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Form

990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

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

2009

Open to Public Inspection

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

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

C Name of organization
PROVIDENCE HEALTH PLAN

Doing Business As

Number and street (or P O box if mail is not delivered to street address)
3601 SW Murray Blvd No 10

Room/suite

City or town, state or country, and ZIP + 4
Beaverton, OR 97005

D Employer identification number
93-0863097

E Telephone number
(503) 574-6330

G Gross receipts \$ 1,581,389,269

F Name and address of principal officer
Jack A Friedman
3601 SW Murray Blvd No 10
Beaverton,OR 97005

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

H(b) Are all affiliates included?
☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☒ 501(c) (4) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.providence.org/healthplans

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

L Year of formation 1998

M State of legal domicile OR

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
Healthcare Service Contractor

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 _____ 0

6 Total number of volunteers (estimate if necessary) 6 _____ 14

7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a _____ 0

7b Net unrelated business taxable income from Form 990-T, line 34 7b _____ 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 8 _____ 0

9 Program service revenue (Part VIII, line 2g) 911,112,244 982,233,405

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1016,568,408 11,703,841

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11902,280 1,279,938

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12928,582,932 995,217,184

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 131,057,473 1,217,654

14 Benefits paid to or for members (Part IX, column (A), line 4) 14_____ 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 1537,241,383 39,977,633

16a Professional fundraising fees (Part IX, column (A), line 11e) 16a_____ 0

b Total fundraising expenses (Part IX, column (D), line 25) ▶⁰_____

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) 17847,476,883 925,206,969

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 18885,775,739 966,402,256

19 Revenue less expenses Subtract line 18 from line 12 1942,807,193 28,814,928

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 20455,277,217 523,377,505

21 Total liabilities (Part X, line 26) 21112,774,896 131,994,367

22 Net assets or fund balances Subtract line 21 from line 20 22342,502,321 391,383,138

Part II Signature Block

Sign Here

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

Signature of officer Date 2010-08-13

Jeffrey W Rogers Corporate Secretary Type or print name and title

Paid Preparer's Use Only

Preparer's signature CLARK NUBER PS Date Check if self-employed ☐

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

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 Service Contractor

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes

☒ No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes

☒ No

If "Yes," describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 555,492,661 including grants of \$ 40,495) (Revenue \$ 572,854,957)

Commercial group is offered to employers who provide access to health coverage to their employees Products include Personal Option and Open Option plans For the Individual and Family plans offered to those who are not eligible for Medicare and Medicaid, PHP served approximately 9,600 members This product is health underwritten to manage risk appropriately with targets to reach the more than 650,000 uninsured Oregonians

4b

(Code) (Expenses \$ 351,226,651 including grants of \$ 1,122,257) (Revenue \$ 392,230,406)

Providence Medicare Plans are solutions for people who are eligible for Medicare, supporting affordable access and easier administration for members PHP advocates for evidence-based and cost effective treatments for patients and appropriate payment levels to providers to keep access to health care available to people who are eligible for Medicare This program served approximately 36,000 members in 2009

4c

(Code) (Expenses \$ 9,299,924 including grants of \$ 40,226) (Revenue \$ 14,912,829)

Providence offers Providence Administrative Services Only (ASO) for large groups capable of self-funding the risk experience of the group, but want claims administration and often skilled medical management, and consumer choice plans which offer qualified Health Savings Account (HSA) options This program served approximately 61,000 members in 2009

(Code) (Expenses \$ 2,170,515 including grants of \$ 14,676) (Revenue \$ 2,817,003)

Providence Medicare Supplement plans (Medi-Gap) are no longer open plans, but we have membership that continue to be enrolled in these closed-to-new-member plans

4d

Other program services (Describe in Schedule O)

(Expenses \$ 2,170,515 including grants of \$ 14,676) (Revenue \$ 2,817,003)












4e

Total program service expenses

\$ 918,189,751

Part IV

Checklist of Required Schedules

		Yes	No				
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	No				
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	No				
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No				
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4					
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	No				
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No				
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No				
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No				
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No				
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No				
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 	11	Yes				
	• Did the organization report an amount for land, buildings, and equipment in Part X, 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 	12	No				
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <table><tr><td>Yes</td><td>No</td></tr><tr><td> 12A</td><td>Yes</td></tr></table>	Yes	No	 12A	Yes		
Yes	No						
 12A	Yes						
13	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 						
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No				
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No				
14b	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	No				
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15	No				
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16	No				
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	No				
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No				
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No				
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	No				

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	18,682	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	0	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
	b If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	
d If "Yes," indicate the number of Forms 8282 filed during the year			7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9 Sponsoring organizations maintaining donor advised funds.				
a Did the organization make any taxable distributions under section 4966?			9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10 Section 501(c)(7) organizations. Enter				
a Initiation fees and capital contributions included on Part VIII, line 12			10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b	
11 Section 501(c)(12) organizations. Enter				
a Gross income from members or shareholders			11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a	14	
b	Enter the number of voting members that are independent	1b	14	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	Yes	

