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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

2009Open to Public
Inspection

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

A For the 2009 calendar year, or tax year beginning JUL 1, 2009 **and ending** DEC 31, 2009

B Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization PROVIDENCE WILLAMETTE FALLS MEDICAL FOUNDATION		D Employer identification number 93-1003750
		Doing Business As		
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone number (503) 650-6805
		1500 DIVISION STREET		
		City or town, state or country, and ZIP + 4 OREGON CITY, OR 97045		
F Name and address of principal officer: Mike Drake same as C above		G Gross receipts \$ 4,245,106.		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
J Website: ▶ http://phsoregon.org/foundations/our-foundations/		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		H(c) Group exemption number ▶		
L Year of formation: 1989		M State of legal domicile: OR		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>Support Programs & Activities of Providence Willamette Falls Medical Center.</u>	
	2 Check this box <input type="checkbox"/> 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)	24
	4 Number of independent voting members of the governing body (Part VI, line 1b)	23
	5 Total number of employees (Part V, line 2a)	0
	6 Total number of volunteers (estimate if necessary)	218
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	0.
7b Net unrelated business taxable income from Form 990-T, line 34	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 391,992. Current Year: 3,775,916.
	9 Program service revenue (Part VIII, line 2g)	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<359,756.> 378,262.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<1,319.> 11,840.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	30,917. 4,166,018.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	301,453. 60,111.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,656.	
Net Assets or Fund Balances	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	24,257. 17,278.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	325,710. 77,389.
	19 Revenue less expenses. Subtract line 18 from line 12	<294,793.> 4,088,629.
	20 Total assets (Part X, line 16)	Beginning of Current Year: 3,127,452. End of Year: 6,977,817.
	21 Total liabilities (Part X, line 26)	253,264. 15,000.
22 Net assets or fund balances. Subtract line 21 from line 20	2,874,188. 6,962,817.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
Sign Here	Signature of officer <i>P. Drake</i>	Date 10/17/2010	
	Mike Drake, Executive Director		
	Type or print name and title		
Paid Preparer's Use Only	Preparer's signature <i>SE Drake</i>	Date 10/14/10	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 Clark Nuber, P.S. 10900 NE 4th, Suite 1700 Bellevue, WA 98004	Preparer's identifying number (see instructions)	EIN ▶
		Phone no. ▶ (425) 454-4919	

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

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Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:Building a Healthier Community by Raising Friends and Funds for
Providence Willamette Falls Medical Center.**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.

See Schedule O for Continuation(s)

4a (Code:) (Expenses \$	39,797. including grants of \$	39,797.) (Revenue \$	0.)
<u>Payments to, or on behalf of, Providence Willamette Falls Medical</u>			
<u>Center for operations.</u>			

The Foundation began to fully integrate its operations into the overall
Providence Foundation Family during the last half of 2009. A Campaign
initiative to fund a new Free Clinic for the uninsured has begun with
two funds created. A start up fund to help plan the clinic and get
operations started was funded by the proceeds from the successful GALA
at the Falls event and a long term endowment fund to help with ongoing
funding once the Clinic is in operation.

The Foundation Board of Trustees successfully completed a focused

4b (Code:) (Expenses \$	13,661. including grants of \$	13,661.) (Revenue \$	0.)
<u>Payments to Providence Willamette Falls Medical Center for expansion of</u>			
<u>the Emergency Room</u>			

4c (Code:) (Expenses \$	5,653. including grants of \$	5,653.) (Revenue \$	0.)
<u>Payments on behalf of needy employees for living expenses</u>			

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 1,000. including grants of \$ 1,000.) (Revenue \$)

4e Total program service expenses \$ 60,111.

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)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part III</i>		
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? <i>If "Yes," complete Schedule D, Part I</i>		<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IV</i>		<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>		<input checked="" type="checkbox"/>
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
• 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? <i>If "Yes," complete Schedule D, Part VII.</i>		
• 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? <i>If "Yes," complete Schedule D, Part VIII.</i>		
• 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? <i>If "Yes," complete Schedule D, Part IX.</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		<input checked="" type="checkbox"/>
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	<input checked="" type="checkbox"/>	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Part I</i>		<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule G, Part I</i>		<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		<input checked="" type="checkbox"/>
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 x	
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 x	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	x
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 lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a	x
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	x
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	x
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	x
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	x
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	x
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	x
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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	x
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	x
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	x
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	x
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	x
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	x
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 x	
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	x
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	x
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	x
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38 x	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Form 990 (2009)

