




See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 <div> <div>2009</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010		B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Name of organization PROVIDENCE HEALTH SERVICES OF WACO dba PROVIDENCE HEALTHCARE NETWORK Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 6901 MEDICAL PARKWAY City or town, state or country, and ZIP + 4 WAC, TX 76712		D Employer identification number 74-1109636 E Telephone number (254) 751-4000 G Gross receipts \$ 237,371,295	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		F Name and address of principal officer KENT A KEAHEY 6901 MEDICAL PARKWAY WACO, TX 767127910		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number 0928			
J Website: WWW.PROVIDENCE.NET		K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation 1908 M State of legal domicile TX			

Part I		Summary		
Activities & Governance	1	Briefly describe the organization's mission or most significant activities Our Catholic health ministry is dedicated to spiritually centered, holistic care which sustains and improves the health of individuals and communities. In furtherance of its mission and in an effort to reduce the government's financial burden, Providence Health Services of Waco provides essential health care services such as outpatient clinics, and emergency room and ambulatory facilities that serve low income patients as well as community services. Providence Foundation provides funding for capital projects in support of this mission.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	1
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	1
	5	Total number of employees (Part V, line 2a)	5	2,97
	6	Total number of volunteers (estimate if necessary)	6	20
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	358,42
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 3,243,268	Current Year 2,862,032
	9	Program service revenue (Part VIII, line 2g)	225,204,072	220,232,190
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-6,905,713	6,276,646
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,044,831	7,572,831
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	228,586,458	236,943,699
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	
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)	98,158,146	103,750,498
16a		Professional fundraising fees (Part IX, column (A), line 11e)		0
b		Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0		
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	120,860,690	117,913,890
18		Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	219,018,836	221,812,218
19		Revenue less expenses. Subtract line 18 from line 12	9,567,622	15,131,481
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	247,535,899	267,717,527
	21	Total liabilities (Part X, line 26)	90,451,589	100,982,601
	22	Net assets or fund balances. Subtract line 21 from line 20	157,084,310	166,734,926

Part II Signature Block				
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge			
	***** Signature of officer			2011-05-12 Date
	KAREN RICHARDSON SR VP-FINANCE/CFO Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	DELOITTE TAX LLP 1111 BAGBY ST STE 4500 HOUSTON, TX 77002		EIN Phone no

1 Briefly describe the organization's mission

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


















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

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.

[illegible]

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

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	Yes
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 	11	Yes
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? 	Yes	No
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	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	Yes
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a265		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a2,975		
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		
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: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		No
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		No
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		No
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	7d0		
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		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		No
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		No
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
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		No
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	10	
b	Enter the number of voting members that are independent . . .	1b	10	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
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	Yes	
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▶
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ KAREN RICHARDSON SR VPCFO 6901 MEDICAL PARKWAY WACO, TX 767127910 (254) 751-4000

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

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

Form **990** (2009)

1b	Total	3,842,898	1,002,169
-----------	------------------------	-----------	-----------

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▶18

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
WOUND CARE CENTERS INC PO BOX 1450 MINNEAPOLIS, MN 554858356	WOUND CARE SVCS & MG	981,900
MCLENNAN COUNTY MEDICAL EDUCATION & RESEARCH 1600 PROVIDENCE DR WACO, TX 767072291	Resident Medical Svc	809,967
MCLENNAN COUNTY HOSPITALISTS PO BOX 23548 WACO, TX 767023548	HOSPITALISTS	1,078,461
MCLENNAN COUNTY EMERGENCY PHYSICIANS PO BOX 23548 WACO, TX 767023548	EMERGENCY PHYSICIANS	8,279,717
HEART OF TEXAS PERFUSION INC 6007 CALDWELL DR WACO, TX 767102621	PERFUSIONISTS	1,164,307

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 ▶25

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	182,186				
	d	Related organizations	1d	2,679,699				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	147				
	g	Noncash contributions included in lines 1a-1f \$ 69,547						
	h	Total. Add lines 1a-1f		2,862,032				
Program Service Revenue			Business Code					
	2a	NET PATIENT SVCS REV	624,100	220,232,190	220,232,190			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		220,232,190				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			6,288,321		6,288,321	
	4	Income from investment of tax-exempt bond proceeds . . .			0			
	5	Royalties			0			
	6a	(i) Real		(ii) Personal				
		1,066,942						
		1,066,942						
	d	Net rental income or (loss)		1,066,942			1,066,942	
	7a	(i) Securities		(ii) Other				
		1,500						
		13,175						
		-11,675						
	d	Net gain or (loss)		-11,675			-11,675	
	8a	Gross income from fundraising events (not including \$ 182,186 of contributions reported on line 1c) See Part IV, line 18						
		a	63,016					
		b	Less direct expenses	153,709				
	c	Net income or (loss) from fundraising events . . .		-90,693			-90,693	
	9a	Gross income from gaming activities See Part IV, line 19						
		a						
		b	Less direct expenses					
	c	Net income or (loss) from gaming activities . . .		0				
	10a	Gross sales of inventory, less returns and allowances						
		a	381,919					
b		Less cost of goods sold	260,712					
c	Net income or (loss) from sales of inventory . . .		121,207			121,207		
Miscellaneous Revenue		Business Code						
11a	PHARMACY SALES		900,099	2,650,228	2,650,228			
b	MISC OTHER		900,099	697,934	697,934			
c	CAFETERIA SALES		900,099	2,264,546		2,264,546		
d	All other revenue			862,667	504,242	358,425		
e	Total. Add lines 11a-11d			6,475,375				
12	Total revenue. See Instructions			236,943,699	224,084,594	358,425	9,638,648	

