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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)

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Providence Hospital

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
6801 Airport Boulevard

City or town, state or country, and ZIP + 4
Mobile, AL 36608

D Employer identification number
63-0288861

E Telephone number
(251) 633-1080

G Gross receipts $ 227,686,292

F Name and address of principal officer
Susan Cornejo
6801 Airport Boulevard
Mobile, AL 36608

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

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

H(c) Group exemption number ▶ 0928

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

J Website: ▶ www providencehospital org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1858 | **M** State of legal domicile AL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Providence Hospital is a full service 349 bed medical/surgical facility

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	7
5	Total number of employees (Part V, line 2a)	**5**	2,062
6	Total number of volunteers (estimate if necessary)	**6**	280
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	1,003,206
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	3,504,794	1,762,545
9	Program service revenue (Part VIII, line 2g)	195,735,904	207,889,026
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-10,644,624	16,584,303
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,113,892	1,101,121
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	189,709,966	227,336,995
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	83,507,088	84,256,228
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	113,906,707	121,512,920
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	197,413,795	205,769,148
19	Revenue less expenses Subtract line 18 from line 12	-7,703,829	21,567,847

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	287,811,714	318,425,838
21	Total liabilities (Part X, line 26)	114,752,962	124,723,717
22	Net assets or fund balances Subtract line 21 from line 20	173,058,752	193,702,121

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2011-05-16

Susan Cornejo Chief Financial Officer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature		Date	Check if self-empolyed ▶☐
Preparer's identifying number (see instructions)			
Firm's name (or yours if self-employed), address, and ZIP + 4	Deloitte Tax LLP 250 East Fifth Street Suite 1900 Cincinnati, OH 45202	EIN ▶	
		Phone no ▶ (513) 784-7100	

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

Rooted in the loving ministry of Jesus as a healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable Our Catholic health ministry is dedicated to spiritually centered, holistic care which sustains and improves the health of individuals and communities We are advocates of a compassionate and just society through our actions and our words

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 173,884,948 including grants of $) (Revenue $ 207,086,662)

In the fiscal year ending June 30, 2010, Providence Hospital furnished a significant portion of its services to persons who were elderly, poor or otherwise vulnerable Medicare services to elderly or disabled persons accounted for 34 percent of gross patient revenue, and Medicaid services to indigent persons accounted for another 6 percent of gross patient revenue Beyond these, the hospital furnished $21 44 million in services to persons who met hospital, state or federal charity guidelines, and gave persons without insurance discounts totaling $9 59 million Uncollectable account write-offs totaled an additional $17 14 million, so the hospital's total uncompensated care was $47 88 million, or 6 3 percent of gross patient revenue Thus, 46 percent of the hospital's total gross patient revenue consisted of services to elderly persons or persons who were not able to pay all or most of their hospital bills See attached community benefit report

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 173,884,948

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — Yes / No: **12A** Yes			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	68		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	2,062		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

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

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

Susan Cornejo
6801 Airport Blvd
Mobile, AL 36608
(251) 633-1670

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	2,967,963	511,322	234,321

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 ▶ 29

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
FMC Mobile Inpatient Services PO Box 62760 New Orleans, LA 70162	Patient Care	371,951
Arup Lab PO Box 27964 Salt Lake City, UT 84127	Patient Care	271,074
Hall Render Killan Heath & Lyman One American Square Indianapolis, IN 46282	Business Services	266,771
Radiology Associates of Mobile 6576 Airport Blvd Mobile, AL 36608	Patient Care	141,159
Terri Cook 3632 Longview Land Mobile, AL 36608	Patient Care	129,080
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 ▶ 6		

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	86,250			
	e	Government grants (contributions)	1e	1,676,295			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		1,762,545			
Program Service Revenue			Business Code				
	2a	Net Patient Revenue	621,990	134,185,895	133,246,828	939,067	
	b	Medicare/Medicaid Paym	621,990	73,703,131	73,703,131		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		207,889,026			
	3	Investment income (including dividends, interest and other similar amounts)		15,936,531			15,936,531
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross Rents	64,139				
	b	Less rental expenses					
	c	Rental income or (loss)	64,139				
	d	Net rental income or (loss)		64,139		64,139	
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory		997,069			
	b	Less cost or other basis and sales expenses		349,297			
	c	Gain or (loss)		647,772			
	d	Net gain or (loss)		647,772			647,772
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	Cafeteria/Vending Rev	722,210	1,020,432			1,020,432
	b	Medical Record	621,990	158,847			158,847
	c	Joint Venture Loss	532,000	-279,000			-279,000
	d	All other revenue		136,703	136,703		
	e	**Total.** Add lines 11a–11d		1,036,982			
	12	**Total revenue.** See Instructions		227,336,995	207,086,662	1,003,206	17,484,582