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	24	
b Enter the number of voting members that are independent	23	
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?	x	
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?		x
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	x	
5 Did the organization become aware during the year of a material diversion of the organization's assets?		x
6 Does the organization have members or stockholders?	x	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	x	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	x	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	x	
b Each committee with authority to act on behalf of the governing body?	x	
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		x

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?		x
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?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	x	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	x	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	x	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	x	
13 Does the organization have a written whistleblower policy?	x	
14 Does the organization have a written document retention and destruction policy?	x	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	x	
b Other officers or key employees of the organization	x	
If "Yes" to line 15a or 15b, 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?		x
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?		

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 Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **Steve Cassell - (503) 215-4773**
1235 NE 47th ST., #260, Portland, OR 97213

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. 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(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			
Dan Fowler Chair	2.00	X		X				0.	0.	0.
Rob Hoover Secretary/Treasurer	2.00	X		X				0.	0.	0.
Dr Frank Bennett Board Member	1.00	X						0.	0.	0.
Pam Bloom Vice Chair	2.00	X		X				0.	0.	0.
Ted Boyd (Thru 11/09) Board Member	1.00	X						0.	0.	0.
Norma Barney Board Member	1.00	X						0.	0.	0.
Dr Richard Cook Board Member	1.00	X						0.	0.	0.
Alex Crooks Board Member	1.00	X						0.	0.	0.
Amy Crooks Board Member	1.00	X						0.	0.	0.
Dr Charles Hickman Board Member	1.00	X						0.	0.	0.
Robert Katchmark Board Member	1.00	X						0.	0.	0.
Greg Rogers Board Member	1.00	X						0.	0.	0.
Denis Ryan Board Member	1.00	X						0.	0.	0.
Robert Steed Board Member	1.00	X						0.	0.	0.
Jeff Sumpter Board Member	1.00	X						0.	0.	0.
Judge Robert Herndon Board Member	1.00	X						0.	0.	0.
Greg Alexander Board Member	1.00	X						0.	54,032.	16,624.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(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			
Diane Wustrack Board Member	1.00	X						0.	0.	0.
Kevin Krueger Board Member	1.00	X						0.	0.	0.
Dr David Lindquist Board Member	1.00	X						0.	0.	0.
Dennis Marsh Board Member	1.00	X						0.	0.	0.
Barb McEahern Board Member	1.00	X						0.	0.	0.
Dr Robert McEahern Board Member	1.00	X						0.	0.	0.
Dr William Pyrch Board Member	1.00	X						0.	0.	0.
Mike Drake Executive Director	40.00			X				0.	118,740.	7,324.
1b Total								0.	172,772.	23,948.

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**

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

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. **NONE**

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	117,894.				
	d	Related organizations	1d	3,505,000.				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	153,022.				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f		3,775,916.				
	Program Service Revenue			Business Code				
2 a								
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		378,262.			378,262.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
	b	Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b	Less: cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)						
	8 a	Gross income from fundraising events (not including \$ 117,894. of contributions reported on line 1c) See Part IV, line 18	a	80,628.				
			b	78,882.				
			c	Net income or (loss) from fundraising events		1,746.		1,746.
9 a	Gross income from gaming activities. See Part IV, line 19	a	10,300.					
		b	206.					
		c	Net income or (loss) from gaming activities		10,094.		10,094.	
10 a	Gross sales of inventory, less returns and allowances	a						
		b	Less: cost of goods sold					
		c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code						
11 a								
d	All other revenue							
e	Total. Add lines 11a-11d							
12	Total revenue. See instructions.		4,166,018.	0.	0.	390,102.		

