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Form 990

Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public Inspection

## A For the 2010 calendar year, or tax year beginning

and ending

## B Check if applicable

- ☐ Address change  
☒ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

## C Name of organization

Providence St. Joseph Medical Center

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

1801 Lind Avenue SW

Room/suite

9016

City or town, state or country, and ZIP + 4

Renton, WA 98057-9016

F Name and address of principal officer: John F. Koster, MD

same as C above

## D Employer identification number

81-0463482

## E Telephone number

(425)-525-3985

## G Gross receipts \$

24,522,403.

## H(a) Is this a group return

for affiliates?

☐ Yes☒ No

## H(b) Are all affiliates included?

☐ Yes☐ No

If "No," attach a list. (see instructions)

## H(c) Group exemption number

0928

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

J Website: www.saintjoes.org

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

L Year of formation: 1991

M State of legal domicile: MT

## Part I Summary

Activities & Governance		Revenue		Expenses		Net Assets or Fund Balances	
1	Briefly describe the organization's mission or most significant activities: <u>Healthcare with special concern for the poor and vulnerable in Polson, MT.</u>						
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets						
3	Number of voting members of the governing body (Part VI, line 1a)	3	14				
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14				
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	285				
6	Total number of volunteers (estimate if necessary)	6	46				
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	690,869.				
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	162,666.				
		Prior Year	Current Year				
8	Contributions and grants (Part VIII, line 1h)	60,037.	135,817.				
9	Program service revenue (Part VIII, line 2g)	21,461,615.	23,427,098.				
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	60,164.	43,464.				
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,088,671.	902,304.				
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	22,670,487.	24,508,683.				
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,475.	12,705.				
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.				
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	12,925,194.	13,766,216.				
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.				
b	Total fundraising expenses (Part IX, column (D), line 25)	35,211.					
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	9,381,814.	10,179,664.				
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	22,308,483.	23,958,585.				
19	Revenue less expenses. Subtract line 18 from line 12	362,004.	550,098.				
		Beginning of Current Year	End of Year				
20	Total assets (Part X, line 16)	21,232,832.	18,416,704.				
21	Total liabilities (Part X, line 26)	19,110,127.	16,146,893.				
22	Net assets or fund balances. Subtract line 21 from line 20	2,122,705.	2,269,811.				

## Part II Signature Block

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

Sign Here

Signature of officer

Date

10/17/11

Michael L. Butler, Exec. VP/CFO  
Type or print name and title

Paid

Print/Type preparer's name

Sara Elizabeth J. Hyre, CPA

Preparer's signature

Date

10/24/11

Check if self-employed ☐

PTIN

Preparer

Firm's name Clark Nuber, P.S.

Firm's EIN

Use Only

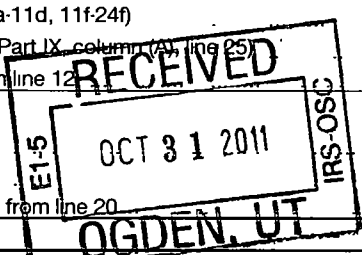
Firm's address 10900 NE 4th, Suite 1700  
Bellevue, WA 98004

Phone no. (425) 454-4919

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

☒ Yes☐ No

SCANNED NOV 02 2011



#22 g18

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III

☒ X**1** Briefly describe the organization's mission:

As People of Providence, we reveal God's love for all, especially the  
poor and vulnerable, through our compassionate service.

Healthcare w/ special concern for the poor & vulnerable in Polson, MT.

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

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

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

If "Yes," describe these changes on Schedule O.

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 3,106,291. including grants of \$ 0.) (Revenue \$ 3,818,421.)Acute Inpatient - 528 AdmissionsAcute Patient Days - 1,426

St. Joseph Hospital is a 40 bed acute care hospital providing a wide  
range of medical services to the community without regard to the  
patients ability to pay for these services.

OUR MISSION - As people of Providence, we reveal God's love for all,  
especially the poor and vulnerable, through our compassionate service.

OUR CORE VALUES - Respect, Compassion, Justice, Excellence, and  
Stewardship

**4b** (Code: ) (Expenses \$ 10,966,324. including grants of \$ 0.) (Revenue \$ 13,481,615.)Acute - Outpatient - 30,965 VisitsSEE PART III, Line 4a.**4c** (Code: ) (Expenses \$ 4,048,315. including grants of \$ 0.) (Revenue \$ 4,976,407.)Primary Care - 32,396 VisitsSEE PART III, Line 4a.**4d** Other program services. (Describe in Schedule O.)(Expenses \$ 949,755. including grants of \$ 12,705.) (Revenue \$ 1,151,873.)**4e** Total program service expenses 19,070,685.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<b>1</b> x	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?	<b>2</b> x	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<b>3</b>	x
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<b>4</b> x	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<b>6</b>	x
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<b>7</b>	x
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	x
<b>9</b> Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<b>9</b>	x
<b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b>	x
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<b>11a</b> x	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<b>11b</b>	x
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<b>11c</b>	x
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<b>11d</b> x	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b> x	
<b>f</b> 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 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<b>11f</b> x	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<b>12a</b>	x
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	<b>12b</b> x	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	x
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	x
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<b>14b</b>	x
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<b>15</b>	x
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<b>16</b>	x
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	<b>17</b>	x
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<b>18</b>	x
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<b>19</b>	x
<b>20a</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	<b>20a</b> x	
<b>b</b> If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	<b>20b</b>	x

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> 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>	<input checked="" type="checkbox"/>	
<b>22</b> 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>		<input checked="" type="checkbox"/>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	<input checked="" type="checkbox"/>	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	<input checked="" type="checkbox"/>	
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		<input checked="" type="checkbox"/>
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		<input checked="" type="checkbox"/>
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		<input checked="" type="checkbox"/>
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<input checked="" type="checkbox"/>
<b>25b</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>		<input checked="" type="checkbox"/>
<b>26</b> 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>		<input checked="" type="checkbox"/>
<b>27</b> 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>		<input checked="" type="checkbox"/>
<b>28</b> 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):		
<b>28a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	<input checked="" type="checkbox"/>	
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<input checked="" type="checkbox"/>
<b>28c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		<input checked="" type="checkbox"/>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		<input checked="" type="checkbox"/>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<input checked="" type="checkbox"/>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<input checked="" type="checkbox"/>
<b>32</b> 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>		<input checked="" type="checkbox"/>
<b>33</b> 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>		<input checked="" type="checkbox"/>
<b>34</b> 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>	<input checked="" type="checkbox"/>	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<input checked="" type="checkbox"/>
<b>37</b> 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>		<input checked="" type="checkbox"/>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	<input checked="" type="checkbox"/>	

**Note.** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V ☒

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> 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	<b>Section 501(c)(12) organizations.</b> 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	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Form 990 (2010)

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

Check if Schedule O contains a response to any question in this Part VI

☒**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **None**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website    ☐ Another's website    ☒ Upon request

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

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization **Karl E. Fritschel, CPA - (425) 525-3339**  
**1801 Lind Ave. SW, #9016, Renton, WA 98057-9016**

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

Check if Schedule O contains a response to any question in this Part VII

☒**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
Lucille Dean, SP Chair of the Board	11.80	X		X				0.	0.	0.
M. Adrian Davis, LCM Director	3.20	X						0.	0.	0.
Mary Corita Heid, RSM Director	3.80	X						0.	0.	0.
Michael A. Stein Director	4.70	X						0.	18,000.	0.
Michael Holcomb Director	3.70	X						0.	15,000.	0.
Dana A. Rasmussen Director	3.40	X						0.	15,000.	0.
Paul A. Redmond Director	3.00	X						0.	18,000.	0.
James S. Roberts, MD Director	6.00	X						0.	15,000.	0.
Peter J. Snow Director	4.10	X						0.	15,000.	0.
Jeffrey B. Clode, MD Director	5.40	X						0.	18,000.	0.
Sallye Liner Director	3.50	X						0.	3,750.	0.
Owen B. Robinson Director	5.50	X						0.	15,000.	0.
Cheryl M. Scott Director	3.00	X						0.	15,000.	0.
Ellen L. Wolf Director	6.80	X						0.	15,000.	0.
John F. Koster, MD President/CEO	50.00			X				0.	2,346,502.	794,703.
Michael L. Butler Exec. VP/CFO	65.00			X				0.	1,038,275.	340,314.
Jeffrey W. Rogers Corporate Secretary	50.00			X				0.	1,259,397.	465,326.