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				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,493,265		2,493,265	
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	66,100,074	58,304,300	7,795,774	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,242,489	2,756,116	486,373	
9 Other employee benefits	6,810,611	5,789,019	1,021,592	
10 Payroll taxes	5,609,789	4,768,321	841,468	
11 Fees for services (non-employees)				
a Management	1,341,832	1,006,374	335,458	
b Legal	547,102		547,102	
c Accounting	371,599		371,599	
d Lobbying				
e Professional fundraising *See Part IV, line 17*				
f Investment management fees				
g Other	983,025	835,571	147,454	
12 Advertising and promotion	255,363	217,059	38,304	
13 Office expenses	307,677		307,677	
14 Information technology	11,465,769	9,745,904	1,719,865	
15 Royalties				
16 Occupancy	631,127	473,345	157,782	
17 Travel	132,495	99,371	33,124	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	2,238,175	1,678,631	559,544	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,415,560	6,311,670	2,103,890	
23 Insurance	3,536,159	2,652,119	884,040	
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 Supplies	46,099,391	41,489,452	4,609,939	0
b Bad Debt	15,969,790	14,372,811	1,596,979	0
c Purchased Services	14,714,957	12,507,713	2,207,244	0
d Utilities	3,002,880	2,252,160	750,720	0
e Maintainance & Repair	1,282,041	961,531	320,510	0
f All other expenses	10,217,978	7,663,481	2,554,497	
25 **Total functional expenses.** Add lines 1 through 24f	205,769,148	173,884,948	31,884,200	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		17,288,793	2	8,547,437
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		22,038,572	4	19,420,542
	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		396,307	7	325,579
	8	Inventories for sale or use		4,592,443	8	3,366,442
	9	Prepaid expenses and deferred charges		1,951,173	9	1,736,448
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 201,516,833			
	b	Less accumulated depreciation	10b 141,344,131	66,065,581	10c	60,172,702
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		175,478,845	15	224,856,688
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		287,811,714	16	318,425,838
Liabilities	17	Accounts payable and accrued expenses		13,278,641	17	23,616,727
	18	Grants payable			18	
	19	Deferred revenue			19	360,000
	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		101,474,321	25	100,746,990
	26	**Total liabilities.** Add lines 17 through 25		114,752,962	26	124,723,717
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		172,718,311	27	192,489,073
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets		340,441	29	1,213,048
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		173,058,752	33	193,702,121
	34	Total liabilities and net assets/fund balances		287,811,714	34	318,425,838

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Providence Hospital

Employer identification number
63-0288861

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

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

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

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

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

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

_____

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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

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

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

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

Section B. Total Support

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

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

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

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

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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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 Hospital

Employer identification number
63-0288861

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

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

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

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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

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

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

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

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

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

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

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

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		91,284,840	65,504,407	25,780,433
c Leasehold improvements		14,209,082	5,195,835	9,013,247
d Equipment		95,854,901	70,643,889	25,211,012
e Other		168,010		168,010
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				60,172,702

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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

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

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

(a) Description	(b) Book value
Estimated Settlements from Third Party Payors	6,905,769
Deferred Compensation	5,625,828
Advances to Affiliated Entities	86,151,841
Deferred Financing	47,744
Other Misc Receivables	4,663,277
Funded Depreciation	99,963,074
Strategic Reserve	14,315,212
Other Non-Restricted Long-Term	5,970,895
Total Board Designated Investments	1,213,048
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	224,856,688

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Long Term Self Insurance Liability	1,963,248
Estimated Settlements to Third Party Payors	2,039,450
Pension and Other Post-Retirement Benefits	16,882,537
Deferred Compensation	5,625,828
Other Current Liabilities	488,798
Intercompany Debt to Ascension Health	72,872,129
Valuation Allowance	875,000
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	100,746,990

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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	227,336,995
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	205,769,148
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	21,567,847
4	Net unrealized gains (losses) on investments	4	8,726
5	Donated services and use of facilities	5	
6	Investment expenses	6	9,526
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-942,730
9	Total adjustments (net) Add lines 4 - 8	9	-924,478
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	20,643,369

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part X	Description of Uncertain Tax Positions Under FIN 48	Per the financial statements of Seton Health Corporation of South Alabama (which include the activity of Providence Hospital), there is no ASC740 (fka FIN 48) footnote for the current year
Part XI, Line 8 - Other Adjustments		Transfers to/from Affiliates -2085408 Restricted Funds used for Property 1300364 Sister Services -157686

Additional Data

Software ID:
Software Version:
EIN: 63-0288861
Name: Providence Hospital

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

(a) Description	**(b)** Book value
Estimated Settlements from Third Party Payors	6,905,769
Deferred Compensation	5,625,828
Advances to Affiliated Entities	86,151,841
Deferred Financing	47,744
Other Misc Receivables	4,663,277
Funded Depreciation	99,963,074
Strategic Reserve	14,315,212
Other Non-Restricted Long-Term	5,970,895
Total Board Designated Investments	1,213,048