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	54,458.	54,458.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	5,653.	5,653.		
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				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	10,475.		10,475.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	1,632.		1,632.	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a Donor Appreciation	4,656.			4,656.
b Miscellaneous	515.		515.	
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	77,389.	60,111.	12,622.	4,656.
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) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	215,507.	1	292.
	2 Savings and temporary cash investments	374,445.	2	474,364.
	3 Pledges and grants receivable, net	30,922.	3	18,370.
	4 Accounts receivable, net		4	
	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		
	b Less accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities	2,449,969.	11	6,484,791.
	12 Investments - other securities. See Part IV, line 11	56,609.	12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,127,452.	16	6,977,817.	
Liabilities	17 Accounts payable and accrued expenses	21,018.	17	15,000.
	18 Grants payable	232,246.	18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	253,264.	26	15,000.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	178,529.	27	3,684,275.
	28 Temporarily restricted net assets	649,137.	28	1,230,541.
	29 Permanently restricted net assets	2,046,522.	29	2,048,001.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	2,874,188.	33	6,962,817.
34 Total liabilities and net assets/fund balances	3,127,452.	34	6,977,817.	

Form 990 (2009)

Part XI Financial Statements and Reporting

- 1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
- b** Were the organization's financial statements audited by an independent accountant?
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		x
2b	x	
2c	x	
3a		x
3b		

Form **990** (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization **PROVIDENCE WILLAMETTE FALLS MEDICAL FOUNDATION** Employer identification number **93-1003750**

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

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

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.

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

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

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

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Willamette Falls Hospital	93-0426018	3	X		X		X		53,458.
Total									53,458.

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

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14		%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15		%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ► <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

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 WILLAMETTE FALLS MEDICAL
FOUNDATION**

Employer identification number
93-1003750

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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$

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

a Revenues included in Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

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

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

(check all that apply)

a ☐ Public exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ Other _____c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes☐ No**Part IV Escrow and Custodial Arrangements.** Complete if 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	2,658,917.	3,122,185.			
b Contributions	1,479.	28,276.			
c Net investment earnings, gains, and losses	371,686.	60,595.			
d Grants or scholarships					
e Other expenditures for facilities and programs	0.	552,139.			
f Administrative expenses					
g End of year balance	3,032,082.	2,658,917.			

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

a Board designated or quasi-endowment ▶ _____,00 %

b Permanent endowment ▶ _____,00 %

c Term endowment ▶ _____,00 %

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		x
3a(ii)		x
3b		

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

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

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

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

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

0.

Schedule D (Form 990) 2009

Part XI

Reconciliation of Change in Net Assets from Form 990 to Audited 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 through 8	9	
10	Excess or (deficit) for the year per audited 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 must 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 must 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, line 2; 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.

Part V, line 4: The intended use of the endowments are to provide for

program enhancements, facility improvements, equipment upgrades and/or

other advancement support to the Medical Center's operations.

Department of the Treasury
Internal Revenue Service

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

2009

Open To Public Inspection

Employer identification number
93-1003750

Part I

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

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

- ☐
- Yes
- ☐
- No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		Gala (event type)	Womens Health Fair (event type)	2 (total number)	
Revenue	1 Gross receipts	164,598.	11,360.	22,564.	198,522.
	2 Less Charitable contributions	90,190.	5,300.	22,404.	117,894.
	3 Gross income (line 1 minus line 2)	74,408.	6,060.	160.	80,628.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	3,300.	1,624.	20,807.	25,731.
	7 Food and beverages	15,954.	425.	195.	16,574.
	8 Entertainment		1,500.		1,500.
	9 Other direct expenses	25,304.	9,373.	400.	35,077.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(78,882)
	11 Net income summary. Combine line 3, column (d), and line 10				1,746.

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

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

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ...

b If "Yes," explain.

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in**a** The organization's facility

13a %

b An outside facility

13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____**c** If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

_____☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

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

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

► Attach to Form 990.

2009

Open to Public Inspection

Employer identification number
93-1003750

Part I	General Information on Grants and Assistance
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- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States**

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

2	Enter total number of section 501(c)(3) and government organizations	2.
3	Enter total number of other organizations	0.

Schedule I (Form 990) 2009

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 WILLAMETTE FALLS MEDICAL
FOUNDATION

Employer identification number

93-1003750

Form 990, Part III, Line 4a, Program Service Accomplishments:

campaign to bring special Stereotactic Biopsy technology to the Medical

Center that did not exist before. This has greatly expanded the care

options available to women in our community.

The next year will be focused on completing our integration into

Providence and to continuing to build the Free Clinic Fund Campaign so

operations can get under way and consistent funding can be counted on

to sustain operation well into the future.

Form 990, Part III, Line 4d, Other Program Services:

Donation to Clackamas Community College Foundation

Expenses \$ 1000. including grants of \$ 1000. Revenue \$ 0.