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▶OR
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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 ▶ Michael White CFO 3601 SW Murray Blvd 10 Beaverton, OR 97005 (503) 574-6390

Part VII

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
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 Conta Heid RSM Director	3.90	X						0	0	0
Dana A Rasmussen Director	3.80	X						0	15,000	0
Paul A Redmond Director	3.80	X						0	18,000	0
James S Roberts MD Director	5.80	X						0	15,000	0
Peter J Snow Director	3.70	X						0	15,000	0
Jeffrey B Clode MD Director	4.00	X						0	18,000	0
Gerald P Leahy Director	5.10	X						0	15,000	0
Owen B Robinson Director	5.40	X						0	15,000	0
Philip J Thompson Director	5.40	X						0	15,000	0
Ellen L Wolf Director	4.80	X						0	18,750	0
Jack Friedman CEO	50.00			X				0	1,486,387	94,599
Jeffrey W Rogers Corporate Secretary	50.00			X				0	600,231	185,151
Kevin W Keck MD CMO	40.00			X				0	565,559	63,613

Part VII

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization	0
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		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PH&S-OR dba Prov Portland Medical Cente PO BOX 3395 PORTLAND, OR 97208	Hospital and Healthcare Services	111,667,505
PH&S-OR dba Prov StVincent Medical Cen PO BOX 3178 PORTLAND, OR 972083178	Hospital and Healthcare Services	95,468,719
PH&S-OR dba Prov Medical Group - North PO BOX 3158 PORTLAND, OR 97208	Physician Services	29,026,340
PH&S-OR dba Prov Shared Services Divisi 1235 NE 47TH STE 148 PORTLAND, OR 97213	Home Health Services & DME	25,110,745
Pacificare Behavioral Health PO BOX 25186 SANTA ANA, CA 92799	Mental Health Capitation Pmts	23,210,424
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 729		

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f						
Program Service Revenue			Business Code					
	2a	EPO Premiums	900,099	572,515,850	572,515,850			
	b	Medicare Payments	900,099	391,998,220	391,998,220			
	c	ASO Fees	900,099	14,904,000	14,904,000			
	d	Medicare Supp. Premium	900,099	2,815,335	2,815,335			
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		982,233,405				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		18,097,428			18,097,428	
	4	Income from investment of tax-exempt bond proceeds . . .						
	5	Royalties						
	6a	(i) Real		(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	(i) Securities		(ii) Other				
		579,778,248		250				
		586,172,085						
		-6,393,837		250				
	d	Net gain or (loss)		-6,393,587			-6,393,587	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a				
		Less direct expenses		b				
	c	Net income or (loss) from fundraising events . . .						
	9a	Gross income from gaming activities See Part IV, line 19		a				
Less direct expenses		b						
c	Net income or (loss) from gaming activities . . .							
10a	Gross sales of inventory, less returns and allowances		a					
	Less cost of goods sold		b					
c	Net income or (loss) from sales of inventory . . .							
Miscellaneous Revenue		Business Code						
11a	Litigation Funds	900,099	698,148			698,148		
b	Credentialing Fees	900,099	223,415	223,415				
c	Capital Usage Fee	900,099	187,635	187,635				
d	All other revenue		170,740	170,740				
e	Total. Add lines 11a-11d		1,279,938					
12	Total revenue. See Instructions		995,217,184	982,815,195	0	12,401,989		

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	1,217,654	1,217,654		
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	30,578,881	20,768,999	9,809,882	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	9,398,752	6,337,914	3,060,838	
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	Legal	746,773	615,931	130,842	
c	Accounting	129,977	50,588	79,389	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	804,205		804,205	
g	Other	19,887,205	5,395,031	14,492,174	
12	Advertising and promotion	10,317	164	10,153	
13	Office expenses	4,165,450	2,615,021	1,550,429	
14	Information technology	631,537	414,361	217,176	
15	Royalties				
16	Occupancy	3,409,513	1,896,862	1,512,651	
17	Travel	232,223	60,079	172,144	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	126,555	54,127	72,428	
20	Interest				
21	Payments to affiliates	12,064,251	1,077,274	10,986,977	
22	Depreciation, depletion, and amortization	1,596,064	1,117,245	478,819	
23	Insurance	262,478	144,363	118,115	
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	Medical Claims	870,109,155	870,109,155		
b	Licensing	7,793,264	4,313,128	3,480,136	
c	Taxes	1,914,821	1,053,151	861,670	
d	Electronic Claims	743,674	718,403	25,271	
e	Ins Commission Fees	220,689	121,072	99,617	
f	All other expenses	358,818	109,229	249,589	
25	Total functional expenses. Add lines 1 through 24f	966,402,256	918,189,751	48,212,505	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			36,521,778	2	47,902,594
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			5,401,969	4	2,470,295
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	33,714,463	3,491,971	10c	4,453,749
	b	Less accumulated depreciation	10b	29,260,714			
	11	Investments—publicly traded securities			389,354,864	11	387,157,206
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11			4,854,759	13	6,053,709
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			15,651,876	15	75,339,952
16	Total assets. Add lines 1 through 15 (must equal line 34)			455,277,217	16	523,377,505	
Liabilities	17	Accounts payable and accrued expenses			389,586	17	227,822
	18	Grants payable				18	
	19	Deferred revenue			8,492,467	19	11,237,646
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			103,892,843	25	120,528,899
	26	Total liabilities. Add lines 17 through 25			112,774,896	26	131,994,367
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets				27	
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			0	30	0
	31	Paid-in or capital surplus, or land, building or equipment fund			73,716,441	31	73,716,441
	32	Retained earnings, endowment, accumulated income, or other funds			268,785,880	32	317,666,697
	33	Total net assets or fund balances			342,502,321	33	391,383,138
	34	Total liabilities and net assets/fund balances			455,277,217	34	523,377,505