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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
James R. Kiser II CEO - SJHC	45.00			X				216,306.	0.	20,840.
Eugene "Al" Parrish CEO - AK, Region	50.00				X			0.	1,047,158.	332,492.
John V. Fletcher CEO - WA/MT, Region	60.00				X			0.	1,277,503.	584,795.
Janice J. Jones SVP/CAO	55.00				X			0.	1,140,032.	349,285.
Gregory Van Pelt CEO - OR, Region	60.00				X			0.	2,314,095.	484,343.
Russell Danielson Former CEO - OR, Region	50.00				X			0.	4,449,992.	397,656.
Arnold R. Schaffer SVP/Reg. Ops	60.00				X			0.	1,980,618.	371,481.
John O. Mudd SVP/Mission Ldrship	55.00				X			0.	856,420.	395,919.
Keith Marton, MD VP/CMO	60.00				X			0.	717,815.	215,947.
<b>1b Sub-total</b>								216,306.	18,590,557.	4,753,101.
<b>c Total from continuation sheets to Part VII, Section A</b>								1,578,748.	7,764,679.	1,709,140.
<b>d Total (add lines 1b and 1c)</b>								1,795,054.	26,355,236.	6,462,241.

**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 **16**

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

	Yes	No
3	X	
4	X	
5		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
Mission Valley Anesthesia Assoc., Glacier Bank 49430 Highway 99, Polson, MT 59860	Anesthesiology	587,095.
Health Services Northwest, 2201 Lind Avenue, Suite 300, Renton, WA 98057	AR Collections	215,135.
Zylomed Corp. P.O. Box 367809, Bonita Springs, FL 34136	Med. Transcriptions Services	119,417.
Pathology Assoc. Medical Labs P.O. Box 2270, Spokane, WA 99220	Med. Lab Services	117,185.

**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 **4**

See Part VII, Section A Continuation sheets

Form **990** (2010)

**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
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	3,275.				
	<b>d</b> Related organizations	<b>1d</b>	101,090.				
	<b>e</b> Government grants (contributions)	<b>1e</b>	22,500.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	8,952.				
	<b>g</b> Noncash contributions included in lines 1a-1f \$						
	<b>h Total.</b> Add lines 1a-1f			135,817.			
<b>Program Service Revenue</b>		<b>Business Code</b>					
	<b>2 a</b> Acute - Outpatient		621400	13,480,397.	13,480,397.		
	<b>b</b> Primary Care		621110	4,976,407.	4,976,407.		
	<b>c</b> Acute - Inpatient		622110	3,818,421.	3,818,421.		
	<b>d</b> LTC/Home Care		621610	1,151,873.	1,151,873.		
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			23,427,098.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . .			45,189.			45,189.
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
		(i) Real	(ii) Personal				
	<b>6 a</b> Gross Rents			44,785.			
	<b>b</b> Less: rental expenses						
	<b>c</b> Rental income or (loss)			44,785.			
	<b>d</b> Net rental income or (loss)				44,785.		44,785.
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses				1,725.		
	<b>c</b> Gain or (loss)				-1,725.		
	<b>d</b> Net gain or (loss)				-1,725.		-1,725.
	<b>8 a</b> Gross income from fundraising events (not including \$ 3,275. of contributions reported on line 1c). See Part IV, line 18						
	<b>b</b> Less: direct expenses			9,586.			
	<b>c</b> Net income or (loss) from fundraising events			11,995.			
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19				-2,409.		-2,409.
	<b>b</b> Less: direct expenses						
	<b>c</b> Net income or (loss) from gaming activities						
	<b>10 a</b> Gross sales of inventory, less returns and allowances						
	<b>b</b> Less: cost of goods sold						
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11 a</b> Pharmacy Revenue		446110	690,869.		690,869.		
<b>b</b> Dietary		900099	91,147.			91,147.	
<b>c</b> Rebates & Discounts		900099	4,538.			4,538.	
<b>d</b> All other revenue		900099	73,374.	1,218.		72,156.	
<b>e Total.</b> Add lines 11a-11d			859,928.				
<b>12 Total revenue.</b> See instructions.			24,508,683.	23,428,316.	690,869.	253,681.	

**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	12,705.	12,705.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	225,902.		225,902.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	10,843,231.	9,580,442.	1,237,457.	25,332.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	638,685.	544,562.	92,603.	1,520.
9 Other employee benefits	1,299,782.	957,826.	336,130.	5,826.
10 Payroll taxes	758,616.	596,364.	159,719.	2,533.
11 Fees for services (non-employees).				
a Management				
b Legal	6,703.		6,703.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	1,827,500.	1,401,904.	425,596.	
12 Advertising and promotion	124,133.	7,489.	116,644.	
13 Office expenses	3,420,111.	3,273,445.	146,666.	
14 Information technology	185,780.	98,151.	87,629.	
15 Royalties				
16 Occupancy	461,348.	271,375.	189,973.	
17 Travel	86,204.	51,610.	34,594.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	35,008.	32,272.	2,736.	
20 Interest	450,353.	450,353.		
21 Payments to affiliates	1,009,454.		1,009,454.	
22 Depreciation, depletion, and amortization	1,161,884.	589,271.	572,613.	
23 Insurance	229,197.	206,277.	22,920.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a Bad Debts	674,093.	674,093.		
b Licenses/Taxes	129,496.	93,043.	36,453.	
c Dues & Subscriptions	49,291.	24,888.	24,403.	
d UBI Taxes	11,581.		11,581.	
e Advocacy	970.		970.	
f All other expenses	316,558.	204,615.	111,943.	
25 Total functional expenses. Add lines 1 through 24f	23,958,585.	19,070,685.	4,852,689.	35,211.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	1,335.	<b>1</b>	1,286.
	<b>2</b> Savings and temporary cash investments	3,263,091.	<b>2</b>	3,273,851.
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net	4,489,153.	<b>4</b>	2,982,010.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net	5,718.	<b>7</b>	
	<b>8</b> Inventories for sale or use	618,181.	<b>8</b>	640,287.
	<b>9</b> Prepaid expenses and deferred charges	20,816.	<b>9</b>	23,786.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	21,504,234.		
	<b>b</b> Less: accumulated depreciation	11,819,218.	<b>10c</b>	9,685,016.
	<b>11</b> Investments - publicly traded securities	298,244.	<b>11</b>	289,913.
	<b>12</b> Investments - other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11		<b>13</b>	82,987.
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	2,126,784.	<b>15</b>	1,437,568.
	<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	21,232,832.	<b>16</b>	18,416,704.
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	1,582,373.	<b>17</b>	1,622,365.
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue	527,134.	<b>19</b>	677,561.
	<b>20</b> Tax-exempt bond liabilities	10,251,338.	<b>20</b>	10,251,338.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	647,016.	<b>24</b>	645,263.
	<b>25</b> Other liabilities. Complete Part X of Schedule D	6,102,266.	<b>25</b>	2,950,366.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25	19,110,127.	<b>26</b>	16,146,893.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	2,122,705.	<b>27</b>	2,186,824.
	<b>28</b> Temporarily restricted net assets		<b>28</b>	82,987.
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances</b>	2,122,705.	<b>33</b>	2,269,811.
	<b>34</b> <b>Total liabilities and net assets/fund balances</b>	21,232,832.	<b>34</b>	18,416,704.