Form 990, Part VI, Section A, line 2: Board Members Alex & Amy Crooks

have a family relationship.

Board Members Dr. Robert & Barb McEahern have a family relationship.

Form 990, Part VI, Section A, line 4: Joined with Providence Health &

Services Oct 1, 2009. Name changed to Providence Willamette Falls Medical

Foundation.

Form 990, Part VI, Section A, line 6: The Corporate Member of the

Foundation is Providence Health & Services - Oregon, a not-for-profit

corporation.

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 WILLAMETTE FALLS MEDICAL FOUNDATION	Employer identification number	93-1003750
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Form 990, Part VI, Section A, line 7a: The Corporate Member has the power

to approve the number of Directors, appoint the Board of Directors of the

Foundation and remove such Directors at any time with or without cause.

Form 990, Part VI, Section A, line 7b: The following powers are reserved

exclusively to the Corporate Member:

* Adopt and amend the Articles of Incorporation and the Bylaws of the

Foundation after consultation with the Foundation's Board of Directors

* Approve the merger, consolidation, or affiliation of the Foundation with

another corporation, organization or program, or the dissolution of the

Foundation

* Approve any strategic plan of the Foundation

* Approve the annual fundraising plan including special events, annual,

capital and planned giving activities

* Approve the acceptance of any gift that carries conditions or limitations

or any gift restricted to services, programs or facilities not currently

offered or approved to be offered by the Corporate Member's Board

* Develop and implement investment policies and/or guidelines that will be

used by the Foundation in determining appropriate investments

Form 990, Part VI, Section B, line 11: The Form 990 is prepared internally

by experienced staff and reviewed by external tax advisors. The Foundation

Director and signing Board Officer will review the Form 990 in detail. Once

approved, an electronic copy of the Form 990 is emailed to the Board prior

to filing with the IRS.

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 WILLAMETTE FALLS MEDICAL
FOUNDATION

Employer identification number
93-1003750

Form 990, Part VI, Section B, Line 12c: Providence Health & Services

maintains a conflict of interest policy that applies to board members and

management of all Providence-related organizations. The purpose of the

policy is to guide and direct those serving the Providence Health &

Services' corporations and other legal entities so they can (1) fulfill

their fiduciary responsibilities and exercise stewardship in ways that

promote and protect the best interests of Providence and, (2) avoid

situations that create a conflict, or the appearance of a conflict, between

the interests of an individual associated with Providence and Providence.

On an annual basis, each board member and management level employee must

complete and submit an updated conflict of interest statement. Conflict of

interest disclosures are reviewed by the System Integrity Department

working in conjunction with the Department of Legal Affairs. If it is

determined that an actual conflict exists, appropriate follow-up action is

taken with the individual to rectify the conflict.

Form 990, Part VI, Section B, Line 15: The Foundation Executive Director

is compensated by a related organization which uses a market based

compensation program utilizing several independent third party compensation

market surveys to establish pay ranges for the position. The related

organization then establishes the individual rate of pay within the pay

range based on relevant experience, skills and competencies. The rate

offered to the Executive Director at the time of hire was determined

through a discussion between Regional CEO, Regional Director of HR and the

Administrative Director of HR. The ranges and rate of pay is reviewed on an

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2009

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

2009Open to Public
InspectionName of the organization
PROVIDENCE WILLAMETTE FALLS MEDICAL
FOUNDATIONEmployer identification number
93-1003750annual basis by Regional HR.Form 990, Part VI, Section C, Line 19: Public disclosure of governingdocuments, conflict of interest policy and 990 filings are made availableto the public upon written request. All governing policies including theconflict of interest policy, as well as 990 filings are available toemployees on the Intranet site.Form 990, Part I, Line 6**VOLUNTEERS**In addition to the numerous hours spent by the Board of Directors,volunteers assist on various committees and task forces. Many otherindividuals assist with making the GALA and Golf Tournament a hugesuccess.Form 990, Part XI, Line 2c**AUDIT & COMPLIANCE**The Providence Health & Services Audit and Compliance Committeeassists the Board of Directors with the oversight of the integrity ofthe financial statements and reporting, the audit process and theinternal 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 ofcritical risk areas and recommended mitigation.