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? . . .		No
b Were the organization's financial statements audited by an independent accountant?	Yes	
c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> 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?		No
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 . . .		

Additional Data

Software ID:
Software Version:
EIN: 93-0863097
Name: PROVIDENCE HEALTH PLAN

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

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Medical Claims	870,109,155	870,109,155		
Licensing	7,793,264	4,313,128	3,480,136	
Taxes	1,914,821	1,053,151	861,670	
Electronic Claims	743,674	718,403	25,271	
Ins Commission Fees	220,689	121,072	99,617	

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
PROVIDENCE HEALTH PLAN

Employer identification number
93-0863097

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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Preservation of an historically importantly land area</div> <div><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure</div> <div><input type="checkbox"/> Preservation of open space</div>											
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											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the Year	a	Total number of conservation easements	b	Total acreage restricted by conservation easements	c	Number of conservation easements on a certified historic structure included in (a)	d	Number of conservation easements included in (c) acquired after 8/17/06
	Held at the End of the Year											
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
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)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements											

Part III

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

1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
b	If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items	
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
	(ii) Assets included in Form 990, Part X	▶ \$ _____
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	
a	Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b	Assets included in Form 990, Part X	▶ \$ _____

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	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				
b	Contributions				
c	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ %

b

Permanent endowment ▶ %

c

Term endowment ▶ %

3a

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

(i)

unrelated organizations

3a(i)

☐ Yes

☐ No

(ii)

related organizations

3a(ii)

☐ Yes

☐ No

b

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

3b

☐ Yes

☐ No

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,326,852	1,291,064	35,788
d Equipment		32,387,611	27,969,650	4,417,961
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				4,453,749

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
------------	------------------	-------------

Additional Data

Software ID:

Software Version:

EIN: 93-0863097

Name: PROVIDENCE HEALTH PLAN

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
Pharmacy Rebate Receivable	2,578,577
Receivable from ASO Clients	176,101
Due from Affiliates	713,580
Reinsurance Receivables	135,190
Investment Income Accruals	3,257,429
Overpayment Recoveries Outstanding	192,782
Miscellaneous	9,193
Dedicated deposit for Pse Prov Office Park Bldg II	58,243,660
Due from CMS	10,033,440

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

1 (a) Description of Liability	(b) Amount
Unpaid Claims & Withholdings	84,269,809
Due to OR Public Employees Retirement System	2,950,672
Due to Affiliates	15,328,901
Due to Medicare Part D	3,546,782
Due to CMS - Medical	280,914
ASO Claims Payable	7,500,438
Miscellaneous Payables	809,886
Deposits Insured Grp Alternative Arrangements	4,769,386
Claim Refunds in Process	1,072,111

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
PROVIDENCE HEALTH PLAN

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Employer identification number
93-0863097

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2

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

▶ 38

3

Enter total number of other organizations

▶ 0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

[illegible]

Software ID:
Software Version:
EIN: 93-0863097
Name: PROVIDENCE HEALTH PLAN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Albertina Kerr Centers424 NE 22ND AVE PORTLAND, OR 97232	93-1297104	501(c)(3)	10,000				Behavioral Health
Birch Community Services17780 NE SAN RAFAEL ST PORTLAND, OR 97230	93-1186020	501(c)(3)	8,400				Essential Services
Cascade Aids Project208 SW 5TH AVE STE 800 PORTLAND, OR 97204	93-0903383	501(c)(3)	11,640				HIV Testing
Central City Concern232 NW 6TH AVE PORTLAND, OR 97209	93-0728816	501(c)(3)	25,000				Essential Services
Chehalem Youth and Family Services5010 E 1ST ST NEWBERG, OR 97132	93-0764541	501(c)(3)	17,000				Behavioral Health
Children's Center1811 15TH STREET OREGON CITY, OR 97045	75-3027143	501(c)(3)	180,000				Behavioral Health Services
Clark County Food Bank7509 NE 47TH AVE VANCOUVER, WA 98661	91-1307564	501(c)(3)	25,000				Essential Services
Community Health Partnership315 SW 5TH AVE STE 202 PORTLAND, OR 97204	93-1259522	501(c)(3)	27,500				Essential Services
De La Salle North Catholic HS7528 N FENWICK AVE PORTLAND, OR 97217	93-1287554	501(c)(3)	50,000				Diverse Populations/Mental Health/Low Income
Ecumenical Ministries of Oregon245 SW BANCROFT ST STE B PORTLAND, OR 97239	93-0625359	501(c)(3)	115,000				Diverse Populations/Mental Health