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	24,508,683.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	23,958,585.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	550,098.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	2,122,705.
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	-402,990.
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	2,269,813.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

☒

- 1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? **2a** ☐ **2b** ☒
- b** Were the organization's financial statements audited by an independent accountant? **2b** ☒
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? **2c** ☒  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:  
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? **3a** ☐ **3b** ☒
- 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** ☐

Form **990** (2010)

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Claudia Haglund VP/Gov./Sponsorship	50.00				X			0.	501,163.	126,574.
Joel S. Gilbertson VP/Gov. & Public Affairs	50.00				X			0.	454,656.	56,288.
Cindra R. Syverson VP/CHRO	55.00				X			0.	485,868.	108,238.
John Kenagy VP/CIO	60.00				X			0.	447,695.	141,020.
Orest Holubec VP/CCO	50.00				X			0.	335,415.	22,577.
Deborah Burton VP/Chief Nursing Officer	60.00				X			0.	341,476.	168,307.
Myron Berdischewsky, MD VP/CMO	60.00				X			0.	609,142.	268,959.
David Brown VP/Strat. Mgmt. Svcs	55.00				X			0.	342,030.	110,948.
Gary Flaming VP/Chief Risk Officer	55.00				X			0.	314,477.	76,918.
Michael Hunn CEO - CA, Region	60.00				X			0.	490,880.	166,313.
Dave Hunter VP/Supply Chain	55.00				X			0.	296,582.	148,481.
Tricia Roscoe VP/Health Svc. Integration	55.00				X			0.	290,201.	73,002.
Michael Righetti, MD Physician	50.00					X		478,928.	0.	37,521.
Adam T. Smith Physician	50.00					X		304,324.	0.	29,880.
Nathaniel Buffington ER Physician	50.00					X		301,524.	0.	33,239.
Kelly G. Bagnell Physician	50.00					X		272,739.	0.	16,326.
Richard S. Irwin Physician	45.00					X		221,233.	0.	15,324.
Richard J. Umbdenstock Former Director	0.00						X	0.	32,220.	0.
Michael J. Madden Former VP/Advocacy	0.00						X	0.	359,717.	0.
Charles E. Hawley Former VP/Public Affairs	0.00						X	0.	2,137,748.	17,773.
Total to Part VII, Section A, line 1c										

032201 12-21-10

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

2010

## Open to Public Inspection

Name of the organization

Providence St. Joseph Medical Center

Employer identification number

81-0463482

<b>Part I</b>	<b>Reason for Public Charity Status</b> (All organizations must complete this part.) See instructions.
---------------	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2010



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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14	<b>15</b>	%
<b>16a 33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 33 1/3% support test - 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**b 33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

**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

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

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

**If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, 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, Part V, line 35a (Proxy Tax), then**

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

Name of organization <b>Providence St. Joseph Medical Center</b>	Employer identification number <b>81-0463482</b>
---	---

**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 function 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** Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. 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-

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

Schedule C (Form 990 or 990-EZ) 2010

LHA

**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												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)															
<b>d</b> Other exempt purpose expenditures															
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)															
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <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> </tbody> </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														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)															
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-															
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-															
<b>j</b> 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2010

**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
<b>1</b> 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:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?	X		970.
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities? If "Yes," describe in Part IV		X	
<b>j</b> Total. Add lines 1c through 1i			970.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?		
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year?		

**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."

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> 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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**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.

Part II-B, Line 1(i), Other Lobbying Activities:

Payment of dues to MHA to represent healthcare interests with

government entities.

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

Providence St. Joseph Medical Center

Employer identification number

81-0463482

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958), 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 (ASC 958) relating to these items:

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

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

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a ☐ Public exhibition d ☐ Loan or exchange programs
- b ☐ Scholarly research e ☐ Other \_\_\_\_\_
- c ☐ Preservation for future generations
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIV and complete the following table
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIV.

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

- |  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |
- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment ☐ %
- b Permanent endowment ☐ %
- c Term endowment ☐ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                             | Yes    | No |
|-----------------------------|--------|----|
| (i) unrelated organizations | 3a(i)  |    |
| (ii) related organizations  | 3a(ii) |    |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No
- 4 Describe in Part XIV the intended uses of the organization's endowment funds

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		235,295.		235,295.
b Buildings		9,553,332.	4,049,473.	5,503,859.
c Leasehold improvements		596,167.	582,995.	13,172.
d Equipment		11,036,402.	7,186,750.	3,849,652.
e Other		83,038.		83,038.
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				9,685,016.

Schedule D (Form 990) 2010

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.)		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.)		

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

(a) Description	(b) Book value
(1) Unamortized Bond Finance Costs	87,936.
(2) Due from Affiliates	1,024,466.
(3) CSV Life Insurance	9,726.
(4) Deposits	146,406.
(5) Third Party Settlements	168,000.
(6) Resident Trust Fund	1,034.
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.)	1,437,568.

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

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) Third Party Settlements	372,300.
(3) Due to Affiliates	2,167,879.
(4) Bond Premium Discount	261,628.
(5) Bond Interest Payable	124,599.
(6) Capital Lease Obligations	22,924.
(7) Resident Trust Account	1,036.
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.)	2,950,366.

FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)



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

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

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

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

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

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

**Part XIV Supplemental Information**

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

**Part X, Line 2: The Health System recognizes the effect of income tax**

positions only if those positions are more likely than not of being

sustained. Recognized income tax positions are measured at the largest

amount that is greater than 50% likely of being realized. Changes in

recognition or measurement are reflected in the period in which the change

in judgment occurs.

**SCHEDULE H**  
**(Form 990)**

**Hospitals**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Providence St. Joseph Medical Center

Employer identification number

81-0463482

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
<b>1b</b> If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year		
<input type="checkbox"/> Applied uniformly to all hospital facilities		
<input type="checkbox"/> Applied uniformly to most hospital facilities		
<input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care to low income individuals? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
<b>b</b> Did the organization use FPG to determine eligibility for providing discounted care to low income individuals? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care.	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
<b>c</b> If the organization did 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 used an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<input checked="" type="checkbox"/>	
<b>c</b> 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?		<input checked="" type="checkbox"/>
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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

**7 Financial Assistance and Certain Other Community Benefits at Cost**

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheets 1 and 2)			792,001.		792,001.	3.40%
<b>b</b> Unreimbursed Medicaid (from Worksheet 3, column a)		1,438	3,134,455.	4,338,776.	-1,204,321.	.00%
<b>c</b> Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)		169	14,936.	6,802.	8,134.	.03%
<b>d Total</b> Financial Assistance and Means-Tested Government Programs		1,607	3,941,392.	4,345,578.	-404,186.	
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)	4	12,035	44,655.		44,655.	.19%
<b>f</b> Health professions education (from Worksheet 5)	1	1	3,600.		3,600.	.02%
<b>g</b> Subsidized health services (from Worksheet 6)						
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions to community groups (from Worksheet 8)						
<b>j Total</b> Other Benefits	5	12,036	48,255.		48,255.	.21%
<b>k Total</b> Add lines 7d and 7j	5	13,643	3,989,647.	4,345,578.	-355,931.	

