WA	501(c)(3)	Line 3	N/A
Providence Health & Services - Oregon  1801 Lind Avenue SW 9016 Renton, WA980579016 51-0216587	Healthcare System	OR	501(c)(3)	Line 3	N/A
Providence Health System - So California  1801 Lind Avenue SW 9016 Renton, WA980579016 51-0216589	Healthcare System	CA	501(c)(3)	Line 3	N/A
Everett Transitional Care Services  PO Box 1067 Everett, WA982061067 94-3264605	Transitional Care	WA	501(c)(3)	Line 9	N/A
Providence Health System Housing  1801 Lind Avenue SW 9016 Renton, WA980579016 94-3230587	Assisted Living	AK	501(c)(3)	Line 9	N/A
Providence Oregon Management Corporation  1801 Lind Avenue SW 9016 Renton, WA980579016 93-0813977	Shell Corporation	OR	501(c)(3)	Line 1	N/A
Providence Portland Medical Foundation  4805 NE Glisan St Portland, OR972132967 93-1231494	Support Providence Portland Medical Center	OR	501(c)(3)	Line 7	N/A
Providence Hospice & Home Care of Snohomish County  2731 Wetmore 500 Everett, WA98201 91-1054828	Hospice & Home Care	WA	501(c)(3)	Line 7	N/A
Providence Alaska Foundation  3300 Providence Drive - B Tower2 Anchorage, AK99508 92-0093565	Support PHS-Alaska	AK	501(c)(3)	Line 11/Type I	N/A
PH&S FoundationSFVSA & SCVSA  501 S Buena Vista Street Burbank, CA91505 95-3544877	Support Program & Activities of SFVSA & SCVSA	CA	501(c)(3)	Line 7	N/A
Providence Hospice of Seattle Foundation  425 Pontius Avenue North 300 Seattle, WA981095452 91-2077378	Support Hospice of Seattle	WA	501(c)(3)	Line 11/Type I	N/A
Providence TrinityCare Hospice  2601 Airport Drive 230 Torrance, CA90505 95-3264139	Hospice	CA	501(c)(3)	Line 9	N/A
Providence Health Assurance  3601 SW Murray Blvd 10 Beaverton, OR97005 55-0828701	Medicaid Healthcare Provider	OR	501(c)(4)	N/A	N/A
Providence St Francis Association  3415 12th Avenue NE Olympia, WA98506 94-3244854	Housing	WA	501(c)(3)	Line 7	N/A
Providence Rossi Association  1700 Providence Pl Centralia, WA98531 31-1584166	Housing	WA	501(c)(3)	Line 9	N/A
Lundberg Association  5921 E Burnside Portland, OR97215 91-1562797	Housing	OR	501(c)(3)	Line 7	N/A
Providence St Elizabeth House Association  3201 SW Graham St Seattle, WA98126 91-2171539	Housing	WA	501(c)(3)	Line 7	N/A
The Gamelin Oregon Association  5520 NE Glisan Portland, OR97213 91-1214491	Housing	OR	501(c)(3)	Line 9	N/A
Providence Gamelin House Association  4515 MLK Jr Way S Ste 200 Seattle, WA98108 31-1744654	Housing	WA	501(c)(3)	Line 7	N/A
Gamelin Washington Association  1423 First Avenue Seattle, WA98101 20-1910170	Housing	WA	501(c)(3)	Line 7	N/A
St Luke Association  350 Washington Ave SE Chehalis, WA98352 94-3176618	Housing	WA	501(c)(3)	Line 7	N/A
The Gamelin California Association  540 23rd St Oakland, CA94612 91-1293869	Housing	CA	501(c)(3)	Line 9	N/A
The Gamelin Association  312 North Fourth St Yakima, WA98901 91-1180824	Housing	WA	501(c)(3)	Line 1	N/A
Providence Blanchet Association  1700 Providence Pl Centralia, WA98531 91-1789266	Housing	WA	501(c)(3)	Line 7	N/A
Providence Peter Claver Association  7101 38th Avenue South Seattle, WA98118 31-1629656	Housing	WA	501(c)(3)	Line 7	N/A
Providence Foundation  1801 Lind Avenue SW 9016 Renton, WA980579016 94-3078543	Support PH&S Institutions	WA	501(c)(3)	Line 11/Type I	N/A