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 WILLAMETTE FALLS MEDICAL
FOUNDATION

Employer identification number
93-1003750

FORM 990, PART I, LINE 5 & PART V, LINE 2A

EMPLOYEE COMPENSATION

The employees working at the Foundation are paid by Providence Health &
Services - Oregon EIN# 51-0216587, Therefore, no W-2s are issued by the
reporting organization.

FORM 990, PART VII, SEC. A

COMPENSATION

The amount of compensation reported ties with the employees' annual
2009 W-2s. Even though the reporting period covered by this Form 990 is
only six months, reported compensation is shown for the entire year to
comply with IRS reporting instructions.

SCHEDULE R
(Form 990)
Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047
2009
Open to Public Inspection

Name of the organization	PROVIDENCE WILLAMETTE FALLS MEDICAL FOUNDATION	Employer identification number	93-1003750
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Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to 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" to 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
Providence Health & Services - Washington - 51-0216586, 1801 Lind Avenue SW, #9016, Renton, WA 98057-9016	Healthcare System	Washington	Line 3	501(c)(3) N/A	N/A
Providence Health & Services - Oregon - 51-0216587, 1801 Lind Avenue SW, #9016, Renton, WA 98057-9016	Healthcare System	Oregon	Line 3	501(c)(3) N/A	N/A
Providence Health System - So. California - 51-0216589, 1801 Lind Avenue SW, #9016, Renton, WA 98057-9016	Healthcare System	California	Line 3	501(c)(3) N/A	N/A
Everett Transitional Care Services - 94-3264605, P.O. Box 1067, Everett, WA 98206-1067	Transitional Care	Washington	Line 9	501(c)(3) N/A	N/A

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2009

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?
							Yes	No		
Providence Imaging Center - 92-0118807, 3340 Providence Drive, Anchorage, AK 99508	Medical Imaging	AK	N/A	N/A	0.	0.		X	N/A	X
Providence Surgery Centers, LLC - 20-3567411, P.O. Box 233889, Anchorage, AK 99523	Surgery	AK	N/A	N/A	0.	0.		X	N/A	X
Mountainstar Clinical Laboratories, LLC - 26-1345983, 611 N. Perry, Spokane, WA 99202	Outpatient Lab	MT	N/A	N/A	0.	0.		X	N/A	X
Broadway Imaging, LLC - 52-2405971, 500 W. Broadway, Missoula, MT 59802	Medical Imaging	MT	N/A	N/A	0.	0.		X	N/A	X

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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	(d) 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. - 33-0122216 4101 Torrance Blvd, Torrance, CA 90503	Investment	CA	N/A	C CORP	0.	0.	.00%
Caron Health Corporation - 81-0486082 510 West Front Street Missoula, MT 59802	Medical Physician Service	MT	N/A	C CORP	0.	0.	.00%
Providence Health Care Ventures, Inc. - 90-0155714 101 West 8th Ave., TAF C-9 Spokane, WA 99204	Clinical/Medical Lab	WA	N/A	C CORP	0.	0.	.00%
Providence Physician Services Co. - 91-1216033 101 West 8th Ave., TAF C-9 Spokane, WA 99208	Clinical/Medical Lab	WA	N/A	C CORP	0.	0.	.00%
Yakima Medical Arts, Inc. - 91-0787963 611 N. Perry, Suite 100 Spokane, WA 99202	Rental Real Estate	WA	N/A	C CORP	0.	0.	.00%

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

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?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)	X	
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

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(s)	(b) Transaction type (a-r)	(c) Amount involved
(1)	Willamette Falls Hospital dba Providence Willamette Falls Medical Center	B	53,458.
(2)	Providence Health & Services- Oregon	C	3,500,000.
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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.

[illegible]