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

## Schedule H (Form 990) 2010

## Part V Facility Information

### Section A. Hospital Facilities

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

[illegible]

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

Name of Hospital Facility: Providence St. Joseph Medical CenterLine Number of Hospital Facility (from Schedule H, Part V, Section A): 1

	Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 7 are optional for 2010)		
<b>1</b> During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8		
If "Yes," indicate what the Needs Assessment describes (check all that apply):		
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
<b>2</b> Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 _____		
<b>3</b> In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted		
<b>4</b> Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI		
<b>5</b> Did the hospital facility make its Needs Assessment widely available to the public?		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):		
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
<b>6</b> If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply).		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g <input type="checkbox"/> Prioritization of health needs in its community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
<b>7</b> Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		
<b>Financial Assistance Policy</b>		
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>8</b> Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?		
<b>9</b> Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?		
If "Yes," indicate the FPG family income limit for eligibility for free care: _____ %		

**Part V Facility Information** (continued) Providence St. Joseph Medical Center

	Yes	No
<b>10</b> Used FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate the FPG family income limit for eligibility for discounted care _____ %	<b>10</b>	
<b>11</b> Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply):	<b>11</b>	
a <input type="checkbox"/> Income level		
b <input type="checkbox"/> Asset level		
c <input type="checkbox"/> Medical indigency		
d <input type="checkbox"/> Insurance status		
e <input type="checkbox"/> Uninsured discount		
f <input type="checkbox"/> Medicaid/Medicare		
g <input type="checkbox"/> State regulation		
h <input type="checkbox"/> Other (describe in Part VI)		
<b>12</b> Explained the method for applying for financial assistance?	<b>12</b>	
<b>13</b> Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	<b>13</b>	
a <input type="checkbox"/> The policy was posted on the hospital facility's website		
b <input type="checkbox"/> The policy was attached to billing invoices		
c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f <input type="checkbox"/> The policy was available on request		
g <input type="checkbox"/> Other (describe in Part VI)		

**Billing and Collections**

<b>14</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	<b>14</b>	
<b>15</b> Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year:		
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other actions (describe in Part VI)		
<b>16</b> Did the hospital facility engage in or authorize a third party to perform any of the following collection actions during the tax year?	<b>16</b>	
If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply):		
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other actions (describe in Part VI)		
<b>17</b> Indicate which actions the hospital facility took before initiating any of the collection actions checked in line 16 (check all that apply):		
a <input type="checkbox"/> Notified patients of the financial assistance policy on admission		
b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d <input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance		
e <input type="checkbox"/> Other (describe in Part VI)		

**Part V Facility Information** (continued) Providence St. Joseph Medical Center**Policy Relating to Emergency Medical Care**

- 18** Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

	Yes	No
<b>18</b>		

If "No," indicate the reasons why (check all that apply)

- a ☐ The hospital facility did not provide care for any emergency medical conditions
- b ☐ The hospital facility did not have a policy relating to emergency medical care
- c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d ☐ Other (describe in Part VI)

**Charges for Medical Care**

- 19** Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering emergency or other medically necessary care (check all that apply).

- a ☐ The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility
- b ☐ The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services at the hospital facility
- c ☐ The hospital facility used the Medicare rate for those services
- d ☐ Other (describe in Part VI)

- 20** Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?

<b>20</b>		

If "Yes," explain in Part VI.

- 21** Did the hospital facility charge any of its patients an amount equal to the gross charge for any service provided to that patient?

<b>21</b>		

If "Yes," explain in Part VI





**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 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 financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities 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.)
- 6 Affiliated health care system.** 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.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Part I, Line 6a: In addition to providing its own smaller Community

benefit Report, St. Joseph's Community benefit information is included in

the consolidated report for Providence Health & Services.

Please see: <http://www.saintjoes.org/CommunityBenefit.html>

Part I, Ln 7 Col(f): Our total expense from Form 990, Part IX, Line 25,

column (A) was \$23,958,585. The bad debt expense included in this amount

was \$674,093. This left us with total expense of \$23,284,492 for purposes

of calculating line 7, column f.

Part II: There were no reportable Community Building

Activities for this facility during 2010.

Part III, Line 4: It is Providence's policy to exclude all bad debts

from Community benefit information.

The Consolidated Audited Financial Statements do not contain a footnote

specific to Bad Debt Expense.

**Part VI Supplemental Information**

Bad debt expense is reported in the audited financials as a separate line item within expenses from operations. Bad debt expense represents the amount of gross charges for patients who do not have insurance and which Providence was unable to qualify for assistance under either government programs or our internal charity care policy.

Part III, Line 8: It is Providence's policy to exclude any Medicare shortfall from Community Benefit information.

The amount reported on Part III, Section B, Line 6 was determined by applying the Cost-to-Charge ratio to the Medicare revenue.

**Part III, Line 9b: Billing and Collection Practices**

Providence has written policies about when and under whose authority patient debt is advanced for collection, and uses its best efforts to ensure that patient accounts are processed fairly and consistently.

Providence ensures that practices to be used by their outside (non-hospital) collection agencies conform to the standards set forth in this policy, and obtains written commitments from such agencies that they will adhere to those standards. Providence also conducts an assessment of each collection agency's adherence to the policy. Such assessments are conducted at least annually.

At time of billing, we provide to all low-income uninsured patients the same information concerning services and charges provided to all other

**Part VI** Supplemental Information

patients who receive care at the hospital.

When sending a bill to a patient, Providence includes a) a statement that indicates that if the patient meets certain income requirements the patient may be eligible for a government-sponsored program or for financial assistance from the hospital; and b) a statement that provides the patient with the name and telephone number of a hospital employee or office from whom or which the patient may obtain information about Providence's financial assistance policies for patients and how to apply for such assistance.

Any patient seeking financial assistance from Providence (or the patient's legal representative) provides the individual facility with information concerning health benefits coverage, financial status (i.e., income, assets) and any other information that is necessary for the hospital to make a determination regarding the patient's status relative to Providence's financial assistance policy, discounted payment policy, or eligibility for government-sponsored programs.

For patients who have an application pending determination for either government-sponsored coverage or for the hospital's own financial assistance program, Providence will not knowingly send that patient's bill to a collection agency.

Eligibility for financial assistance will be determined as closely as possible to the date of service.

PART III, SECTION A, LINE 1

**Part VI Supplemental Information**

The reporting entity reports bad debt expense in accordance with HFMA

Statement #15 with the exception of the following sections: 8.1(b) and 9.1.

**PART I, LINE 7B**

This facility is reimbursed 100% of cost by Medicaid. In addition, they received a sizable Disproportionate Share Hospital bonus to cover the cost of the uninsured.

Part VI, Line 2: We recognize that caring for the poor and vulnerable is not a task we can do on our own. On a routine basis we conduct a formal community assessment to determine who in our communities is experiencing the greatest need. This outreach connects us to many not-for-profits and social service agencies as well as care providers and their clients in the communities. To ensure that we conduct a comprehensive assessment, our process includes research, meetings, interviews, focus groups and surveys.

Additionally, Providence ministries have community and foundation boards. The civic leaders that serve on Providence Boards connect our Mission with a local perspective on community needs.

Our assessment findings are assembled to make certain we understand and respond to local and regional needs, which often vary from one city or county to another. Identified areas of need not only guide our community benefit giving, but also guide our strategic planning. We believe meaningful community needs assessment provides insight into the complete community benefit that is required, beyond just free and discounted care.

**Part VI Supplemental Information**

Part VI, Line 3: Communication to the Public:

Providence hospitals post notices regarding the availability of financial assistance to low-income uninsured patients. These notices are posted in visible locations throughout the hospital such as admitting/registration, billing office, emergency department and other outpatient settings.

Every posted notice regarding financial assistance policies contains brief instructions on how to apply for financial assistance or a discounted payment. The notices also include a contact telephone number that a patient or family member can call to obtain more information.

Providence ensures that appropriate staff members are knowledgeable about the existence of the hospital's financial assistance policies. Training is provided to staff members (i.e., billing office, financial department, etc.) who directly interact with patients regarding their hospital bills.

When communicating to patients regarding their financial assistance policies, Providence attempts to do so in the primary language of the patient, or his/her family, if reasonably possible, and in a manner consistent with all applicable federal and state laws and regulations.

Providence shares their financial assistance policies with appropriate community health and human services agencies and other organizations that assist such patients.

Part VI, Line 4: Providence St. Joseph Medical Center is a 22 bed

**Part VI Supplemental Information**

acute care, Joint Commission accredited, critical access hospital located on the Flathead Indian Reservation in Polson, Montana, which is about one and a half hours north of Missoula. Providence St. Joseph Medical Center provides community hospital care for the more than 28,000 residents of Lake County. At Providence St. Joseph Medical Center, 36% of patients are covered by Medicare, another 28% are covered by Medicaid and 5% are self-pay and uninsured. Providence St. Joseph Medical Center serves a higher percentage of older adults, with 14% of the primary service area's population over the age of 65. With approximately 16% of the population living in poverty, the community is characterized by lower income levels than the national average.