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	147,830	147,830		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,312,542		2,312,542	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	82,801,380	71,961,034	10,840,346	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,530,588	3,248,141	282,447	
9	Other employee benefits	8,966,999	7,980,629	986,370	
10	Payroll taxes	6,138,989	5,463,700	675,289	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	305,371	1,833	303,538	
c	Accounting	231,814		231,814	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	23,062,688	17,301,679	5,761,009	
12	Advertising and promotion	846,889		846,889	
13	Office expenses	60,997,451	60,898,868	98,583	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	3,915,682	3,896,182	19,500	
17	Travel	573,450	374,594	198,856	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	1,646,151		1,646,151	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	11,172,609	9,496,718	1,675,891	
23	Insurance	1,661,191		1,661,191	
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	RECRUITMENT/RETENTION EXPENSES	548,658		548,658	
b	OTHER EXPENSES	5,381,197	3,000,316	2,380,881	
c	MAINTENANCE & REPAIRS	4,049,689	2,210,632	1,839,057	
d	FACILITATING PT DISCHARGE	659,736	659,736		
e	EQUIPMENT RENT & MAINT	1,469,499	1,301,049	168,450	
f	All other expenses	1,391,815	518,309	873,506	
25	Total functional expenses. Add lines 1 through 24f	221,812,218	188,461,250	33,350,968	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	0
	2	Savings and temporary cash investments			16,019,626	2	17,339,481
	3	Pledges and grants receivable, net				3	0
	4	Accounts receivable, net			32,414,893	4	32,274,245
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	0
	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	0
	7	Notes and loans receivable, net			3,247,243	7	2,732,035
	8	Inventories for sale or use			5,649,718	8	4,882,227
	9	Prepaid expenses and deferred charges			1,451,494	9	1,074,183
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	215,343,161	117,728,542	10c	111,599,208
	b	Less accumulated depreciation	10b	103,743,953			
	11	Investments—publicly traded securities				11	0
	12	Investments—other securities See Part IV, line 11				12	0
	13	Investments—program-related See Part IV, line 11				13	0
	14	Intangible assets				14	0
	15	Other assets See Part IV, line 11			71,024,383	15	97,816,148
	16	Total assets. Add lines 1 through 15 (must equal line 34)			247,535,899	16	267,717,527
Liabilities	17	Accounts payable and accrued expenses			14,606,976	17	20,135,190
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			54,349,035	23	53,802,968
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			21,495,578	25	27,044,443
	26	Total liabilities. Add lines 17 through 25			90,451,589	26	100,982,601
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			155,835,797	27	165,884,852
	28	Temporarily restricted net assets			1,248,513	28	850,074
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			157,084,310	33	166,734,926
	34	Total liabilities and net assets/fund balances			247,535,899	34	267,717,527

Part XI **Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . .	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	No
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 	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	No

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 HEALTH SERVICES OF WACO dba PROVIDENCE HEALTHCARE NETWORK	Employer identification number 74-1109636
---	--

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?

(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?

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
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 IIISupport 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
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cAdd lines 7a and 7b						
8Public 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
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First 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

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

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 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		
b33 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		
20Private 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

Additional Data

Software ID:

Software Version:

EIN: 74-1109636

Name: PROVIDENCE HEALTH SERVICES OF WACO
dba PROVIDENCE HEALTHCARE NETWORK

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			
VICKY CAMPBELL VP HOME CARE	40 00				X			140,368	0	82,835
TIMOTHY BARRETT Executive Direc	40 00				X			266,951	0	82,259
STEVEN T CATES Trustee	1 00	X						0	0	0
SR MARIE THERESE SEDGWICK DC Chairman	40 00	X						14,873	0	2,246
Sr JOANNE M VASA DC Trustee	1 00	X						0	0	0
Sr DOROTHEA MOLL DC Trustee	1 00	X						0	0	0
Sr CECILE MATUSHEK DC VP MISSION AFF	40 00				X			96,699	0	14,544
SAMUEL E ABERNATHY PHARMACIST	40 00					X		158,374	0	53,839
ODIS W NICHOLS Sr VP/COO	40 00			X				310,144	0	82,695
MS DEBORAH K KEEL Trustee	1 00	X						0	0	0
LUCI HANSSON PHARMACISTS	40 00					X		145,248	0	20,094
LARRY STEPHENS VP L/T CARE	40 00				X			130,393	0	65,995
LARRY LEFEVRE PHARMACIST	0					X		151,635	0	2,552
KRISTIN CRAIG CRNA	40 00					X		139,514	0	60,276
KENT A KEAHEY President & CEO	40 00			X				916,786	0	57,827
KENNETH HAMPTON Trustee	1 00	X						0	0	0
KEN FLOWERS PHARMACISTS	40 00					X		133,481	0	59,889
KAREN RICHARDSON Sr VP/CFO	40 00			X				148,191	0	51,577
JONATHON FORD VP MKTG	40 00				X			145,716	0	88,933
JOHN GW SCHERLER VP-SUPPORT SVCS	40 00				X			169,940	0	58,903
JOE K HOPKINS VP M H SVCS	40 00				X			134,343	0	48,223
HAL M WHITAKER Treasurer	1 00	X						0	0	0
GARY K BARBIN Trustee	1 00	X						0	0	0
DR RONALD J EPPS VICE CHAIR	1 00	X						0	0	0
DENNIS MICHAELIS Secretary	1 00	X						0	0	0

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			
CHUCK SIVESS V P O F H R	40 00				X			118,868	0	33,086
CHERYL SADRO CFO/part yr	40 00			X				178,516	0	36,412
BRENDA P DAVIS VP-CLINICAL SVC	40 00				X			169,692	0	61,489
ANNETTE F AYERS VP NURSING	40 00				X			173,166	0	38,495