Part II Continuation of 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 section 501(c)(3))	(f) Direct controlling entity
Providence Health System Housing - 94-3230587, 1801 Lind Avenue SW, #9016, Renton, WA 98057-9016	Assisted Living	Alaska	Line 9	501(c)(3)	N/A
Providence Oregon Management Corporation - 93-0813977, 1801 Lind Avenue SW, #9016, Renton, WA 98057-9016	Shell Corporation	Oregon	Line 1	501(c)(3)	N/A
Providence Portland Medical Foundation - 93-1231494, 4805 NE Glisan St., Portland, OR 97213-2967	Support Providence Portland Medical Center	Oregon	Line 7	501(c)(3)	N/A
Providence Hospice & Home Care of Snohomish County - 91-1054828, 2731 Wetmore, #500, Everett, WA 98201	Hospice & Home Care	Washington	Line 7	501(c)(3)	N/A
Providence Alaska Foundation - 92-0093565 3300 Providence Drive - B Tower, #2 Anchorage, AK 99508	Support PHS-Alaska	Alaska	Line 11/Type I	501(c)(3)	N/A
PH&S Foundation/SPVSA & SCVSA - 95-3544877 501 S. Buena Vista Street Burbank, CA 91505	Support Program & Activities of SPVSA & SCVSA	California	Line 7	501(c)(3)	N/A
Providence Hospice of Seattle Foundation - 91-2077378, 425 Pontius Avenue North, #300, Seattle, WA 98109-5452	Support Hospice of Seattle	Washington	Line 11/Type I	501(c)(3)	N/A
Providence St. Vincent Medical Foundation - 93-0575982, 9205 SW Barnes Rd., Portland, OR 97225	Support Providence St. Vincent Medical Center	Oregon	Line 7	501(c)(3)	N/A
Providence Health Assurance - 55-0828701 3601 SW Murray Blvd., #10 Beaverton, OR 97005	Medicaid Healthcare Provider	Oregon	N/A	501(c)(4)	N/A
Providence St. Francis Association - 94-3244854, 3415 12th Avenue NE, Olympia, WA 98506	Housing	Washington	Line 7	501(c)(3)	N/A
Providence Rossi Association - 31-1584166 1700 Providence Pl., Centralia, WA 98531	Housing	Washington	Line 9	501(c)(3)	N/A
Lundberg Association - 91-1562797 5921 E. Burnside Portland, OR 97215	Housing	Oregon	Line 7	501(c)(3)	N/A

Schedule R-1 (Form 990) 2009

Part II Continuation of 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 section 501(c)(3))	(f) Direct controlling entity
Providence St. Elizabeth House Association - 91-2171539, 3201 SW Graham St., Seattle, WA 98126	Housing	Washington	Line 7	501(c)(3)	N/A
The Gamelin Oregon Association - 91-1214491 5520 NE Glisan Portland, OR 97213	Housing	Oregon	Line 9	501(c)(3)	N/A
Providence Gamelin House Association - 31-1744654, 4515 MLK Jr. Way S., Ste 200, Seattle, WA 98108	Housing	Washington	Line 7	501(c)(3)	N/A
Gamelin Washington Association - 20-1910170 1423 First Avenue Seattle, WA 98101	Housing	Washington	Line 7	501(c)(3)	N/A
St. Luke Association - 94-3176618 350 Washington Ave SE Chehalis, WA 98352	Housing	Washington	Line 7	501(c)(3)	N/A
The Gamelin California Association - 91-1293869, 540 23rd St., Oakland, CA 94612	Housing	California	Line 9	501(c)(3)	N/A
The Gamelin Association - 91-1180824 312 North Fourth St., Yakima, WA 98901	Housing	Washington	Line 1	501(c)(3)	N/A
Providence Blanchet Association - 91-1789266 1700 Providence Pl., Centralia, WA 98531	Housing	Washington	Line 7	501(c)(3)	N/A
Providence Peter Claver Association - 31-1629656, 7101 38th Avenue South, Seattle, WA 98118	Housing	Washington	Line 7	501(c)(3)	N/A
St. Joseph Hospital Corporation - 81-0463482 P.O. Box 1010 Polson, MT 59860-1010	Healthcare	Montana	Line 3	501(c)(3)	N/A
Providence Newberg Health Foundation - 93-0889144, 1001 Providence Drive, Newberg, OR 97132	Support Providence Newberg Medical Center	Oregon	Line 7	501(c)(3)	N/A
St. Patrick Hospital and Health Sciences Center - 81-0231793, 500 W. Broadway, P.O. Box 4587, Missoula, MT 59806-4587	Healthcare	Montana	Line 3	501(c)(3)	N/A