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Providence Hospital

Employer identification number
63-0288861

Part I Charity Care and Certain Other Community Benefits at Cost

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

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			5,376,959		5,376,959	2 830 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			18,544,824	17,202,526	1,342,298	0 710 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs			23,921,783	17,202,526	6,719,257	3 540 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			273,301	205,434	67,867	0 040 %
f Health professions education (from Worksheet 5)			43,285		43,285	0 020 %
g Subsidized health services (from Worksheet 6)			57,920		57,920	0 030 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)			34,531		34,531	0 020 %
j **Total** Other Benefits			409,037	205,434	203,603	0 110 %
k **Total.** Add lines 7d and 7j			24,330,820	17,407,960	6,922,860	3 650 %

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1			No
2	Enter the amount of the organization's bad debt expense (at cost)	2	15,969,790		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	10,706,622		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	54,496,809		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	184,606,679		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-130,109,870		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Providence Hospital 6801 Airport Blvd Mobile, AL 36608	X	X					X		

Part VI Supplemental Information

Complete this part to provide the following information

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

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

See additional data

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

See additional data

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

See additional data

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

See additional data

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

See additional data

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

See additional data

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

Additional Data

Software ID:
Software Version:
EIN: 63-0288861
Name: Providence Hospital

Form 990 Schedule H, Part VI - Supplemental Information, Line 2

Part VI, Line 2 As part of our mission to serve the poor and vulnerable, Providence hospital established an Outreach Services Department in 1999 Since its inception, the department has provided services to the poor and the uninsured in our area including free health screenings, diabetes education and medically related advocacy services Outreach staff members are continually assessing individual and community needs in these areas and providing feedback to the hospital regarding programs and services In the winter of 2010 the outreach social worker in Bayou La Batre was contacted by staff at the Lutheran Disaster Response team asking for help dealing with unusually cold weather Many of the residents of south Alabama were lacking coats and heat in their homes The Providence administrative team immediately approved a coat drive at the hospital and within 24 hours associates donated and delivered over six carloads of coats, blankets, hats and gloves In addition, the director of Outreach Services serves on the boards of multiple community agencies including the Quest for Social Justice, Ozanam Charitable Pharmacy, and the Gulf Coast Medical-Legal Partnership which allows her to assist the hospital in monitoring community needs on an ongoing basis In the fall of 2008, with the assistance of Ascension Health experts, Providence Hospital conducted an assessment of community needs in our service area, including Mobile and Baldwin counties in Alabama, and George County in Mississippi The input of community leaders and non-profit representatives in the areas of medical, mental, and legal issues was solicited and results of the assessment were presented to community leaders in January of 2009 The community assessment process identified multiple needs in our community including inadequate health, dental and vision resources for the uninsured, inadequate outpatient services for the mentally ill, transportation problems for residents of rural counties, and a lack of community collaboration in the areas of information systems and applications for grant funding The data collected in this assessment process was instrumental in the development of the Hospital's Access Leadership Plan and Integrated Strategic, Operational and Financial Plan As a result of the needs assessment Providence collaborated with other community agencies to develop programs such as PACE (program of all-encompassing care for the elderly), a diabetic education program for clients of Victory Health Clinic, and an expansion of pharmaceutical programs through the Dispensary of Hope and Ozanam Charitable Pharmacy A community resource guide developed by our Outreach social worker has been distributed to local community agencies and churches and a medication resource guide is given to every patient receiving care in our facility Outcome measures have been established and are monitored on an ongoing basis to ensure the effectiveness of these programs An internal hospital committee comprised of associates from Outreach Services, Planning and Marketing, and Mission Services is currently developing a plan and process to conduct a community needs assessment in 2011 Community agencies including the Mobile County Health Department, Victory Health Clinic, Alta Pointe, Area Agency on Aging and others will be invited to participate in the gathering of data and the development of short and long-term goals to assist the poor and vulnerable in our community As it was in 2009, data gathered in the process will be included in the development of the Hospital's Integrated Strategic, Operational and Financial Plan (ISOFP) and the Access Leadership Plan

Form 990 Schedule H, Part VI - Supplemental Information, Line 3

Part VI, Line 3 Patients or persons who may be billed for patient care are informed and educated about their potential eligibility for federal, state, local or Hospital assistance in the following manner -An explanation of the Hospital's billing process and contact information for financial counselors is posted on the Hospital's web site and in all inpatient and outpatient registration areas A summary of the Hospital's Billing and Payment Philosophy is included in every patient's registration packet The information is provided in English and Spanish and interpreter services for other languages are available as needed -Financial counselors visit every uninsured patient on the day after their admission to explain available resources and, when appropriate, initiate the application process for assistance Financial counselors have completed specific training for Medicaid, CHIPS, SOBRA, and All-Kids and will receive additional training as the need is identified If the financial counselors identify additional financial or social needs they will refer the patient to a hospital social worker -A listing of community resources is included in each patient's discharge materials-Within 24 hours of admission the case management department conducts a screening for potential discharge needs on every patient Those patients identified as needing assistance with their Hospital bill or applying for state and federal assistance are referred to the financial counselors by the Hospital social workers