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 St Peter Foundation  413 Lilly Road NE Olympia, WA985065166 91-1097056	Support Affiliated Tax- Exempt Organization	WA	501(c)(3)	Line 7	N/A
Providence Benedictine Nursing Center Foundation  540 South Main St Mt Angel, OR973629532 91-1940286	Support Providence Benedictine Nursing Center	OR	501(c)(3)	Line 7	N/A
Providence Medical Institute  4101 Torrance Blvd Torrance, CA90503 33-0283773	Healthcare	CA	501(c)(3)	Line 11/Type I	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
Providence Little Company of Mary Foundation  4101 Torrance Blvd Torrance, CA90503 51-0224944	Support Little Company of Mary Service Area	CA	501(c)(3)	Line 7	N/A
Providence Milwaukie Foundation  10150 SE 32nd Milwaukie, OR97222 94-3079515	Support Providence Milwaukie Hospital	OR	501(c)(3)	Line 7	N/A
Providence Plan Partners  3601 SW Murray Blvd 10 Beaverton, OR97005 91-1861964	Healthcare Services	OR	501(c)(4)	N/A	N/A
Providence Marianwood Foundation  3725 Providence Point Drive SE Issaquah, WA980297219 93-1554288	Support Providence Marianwood	WA	501(c)(3)	Line 11/Type I	N/A
Providence Mount St Vincent Foundation  4831 - 35th Avenue SW Seattle, WA981262799 91-1188119	Support Providence Mount St Vincent	WA	501(c)(3)	Line 7	N/A
Providence St 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 Community Health Foundation  1111 Crater Lake Ave Medford, OR97504 93-0692907	Support Providence Medford Medical Center	OR	501(c)(3)	Line 7	N/A
Providence Health Care Foundation (Centralia)  914 S Scheuber Road Centralia, WA98531 91-1433382	Support Providence Centralia Hospital	WA	501(c)(3)	Line 7	N/A
Providence Child Center Foundation  830 NE 47th Portland, OR97213 93-0800140	Support Providence Child Center	OR	501(c)(3)	Line 7	N/A
Providence TrinityCare Hospice Foundation  2601 Airport Drive 230 Torrance, CA90505 33-0261016	Support TrinityCare Hospice	CA	501(c)(3)	Line 7	N/A
Little Company of Mary Ancillary Services Corporation  4101 Torrance Blvd Torrance, CA90503 33-0844408	Imaging Services	CA	501(c)(3)	Line 9	N/A
Providence Health Plan  3601 SW Murray Blvd 10 Beaverton, OR97005 93-0863097	Health Service Contractor	OR	501(c)(4)	N/A	N/A
The John Gabriel Ryan Association  1801 Lind Avenue SW 9016 Renton, WA980579016 91-1303277	Healthcare	WA	501(c)(3)	Line 3	N/A
Providence Health & Services  1801 Lind Avenue SW 9016 Renton, WA980579016 91-1549796	Shell Corporation	WA	501(c)(3)	Line 11/Type I	N/A
St Patrick Hospital and Health Sciences Center  500 W Broadway PO Box 4587 Missoula, MT598064587 81-0231793	Healthcare	MT	501(c)(3)	Line 3	N/A
Sacred Heart Children's Foundation  PO Box 2555 Spokane, WA99220 32-0014330	Support Sacred Heart Children's Hospital	WA	501(c)(3)	Line 7	N/A
St Thomas Child and Family Center  1710 Benefis Court Great Falls, MT59405 81-0233495	Early Childhood Education	MT	501(c)(3)	Line 1	N/A
Sisters of Providence of Montana Corporation  1801 Lind Avenue SW 9016 Renton, WA980579016 26-2612415	Shell Corporation	MT	501(c)(3)	Line 1	N/A
Providence Seaside Hospital Foundation  725 S Wahanna Rd Seaside, OR97138 93-0927320	Support Providence Seaside Hospital	OR	501(c)(3)	Line 7	N/A
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) Disproportionate allocations?	(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?	