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Essential Health Clinic155 N 1ST AVE STOP 4 HILLSBORO ,OR 97124	38-3672046	501(c)(3)	20,000				Primary Care for Low Income/Uninsured
Folktime Inc4837 NE COUCH ST PORTLAND,OR 97213	93-1222522	501(c)(3)	12,000				Behavioral Health/Essential Services
Food for Lane County770 BAILEY HILL RD EUGENE,OR 97402	93-0888347	501(c)(3)	15,355				Essential Services
George Fox University414 N MERIDIAN V104 NEWBERG,OR 97132	93-0386839	501(c)(3)	120,000				Behavioral Health Services
House Call Providers Inc 4531 SE BELMONT STE 250 PORTLAND,OR 97215	93-1196933	501(c)(3)	25,000				Access to Primary Care
Juliettes House1075 SW CEDARWOOD AVE MCMINNVILLE,OR 97128	93-1156152	501(c)(3)	5,000				Behavioral Health Services
Morrison Child & Family Svcs 1500 NE IRVING ST STE 250 PORTLAND,OR 97232	93-0354176	501(c)(3)	14,355				Essential Services
National Multiple Sclerosis Society104 SW CLAY ST PORTLAND,OR 97201	13-5661935	501(c)(3)	5,000				Heathcare Research Support
Neighbor Impact2303 SW 1ST ST REDMOND,OR 97756	93-0884929	501(c)(3)	15,000				Essential Services
Northwest Childrens OutreachPO BOX 1604 LAKE OSWEGO,OR 97035	93-1315508	501(c)(3)	25,000				Essential Community Services

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NW Catholic Counseling Center8383 NE SANDY BLVD STE 205 PORTLAND,OR 97220	93-1088962	501(c)(3)	25,000				Behavioral Health
NW Pilot Project1430 SW BROADWAY STE 200 PORTLAND,OR 97201	93-0635871	501(c)(3)	25,000				Frail & Elderly support
Oregon Community Warehouse2267 N INTERSTATE AVE PORTLAND,OR 97227	93-1310582	501(c)(3)	23,400				Essential Community Services
Oregon Food BankPO BOX 55370 PORTLAND,OR 97238	93-0785786	501(c)(3)	71,500				Essential Community Services
Our House of Portland Inc 2727 SE ALDER ST PORTLAND,OR 97214	93-0986632	501(c)(3)	20,000				Behavioral Health Services
Partners for a Hunger Free Oregon4110 SE HAWTHORNE BLVD PORTLAND,OR 97214	20-4970868	501(c)(3)	110,000				Essential Services
Portland Opportunities Industrialization Ctrs717 N KILLINGSWORTH CT PORTLAND,OR 97217	93-0593858	501(c)(3)	24,863				Behavioral Health
Portland Park Foundation888 SW 5TH AVE STE 1600 PORTLAND,OR 97204	93-1319970	501(c)(3)	10,000				Access to Primary Care
Serendipity Center Inc14815 SE DIVISION ST PORTLAND,OR 97236	93-0730861	501(c)(3)	25,000				Behavioral Health
St Vincent De Paul La Pine Oregon Conf51484 MORSON RD LA PINE,OR 97739	20-5351113	501(c)(3)	10,000				Essential Services

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St Vincent De Paul Lane County705 SENECA ROAD EUGENE, OR 97402	93-0454786	501(c)(3)	25,000				Essential Services
St Vincent De Paul Mid Willamette Valley3745 PORTLAND RD NE SALEM, OR 97301	93-0464194	501(c)(3)	25,000				Essential Services
St Vincent De Paul Mobile Kitchen5120 SE MILWAUKIE AVE PORTLAND, OR 97202	93-0456525	501(c)(3)	25,000				Essential Services
Stand for Children516 MORRISON ST STE 420 PORTLAND, OR 97214	52-1957214	501(c)(3)	15,000				Access to Primary Care
Sunshine Pantry6170 SW CHERRY HILL DRIVE BEAVERTON, OR 97008	20-3834167	501(c)(3)	25,000				Essential Services
United Methodist Church Freemont UMC2620 NE FREMONT ST PORTLAND, OR 97212	93-0395576	501(c)(3)	7,500				Access to Primary Care
Urban Gleaners4500 SW HUMPHREY BLVD PORTLAND, OR 97221	20-4641665	501(c)(3)	15,000				Essential Services
US Conference of Catholic Bish St Alexander183 N 11TH AVE CORNELIUS, OR 97113	53-0196617	501(c)(3)	7,500				Access to Primary Care