Form 990 Schedule H, Part VI - Supplemental Information, Line 4

Part VI, Line 4 Providence Hospital's primary service area (PSA) is defined using Medicare's definition of the "geographic area served by the hospital " Specifically, this is the smallest number of contiguous ZIP codes from which the hospital derives 75 percent of its patients The PSA comprises seventeen ZIP codes with a combined 2010 population of 332,581 Aggregate growth in the PSA by 2015 is projected to be 2 3 percent Of the seventeen ZIP codes, sixteen are in Mobile County, Alabama, the remaining one is Lucedale (George County), Mississippi Much of the PSA is suburban, although it does include portions of urban Mobile as well as outlying, rural areas Providence's secondary service area includes twenty-six additional ZIP codes spread over a nine-county region in southwest Alabama and southeast Mississippi When combined with the PSA, the SSA ZIP codes account for 90 percent of Providence Hospitals inpatient discharges The estimated total population of the SSA in 2010 was 264,696, the forecasted five-year growth is 1 0 percent Providence Hospital's regional service area consists of the nine counties (seven in southwest Alabama and two in southeast Mississippi)that include the PSA and SSA ZIP code areas The total population of the regional service area is 870,438, and the aggregate five-year growth is 2 3 percent, the same as Providence's PSA As with most areas of the nation, the Providence service area is experiencing the 'age wave ' Currently,most (87 percent) of the population increase in the PSA will be in the 65-plus cohort This portends increasing demand for health and support services targeted to the elderly PSA Population by Age Cohort Age Cohort 20100-17 86,73118-34 117,15135-64 87,89665+ 40,803Race/Ethnicity 2010Caucasian 232,060African-American 81,120Hispanic 7,175Asian 6,007Other 6,219Unemployment RatesUnemployment Rate 2010Mobile County 10 8%State of Alabama 9 5%Hospitals Four hospitals are located in Providence Hospital's primary service area - Providence Hospital, with 349 beds - Springhill Medical Center, a privately-held for-profit facility with 252 beds- Infirmary West Hospital, part of Infirmary Health System, with 124 acute beds and 191 long-term acute beds- George Regional Hospital, a county-owned facility in Lucedale, Mississippi with 40 bedsThe other Mobile County hospitals are - Mobile Infirmary Medical Center, the flagship of Infirmary Health System, with 615 acute beds, 39 psychiatric beds and 50 inpatient rehabilitation beds- University of South Alabama (USA) Medical Center, 406 beds- USA Children's and Women's Hospital, 152 bedsHealth Conditions In 2008, Mobile County's total death rate per 1000 population was 10 2, comparable to the state average of 10 0 but higher than the national average of 7 8 in 2006 (the latest data available) The top three causes of death in Mobile, the state and the nation were heart disease, cancer and stroke, Mobile had higher rates of death from heart disease and cancer than the nation but was slightly below the statewide rates For stroke, Mobile's death rate was higher than both the state and the nation Other areas of variance include higher local rates for homicides and accidental deaths but lower rates, at least compared to state averages, for diabetes and chronic lower respiratory disease The major causes of death are shown below Heart DiseaseCancerStrokeAccidentsChronic Lower Respiratory DiseaseAlzheimer's DiseaseDiabetesHomicideInfluenza and PneumoniaSuicideLooking at natality, Mobile has a higher birth rate than the rest of state (15 3 per 1000 women ages 15 to 44, vs 13 2 for the state), but a lower infant mortality rate (3 5 per 1000 live births vs 9 1 for the state) Mobile had a higher rate of teenage pregnancies, however, at 14 7 percent vs the state average of 13 3 percent Finally, even though Mobile's suicide rate is below state and national averages, access to mental health services is generally regarded as problematic Mobile County has only 50 licensed inpatient hospital psychiatric beds, at Mobile Infirmary Medical Center, 19 beds are available at Thomas Hospital in Baldwin County The Alabama Health Plan calls for 37 1 beds per 100,000 population, or 217 for the two-county area