The service area where Providence St. Joseph Medical Center is located encompasses rural communities from Lake, Lincoln, Flathead and Sanders counties with approximately 147,000 residents living in an area of 12,967 square miles. Each of these counties is designated a Mental Health Professional Shortage Area by the U.S. Department of Health & Human Services. The Median Household Income is \$36,232 or 16% below the median for Montana. From the 2009 U.S. Census Quick Facts for Montana, these counties have a higher percentage (17.25%) of residents who are older than 65 living in the four county service area compared with the state (14.6%).

Part VI, Line 5: Providence St. Joseph Medical Center's daily operational management is directed by an independent governing community board which helps direct the hospital in its endeavors. The composition of the governing board represents the diversity of the community by having representatives from local government, social service agencies, medical providers, independent business representatives and interested community

**Part VI** Supplemental Information

members. The Providence St. Joseph Medical Center Community Board of Directors reviews and develops the community benefit plan, providing information and insight into community needs and resources and helping set priorities for what community needs are to be addressed. They also receive regular updates on the overall community benefit strategy and specific programs to assess whether the organization is having an impact on the health of the community. The providers and staff and Providence St. Joseph Medical Center provide education to the broader community on certain health benefits, risks and preventative medicine and is provided at no cost.

The hospital has been serving the needs of the community since 1916 and has expanded over the years in response to the growing population and changes in health care. As a ministry of Providence Health & Services, Providence St. Joseph Medical Center participates in shared purchasing, information systems and financial management support that benefits the community hospital. In 2010, the medical center had 528 admissions and 78,641 outpatient visits. Providence St. Joseph Medical Center also includes St. Joseph Retirement Community, an assisted living center providing 12,307 resident days during 2010.

Providence Medical Group manages 32 primary care and specialty provider practices, employing 133 total providers. Providence St. Joseph Medical Center and Providence Medical Group collectively build and support coordinated services across the continuum of care to meet regional residents' needs, while mutually supporting organizational, operational, and fiscal health. Joint ventures include research collaborations (cardiac, neuroscience and oncology) with the University of Montana;

**Part VI Supplemental Information**

affiliations with long term care facilities; a community based mental health center and the Indian Health services clinic, among others.

Part VI, Line 6: Providence Health & Services owns and operates 27

general acute care hospitals, six long-term care facilities, seven homecare and hospice entities, five assisted living facilities, a children's nursing center and Montessori school, a high school, a university, 12 low-income housing projects, the Health Plan, a health services contractor, two programs of all inclusive care for the elderly, and 20 controlled fundraising foundations.

The Health System provides inpatient, outpatient, primary care, and home care services in Alaska, Washington, Montana, Oregon and Southern California. The Health System operates these businesses primarily in the greater metropolitan areas of Anchorage, Alaska; Everett, Seattle, Spokane and Olympia, Washington; Missoula, Montana; Portland and Medford, Oregon; and Los Angeles, California.

As a ministry of Providence Health & Services, Providence St. Joseph Medical Center is guided by a Mission and set of core values based on Catholic health care and inspired by the legacy of the Sisters of Providence. As one Catholic health system committed to caring for the poor and vulnerable, Providence Health & Services has developed a single framework for consistently reporting charity care and community benefit. Our responsibility to stewardship drives us to a standardized approach to supply chain so that we can deliver excellent patient care while reducing the cost of delivered supplies. Our commitment to respect and fairness means Providence has a system-wide compensation policy. Locally,



**Part VI** Supplemental Information

Providence St. Joseph Medical Center is empowered to apply these policies  
to meet the local needs of their community.

Providence St. Joseph Medical Center conducts local assessments to make  
sure the needs of the community are met. The community board of directors  
oversees and approves the annual community benefit plan that addresses the  
health care disparities within the community. The community benefit plan  
is developed and reviewed annually to ensure that the proposed outcomes  
are being met. This plan is implemented in concert with others in the  
community to increase the accountability that we share with them to  
improve the health of our community and to not duplicate services.

In addition to acute inpatient care, Providence St. Joseph Medical Center  
provides primary care and specialty physician clinics.

Part VI, Line 7, List of States Receiving Community Benefit Report:

MT

**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

**2010**

Open to Public  
Inspection

Name of the organization

Providence St. Joseph Medical Center

Employer identification number

81-0463482

**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. Part II can be duplicated if additional space is needed

**1 (a)** Name and address of organization or government **(b)** EIN **(c)** IRC 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

Polson High School District 23  
111 4th Avenue East  
Polson, MT 59680

81-6000545

Government

6,300.

0.

Sports Physicals

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

**3** Enter total number of other organizations

1.  
0.

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

Schedule I (Form 990) (2010)



**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

Providence St. Joseph Medical Center

Employer identification number

81-0463482

**Part I Questions Regarding Compensation**

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

☒ First-class or charter travel

☐ Travel for companions

☒ Tax indemnification and gross-up payments

☒ Discretionary spending account

☒ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ Personal services (e.g., maid, chauffeur, chef)

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

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,  
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

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

☒ Compensation committee

☒ Independent compensation consultant

☐ Form 990 of other organizations

☒ Written employment contract

☒ Compensation survey or study

☒ Approval by the board or compensation committee

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

**a** Receive a severance payment or change-of-control payment from the organization or a related organization?

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

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

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

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

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

**a** The organization?

**b** Any related organization?

If "Yes" to line 5a or 5b, describe in Part III

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

**a** The organization?

**b** Any related organization?

If "Yes" to line 6a or 6b, describe in Part III

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments  
not described in lines 5 and 6? If "Yes," describe in Part III

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

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

Yes No

--	--	--

**1b** x

**2** x

--	--	--

**4a** x

**4b** x

**4c** x

--	--	--

**5a** x

**5b** x

--	--	--

**6a** x

**6b** x

--	--	--

**7** x

**8** x

--	--	--

**9**

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

Schedule J (Form 990) 2010

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 John F. Koster, MD	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 1,073,328.	1,236,674.	36,500.	777,729.	16,974.	3,141,205.	0.
2 Michael L. Butler	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 734,748.	283,527.	20,000.	317,186.	23,128.	1,378,589.	0.
3 Jeffrey W. Rogers	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 418,582.	825,815.	15,000.	446,566.	18,760.	1,724,723.	0.
4 James R. Kiser II	(i) 203,064.	0.	13,242.	9,596.	11,244.	237,146.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
5 Eugene "Al" Parrish	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 491,513.	535,611.	20,034.	310,289.	22,203.	1,379,650.	0.
6 John V. Fletcher	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 516,196.	708,989.	52,318.	564,812.	19,983.	1,862,298.	0.
7 Janice J. Jones	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 552,837.	534,946.	52,249.	326,291.	22,994.	1,489,317.	0.
8 Gregory Van Pelt	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 678,198.	1,545,235.	90,662.	463,313.	21,030.	2,798,438.	0.
9 Russell Danielson	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 511,864.	3,879,403.	58,725.	373,761.	23,895.	4,847,648.	0.
10 Arnold R. Schaffer	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 609,272.	1,144,945.	226,401.	349,661.	21,820.	2,352,099.	0.
11 John O. Mudd	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 325,749.	494,171.	36,500.	381,188.	14,731.	1,252,339.	0.
12 Keith Marton, MD	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 211,843.	237,842.	268,130.	198,251.	17,696.	933,762.	0.
13 Claudia Haglund	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 314,668.	142,918.	43,577.	109,252.	17,322.	627,737.	0.
14 Joel S. Gilbertson	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 311,580.	97,519.	45,557.	38,285.	18,003.	510,944.	0.
15 Cindra R. Syverson	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 365,566.	105,302.	15,000.	87,877.	20,361.	594,106.	0.
16 John Kenagy	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 324,910.	91,285.	31,500.	122,409.	18,611.	588,715.	0.