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

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
RECRUITMENT/RETENTION EXPENSES	548,658		548,658	
OTHER EXPENSES	5,381,197	3,000,316	2,380,881	
MAINTENANCE & REPAIRS	4,049,689	2,210,632	1,839,057	
FACILITATING PT DISCHARGE	659,736	659,736		
EQUIPMENT RENT & MAINT	1,469,499	1,301,049	168,450	

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public
Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization PROVIDENCE HEALTH SERVICES OF WACO dba PROVIDENCE HEALTHCARE NETWORK	Employer identification number 74-1109636
---	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1

Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2

Political expenditures ▶ \$
- 3

Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1

Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2

Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☒ No
- 4a

Was a correction made? ☐ Yes ☒ No
- b

If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ \$
- 3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4

Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5

State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?		No	
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?		No	
	e Publications, or published or broadcast statements?		No	
	f Grants to other organizations for lobbying purposes?	Yes		9,391
	g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities? If "Yes," describe in Part IV		No	
	j Total lines 1c through 1i			9,391
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Part II-B, Line 1i - Other Activities Description	Lobbying expenses represent the portion of dues paid to national and state hospital associations that is specifically allocable to lobbying

SCHEDULE D
(Form 990)

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

Department of the Treasury
Internal Revenue Service

Name of the organization PROVIDENCE HEALTH SERVICES OF WACO dba PROVIDENCE HEALTHCARE NETWORK	Employer identification number 74-1109636
--	---

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div>YesNo</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div>YesNo</div>	

Part II

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

1	Purpose(s) of conservation easements held by the organization (check all that apply) <div><div><div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)</div><div><input type="checkbox"/> Protection of natural habitat</div><div><input type="checkbox"/> Preservation of open space</div></div><div><div><input type="checkbox"/> Preservation of an historically importantly land area</div><div><input type="checkbox"/> Preservation of a certified historic structure</div></div></div>											
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>2a</td><td></td></tr><tr><td>2b</td><td></td></tr><tr><td>2c</td><td></td></tr><tr><td>2d</td><td></td></tr></table>		Held at the End of the Year	2a		2b		2c		2d	
	Held at the End of the Year											
2a												
2b												
2c												
2d												
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ►_____											
4	Number of states where property subject to conservation easement is located ►_____											
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <div>YesNo</div>											
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ►_____											
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ►\$ _____											
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? <div>YesNo</div>											
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements											

Part III

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

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

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

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

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

	Yes	No
3a(i)		
3a(ii)		
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	2,681,695	6,613,994		9,295,689
b Buildings		134,643,423	59,663,092	74,980,331
c Leasehold improvements		5,521,238	3,597,414	1,923,824
d Equipment		65,882,811	40,483,447	25,399,364
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				111,599,208

Part XI

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV

Supplemental Information

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

Identifier	Return Reference	Explanation
Part X	Part X FIN48 Footnote	Effective FY07, Providence Health Services of Waco adopted FIN 48 The adoption of FIN 48 did not have a material impact on Providence Health Services of Waco's consolidated financial position or results of operations The financial statements of Providence Health Services of Waco were audited on a consolidated basis, as part of the consolidated financial statements of Ascension Health An audit committee has been delegated the responsibility to oversee the audited financial statements and the selection of the independent accountants that audited the financial statements

Additional Data

Software ID:

Software Version:

EIN: 74-1109636

Name: PROVIDENCE HEALTH SERVICES OF WACO
dba PROVIDENCE HEALTHCARE NETWORK

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

(a) Description	(b) Book value
SETTLEMENTS FROM 3RD PARTIES	2,899,642
RESTRICTED DONATIONS	850,074
OTHER ASSETS	40,876
INVESTMENT IN COMMUNITY HOSPICE OF TX	5,210,208
INVESTMENT IN ASC JV - FISHPOND	1,141,791
HSD-EXCESS OPERATING FUND	39,530,048
HSD - PENSION PREFUNDING INVESTMENT	2,858,515
DEFERRED COMPENSATION ASSET	3,082,129

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
PROVIDENCE HEALTH SERVICES OF WACO
dba PROVIDENCE HEALTHCARE NETWORK

Employer identification number

74-1109636

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

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

e

☐ Solicitation of non-government grants

b

☐ Internet and e-mail solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

☐ Yes

☒ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

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

3

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

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		STYLE SHOW (event type)	JEWELRY SALE (event type)	2 (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	198,946	25,041	16,859
	2	Less Charitable contributions	182,186		
	3	Gross income (line 1 minus line 2)	16,760	25,041	16,859
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes	69,547		
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	51,710	18,642	12,021
	10	Direct expense summary Add lines 4 through 9 in column (d)			151,920
	11	Net income summary Combine lines 3, column d, and line 10.			-93,260

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

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

					Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____					
a	Is the organization licensed to operate gaming activities in each of these states?				9a	
b	If "No," Explain _____					
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?				10a	
b	If "Yes," Explain _____					
11	Does the organization operate gaming activities with nonmembers?				11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?				12	

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

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 HEALTH SERVICES OF WACO
dba PROVIDENCE HEALTHCARE NETWORK

Employer identification number

74-1109636

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 <input checked="" type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Applied uniformly to most hospitals <input type="checkbox"/> 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 <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ b Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care 4 Does the organization's policy provide free or discounted care to the "medically indigent"?	3a	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	3b		No
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?			
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	4	Yes	
6a	Does the organization prepare an annual community benefit report?	5a	Yes	
6b	If "Yes," does the organization make it available to the public?	5b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H	5c		No
		6a		No
		6b		No

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)			20,256,409		20,256,409	9 130 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			24,384,083	16,652,434	7,731,649	3 490 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs			44,640,492	16,652,434	27,988,058	12 620 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			216,253		216,253	0 100 %
f Health professions education (from Worksheet 5)			19,018		19,018	0 010 %
g Subsidized health services (from Worksheet 6)			120,450		120,450	0 050 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)			54,161		54,161	0 020 %
j Total Other Benefits			409,882		409,882	0 180 %
k Total. Add lines 7d and 7j			45,050,374	16,652,434	28,397,940	12 800 %