Part II Continuation of 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 section 501(c)(3))	(f) Direct controlling entity
Providence Benedictine Nursing Center Foundation - 91-1940286, 540 South Main St., Mt Angel, OR 97362-9532	Support Providence Benedictine Nursing Center	Oregon	Line 7	501(c)(3)	N/A
Providence Medical Institute - 33-0283773 4101 Torrance Blvd., Torrance, CA 90503	Healthcare	California	Line 11/Type I	501(c)(3)	N/A
Providence Little Company of Mary Foundation - 51-0224944, 4101 Torrance Blvd., Torrance, CA 90503	Support Little Company of Mary Service Area	California	Line 7	501(c)(3)	N/A
Providence Milwaukie Foundation - 94-3079515 10150 SE 32nd Milwaukie, OR 97222	Support Providence Milwaukie Hospital	Oregon	Line 7	501(c)(3)	N/A
Providence Plan Partners - 91-1861964 3601 SW Murray Blvd., #10 Beaverton, OR 97005	Healthcare Services	Oregon	N/A	501(c)(4)	N/A
Providence Marianwood Foundation - 93-1554288, 3725 Providence Point Drive SE, Issaquah, WA 98029-7219	Support Providence Marianwood	Washington	Line 11/Type I	501(c)(3)	N/A
Providence Mount St. Vincent Foundation - 91-1188119, 4831 - 35th Avenue SW, Seattle, WA 98126-2799	Support Providence Mount St. Vincent	Washington	Line 7	501(c)(3)	N/A
Providence St. Peter Foundation - 91-1097056 413 Lilly Road NE Olympia, WA 98506-5166	Support Affiliated Tax-Exempt Organization	Washington	Line 7	501(c)(3)	N/A
Providence Community Health Foundation - 93-0692907, 1111 Crater Lake Ave., Medford, OR 97504	Support Providence Medford Medical Center	Oregon	Line 7	501(c)(3)	N/A
Providence Health Care Foundation (Centralia) - 91-1433382, 914 S. Scheuber Road, Centralia, WA 98531	Support Providence Centralia Hospital	Washington	Line 7	501(c)(3)	N/A
Providence Child Center Foundation - 93-0800140, 830 NE 47th, Portland, OR 97213	Support Providence Child Center	Oregon	Line 7	501(c)(3)	N/A
Providence TrinityCare Hospice - 95-3264139 2601 Airport Drive, #230 Torrance, CA 90505	Hospice	California	Line 9	501(c)(3)	N/A

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Part II Continuation of 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 section 501(c)(3))	(f) Direct controlling entity
Little Company of Mary Ancillary Services Corporation - 33-0844408, 4101 Torrance Blvd., Torrance, CA 90503	Imaging Services	California	Line 9	501(c)(3)	N/A
Providence Health Plan - 93-0863097 3601 SW Murray Blvd., #10 Beaverton, OR 97005	Health Service Contractor	Oregon	N/A	501(c)(4)	N/A
The John Gabriel Ryan Association - 91-1303277, 1801 Lind Avenue SW, #9016, Renton, WA 98057-9016	Healthcare	Washington	Line 3	501(c)(3)	N/A
Providence Health & Services - 91-1549796 1801 Lind Avenue SW, #9016 Renton, WA 98057-9016	Shell Corporation	Washington	Line 11/Type I	501(c)(3)	N/A
St. Patrick Hospital and Health Foundation - 23-7056976, 500 West Broadway, P.O. Box 4587, Missoula, MT 59806-4587	Support Healthcare in W. Montana	Montana	Line 7	501(c)(3)	N/A
Sacred Heart Children's Foundation - 32-0014330, P.O. Box 2555, Spokane, WA 99220	Support Sacred Heart Children's Hospital	Washington	Line 7	501(c)(3)	N/A
St. Thomas Child and Family Center - 81-0233495, 1710 Benefis Court, Great Falls, MT 59405	Early Childhood Education	Montana	Line 1	501(c)(3)	N/A
Sisters of Providence of Montana Corporation - 26-2612415, 1801 Lind Avenue SW, #9016, Renton, WA 98057-9016	Shell Corporation	Montana	Line 1	501(c)(3)	N/A
Providence Seaside Hospital Foundation - 93-0927320, 725 S Wahanna Rd., Seaside, OR 97138	Support Providence Seaside Hospital	Oregon	Line 7	501(c)(3)	N/A
Providence Foundation - 94-3078543 1801 Lind Avenue SW, #9016 Renton, WA 98057-9016	Support PH&S Institutions	Washington	Line 11/Type I	501(c)(3)	N/A
University of Great Falls - 81-0231777 1301 20th Street South Great Falls, MT 59405	Post Secondary Education	Montana	Line 2	501(c)(3)	N/A
E. WA. & MT. Unemployment Compensation Insurance Trust - 91-1082119, 1801 Lind Avenue SW, #9016, Renton, WA 98057-9016	Unemployment Benefits	Washington	Line 11/Type I	501(c)(3)	N/A