Schedule J (Form 990) 2010

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Orest Holubec	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 128,753.	75,000.	131,662.	13,893.	8,684.	357,992.	0.
2 Deborah Burton	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 252,225.	61,612.	27,639.	153,009.	15,298.	509,783.	0.
3 Myron Berdischewsky, MD	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 369,222.	182,574.	57,346.	245,165.	23,794.	878,101.	0.
4 David Brown	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 250,803.	76,227.	15,000.	93,721.	17,227.	452,978.	0.
5 Gary Fleming	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 212,910.	70,067.	31,500.	61,683.	15,235.	391,395.	0.
6 Michael Hunn	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 363,490.	111,813.	15,577.	153,028.	13,285.	657,193.	0.
7 Dave Hunter	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 242,116.	37,206.	17,260.	132,818.	15,663.	445,063.	0.
8 Tricia Roscoe	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 234,081.	41,120.	15,000.	59,788.	13,214.	363,203.	0.
9 Michael Righetti, MD	(i) 473,928.	0.	5,000.	27,253.	10,268.	516,449.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
10 Adam T. Smith	(i) 304,324.	0.	0.	15,847.	14,033.	334,204.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
11 Nathaniel Buffington	(i) 285,024.	0.	16,500.	19,173.	14,066.	334,763.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
12 Kelly G. Bagnell	(i) 272,739.	0.	0.	5,653.	10,673.	289,065.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
13 Richard S. Irwin	(i) 221,233.	0.	0.	1,585.	13,739.	236,557.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
14 Richard J. Umbdenstock	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	32,220.	0.	0.	0.	32,220.	0.
15 Michael J. Madden	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 0.	343,217.	16,500.	0.	0.	359,717.	0.
16 Charles E. Hawley	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 25,690.	2,048,448.	63,610.	17,773.	0.	2,155,521.	0.

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Thomas Johnson	(i)	0.	0.	0.	0.	0.	0.
	(ii)	8,513.	62,573.	254,323.	6,416.	416,861.	0.
2	(i)						
	(ii)						
3	(i)						
	(ii)						
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

**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.

Part I, Line 1a: The Providence Expense Reimbursement Procedures

include the following policies:

First Class Travel or Charter Travel or Travel of Companions

Air travel is reimbursable for tourist or economy class and should be at

the least expensive airfare, which permits departures and arrivals at

reasonable times and reasonable distance traveled. Employees are encouraged

to plan in advance to get available discounts. Airline frequent flyer

upgrades will never be reimbursed. First class air travel will only be

reimbursed when tourist or economy class air travel is not available and

business travel is mandated by a supervisor. In the rare circumstance that

an executive must fly on a first class full fare ticket, their senior level

supervisor must approve this expense.

Companion travel will only be reimbursed by the organization for travel

related to relocation, and should not exceed two relocation-related visits.

unless approval by the VP, Chief Human Resources Officer.



**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.

During 2010, a total of four first-class tickets were purchased.

**Tax Indemnifications or Gross-Up Payments**

Providence Health & Services follows the federal and state taxation laws

related to relocation expenses paid to the employee or to a third party on

the employee's behalf. They are considered income and are therefore subject

to payroll taxes. Based on the way Providence has chosen to pay the

relocation expenses, Providence reports reimbursements and payments to

vendors as income and these expense payments are reflected on the

executive's Form W-2. Providence will gross-up the relocation benefits to

offset the personal tax burden to the employee for IRS allowable expenses.

During 2010, the following Key Employees received gross-up payments:

Russell Danielson

Joel Gilbertson

Orest Holubec

Eugene "Al" Parrish

Arnold R. Schaffer

Mvron Berdischewsky

**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.

The amounts reported for these gross-up payments are included on Schedule

J, Part II, Column B (iii) - Other Reportable Compensation.

**Discretionary Spending Account**

Providence Health & Services provides an executive flex spending allowance

per year (paid bi-weekly). This benefit is provided as discretionary

spending because the organization does not reimburse for or provide

additional executive benefits, such as a car allowance, additional

executive life or disability insurance, or other market-based executive

benefits practices.

**Housing Allowance or Residence for Personal Use**

Providence Health & Services provides housing allowances for purposes of

relocation assistance only. Providence may pay temporary living expenses

for the employee up to a maximum of 90 calendar days. Covered expenses are

rent (excluding "rent" which may be paid in order to occupy a new permanent

residence until the title clears) and utilities, including heat.

electricity, gas, water, local internet and local telephone and garbage

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

services. The vice president/chief human resources officer may approve temporary housing assistance for up to six months when family relocation is delayed to accommodate the school year or equivalent circumstances. Only in extenuating circumstances is housing extended beyond this six month period.

During 2010, the following key employees received relocation payments:

- Joel Gilbertson
- Orest Holubec
- Arnold R. Schaffer
- Myron Berdichewsky
- James R. Kiser II

The amounts reported for these relocation payments are included on schedule

J, Part II, Column B (iii) - Other Reportable Compensation.

Part I, Lines 4a-b: NONQUALIFIED RETIREMENT PLANS

- A) DBSERP = Defined Benefit Supplemental Executive Retirement Plan
- B) DC SERP = Defined Contribution Supplemental Executive Retirement Plan

**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.

C) DBCERP = Defined Benefit Cash Balance Restoration Plan

D) ESP = Elective Survivor Plan

E) SOP = Share Option Plan

1) John F. Koster, MD

a) Taxable DBSERP Vested but not Paid - \$736,499

b) DCSERP Earned - \$756,501

2) Michael L. Butler

a) DBSERP Earned but not Vested - \$1,296

b) DCSERP Earned - \$292,794

3) Jeffrey W. Rogers

a) Taxable DBSERP Vested but not Paid - \$697,854

b) Non-Taxable DBSERP Vested but not Paid - \$ 283,728

c) DCSERP Earned - \$44,923

d) ESP Interest Credit - \$73,103

4) Russell Danielson

**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.

a) Taxable DBSERP Paid - \$ 3,315,890

b) Non-Taxable DBSERP Vested but not Paid - \$74,603

c) DC SERP Earned - \$217,379

d) ESP Interest Credit - \$69,081

## 5) Gregory Van Pelt

a) Taxable DBSERP Vested but not Paid - \$ 1,308,937

b) Non-Taxable DBSERP Vested but not Paid - \$248,979

c) DC SERP Earned - \$89,556

d) ESP Interest Credit - \$80,697

e) SOP Paid - \$54,162

## 6) Arnold R. Schaffer

a) Taxable DBSERP Vested but not Paid - \$873,172

b) DC SERP Earned - \$333,896

## 7) John V. Fletcher

a) Taxable DBSERP Vested but not Paid - \$ 484,554

b) Non-Taxable DBSERP Vested but not Paid - \$20,519

**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.

c) DCSERP Earned - \$474,635

d) ESP Interest Credit - \$42,239

e) SOP Paid - \$15,818

8) Janice J. Jones

a) Taxable DBSERP Vested but not Paid - \$ 299,823

b) Taxable DBCBRP Vested but not Paid - \$ 64

c) DCSERP Earned - \$303,348

c) SOP Paid - \$15,749

9) Eugene "Al" Parrish

a) Taxable DBSERP Vested but not Paid - \$288,259

b) DCSERP Earned - \$295,970

10) John O. Mudd

a) Taxable DBSERP Vested but not Paid - \$362,132

b) DCSERP Earned - \$372,693

11) Keith Marton, MD

**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.

a) DBSERP Earned but not Vested - \$180

b) DCSERP Earned - \$193,810

12) Myron Berdischewsky, MD

a) DCSERP Earned - \$222,924

13) Claudia Haglund

a) Taxable DBSERP Vested but not Paid - \$41,847

b) DCSERP Earned - \$43,139

c) ESP Interest Credit - \$20,878

d) SOP Paid - \$14,583

14) Michael Hunn

a) DBSERP Earned but not Vested - \$324

b) DCSERP Earned - \$141,373

15) Cindra R. Syverson

a) DCSERP Earned - \$78,225

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.