Form 990 Schedule H, Part VI - Supplemental Information, Line 5

Form 990 Schedule H, Part VI - Supplemental Information, Line 5

Part VI, Line 5 Diabetes is one of the primary health problems in Alabama Statistics sho w that 11% of Alabama residents have diabetes as opposed to 8 5% nationally The percent o f diabetics in Alabama is the 5th highest rate in the country but there is a shortage of e ducational programs available to uninsured diabetics Victory Health Clinic, a local clini c for the working uninsured, participated in our 2009 community needs assessment and ident ified a need for diabetic education programs for their clients As a result, Providence Ho spital's Diabetes Center is now offering a diabetes education program to Victory clients f or a nominal fee The program, identical to the program provided insured clients, teaches diabetics how to monitor and manage their diabetes Success is measured by monitoring hemo globin A1c values on a quarterly basis Demonstrating an improvement in the health status of diabetic clients is also one of the initiatives included in Ascension Healths NAOMI (Na tional Access Outcome Measures Initiative) measures In 2009 a Providence Hospital associa te was murdered by her estranged husband As a result of her death Providence has strength ened our relationship with Penelope House, a local domestic violence shelter, and committe d staff and resources to helping victims of domestic violence The Providence Hospital Dom estic Violence Committee participates in fund raising and community education programs and annually the Hospital hosts programs to educate associates and the community about domest ic violence Domestic violence literature, including emergency contact information, is mai ntained in public areas In 2003, Sister Mary Elizabeth, a Daughter of Charity and VP of M ission Services, formed the Hispanic Health Concerns Committee in Mobile The goal of the committee, and of the Daughters of Charity nationally, was to improve the health of the Hi spanic people Members of the committee included Providence Hospital, the Mobile County He alth Department (MCHD), local churches and non profit agencies The group determined that the Semmes, Al area has a large population of Hispanic migrant workers with health and soc ial needs and that a multi-purpose center was needed to meet those needs In 2004 Providen ce Hospital and MCHD opened the Guadalupe Center In shared space the Center offers the se rvices of a health clinic, and transportation, translation and advocacy services Providen ce Hospital O utreach/Guadalupe associates have had over 11,000 encounters with individuals needing their services In 2005, South Mobile County was devastated by Hurricane Katrina Immediately following the hurricane, volunteers from Providence and other Ascension facil ities went to the Bayou to help survivors in any way they could They quickly identified a large number of medical needs and led by Sister Mary Elizabeth Cullen, applied for a gran t through Mission Ministry The grant was awarded and beginning in January, 2006 a medical team began working in the area The team consists of a Daughter of Charity, a licensed, m edical social worker, and a registered nurse The primary goal of the team is to identify individuals with health care needs and assist them in accessing care They soon realized t hat the medical and social needs of the area residents were long-term needs that were only exacerbated by Katrina The team works closely with local health care providers, churches , and community agencies to identify and assist those in need Many of the residents lack transportation so Sr Marilyn Moore delivers medicine from a charitable pharmacy in Mobile to their homes When delivering these medicines she often learns of other needs such as f ood or assistance with utilities Residents sometimes refer to Sister as "the bread lady" because she keeps bread in her car to give to those who have nothing to eat The team nurs e is a diabetic educator and many of the residents are diabetic She provides education an d diet instruction to them along with monitoring their blood sugars She also helps them, along with other residents, apply for medication assistance programs Because so many resi dents are illiterate and isolated they are not aware of resources available to help them The social worker assists in identifying and applying for resources such as food stamps, j ob training programs, and Alabama Medicaid The grant allows the team to "think outside of the box" Helping a client access health care may be as simple as providing a gas card so that a neighbor will drive them to the doctor's office The team often pays for needed me dications until a long-term solution is arranged through the charitable pharmacy or medica tion assistance programs An increasing number of residents are asking for help since the BP oil spill last summer but there are also additional agencies providing services Due to our established presence in the area several of these agencies have contacted us for assi stance We collaborated with members of the Mobile

Form 990 Schedule H, Part VI - Supplemental Information, Line 5

Bar to provide a day of free legal services in Bayou La Batre Thompson Engineering, a lo cal engineering firm contacted us for assistance in locating residents needing jobs and Ca tholic Social Services used our office twice a month to meet with residents needing assist ance with utilities Alta Pointe, a local mental health provider, refers clients to us wit h medical and social needs and we refer clients to them for mental health needs

Form 990 Schedule H, Part VI - Supplemental Information, Line 6

Part VI, Line 6 Providence Hospital demonstrates its commitment to its exempt purpose by promoting the health and wellbeing of the communities it serves This is demonstrated by the following -First, the hospital facilitates the participation of the community in governance and fundraising Of the nine Providence Hospital board members, only twoClark Christianson and Dr Robert Israelare employees of a hospital entity Dr Thomas Myers, an employed physician, serves on the six-member Seton Health Corporation of South Alabama board along with Mr Christianson The remaining board members on both local boards are neither employees nor contractors of the hospital nor any of its affiliated entities, and all of the board members reside in the local area Providence Hospital also has a very active Auxiliary for adult volunteers and offers a teenage volunteer program during the summer months, and the Providence Hospital Foundation allows individuals to support the hospital of the hospital through donations and fundraisers, and actively involves the community in its fundraising activities -Second, the hospital extends medical staff privileges to all qualified physicians in most clinical services More than 500 physicians comprise the hospital's medical staff, representing every major medical specialty and subspecialty -Third, the hospital uses its resources to improve community health Surplus funds are reinvested for improvements in patient care and as noted in preceding sections of this Schedule, the hospital supports a wide range of health education, screening, outreach and support ervices, with a special emphasis on underserved and disadvantaged populations The hospital conducts assessments of health care needs in its community and works with a variety of agencies to address these needs -Fourth, the hospital makes its medical services broadly available Providence Hospital participates in Medicare, Medicaid and CHAMPUS, the Emergency Department serves all persons with acute medical needs regardless of their ability to pay, and the hospital offers financial assistance with the cost of medical services to qualified individuals -Finally, the hospital is actively involved with health professional education and clinical research Providence Hospital has a graduate medical education program for gastroenterology in collaboration with University of South Alabama College of Medicine, and serves as a clinical venue for several schools of nursing and other health professional education programs Seton Medical Management has a clinical research division to facilitate participation in clinical research Providence Hospital also sponsors the Gulf Coast Minority-Based Community Clinical Oncology Program, a National Cancer Institute-sponsored initiative which allows cancer patients to participate in clinical research