Part IICommunity 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
1Physical improvements and housing						
2Economic development			253,550		253,550	0 110 %
3Community support			22,782		22,782	0 010 %
4Environmental improvements						
5Leadership development and training for community members			788		788	
6Coalition building						
7Community health improvement advocacy						
8Workforce development			811,789		811,789	0 370 %
9Other						
10Total			1,088,909		1,088,909	0 490 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?	1	Yes	
2Enter the amount of the organization's bad debt expense (at cost)	2	8,732,608	
3Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	2,811,900	
4Provide 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

5Enter total revenue received from Medicare (including DSH and IME)	5	83,932,336	
6Enter Medicare allowable costs of care relating to payments on line 5	6	83,603,221	
7Subtract line 6 from line 5. This is the surplus or (shortfall)	7	329,115	
8Describe 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: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other			

Section C. Collection Practices

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

Part IVManagement 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 %
1FPSC II LLC	SURGERY CENTER	42 000 %		
2COMMUNITY HOSPICE OF TEXAS	HOSPICE SERVICES	25 000 %		
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

[illegible]

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

See additional data

- 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

Providence Healthcare Network is prepared to educate and qualify patients for financial assistance as needed Financial assistance counselors meet with all self pay patients and screen them for potential government benefits They assist them with the charity care applications as well as work with them to establish eligibility for governmental benefits Our counselors receive extensive training on how to qualify patients for assistance under federal, state or local government programs They are also bi-lingual in both English and Spanish A summary of our charity care policy is provided to patients during the intake and discharge process

- 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 communities 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: 74-1109636

Name: PROVIDENCE HEALTH SERVICES OF WACO
dba PROVIDENCE HEALTHCARE NETWORK

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

The organization provides medically necessary care to all patients, regardless of race, color, creed, ethnic origin, gender, disability or economic status. The organization uses a percentage of Federal Poverty Level (FPL) to determine free and discounted care. At a minimum, patients with income less than or equal to 200% of the FPL, which may be adjusted for cost of living utilizing the local wage index compared to national wage index, will be eligible for 100% charity care write off of charges for services that have been provided to them. Also, at a minimum, uninsured patients that do not fall within the 200% FPL may be eligible for a charity care adjustment. An assessment of the patient's personal and financial information based on the United States Census Bureau and Internal Revenue Service guidelines is performed by Providence Healthcare Network to determine the charity care discount.

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

The cost of providing charity care, means tested government programs, and community benefit programs is estimated using internal cost data, and is calculated in compliance with Catholic Health Association ("CHA") guidelines. The organization uses a costing accounting system that addresses all patient segments (for example, inpatient, outpatient, emergency room, private insurance, Medicaid, Medicare, uninsured, or self pay). The best available data was used to calculate the amounts reported in the table. For certain categories in the table, this was a cost accounting system, in other categories, a specific cost-to-charge ratio was applied.

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

The organization employs its physicians at physician clinics, so the associated costs and charges relating to those physician services are included in all relevant categories in Part I

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

The amount of bad debt expense reported on Form 990, Part IX, Line 25, column (A), but subtracted for purposes of calculating the percentages in Part I, Line 7, column (f) is \$27,654,274

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

The organization's share of bad debt expense for fiscal year 2010 was \$27,654,274 at charges (\$8,732,608 at cost)The organization is part of the Ascension Health System' consolidated audit The footnote that references bad debt expense in the 2010 consolidated audit is as follows "The provision for bad debts is based upon management's assessment of expected net collections considering economic conditions, historical experience, trends in the health care coverage, and other collection indicators Periodically throughout the year, management assesses the adequacy of allowance for uncollectible accounts based upon historical write off experience by payor category, including those amounts not covered by insurance The results of this review are then used to make any modifications to the provision for bad debts to establish an appropriate allowance for uncollectible accounts After satisfaction of amounts due from insurance and reasonable efforts to collect from the patient have been exhausted, the organization follows established guidelines for placing certain past due patient balances with collection agencies, subject to the terms of certain restrictions on collection efforts as determined by the organization Accounts receivable are written off after collection efforts have been followed in accordance with the Organization's policies "

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Ascension Health and related health ministries follow the Catholic Health Association ("CHA") guidelines for determining community benefit CHA community benefit reporting guidelines suggest that Medicare shortfall is not treated as community benefit

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

The organization has a written debt collection policy that also includes a provision on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance. If a patient qualifies for charity or financial assistance certain collection practices do not apply.

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

One Durable Medical Equipment (DME) Store, One Breast Health Diagnostic Center

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

Our Community Needs Assessment is conducted every three years, most recently in July 2010. Our Ministry collaborates with Hillcrest Baptist Medical Center and the Waco-McLennan County Public Health District (WMC PHD) to provide a comprehensive and unbiased profile of McLennan County. The survey is jointly funded by all three entities. During the months of August and September 2009, our needs assessment survey was administered to the residents of the Waco-McLennan County Public Health District, Texas. The survey was a third citizen survey conducted by the University of North Texas Survey Research Center (SRC) for the WMC PHD. Many of the questions in the survey were modeled after the Behavioral Risk Factor Surveillance System Questionnaire (BRFSS). Survey questions included - Perceptions of public health preparedness-General physical and emotional health status-Health care access issues-Health care awareness of several health conditions-Behaviors that affect health-Women's health issues. The needs assessment included a random sample of 24 geographic areas within our county and a telephone survey of 1,000 landline households and 211 cell-phone-only households. The SRC provided statistical analysis of the survey data to help identify local health needs, to determine priority health needs for McLennan County and to assist in developing a plan of action. The 2010 Community Needs Assessment of McLennan County revealed that the majority of respondents (77.3%) are in good or better health as compared to CDC national data. Diabetes was identified as a specific need in the 2010 Community Needs Assessment and our Ministry is taking steps to address this need.