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
PROVIDENCE HEALTH PLAN

Employer identification number
93-0863097

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input checked="" type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div></div>		
	<div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input checked="" type="checkbox"/> Payments for business use of personal residence</div></div>		
	<div><div><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div>		
	<div><div><input checked="" type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	Yes
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div></div>		
	<div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div>		
	<div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or 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	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Jack Friedman	(i)	0	0	0	0	0	0	0
	(ii)	394,787	1,060,100	31,500	75,104	19,495	1,580,986	0
Jeffrey W Rogers	(i)	0	0	0	0	0	0	0
	(ii)	451,177	134,054	15,000	166,745	18,406	785,382	0
Kevin W Keck MD	(i)	0	0	0	0	0	0	0
	(ii)	464,229	69,830	31,500	44,328	19,285	629,172	0
Alison S Schrupp	(i)	0	0	0	0	0	0	0
	(ii)	262,407	48,310	15,675	58,204	18,284	402,880	0
Barbara L Christensen	(i)	0	0	0	0	0	0	0
	(ii)	242,184	56,521	11,926	102,492	12,765	425,888	0
Michael G White	(i)	0	0	0	0	0	0	0
	(ii)	219,235	43,810	16,539	39,760	2,229	321,573	0
Bruce W Wilkinson	(i)	0	0	0	0	0	0	0
	(ii)	218,207	46,708	10,237	35,767	15,206	326,125	0
Terry L Smith	(i)	0	0	0	0	0	0	0
	(ii)	492,266	141,265	125,227	171,047	19,716	949,521	0
Shelly M Handkins	(i)	0	0	0	0	0	0	0
	(ii)	283,439	78,308	31,500	48,173	19,260	460,680	0
Addison R Wilson	(i)	0	0	0	0	0	0	0
	(ii)	282,671	0	0	23,824	16,858	323,353	0
James H Mackay	(i)	0	0	0	0	0	0	0
	(ii)	258,280	10,350	0	106,864	11,567	387,061	0
Gerald R Corn	(i)	0	0	0	0	0	0	0
	(ii)	218,671	5,642	16,500	24,747	11,567	277,127	0
Brian Riney	(i)	0	0	0	0	0	0	0
	(ii)	203,022	0	14,111	29,543	9,588	256,264	0
Dan A Stevens	(i)	0	0	0	0	0	0	0
	(ii)	172,059	31,150	0	24,286	15,135	242,630	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 1a	First Class Travel or Charter Travel or Travel of Companions The Providence Expense Reimbursement Procedures include the following policies. Air travel is reimbursable for tourist or economy class only and should be at the least expensive airfare, which permits departures and arrivals at reasonable times and reasonable distance traveled. Employees are encouraged to plan in advance to get available discounts. Airline frequent flyer upgrades will never be reimbursed. Spouse travel will be reimbursed by the organization if the spouse is required to attend or is invited to a Providence-sponsored meeting. A spouse's travel expenses that are reimbursed by the organization and that are not for bona fide business purposes are considered a taxable benefit by the IRS and are included on the employee's Form W-2. Tax Indemnifications or Gross-Up Payments Providence Health & Services follows the federal and state taxation laws related to relocation expenses paid to the employee or to a third party on the employee's behalf. They are considered income and are therefore subject to payroll taxes. Based on the way Providence has chosen to pay the relocation expenses, Providence reports reimbursements and payments to vendors as income and these expense payments are reflected on the executive's Form W-2. Providence will gross-up the relocation benefits to offset the personal tax burden to the employee for IRS allowable expenses. Discretionary Spending Account Providence Health & Services provides an executive flex spending allowance per year (paid bi-weekly). It is provided in lieu of a car allowance, additional executive life or disability insurance, spouse travel, club dues and similar executive benefits. Housing Allowance or Residence for Personal Use Providence Health & Services provides housing allowances for purposes of relocation assistance only. Providence may pay temporary living expenses for the employee up to a maximum of 60 calendar days. Covered expenses are rent (excluding "rent" which may be paid in order to occupy a new permanent residence until the title clears) and utilities, including heat, electricity, gas, water, local internet and local telephone and garbage services. The vice president/chief human resources officer may approve temporary housing assistance for up to six months when family relocation is delayed to accommodate the school year or equivalent circumstances. Only in extenuating circumstances is housing extended beyond this six month period.
	Part I, Line 4a	A) SERP = Supplemental Executive Retirement Plan B) CBRP = Cash Balance Restoration Plan C) ESP = Elective Survivor Plan D) SOP = Share Option Plan 1) Jack A. Friedman * Taxable SERP Vested but not Paid - \$ 906,651 2) Jeffrey W. Rogers * ESP Earned but not Paid - \$66,589 3) Alison S. Schrupp * ESP Earned but not Paid - \$ 14,420 4) Bruce W. Wilkinson * Taxable CBRP Vested but not Paid - \$ 2,328 * Non-Taxable CBRP Vested but not Paid - \$ 79 5) Terry L. Smith * Taxable CBRP Vested but not Paid - \$ 307 * Non-Taxable CBRP Vested but not Paid - \$ 405 * ESP Earned but not Paid - \$51,244 * SOP Paid - \$ 93,727 6) James H. Mackay, MD * Taxable CBRP Vested but not Paid - \$ 4,139 * Non-Taxable CBRP Vested but not Paid - \$ 1,169 7) Barbara L. Christensen * Taxable CBRP Vested but not Paid - \$ 10,011 * Non-Taxable CBRP Vested but not Paid - \$2,858 * ESP Earned but not Paid - \$ 23,225