16) Joel S. Gilbertson	
a) DCSERP Earned - \$25,015	
17) John Kenagy	
a) DBSERP Earned but not Vested - \$324	
b) DCSERP Earned - \$108,023	
18) David S. Brown	
a) DCSERP Earned - \$70,731	
19) Deborah Burton	
a) DBSERP Earned but not Vested - \$300	
b) DCSERP Earned - \$135,764	
20) Orest Holubec	
a) DCSERP Earned - \$6,543	
21) Gary K. Flaming	
a) DCSERP Earned - \$15,811	



**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

22) David H. Hunter

a) DBCERP Earned but not Paid - \$203

b) DCSERP Earned - \$110,680

23) Patricia A. Roscoe

a) DCSERP Earned - \$38,038

24) Charles E. Hawley

a) Taxable DBSERP Paid - \$ 1,947,717

b) DCSERP Earned - \$12,926

c) SOP Paid - \$ 28,456

25) Michael J. Madden

a) Taxable DBSERP Paid - \$ 343,217

26) Thomas Johnson

a) DCSERP Earned - \$82,979

**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.

27) Richard J. Umbdenstock

a) DBSERP Paid - \$ 32,220

**Part I, Lines 4a-b: SEVERANCE**

1) Keith Marton, MD - \$201,412

2) Thomas Johnson - \$223,731

**FORM 990, SCHEDULE J, PART II - EXECUTIVE PERFORMANCE****AWARDS PROGRAM**

The Providence Executive Performance Awards Program provides a lump sum

award annually as a percent of the executive's base pay. Percent

opportunities are aligned with our total compensation philosophy as

outlined in Part VI, Section B, Line 15 (Process for determining

compensation of top management, officers & key employees). The performance

award is based on the level of accomplishment of annual system objectives

and personal objectives. In 2010, 50 percent of the participant awards were

based on pre-determined organizational goals consistent with Providence's

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.

five strategic priorities of: mission driven, financially responsible, people centered, service oriented and quality focused.

In 2010 the percent allocation for each of these strategic priorities was:

Mission driven 10%

Financially responsible 10%

People centered 10%

Service oriented 10%

Quality focused 10%.

To ensure affordability of the program, the organization (system, region or entity) must meet a threshold of 50 percent of budgeted net operating

income.

**SCHEDULE K**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part V.  
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2010

Open to Public  
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Name of the organization

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81-0463482

**Part I Bond Issues** See Part V for Column (f) Continuations

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A Montana Facility Finance Authority	81-0302402	61204KCB5	06/22/06	10,588,107	Refunded Series 1999 Bonds - 7/20/99; Refunded				X		X
B											
C											
D											

**Part II Proceeds**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue		10,588,107						
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows		5,139,184						
7 Issuance costs from proceeds		113,337						
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion	2002							

14 Were the bonds issued as part of a current refunding issue?											
15 Were the bonds issued as part of an advance refunding issue?	X										
16 Has the final allocation of proceeds been made?	X										
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X										

**Part III Private Business Use**

1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?											
2 Are there any lease arrangements that may result in private business use of bond-financed property?											

Schedule K (Form 990) 2010 Providence St. Joseph Medical Center  
**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property?								
<b>b</b> Are there any research agreements that may result in private business use of bond-financed property?		X						
<b>c</b> Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X						
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government <b>▶</b>								
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government <b>▶</b>								
<b>6</b> Total of lines 4 and 5								
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X						
<b>2</b> Is the bond issue a variable rate issue?		X						
<b>3a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
<b>b</b> Name of provider								
<b>c</b> Term of hedge								
<b>d</b> Was the hedge superintegrated?								
<b>e</b> Was the hedge terminated?								
<b>4a</b> Were gross proceeds invested in a GIC?		X						
<b>b</b> Name of provider								
<b>c</b> Term of GIC								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
<b>5</b> Were any gross proceeds invested beyond an available temporary period?		X						
<b>6</b> Did the bond issue qualify for an exception to rebate?		X						

**Part V Supplemental Information.** Complete this part to provide additional information for responses to questions on Schedule K.

Schedule K, Part I, Bond Issues:

(a) Issuer Name: Montana Facility Finance Authority

(f) Description of Purpose: Refunded Series 1999 Bonds - 7/20/99; Refunded Series 2002 Bonds - 8/7/02

Department of the Treasury  
Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

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**Open To Public Inspection**

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Providence St. Joseph Medical Center

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Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

[illegible]

**2** Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

**3** Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

[illegible]

**Total** ▶ \$

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

[illegible]

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
John F. Koster, MD	Officer	1,741,966	Supplies pu		X

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

Sch L, Part IV, Business Transactions Involving Interested Persons:

(a) Name of Person: John F. Koster, MD

(b) Relationship Between Interested Person and Organization:

Officer

(c) Amount of Transaction \$ 1,741,966.

(d) Description of Transaction: Supplies purchased through co-op on

which Dr. Koster is a director.

(e) Sharing of Organization Revenues? = No

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

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**2010**

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

Providence cares

Whether tenderly holding a special-needs child who requires  
round-the-clock care, or easing the way for a stroke patient who faces  
both physical and financial struggles, the people of Providence are  
called to a mission of service. Our lifework is to provide excellent  
care for everyone, at all stages of life, regardless of ability to pay.  
This has been the Providence mission since the Sisters of Providence  
arrived on the shores of the Columbia River 150 years ago, committed to  
the care and healing of poor and vulnerable frontier neighbors.

On March 13, 1984, after 67 years serving the Polson community so well  
and lovingly, the Hospitaller Sisters transferred sponsorship of the  
local hospital to the Presentation Health System. In 1990, St. Joseph  
Hospital was in dire economic circumstances. The Sisters of Providence  
assumed responsibility for the hospital on March 1, allowing St.  
Joseph's to continue providing health care services to the community.

Under the sponsorship of Providence Health & Services, St. Joseph  
Hospital participates as a member of a system of hospitals and an  
affiliate of St. Patrick Hospital in Missoula. Expansion of services,  
shared purchasing and management expertise provide fundamental value to  
the community through the services St. Joseph Hospital provides. The  
Sisters of Providence understand that the hospital is vital to the well

being of the community. Indeed, St. Joseph Hospital belongs to the

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

Schedule O (Form 990 or 990-EZ) (2010)



Name of the organization	Employer identification number
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community. Faced with an old building in need of extensive upgrades to meet standards and maintain its operating license, the St. Joseph Hospital Board of Directors reviewed options and concluded that new construction was the solution. The options included closing St. Joseph Hospital, renovating and upgrading the existing facility, joining with St. Luke Community Hospital in Ronan to build a replacement facility in Pablo, or doing nothing. Clearly, closure of St. Joseph Hospital would deny essential access to excellent health care to the people of Polson.

Today, people need to access health care services in ways compatible with their changing lifestyles and the capabilities of the information age. Physicians and patients need modern diagnostic imaging equipment, outpatient surgery, physical therapy, cardiovascular rehabilitation, home health services, and wellness and fitness programs. In short, today's patients need ready access to outpatient services, modern technology, and skilled staff and physicians more than they need long halls of patient rooms.

The resulting vision was one of the hospital and doctors working together to continue to provide primary health care services in a state-of-the-art facility, designed to meet the health care needs of the area's growing, diverse and aging population. The plan included replacing the 1933 building with a new structure that includes a modern imaging suite, a new emergency room, a new surgical suite, patient rooms, medical office space and administrative office areas. The cost of the project was estimated at \$10 million.

The community, combined with donations from foundations, generously

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contributed \$1.6 million. The balance of the project was financed through a Providence Bond Issue. We watched the old building go down and the new one rise in its place with great anticipation. The new building, St. Joseph Medical Center, allows us to have "one-stop-shopping" for medical services; patient convenience for doctor visits, added a complete retail pharmacy, which is available 6 days a week, and closer proximity to testing laboratories so folks don't have to leave the building. We expanded our Family Maternity Center to promote a wonderful experience with closer family interaction.