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

Providence Healthcare Network is located in Waco, Texas and serves McLennan County (pop 233,378) and the six contiguous counties which include Hill (pop 39,761), Bosque (pop 20,232), Limestone (pop 22,287), Falls (pop 20,452), Bell (pop 294,101) and Coryell (pop 98,538) Waco (pop 126,217), known as the education and consumer center of Texas, is our primary service area and is located along Interstate 35 in Central Texas, equidistant from Dallas/Ft Worth and Austin (90 miles) Waco is served by two not for profit hospitals, Providence Healthcare Network and Hillcrest Baptist Medical Center In McLennan County, 27% of households live at or below federal poverty guidelines, median income is \$43,063, 14 4% of families are on Medicaid or other assistance, uninsured and underinsured persons comprise 24% of the population, and 25 8% of our county are minority and 17 4% speak a language other than English at home, with Spanish being the predominant other language In FY10, our Ministry served 18,845 patients and provided \$16 6m in traditional charity care, and \$1 2m in unpaid costs of public programs

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

Providence Healthcare Network provided the following community building activities in FY10 Partners in Education (PIE) - Our Ministry partners with Brook Avenue Elementary School enabling us to support children in their most influential years of development Our employees participate in several events/activities during the school year which include tutoring, mentoring, presentation of life skills, math, science, and literacy activities The students benefit from a broad spectrum of knowledge and resources as our employees serve as strong, positive role models and our employees are fulfilled by knowing that we are making a difference one child at a time Our partnership has flourished for the past twenty five years Cord Blood Program - Providence Health Center (PHC) is a collection site for the Texas Cord Blood Bank, a network of maternity hospitals and a central laboratory who are working together to develop an inventory of cord blood units for use in hematopoietic stem cell transplantation The goal of the bank is to collect blood units that represent the rich ethnic diversity of Texas PHC is the only collection site between Austin and Dallas Information about each banked sample is entered into the database of the National Marrow Donor Program That allows physicians around the globe to search available units to see if they are a match for patients needing stem cell transplants Pharmaceutical Assistance Program (PAP) - This program is available through pharmaceutical companies as a resource to those patients who qualify to receive free or low cost medications Our Ministry identified the need for the PAP Program through our admissions process to the hospital This service is important to our Ministry as it decreases the amount of re-admissions It also has an important impact on the community as it lessens the financial stress on those that could not otherwise afford the necessary medications needed to improve their health thus enabling them to become productive members of society Diabetes Program- The Providence Diabetes Management Center provides diabetes education and self management training to persons with diabetes and their families It is estimated that 25,000 people in McLennan County have diabetes Our hospital identified this community need from our Community Needs Assessment and our program is designed to address this chronic disease Our diabetic educators provide education, training, support groups and participate in community health fairs with area schools and businesses Our Ministry's goal is to improve the quality of life and prevent complications for persons with diabetes No-Cost Mammograms Program - The goal of the Providence Breast Health Center (PBHC) is to ensure that all Central Texas women (and men), and especially the underserved and uninsured, receive the best quality breast care available throughout the continuum of breast care offered by our network Central Texas is home to large minority groups who are often our most vulnerable populations Central Texas women as a whole are undereducated about breast disease and fail to have their yearly mammogram for many reasons, including financial restrictions of having no insurance or the inability to pay the required deductibles (Less than half of women age 40 and over in Texas receive yearly screening mammograms) PBHC is able to provide subsidized screening mammograms and diagnostic services for those who cannot otherwise afford them We are able to accomplish this through our program -Screening Mammograms, Diagnostic Imaging, and Breast Biopsies for the Underserved - funded by generous grants from entities such as Susan G Komen Race for the Cure and Daughters of Charity PBHC serves as the fiscal agent for the program

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

Providence Healthcare Network provides a wide variety of benefits to the community which includes -Social service and support counseling for patients and families-Pastoral care-Space for community groups to use at no charge-Employee and Administration active involvement on community boards and associations-Mentoring children through year round partnerships with local elementary schools-Ongoing clinical research to help advance medical care-Ongoing educational programs for internal and external medical/clinical staff-Comprehensive and interactive website-Charitable financial support of many local and national non for profit organizations-Collaboration with health department and other local hospital to identify community needs and address community problems-Free mammograms for uninsured and underinsured women -Trained financial assistance counselors available to identify eligibility for government benefits-Hospital volunteers receive extensive training by AARP to provide free tax preparation to the needy and underserved in our community-Free or no-cost medications provided to those persons that qualify-Flu shots offered at reduced prices for the general community and free to employees and their families-Disaster readiness support provided locally and globally-Year round CPR Life Support Course provided for free to the community - Active Volunteer Services Department providing the opportunity for persons in the community to come together and combine their compassion, skills and talent to make a difference in the lives of our patients and families, employees, physicians and clinical staff -Annual free health screeningsThrough each of these diverse community outreach support efforts, Providence Healthcare Network provides a significant impact on the overall well-being of the community while increasing access to health care services and reducing health care costs

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

Providence Healthcare Network proudly serves as a member of Ascension Health, the nation's largest Catholic and largest nonprofit health system. Since being founded by the Daughters of Charity in 1905 as a ministry to the suffering, Providence Healthcare Network and its affiliated Divisions have been dedicated to providing accessible, safe and quality healthcare to all patients regardless of their ability to pay. Providence is a comprehensive healthcare network that operates several facilities including the Health Center, DePaul Center, Home Care, Durable Medical Equipment, Providence Park and 13 clinics in Waco, Texas. Network wide, in FY10 our Ministry provided more than \$29 million in community health services, professional education, subsidized health care, research, financial contributions and other community building activities.