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SCHEDULE O

(Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990

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

▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

PROVIDENCE HEALTH PLAN

Employer identification number

93-0863097

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		The sole Corporate Member is Providence Plan Partners
Form 990, Part VI, Section A, line 7a		The pow ers 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 w ith or w ithout cause
Form 990, Part VI, Section A, line 7b		The follow ing pow ers reside w ith the Member To adopt or change the m ission, philosophy, and values of the Corporation To amend or repeal the Articles of Incorporation and the Bylaw s 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 w ithin this Corporation
Form 990, Part VI, Section B, line 11		The Form 990 is prepared internally by experienced staff and review ed by external tax advisors The Board of Directors review ed the Form 990 prior to filing w ith 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 stew ards hip 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, betw een the interests of an individual associated w ith 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 review ed by the System Integrty Department w orking in conjunction w ith the Department of Legal Affairs If it is determined that an actual conflict exists, appropriate follow -up action is taken w ith 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 stew ards its finances, deciphering the information directly from Form 990 can be challenging The follow ing paragraphs provide further information about the process w e use to determ ine compensation for top management, officers and key employees Providence has a single fiduciary Board, w ith responsibility for financial oversight associated w ith fulfillment of the Providence Mission, developing system policies, protecting the assets entrusted to the organization and overseeing the strategic and operational affairs of Providences legal entities Providence also maintains a netw ork of community ministry boards w ith 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 w hom 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 w hose 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 review ed w ith the Human Resources Committee The Providence Health & Services President/CEO utilizes the market information provided by the consultant along w ith formal performance evaluations, to determ ine salary recommendations for other senior executives This process includes a rigorous analysis of those recommendations w ith 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 w ith appropriate practices for not-for-profit health care systems The Board's process for executive compensation fully complies w ith 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 w ritten request Financial statements are available on our public Internet site w w w providence org All governing policies including the conflict of interest policy, as w ell as 990 filings are available to employees on the Intranet site
FORM 990, SCHEDULE J, PART II	EXECUTIVE PERFORMANCE AWARDS PROGRAM	The Providence Executive Performance Aw ards Program provides a lump sum aw ard annually as a percent of the executive's base pay Percent opportunities are aligned w ith 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 aw ard is based on the level of accomplishment of annual system objectives and personal objectives In 2009, 70 percent of the participant aw ards w ere based on pre-determined organizational goals consistent w ith Providences five strategic priorities of m ission driven, financially responsible, people centered, service oriented and quality focused In 2009 the percent allocation for each of these strategic priorities w as 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

Identifier	Return Reference	Explanation
FORM 990, PART VII, SECTION A	HOURS WORKED	The average hours per week reflect hours w orked for the entire Providence Health & Services healthcare system and are not allocated to the individual reporting entity

FORM 990, PART XI, LINE 2C AUDIT & COMPLIANCE The Providence Health & Services Audit and Compliance Committee assists the Board of Directors with the oversight of the integrity of the financial statements and reporting, the audit process and the internal financial controls and policies, compliance with ethical, legal and regulatory standards and requirements, the independence, qualifications and performance of the internal and external auditors, the investment committee, and informs the Board of Directors of critical risk areas and recommended mitigation FORM 990, PART VI, SECTION A 9 E Kay Stepp, M Adrian Davis, LCM, Lucille Dean, SP, Michael A Stein, Mary Corita Heid, RSM, Dana A Rasmussen, Jeffrey B Clode, MD, Gerald P Leahy, Paul A Redmond, James S Roberts, MD, Owen B Robinson, Peter J Snow, Philip J Thompson, Ellen L Wolf, are all on our Board of Directors and can be reached at 1801 Lind Ave SW, Renton, WA 98057 Jeffrey W Rogers, the secretary, can be reached at 1801 Lind Ave SW, Renton, WA 98057 FORM 990, PART IV, LINE 12 AUDITED FINANCIAL STATEMENTS The audited financial statements of Providence Health Plan are prepared on a statutory basis in conformity with insurance accounting practices prescribed or permitted by the National Association of Insurance Commissioners and the Insurance Division of the Oregon Department of Consumer and Business Services 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 FORM 990, PART iI, LINE 5 & PART V, LINE 2A EMPLOYEE COMPENSATION The employees working at Providence Health Plan are paid by Providence Health & Services - Oregon EIN# 51-0216587 or Providence Health & Services - WA dba Health System Office EIN# 91-0725998 Therefore, no W-2s are issued by the reporting organization