Form 990 Schedule H, Part VI - Supplemental Information, Line 7

Part VI, Line 7 Providence Hospital of Mobile (the Hospital) and Seton Health Corporation of South Alabama (Seton) and Member Entities (collectively referred to as the Health Ministry) are members of Ascension Health Ascension Health is a Catholic, national health system consisting primarily of nonprofit corporations that own and operate local health care facilities, or Health Ministries, located in 20 of the United States and the District of Columbia Ascension Health is sponsored by the Northeast, Southeast, East Central, and West Central Provinces of the Daughters of Charity of St Vincent de Paul, the Congregation of St Joseph, and the Congregation of the Sisters of St Joseph of Carondelet The Hospital, located in Mobile, Alabama, is a nonprofit acute care Hospital The Hospital provides inpatient, outpatient and emergency care services for the residents of Mobile Admitting physicians are primarily practitioners in the local area The Hospital is related to AscensionHealth's other sponsored organizations through common control Substantially all expenses of Ascension Health are related to providing health care services The entities comprising the Health Ministry are under common management and control by Ascension Health and serve the same community The combined financial statements include the accounts of the Hospital, Seton, and Seton's member entities All significant intercompanyaccounts have been eliminated Member entities of Seton include - Providence Foundation of Mobile (the Foundation) - established to receive, maintain,and administer funds to be used for the development and expansion of the Hospital or its related organizations and to support the corporate purposes of Ascension Health The Foundation is a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code - Providence Building Corporation of Mobile - established to hold title to property and to collect income therefrom and to support the corporate purposes of Ascension Health Providence Building Corporation of Mobile is a tax-exempt organization under Section 501(c)(2) of the Internal Revenue Code -Providence Healthcare Services of Mobile - established to operate and support healthcare institutions which are sponsored by or affiliated with Ascension Health Providence Healthcare Services of Mobile is a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code - Providence Park, Inc - established to maintain and develop property adjacent to the Hospital for purposes of Ascension Health Providence Park, Inc is taxable under the Internal Revenue Code - Seton Medical Management - established to own and operate physician practices Seton Medical Management is a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code - Anesthesia Solutions - established to provide anesthesia services for the Hospital Anesthesia Solutions is a taxable organization the Internal Revenue Code

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Providence Hospital

Employer identification number
63-0288861

Part I Questions Regarding Compensation

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

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Robert W Israel MD	(i)	0	0	0	0	0	0	0
	(ii)	455,029	55,245	1,048	14,458	6,592	532,372	0
Clark Christianson (Sch O)	(i)	363,669	154,438	90,399	15,486	6,485	630,477	0
	(ii)	0	0	0	0	0	0	0
Vincent Formica (Sch O)	(i)	175,282	11,031	48,330	17,384	6,521	258,548	0
	(ii)	0	0	0	0	0	0	0
Jason Alexander	(i)	225,459	11,500	63,941	10,938	7,482	319,320	0
	(ii)	0	0	0	0	0	0	0
James Walker (Sch O)	(i)	348,520	4,820	53,494	13,044	5,314	425,192	0
	(ii)	0	0	0	0	0	0	0
Susan Breslin	(i)	157,930	4,950	27,158	14,728	4,106	208,872	0
	(ii)	0	0	0	0	0	0	0
David Powell	(i)	146,152	4,472	34,980	8,668	5,869	200,141	0
	(ii)	0	0	0	0	0	0	0
Paul Hii	(i)	165,603	4,120	20,324	23,542	7,799	221,388	0
	(ii)	0	0	0	0	0	0	0
Diane Robison	(i)	137,208	2,802	3,117	4,157	5,241	152,525	0
	(ii)	0	0	0	0	0	0	0
Leaonard Metzger	(i)	151,090	3,128	3,194	6,262	5,511	169,185	0
	(ii)	0	0	0	0	0	0	0
Charles Bullington	(i)	142,222	2,900	60	2,598	5,715	153,495	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 1a	Eight officers and one key employee receive gross-up payemnts One officer receives payments for club dues These amounts are included on the individuals' W'2s
	Part I, Line 4a	Schedule J, Line 1a Eight Officers, one key employee, and one former officer received gross up payments One officer recived club dues These amounts were included on their W-2 Schedule J, Line 4b Eligible executives participate in a program that provides for supplemental retirement benefits The payment of benefits under the program, if any, is entirely dependent upon the facts and circumstances under which the executive terminates employment with the organization Benefits under the program are unfunded and non-vested Due to the substantial risk of forfeiture provision, there is no guarantee that these executives will ever receive any benefit under the program Any amount ultimately paid under the program to the executive is reported as compensation on Form 990, Schedule J, Part II, Column B in the year paid The following individual received payments from the supplemental nonqualified retirement plan in the amount as noted Paul Hii - $15,600 Susan Breslin - $5,904