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
PROVIDENCE HEALTH SERVICES OF WACO
dba PROVIDENCE HEALTHCARE NETWORK

Employer identification number

74-1109636

Part I

General Information on Grants and Assistance

- 1

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

☒ Yes

☐ No
- 2

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

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Waco Symphony Association IncPO Box 1201 Waco,TX 76703	746062658	501(c)(3)	10,000	0			Special Event
Providence Foundation6901 Medical Parkway Waco,TX 76712	742683112	501(c)(3)	11,750	0			Special Events
Heart O Texas Fair & Rodeo 4601 Bosque Blvd Waco,TX 76710	741172561	501(c)(3)	7,600	0			Special Event
Family Health Center1600 Providence Dr Waco,TX 76707	742446071	501(c)(3)	10,480	0			Gala Event
Daughters of CharityPO Box 45998 St Louis,MO 63145	430887104	501(c)(3)	10,000	0			Haiti Earthquake Relief
American Heart Association Inc10900-B Stonelake Blvd Austin,TX 78759	135613797	501(c)(3)	80,000	0			Special Events
American Cancer Society 1700 Lake Success Dr Waco,TX 76710	756198499	501(c)(3)	18,000	0			Cattle Baron's Ball

2

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

7

3

Enter total number of other organizations

0

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

[illegible]

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

[illegible]

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

PROVIDENCE HEALTH SERVICES OF WACO
dba PROVIDENCE HEALTHCARE NETWORK

Employer identification number

74-1109636

Part I

Questions Regarding Compensation

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

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.

[illegible]

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
Sch J, Part I, Line 7	Part I, Line 7 Non-Fixed payments not listed above	Officers of the Providence Health Services of Waco Management Council received a bonus in FY10. A bonus schedule was presented and approved by the board prior to distribution. No formal bonus plan is documented or in use.
Sch J, Part I, Line 1a	Part I, Line 1a Relevant information in regards to selections on 1a	Providence Healthcare Network utilizes an Accountable Plan to guide its activities in the reimbursement of business expenses for employees, officers, and board members. The Accountable Plan, in all material respects, conforms to the rules and regulations of the Internal Revenue Service. The CEO is eligible for travel reimbursement for companions, as well as reimbursement of health or social club dues or initiations fees. The benefits are treated as taxable compensation to each eligible person pursuant to the organization's accountable plan.

Software ID: 09000047
Software Version: 2009v1.7
EIN: 74-1109636
Name: PROVIDENCE HEALTH SERVICES OF WACO
dba PROVIDENCE HEALTHCARE NETWORK

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
VICKY CAMPBELL	(i) (ii)	120,543	5,683	14,142	24,375	58,460	223,203	38,001
TIMOTHY BARRETT	(i) (ii)	221,333	13,650	31,968	32,617	49,642	349,210	
SAMUEL E ABERNATHY	(i) (ii)	139,784		18,590	2,696	51,143	212,213	
ODIS W NICHOLS	(i) (ii)	257,320	13,980	38,844	32,788	49,907	392,839	13,069
LUCI HANSSON	(i) (ii)	136,521		8,727	2,544	17,550	165,342	
LARRY STEPHENS	(i) (ii)	106,411	6,020	17,962	17,038	48,957	196,388	12,599
LARRY LEFEVRE	(i) (ii)	127,464		24,171	2,552		154,187	
KRISTIN CRAIG	(i) (ii)	131,361		8,153	2,478	57,798	199,790	
KENT A KEAHEY	(i) (ii)	413,005	197,885	305,896	4,900	52,927	974,613	
KEN FLOWERS	(i) (ii)	128,210		5,271	1,418	58,471	193,370	
KAREN RICHARDSON	(i) (ii)	132,247		15,944	2,521	49,056	199,768	
JONATHON FORD	(i) (ii)	132,410	6,445	6,861	30,406	58,527	234,649	24,329
JOHN GW SCHERLER	(i) (ii)	158,913	7,630	3,397	228	58,675	228,843	
JOE K HOPKINS	(i) (ii)	121,873	3,872	8,598	11,752	36,471	182,566	
CHUCK SIVESS	(i) (ii)	102,508	6,095	10,265	16,958	16,128	151,954	
CHERYL SADRO	(i) (ii)	170,027		8,489	2,547	33,865	214,928	12,038
BRENDA P DAVIS	(i) (ii)	152,462	8,004	9,226	2,852	58,637	231,181	
ANNETTE F AYERS	(i) (ii)	159,962	8,004	5,200	1,820	36,675	211,661	

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
PROVIDENCE HEALTH SERVICES OF WACO
dba PROVIDENCE HEALTHCARE NETWORK

Employer identification number
74-1109636

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art	X	2	1,800	SELLING PRICE
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		5,576	SELLING PRICE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	6	1,028	SELLING PRICE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>OTHER</u>) BEAUTY	X	20	42,819	SELLING PRICE
26 Other ► (<u>ITEMS</u>)	X	8	3,905	SELLING PRICE
27 Other ► (<u>MEMBERSHIPS</u>) EVENT	X	4	2,020	SELLING PRICE
28 Other ► (<u>TICKETS</u>)	X	3	330	SELLING PRICE
Other ► (<u>TRAVEL/HOTEL</u>)	X	9	5,105	SELLING PRICE
Other ► (<u>JEWELRY</u>)	X	9	2,054	SELLING PRICE
Other ► (<u>GIFTCARDS</u>)	X	29	4,910	SELLING PRICE
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement		29		
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?				
b If "Yes," describe the arrangement in Part II				
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?				
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?				
b If "Yes," describe in Part II				
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II				