									Yes	No
Providence Imaging Center 3340 Providence Drive Anchorage, AK99508 92-0118807	Medical Imaging	AK	N/A	N/A				No		No
Providence Surgery Centers LLC PO Box 233889 Anchorage, AK99523 20-3567411	Surgery	AK	N/A	N/A				No		No
Mountainstar Clinical Laboratories LLC 611 N Perry Spokane, WA99202 26-1345983	Outpatient Lab	MT	N/A	N/A				No		No
Broadway Imaging LLC 500 W Broadway Missoula, MT59802 52-2405971	Medical Imaging	MT	N/A	N/A				No		No
Providence Surgery Center LLC 902 N Orange Street Missoula, MT59802 84-1401625	Outpatient Surgery	MT	N/A	N/A				No		No
Center for Medical Imaging-Tanasbourne LLC 1235 NE 47th Ave 288 Portland, OR97213 20-0477972	Imaging - Diagnostics	OR	N/A	N/A				No		No
Center for Medical Imaging-Bridgeport LLC 1235 NE 47th Ave 288 Portland, OR97213 26-0796953	Imaging - Diagnostics	OR	N/A	N/A				No		No
Center for Specialty Surgery LLC 11782 SW Barnes Rd Portland, OR97225 26-3638838	Ambulatory Surgery Center	OR	N/A	N/A				No		No
Clackamas Radiation Oncology Center LLC 1235 NE 47th Ave 288 Portland, OR97213 26-0381897	Radiation Oncology	OR	N/A	N/A				No		No
Oregon Outpatient Surgery Center 7300 SW Childs Rd Tigard, OR97224 22-3883387	Ambulatory Surgery Center	OR	N/A	N/A				No		No
Surgery Center at Tanasbourne LLC 1235 NE 47th Ave 260 Portland, OR97213 20-8187971	Ambulatory Surgery Center	OR	N/A	N/A				No		No
Providence Silverton Rehab LLC 1235 NE 47th Ave 260 Portland, OR97213 48-1287267	Rehab Services	OR	N/A	N/A				No		No
Portland Medical Imaging LLC 10538 SE Washington St Portland, OR97216 20-1054971	Imaging - Diagnostics	OR	N/A	N/A				No		No
Providence Radiation Oncology Development Assn LLC 1235 NE 47th Ave 288 Portland, OR97213 26-0682491	Real Estate - MOB	OR	N/A	N/A				No		No
Central Point MRI LLC 870 S Front St Central Point, OR97502 26-1975164	MRI Services	OR	N/A	N/A				No		No
Greater Valley Medical Building LP 501 S Buena Vista St Burbank, CA91505 95-4570858	Real Estate - MOB	CA	N/A	N/A				No		No
Pathology Associates Medical Laboratories LLC 611 N Perry Spokane, WA99202 27-0943279	Outpatient Lab	WA	N/A	N/A				No		No
Southern Idaho Regional Laboratory LLC 611 N Perry Spokane, WA99202 82-0511819	Outpatient Lab	ID	N/A	N/A				No		No
Tri-Cities Laboratory LLC 611 N Perry Spokane, WA99202 91-1773986	Outpatient Lab	WA	N/A	N/A				No		No
Alpha Medical Laboratory LLC 611 N Perry Spokane, WA99202 91-2017347	Outpatient Lab	ID	N/A	N/A				No		No
PacLab LLC 611 N Perry Spokane, WA99202 91-1743952	Outpatient Lab	WA	N/A	N/A				No		No
HealthServicesNW LLC PO Box 389672 Seattle, WA98138 31-1750915	Medical Billing	WA	N/A	N/A				No		No
Medalia Healthcare LLC 1801 Lind Ave SW 9016 Renton, WA98057 91-1660459	Physician Benefits	WA	N/A	N/A				No		No
Distribution Operations Center LLC 1801 Lind Ave SW 9016 Renton, WA98057 27-1054858	Supplies Purchasing Agent	WA	N/A	N/A				No		No