Additional Data

Software ID:
Software Version:
EIN: 63-0288861
Name: Providence Hospital

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

Supplemental Information to Form 990

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

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization
Providence Hospital

Employer identification number
63-0288861

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		Providence Hospital has a single corporate member, Ascension Health

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		Providence Hospital has a single corporate member, Ascension Health, who has the ability to elect members to the governing body of Providence Hospital

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		Ascension Health has designed a system authority matrix which assigns authority for key decisions that are necessary in the operation of the system Specific areas that are identified in the authority matrix are new organizations & major transactions, governing documents, appointments/removals, evaluation, debt limits, strategic & financial plans, assets, system policies & procedures These areas are subject to certain levels of approval by Ascension per the system authority

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		Management, including certain officers, works diligently to complete the Form 990 and attached schedules in a thorough manner Management presents the Form to the Board, or a designated committee, to review Prior to filing the return, all Board Members are provided the Form 990 and management team members are available to answer any Board Members questions

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		The organization regularly and consistently monitors and enforces compliance with the conflict of interest policy in that any director, principal officer, or member of a committee with governing board delegated powers, who has a direct or indirect financial interest, must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of the committees with governing board delegated powers considering the proposed transaction or arrangement The remaining individuals on the governing board or committee meeting will decide if conflicts of interest exist Each director, principal officer and member of a committee with governing board delegated powers annually signs a statement which affirms such person has received a copy of the conflicts of interest policy, has read and understands the policy, has agreed to comply with the policy, and understands that the organization is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish its tax-exempt purpose

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		In determining compensation of the organization's CEO, the process included a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision The audit committee reviewed and approved the compensation In the review of the compensation, the CEO was compared to other organizations in the area that hold the same title During the review and approval of the compensation, documentation of the decision was recorded in the board minutes The individual was not present when his compensation was decided In determining compensation of other officers or key employees of the organization, the included a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision The executive committee reviewed and approved the compensation In the review of the compensations, the other officers or key employees of the organization were compared to other organizations employees in the area that hold the same title During the review and approval of the compensation, documentation of the decision was recorded in the executive committee minutes

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The organization will provide any documents open to public inspection upon request

Identifier	Return Reference	Explanation
FOrm 990, Part VII, Section A		Clark Christianson, James Walker, and Vincent Formica provide services to Providence Hospital and its subsidiaries Hours worked are not tracked on an entity by entity basis Therefore, their hours reported on Form 990, Part VII, Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors represent aggregate hours worked per week for all entities Beth McFadden Rouse serves as a board member of Seton Health Corporation of South Alabama and its subsidiaries Hours worked are not tracked on an entity by entity basis Therefore, her hours reported on Form 990, Part VII, Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors represent aggregate hours served as a board member per week for all entities Compensation amounts for Robert Israel represent payment for services rendered to Seton Medical Management, a related entity These amounts are not for services as a board member of Providence Hospital No compensation was reported for Susan Cornejo as amounts reported on Part VII and Schedule J are on a calendar year 2009 basis and her employment with Providence Hospital began on January 1, 2010

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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 Hospital

Employer identification number
63-0288861

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
Ascension Health PO Box 45998 St Louis, MO 63145 31-1662309	National Health System	MO	Section 501(c)(3)	Schedule A, Line 11a	N/A
Seton Health Corporation of South Alabama 6801 Airport Blvd Mobile, AL 36608 63-0934712	Support Providence Hospital	AL	Section 501(c)(3)	Schedule A, Line 11c	Ascension Health
Providence Foundation 6801 Airport Blvd Mobile, AL 36608 63-0915493	Support Providence Hospital	AL	Section 501(c)(3)	Schedule A, Line 11c	Seton Health Corporation of South AL
Providence Healthcare Services 6801 Airport Blvd Mobile, AL 36608 63-0937705	Support Providence Hospital	AL	Section 501(c)(3)	Schedule A, Line 11c	Seton Health Corporation of South AL
Seton Medical Management 6801 Airport Blvd Mobile, AL 36608 63-0937704	Support Providence Hospital	AL	Section 501(c)(3)	Schedule A, Line 11b	Seton Health Corporation of South AL
Providence Building Corporation 6801 Airport Blvd Mobile, AL 36608 63-0914564	Support Providence Hospital	AL	Section 501(c)(2)	N/A	Seton Health Corporation of South Alabama