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
------------	------------------	-------------

Additional Data

Software ID:
Software Version:
EIN: 74-1109636
Name: PROVIDENCE HEALTH SERVICES OF WACO
dba PROVIDENCE HEALTHCARE NETWORK

efile GRAPHIC print - DO NOT PROCESSAs Filed Data -DLN: 93493132030841

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization PROVIDENCE HEALTH SERVICES OF WACO dba PROVIDENCE HEALTHCARE NETWORK	Employer identification number 74-1109636
---	--

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	Organization provides governing documents, conflict of interest policy, and financial statements to the public upon request

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	POLICY The executive Compensation Committee of the Board of Trustees of Ascension Health has been delegated the responsibility and authority to oversee the Executive Compensation Program, in accordance with the Committee Charter and the Board approved Executive Compensation Responsibility/Authority Matrix The Committee is charged with overseeing the Program in a manner designed to assure independence, avoid conflicts of interest, ensure reasonableness and market comparability of total compensation, and to otherwise abide by pertinent law s and regulations The Providence Healthcare Network Wage Plan is review ed and appropriately revised at least annually, and is maintained as required betw een review s A salary survey is completed in the market for positions at points over the complete range of the wage scale for all levels of employment including key personnel The proposed wage plan shall be approved by the President and distributed by the Human Resources Department and to Hospital Administration Actual employee pay increases are review ed and approved by Hospital Administration

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	PROCEDURES Duty to Disclose In connection with any actual or possible conflicts of interest, an interested person must disclose the existence of his or her financial interest and all material facts to the Trustees, or to the members of a committee with board delegated pow ers, considering the proposed transaction or arrangement Such disclosure shall be made either through the annual questionnaire required under "Annual Statements" or w hen a conflict not disclosed on the questionnaire otherw ise arises The annual statements are review ed by the compliance department to ensure no conflicts of interest exist

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	The review process for the 990 Informational Return 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, Line 7a	Form 990, Part VI, Line 7a How Members or Shareholders Elect Governing Body	Providence Health Services of Waco has a single corporate member, Ascension Health, who has the ability to elect members to the governing body of the Providence Health Services of Waco

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 6	Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	Ascension Health is the single entity member of the organization