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

Cat No 51056K

Schedule O (Form 990) 2009

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2009

Open to Public Inspection

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

Employer identification number

93-0863097

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

(a)
Name, address, and EIN of disregarded entity

(b)
Primary activity

(c)
Legal domicile (state
or foreign country)

(d)
Total income

(e)
End-of-year assets

(f)
Direct controlling
entity

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

(a)
Name, address, and EIN of related organization

(b)
Primary activity

(c)
Legal domicile (state
or foreign country)

(d)
Exempt Code section

(e)
Public charity status
(if section 501(c)(3))

(f)
Direct controlling
entity

See Additional Data Table

Part III

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	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

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

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

No

No

Yes

No

No

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)	Providence Plan Partners	O	93,705,194
(2)	Providence Health & Services - Oregon	O	244,134,108
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2009

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

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

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

Additional Data

Return to Form

Software ID:

Software Version:

EIN: 93-0863097

Name: PROVIDENCE HEALTH PLAN

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
Providence Health & Services - Washington 1801 Lind Avenue SW 9016 Renton, WA 980579016 51-0216586	Healthcare System	WA	501(c)(3)	Line 3	N/A
Providence Health & Services - Oregon 1801 Lind Avenue SW 9016 Renton, WA 980579016 51-0216587	Healthcare System	OR	501(c)(3)	Line 3	N/A
Providence Health System - So California 1801 Lind Avenue SW 9016 Renton, WA 980579016 51-0216589	Healthcare System	CA	501(c)(3)	Line 3	N/A
Everett Transitional Care Services PO Box 1067 Everett, WA 982061067 94-3264605	Transitional Care	WA	501(c)(3)	Line 9	N/A
Providence Health System Housing 1801 Lind Avenue SW 9016 Renton, WA 980579016 94-3230587	Assisted Living	AK	501(c)(3)	Line 9	N/A
Providence Oregon Management Corporation 1801 Lind Avenue SW 9016 Renton, WA 980579016 93-0813977	Shell Corporation	OR	501(c)(3)	Line 1	N/A
Providence Plan Partners 3601 SW Murray Blvd 10 Beaverton, OR 97005 91-1861964	Healthcare Services	OR	501(c)(4)	N/A	N/A
Providence Hospice & Home Care of Snohomish County 2731 Wetmore 500 Everett, WA 98201 91-1054828	Hospice & Home Care	WA	501(c)(3)	Line 7	N/A
Providence Alaska Foundation 3300 Providence Drive - B Tower2 Anchorage, AK 99508 92-0093565	Support PHS-Alaska	AK	501(c)(3)	Line 11/Type I	N/A
Providence Medical Institute 4101 Torrance Blvd Torrance, CA 90503 33-0283773	Healthcare	CA	501(c)(3)	Line 11/Type I	N/A
Providence Hospice of Seattle Foundation 425 Pontius Avenue North 300 Seattle, WA 981095452 91-2077378	Support Hospice of Seattle	WA	501(c)(3)	Line 11/Type I	N/A
Providence TrinityCare Hospice 2601 Airport Drive 230 Torrance, CA 90505 95-3264139	Hospice	CA	501(c)(3)	Line 9	N/A
Providence Health Assurance 3601 SW Murray Blvd 10 Beaverton, OR 97005 55-0828701	Medicaid Healthcare Provider	OR	501(c)(4)	N/A	Providence Health Plan
Providence St Francis Association 3415 12th Avenue NE Olympia, WA 98506 94-3244854	Housing	WA	501(c)(3)	Line 7	N/A
Providence Rossi Association 1700 Providence Pl Centralia, WA 98531 31-1584166	Housing	WA	501(c)(3)	Line 9	N/A
Lundberg Association 5921 E Burnside Portland, OR 97215 91-1562797	Housing	OR	501(c)(3)	Line 7	N/A
Providence St Elizabeth House Association 3201 SW Graham St Seattle, WA 98126 91-2171539	Housing	WA	501(c)(3)	Line 7	N/A
The Gamelin Oregon Association 5520 NE Glisan Portland, OR 97213 91-1214491	Housing	OR	501(c)(3)	Line 9	N/A
Providence Gamelin House Association 4515 MLK Jr Way S Ste 200 Seattle, WA 98108 31-1744654	Housing	WA	501(c)(3)	Line 7	N/A
Gamelin Washington Association 1423 First Avenue Seattle, WA 98101 20-1910170	Housing	WA	501(c)(3)	Line 7	N/A
St Luke Association 350 Washington Ave SE Chehalis, WA 98352 94-3176618	Housing	WA	501(c)(3)	Line 7	N/A
The Gamelin California Association 540 23rd St Oakland, CA 94612 91-1293869	Housing	CA	501(c)(3)	Line 9	N/A
The Gamelin Association 312 North Fourth St Yakima, WA 98901 91-1180824	Housing	WA	501(c)(3)	Line 1	N/A
Providence Blanchet Association 1700 Providence Pl Centralia, WA 98531 91-1789266	Housing	WA	501(c)(3)	Line 7	N/A
Providence Peter Claver Association 7101 38th Avenue South Seattle, WA 98118 31-1629656	Housing	WA	501(c)(3)	Line 7	N/A
Providence Foundation 1801 Lind Avenue SW 9016 Renton, WA 980579016 94-3078543	Support PH&S Institutions	WA	501(c)(3)	Line 11/Type I	N/A
Providence Newberg Health Foundation 1001 Providence Drive Newberg, OR 97132 93-0889144	Support Providence Newberg Medical Center	OR	501(c)(3)	Line 7	N/A
Providence St Peter Foundation 413 Lilly Road NE Olympia, WA 985065166 91-1097056	Support Affiliated Tax-Exempt Organization	WA	501(c)(3)	Line 7	N/A
Providence Benedictine Nursing Center Foundation 540 South Main St Mt Angel, OR 973629532 91-1940286	Support Providence Benedictine Nursing Center	OR	501(c)(3)	Line 7	N/A
Providence Mount St Vincent Foundation 4831 - 35th Avenue SW Seattle, WA 981262799 91-1188119	Support Providence Mount St Vincent	WA	501(c)(3)	Line 7	N/A