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
Providence Park PO Box 850429 Mobile, AL36685 63-0886846	Real Estate	AL	N/A	C			
Anesthesia Solutions of Mobile Inc 6701 Airport Blvd Suite D-430B Mobile, AL36608 82-0547505	Anesthesia Services	AL	N/A	C			
Gulf Coast Regional Preferred PO Box 3201 Mobile, AL36652 63-0931788	Professional Association	AL	N/A	C			

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

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

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

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

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

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

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

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 63-0288861
Name: Providence Hospital

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
Ascension Health PO Box 45998 St Louis, MO 63145 31-1662309	National Health System	MO	Section 501(c)(3)	Schedule A, Line 11a	N/A
Seton Health Corporation of South Alabama 6801 Airport Blvd Mobile, AL 36608 63-0934712	Support Providence Hospital	AL	Section 501(c)(3)	Schedule A, Line 11c	Ascension Health
Providence Foundation 6801 Airport Blvd Mobile, AL 36608 63-0915493	Support Providence Hospital	AL	Section 501(c)(3)	Schedule A, Line 11c	Seton Health Corporation of South AL
Providence Healthcare Services 6801 Airport Blvd Mobile, AL 36608 63-0937705	Support Providence Hospital	AL	Section 501(c)(3)	Schedule A, Line 11c	Seton Health Corporation of South AL
Seton Medical Management 6801 Airport Blvd Mobile, AL 36608 63-0937704	Support Providence Hospital	AL	Section 501(c)(3)	Schedule A, Line 11b	Seton Health Corporation of South AL
Providence Building Corporation 6801 Airport Blvd Mobile, AL 36608 63-0914564	Support Providence Hospital	AL	Section 501(c)(2)	N/A	Seton Health Corporation of South Alabama

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(1)	Providence Park	A	1,823,173
(2)	Providence Foundation	C	1,266,764
(3)	Seton Medical Management	I	280,139
(4)	Ascension Health	N	2,039,004
(5)	Providence Building Corp	N	208,353
(6)	Providence Foundation	N	301,657
(7)	Providence Park	N	148,252
(8)	Ascension Health	O	15,444,011
(9)	Providence Foundation	P	400,000

Additional Data

Software ID:
Software Version:
EIN: 63-0288861
Name: Providence Hospital

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Beth McFadden Rouse Sch O Board Chair	10 00	X		X				0	0	0
Robert W Israel MD Secretary (Sch O)	2 00	X		X				0	511,322	21,050
Sister Joanne Cozzi Board Member	2 00	X						0	0	0
Marcia J Littles MD Board Member	2 00	X						0	0	0
C Adrien Bodet III Board Member	2 00	X						0	0	0
Carol M Harrison Board Member	2 00	X						0	0	0
L Page Stallcup III CPA Treasurer	2 00	X						0	0	0
Clark Christianson Sch O Pres & CEO	40 00	X		X				608,506	0	21,971
Dean Liollio Treasurer	2 00	X		X				0	0	0
Vincent Formica Sch O VP & CFO (End 3/31)	40 00			X				234,643	0	23,905
Jason Alexander VP & COO	40 00			X				300,900	0	18,420
James Walker Sch O VP Quality	40 00			X				406,834	0	18,358
William Lightfoot VP Medical Services	20 00			X				135,501	0	14,267
Susan Breslin VP Nursing	40 00			X				190,038	0	18,834
David Powell VP HR	40 00			X				185,604	0	14,537
Lynn Tate VP Mission Services	40 00			X				135,907	0	11,042
Susan Cornejo CFO (Beg 1/1) (Sch O)	40 00			X				0	0	0
Adine Waddell VP General Counsel	40 00				X			143,500	0	14,178
Paul Hii Medical Physicist	40 00					X		190,047	0	31,341
Diane Robison Director Of Oncology	40 00					X		143,127	0	9,398
Thomas Van Antwerp Foundation Director	40 00					X		134,262	0	11,112
Leaonard Metzger Providence Building Dir	40 00					X		157,412	0	11,773
Charles Bullington Medical Physicist	40 00					X		145,182	0	8,313
John Roeder Board Member	0 00						X	2,897	0	0

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

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Supplies	46,099,391	41,489,452	4,609,939	0
Bad Debt	15,969,790	14,372,811	1,596,979	0
Purchased Services	14,714,957	12,507,713	2,207,244	0
Utilities	3,002,880	2,252,160	750,720	0
Maintainance & Repair	1,282,041	961,531	320,510	0