Schedule R-1 (Form 990) 2009

(a)

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Part III Continuation of 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, ex- cluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount on box 20 of K-1	(j) General or managing partner?
							Yes	No		
Providence Surgery Center, LLC - 84-1401625, 902 N, Orange Street, Missoula, MT 59802	Outpatient Surgery	MT	N/A	N/A	0.	0.		X	N/A	X
Center for Medical Imaging-Tanasbourne, LLC - 20-0477972, 1235 NE 47th Ave., #288, Portland, OR	Imaging - Diagnostics	OR	N/A	N/A	0.	0.		X	N/A	X
Center for Medical Imaging-Bridgeport, LLC - 26-0796953, 1235 NE 47th Ave., #288, Portland, OR	Imaging - Diagnostics	OR	N/A	N/A	0.	0.		X	N/A	X
Center for Specialty Surgery, LLC - 26-3638838, 11782 SW Barnes Rd., Portland, OR 97225	Imaging - Diagnostics	OR	N/A	N/A	0.	0.		X	N/A	X
Clackamas Radiation Oncology Center, LLC - 26-0381897, 1235 NE 47th Ave., #288, Portland, OR 97213	Center Ambulatory Surgery	OR	N/A	N/A	0.	0.		X	N/A	X
Oregon Outpatient Surgery Center - 22-3883387, 7300 SW Childs Rd, Tigard, OR 97224	Radiation Oncology	OR	N/A	N/A	0.	0.		X	N/A	X
Surgery Center at Tanasbourne, LLC - 20-8187971, 1235 NE 47th Ave., #260, Portland, OR	Center Ambulatory Surgery	OR	N/A	N/A	0.	0.		X	N/A	X
Providence/Silverton Rehab, LLC - 48-1287267, 1235 NE 47th Ave., #260, Portland, OR 97213	Center Rehab Services	OR	N/A	N/A	0.	0.		X	N/A	X
Portland Medical Imaging, LLC - 20-1054971, 10538 SE Washington St., Portland, OR 97216	Imaging - Diagnostics	OR	N/A	N/A	0.	0.		X	N/A	X

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Part III Continuation of 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, ex- cluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount on box 20 of K-1	(j) General or managing partner?
							Yes	No		
Providence Radiation Oncology Development Assn., LLC - 26-0682491, 1235 NE 47th Ave., #288, Portland, OR	Real Estate - MOB	OR	N/A	N/A	0.	0.		X	N/A	X
Central Point MRI, LLC - 26-1975164, 870 S. Front St., Central Point, OR 97502	MRI Services	OR	N/A	N/A	0.	0.		X	N/A	X
Greater Valley Medical Building, L.P. - 95-4570858, 501 S. Buena Vista St., Burbank, CA 91505	Real Estate - MOB	CA	N/A	N/A	0.	0.		X	N/A	X
Pathology Associates Medical Laboratories, LLC - 27-0943279, 611 N. Perry, Spokane, WA 99202	Outpatient Lab	WA	N/A	N/A	0.	0.		X	N/A	X
Southern Idaho Regional Laboratory, LLC - 82-0511819, 611 N. Perry, Spokane, WA 99202	Outpatient Lab	ID	N/A	N/A	0.	0.		X	N/A	X
Tri-Cities Laboratory, LLC - 91-1773986, 611 N. Perry, Spokane, WA 99202	Outpatient Lab	WA	N/A	N/A	0.	0.		X	N/A	X
Alpha Medical Laboratory, LLC - 91-2017347, 611 N. Perry, Spokane, WA 99202	Outpatient Lab	ID	N/A	N/A	0.	0.		X	N/A	X
PacLab, LLC - 91-1743952 611 N. Perry Spokane, WA 99202	Outpatient Lab	WA	N/A	N/A	0.	0.		X	N/A	X
HealthServicesNW, LLC - 31-1750915, P.O. Box 389672, Seattle, WA 98138	Medical Billing	WA	N/A	N/A	0.	0.		X	N/A	X

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

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Part IV

Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

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