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 Seaside Hospital Foundation 725 S Wahanna Rd Seaside, OR97138 93-0927320	Support Providence Seaside Hospital	OR	501(c)(3)	Line 7	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 Portland Medical Foundation 4805 NE Glisan St Portland, OR972132967 93-1231494	Support Providence Portland Medical Center	OR	501(c)(3)	Line 7	N/A
Providence St Vincent Medical Foundation 9205 SW Barnes Rd Portland, OR97225 93-0575982	Support Providence St Vincent Medical Center	OR	501(c)(3)	Line 7	N/A
Providence 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
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
The John Gabriel Ryan Association 1801 Lind Avenue SW 9016 Renton, WA980579016 91-1303277	Healthcare	WA	501(c)(3)	Line 3	N/A
Providence Health & Services 1801 Lind Avenue SW 9016 Renton, WA980579016 91-1549796	Shell Corporation	WA	501(c)(3)	Line 11/Type I	N/A
St Patrick Hospital and Health Sciences Center 500 W Broadway PO Box 4587 Missoula, MT598064587 81-0231793	Healthcare	MT	501(c)(3)	Line 3	N/A
St Joseph Hospital Corporation PO Box 1010 Polson, MT598601010 81-0463482	Healthcare	MT	501(c)(3)	Line 3	N/A
St Thomas Child and Family Center 1710 Benefis Court Great Falls, MT59405 81-0233495	Early Childhood Education	MT	501(c)(3)	Line 1	N/A
Sisters of Providence of Montana Corporation 1801 Lind Avenue SW 9016 Renton, WA980579016 26-2612415	Shell Corporation	MT	501(c)(3)	Line 1	N/A
Sacred Heart Children's Foundation PO Box 2555 Spokane, WA99220 32-0014330	Support Sacred Heart Children's Hospital	WA	501(c)(3)	Line 7	N/A
St Patrick Hospital and Health Foundation 500 West Broadway PO Box 4587 Missoula, MT598064587 23-7056976	Support Healthcare in W Montana	MT	501(c)(3)	Line 7	N/A
University of Great Falls 1301 20th Street South Great Falls, MT59405 81-0231777	Post Secondary Education	MT	501(c)(3)	Line 2	N/A
E WA & MT Unemployment Compensation Insurance Trust 1801 Lind Avenue SW 9016 Renton, WA980579016 91-1082119	Unemployment Benefits	WA	501(c)(3)	Line 11/Type I	N/A
Providence Willamette Falls Medical Foundation 1500 Division Street Oregon City, OR97045 93-1003750	Support Willamette Falls Hospital	OR	501(c)(3)	Line 11/Type I	N/A
Willamette Falls Hospital dba Providence Willamette Falls Medical Center 1500 Division Street Oregon City, OR97045 93-0426018	Healthcare	OR	501(c)(3)	Line 3	N/A
Providence Hood River Memorial Hospital Foundation Inc 811 13th St Hood River, OR97031 93-0921990	Support Providence Hood River Memorial Hospital	OR	501(c) (3)	Line 7	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Disproprtionate allocations?		(i) Code V - UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?	
							Yes	No		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
ProvidenceSilverton 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