Identifier	Return Reference	Explanation
	Client Note 1	<p>PROVIDENCE HEALTH SERVICES OF WACO, INC 74-1109636FORM 990 - RETURN OF ORGANIZATION EXEMPT FROM INCOME TAXSUPPORTING STATEMENT FYE 6/30/2010PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTSProvidence Healthcare Network provides a full range of care, including outpatient care, inpatient care, emergency services, long-term care, mental health care, chemical dependency treatment, child care and senior adult care services and more Providence Health Alliance Inc is the part of Providence Healthcare Network that operates ten physician clinics that serve Waco and the six surrounding counties The Providence Clinics accept all payors to provide complete health care for individuals and families The clinics' team of dedicated health professionals provides a diverse range of services, from routine physicals and preventive medicine, to more complex matters of illness and injury The clinic specialties include Family Practice, Internal Medicine, Obstetrics/Gynecology, Psychiatry, Psychotherapy and Geriatric (senior adult) Medicine Providence Healthcare Network also includes Providence Health Services of Waco Inc (74-1109636) which operates Providence Health Center (acute care), Providence Park (residential, skilled nursing, and long-term care), DePaul Center (psychiatric care) and Providence Home Care Providence Healthcare Network also includes Providence Foundation, Inc (74-2683112), which is the fund-raising division of Providence Healthcare Network and is responsible for the acquisition of capital equipment and advanced technology Providence Health Services of Waco, Inc and Providence Foundation, Inc file separate IRS Forms 990 The following information pertains to Providence Healthcare Network This report illustrates the significant degree to which Providence Healthcare Network contributes to the positive health status of the communities it serves As a member of Ascension Health, the nation's largest Catholic healthcare system, Providence Healthcare Network continues to build and strengthen sustainable collaborative efforts that benefit the health of individuals, families, and society as a whole Ascension Health directs its governance and management activities toward strong, vibrant, Catholic Health Ministries united in service and healing, and dedicates its resources to spiritually-centered care which sustains and improves the health of the communities it serves In accordance with Ascension Health's mission of service to those who are poor and vulnerable, each Health Ministry accepts patients regardless of their ability to pay Providence Healthcare Network has engaged in the following activities to ensure that our mission is accomplished Unreimbursed Services Provided to the Elderly and the Poor Providence Healthcare Network provides a substantial portion of its services to the elderly and poor During the fiscal year ending June 30, 2010, approximately 48.4% of the values of services rendered were to elderly patients under the Medicare program, and approximately 13.7% of the services were provided to patients who were deemed indigent under state, county, or Medical Center Guidelines In the spirit of principles adopted by Ascension Health, Providence Healthcare Network has taken proactive steps to address those issues that will affect accessibility, the financing, and the delivery of healthcare to all persons, especially the uninsured, underinsured, and the underserved During the fiscal year ending June 30, 2010, the estimated unreimbursed cost of services provided to the elderly, uninsured, and underinsured totaled \$23 million before state uncompensated pool reimbursements Patient Services Providence Healthcare Network provides the following inpatient and outpatient medical services to the community Emergency CarePsychiatric CareGeriatric CareIndependent LivingAssisted LivingLong-term CareSub-Acute CareHome CareDurable Medical EquipmentWound CareRehabilitative Services- Inpatient and OutpatientMRI CenterWomen & Newborns CenterPhysician Clinical ServicesSome of the services listed above operate at a loss in order to ensure that all services are available to meet community health care needs These include psychiatric care, physician clinical services, and certain acute care departments During the fiscal year ending June 30, 2010, our Health Center treated 18,845 adults and children in the community for a total of 183,905 patient days of service The Health Center also provided outpatient services including 3,558 outpatient surgery patients, 85,638 emergency and minor care visits, and 31,223 homebound patients, 7,114 psychiatric care visits, and 83,934 physician office visits Community Outreach Activities Providence Healthcare Network seeks to improve the physical, mental, social and spiritual health status of its surrounding community In addition to providing health care services to all individuals who require medical attention, our Ministry has developed the following programs to help achieve its mission Expanding Awareness, Education, and Health PromotionProvidence Healthcare Network believes that it is essential to educate people regarding the types of behavior that improve their chances of living a healthy life Providence Healthcare Network has invested significantly in unique, top quality health education programs and materials to accomplish its goals Pulmonary Support GroupCommunity Skin Cancer ScreeningCommunity General Health Screenings (glucose levels, blood pressure, cholesterol)Worksite Wellness ProgramDiabetic Support GroupHealing Grief SeriesInternal Cardioverter Defibrillator training for ICD patients and familiesLiving Livers ClassesCardiac Support GroupOsteoporosis Support GroupBariatric Support GroupSupport Groups for chemical addictions, anxiety/stress, bipolar disorder,depression and compulsive overeating Website Educational MaterialsAll of the above listed support groups are posted on our website www.providence.net Additionally, we have several service lines that have dedicated websites in order to provide a convenient way to better educate their patients Also, several of our service lines highlight preventative educational materials Comprehensive Bariatric Center at Providence- We post support groups and the dedicated website www.werechanginglives.com provides health resources necessary in determining whether or not to have surgery and lifestyle changes that must occur when you do Providence Breast Health Center- This website www.providencebhc.com provides resources that encourage women to be proactive in their breast health It includes such information as Facts and Figures and credible links to other national organizations with preventative breast cancer information DePaul Center- Our psychiatric and substance abuse treatment division posts the schedule for monthly education seminars on mental health topics and posts support groups offering to assist in mental health Providence Stroke Center- Our Stroke website page highlights the signs & symptoms of a stroke, the risk factors and also provides links to other important national organizations that provide additional in-depth preventative information Joint Camp Joint Camp is a comprehensive program, designed to educate and help patients and their families prepare for joint replacement surgery and recovery The education process is introduced one week prior to surgery Patients are introduced to each other as well as the occupational therapists and physical therapists then provided with a notebook filled with pre and post-op expectations, information about medications, and other important guidelines Following surgery, patients participate in group-focused therapy in an environment created to enhance faster healing and recovery With a focus of clinical excellence and patient satisfaction, the Joint Camp's team of highly trained clinicians is dedicated to delivering better overall outcomes in patient care From the very first pre-surgery visit to the actual surgery, and on to recovery, the Joint Camp at Providence provides comprehensive care and education that patients can trust Charitable Contributions to Community Organizations Providence Healthcare Network provides charitable support to many various organizations within our community Our Mission directs us to serve all persons, particularly the poor and vulnerable, toward improving the health of individuals and communities We feel it is our calling to support those organizations that serve this same purpose Listed below are just a few of those organizations that receive charitable contributions from our Ministry Family Abuse CenterJunior League of WacoAmerican Heart AssociationAmerican Cancer SocietyCommunities in SchoolsMission WacoAdopt a Health CenterCaritas of WacoCASA CareNet Pregnancy CenterSusan G. Komen FoundationWaco ISD Adopt a School PartnershipMarch of DimesAlzheimer's AssociationCamp Fire USAWaco Senior LeaguePotter's VesselParticipation in Charitable or Public</p>

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 HEALTH SERVICES OF WACO
dba PROVIDENCE HEALTHCARE NETWORK

Employer identification number

74-1109636

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	Healthcare	MO	501(c)(3)	11 a Type 1	N/A
Providence Health Alliance 6901 Medical Parkway Waco, TX 76712 74-2696970	Physician Practices	TX	501(c)(3)	3 Hospital	Providence Health Services of Waco
Providence Foundation Inc 6901 Medical Parkway Waco, TX 76712 74-2683112	Support charitable purpose of PHSW	TX	501(c)(3)	11 a Type I	Providence Health Services of Waco

Part III

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

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

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

Part V

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

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

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

Lease of facilities, equipment, or other assets to other organization(s)

j

Lease of facilities, equipment, or other assets from other organization(s)

k

Performance of services or membership or fundraising solicitations for other organization(s)

l

Performance of services or membership or fundraising solicitations by other organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

Other transfer of cash or property from other organization(s)

	Yes	No
1a		No
1b		No
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i	Yes	
1j		No
1k		No
1l		No
1m		No
1n		No
1o	Yes	
1p	Yes	
1q	Yes	
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) Ascension Health	o	3,927,708
(2) Providence Health Alliance	q	6,050,000
(3) Providence Health Alliance	i	323,293
(4) Providence Foundation Inc	q	50,000
(5) Providence Foundation Inc	p	283,380
(6) Providence Foundation Inc	c	2,679,699

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

[illegible]

Software ID:

09000047

Software Version:

2009v1.7

EIN:

74-1109636

Name:

PROVIDENCE HEALTH SERVICES OF WACO
dba PROVIDENCE HEALTHCARE NETWORK

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

(a) Name of other organization		(b) Transaction type(a-r)	(c) Amount Involved (\$)
(1)	Ascension Health	o	3,927,708
(2)	Providence Health Alliance	q	6,050,000
(3)	Providence Health Alliance	i	323,293
(4)	Providence Foundation Inc	q	50,000
(5)	Providence Foundation Inc	p	283,380
(6)	Providence Foundation Inc	c	2,679,699