The new hospital takes full advantage of the beautiful views of Flathead Lake and is filled with lots of natural light, which combined with the care, competence and training of our staff, make this a special healing place.

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

LTC/Hospice/Housing & Assisted Living - 12,307 Days for Long-Term Care/Asst.

St. Joseph Assisted Living is the first phase of St. Joseph Retirement Community, a multi-phase senior retirement campus located on the grounds of St. Joseph Hospital in Polson, MT.

The Assisted Living Center was thoughtfully designed with the purpose of creating a warm and comfortable atmosphere. The library/living area is an irresistible gathering place where the warmth of fireplaces mingles with beautiful art and furnishings.

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The centrally located dining room serves nutritious, home cooked meals  
three times a day in a pleasant and social environment.

The Assisted Living Program is based on the principles of choice,  
dignity, independence, privacy, individuality and homelike  
surroundings. The program is designed for seniors who desire or need to  
have some additional personal assistance with managing their daily  
activities.

Expenses \$ 937,050, including grants of \$ 0, Revenue \$ 1,151,873.

Grants & Allocations.

Expenses \$ 12,705, including grants of \$ 12,705, Revenue \$ 0.

Form 990, Part VI, Section A, line 4: Corporate Name Change from St.  
Joseph Hospital Corporation to Providence St. Joseph Medical Center.

Form 990, Part VI, Section A, line 6: The sole Corporate Member of the  
Corporation is St. Patrick Hospital and Health Sciences Center.

Form 990, Part VI, Section A, line 7a: The powers of the Corporate Member  
include the provision to appoint the number of Directors, appoint the Board  
of Directors and to remove such Directors at any time with or without  
cause. Additionally, the Member may appoint and remove the President/CEO  
with or without cause after consultation with the Board.

Form 990, Part VI, Section A, line 7b: The following powers reside with

the Member:

Name of the organization

Providence St. Joseph Medical Center

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To adopt or change the mission, philosophy, and values of the Corporation.

To amend or repeal the Articles of Incorporation and the Bylaws of the Corporation.

To approve the acquisition of assets, the incurrence of indebtedness or the lease, sale, transfer, assignment or encumbering of the assets, in excess of a specified amount.

To approve the dissolution and/or liquidation or the consolidation or merger of the Corporation.

To approve the annual operating and capital budget and approval any deviations from the budget exceeding a specified amount.

To appoint the Corporation's certified public accountants after receiving recommendation of the Board of Directors.

To approve the lending of Corporate funds, other than the purchase of publicly traded securities, to unaffiliated organizations.

To approve the closure of any institution or major ministry or work within this Corporation.

Form 990, Part VI, Section B, line 11: The Form 990 is prepared internally by experienced staff and reviewed by the internal Director of Taxes and

external tax advisors. The Board of Directors reviewed the Form 990 prior

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to filing with the IRS.

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

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

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

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

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

their fiduciary responsibilities and exercise stewardship in ways that

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

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

the interests of an individual associated with Providence and Providence.

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

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

interest disclosures are reviewed by the System Integrity Department

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

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

taken with the individual to rectify the conflict.

Form 990, Part VI, Section B, Line 15: It is Providence's intention to

make financial information accessible and transparent. Although the filing

of Form 990 provides insight into how Providence achieves its Mission,

delivers its programs and stewards its finances, deciphering the

information directly from Form 990 can be challenging. The following

paragraphs provide further information about the process we use to

determine compensation for top management, officers and key employees.

Providence has a single fiduciary Board, with responsibility for financial

Name of the organization

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oversight associated with fulfillment of the Providence Mission, developing system policies, protecting the assets entrusted to the organization and overseeing the strategic and operational affairs of Providence's legal entities. Providence also maintains a network of community ministry boards with responsibility for quality of care oversight, community relations, advocacy and community needs assessments.

Providence has a consistent compensation philosophy for all of its employees, including our senior executives. Salaries for senior executives are determined by the Providence Board's Human Resources Committee and approved by the full Board of Directors, none of whom is a Providence employee.

The Board retains an independent consultant each year to review salaries of those in the most significant leadership roles in the organization. Part of the consultant's role is to review an extensive array of compensation surveys of large, not-for-profit health care systems in the United States. Providence is one of the larger health systems in the country, and as such, the Board benchmarks executive compensation against other large, not-for-profit health systems whose revenue is similar to that of Providence. Base salaries for Providence executives are set at the median level of the market, as identified by the independent consultant and reviewed with the Human Resources Committee.

Each year, the Board Chair conducts a formal performance evaluation of the President/CEO that considers input from the other directors and senior leaders reporting to the President. The evaluation is discussed with the Human Resources Committee and then a recommendation is made by the

committee to the full Board. The Board Chair and the Chair of the Human

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Resources Committee also meet with an independent consultant to develop a salary recommendation; which is reviewed and approved first by the committee and then by the Board of Directors.

Additionally, the President/CEO utilizes the market information provided by the consultant along with formal performance evaluations, to determine salary recommendations for other senior executives. This process includes a rigorous analysis of those recommendations with the Human Resources Committee as a part of the review and approval process.

Performance incentives allow executives to earn additional compensation if they achieve specific organizational and individual goals for furthering Providence operating principles - advancing the Providence Mission and core values, meeting benchmarks for charity care, achieving quality targets, delivering top-rated customer satisfaction, meeting employee satisfaction goals and reaching financial performance objectives. The Board of Directors conducts a thorough process to ensure performance incentives are aligned with appropriate practices for not-for-profit health care systems.

The Board's process for executive compensation fully complies with IRS standards and mirrors the best practices recommended in the "Report to Congress and the Nonprofit Sector on Governance, Transparency, and Accountability" submitted to the Senate Finance Committee by the Panel on the Nonprofit Sector.

Form 990, Part VI, Section C, Line 19: Public disclosure of governing documents, conflict of interest policy and 990 filings are made available to the public upon written request. Financial statements are available on

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our public Internet site [www.providence.org](http://www.providence.org). All governing policies including the conflict of interest policy, as well as 990 filings are available to employees on the Intranet site.

## Form 990, Part VII Contact Addresses for Officers, Directors, Etc:

James R. Kiser II - 6 Thirteenth Ave. E., P.O. Box 1010, Polson, MT 59860

## Form 990, Part XI, line 5, Changes in Net Assets:

Interaffiliate Transfer -485,979.

FAS 136 82,987.

Rounding 2.

Total to Form 990, Part XI, Line 5 -402,990.

## FORM 990, PART I, LINE 6

## VOLUNTEERS

Gift Shop Volunteers

Surgery Reception

Preparation of OB Care Bags

Distribute/Replace Hospital Care Notes

Purchasing Clerk

Administration Clerk

Oncology Reception/Lab Delivery

Medical Records Clerk

Visiting Doctor Reception

Cardiac Rehab Equipment Cleaning/Assist Patients as needed

## FORM 990, PART XII, LINE 2C

## AUDIT &amp; COMPLIANCE

The Providence Health &amp; Services Audit and Compliance Committee assists



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the Board of Directors with the oversight of the integrity of the financial statements and reporting, the audit process and the internal financial controls and policies; compliance with ethical, legal and regulatory standards and requirements; the independence, qualifications and performance of the internal and external auditors; the System's investment committee; and informs the Board of Directors of critical risk areas and recommended mitigation.

## FORM 990, PART VII, LINE 1A

## HOURS WORKED

The average hours per week reflect hours worked for the entire Providence Health & Services healthcare system and are not allocated to the individual reporting entity.

## FORM 990, PART VII

## RELIGIOUS COMMUNITY MEMBERS

As members of the Religious Community, each Sister has taken a vow of poverty as a compulsory part of her religious life. Any compensation for services of a Sister inures only for the benefit of the Community, not the individual members. All payments for services are made directly to the Religious Community.

## FORM 990, PART VII, SECTION A

## RELATED ORGANIZATION COMPENSATION

Compensation paid by a related organization for those individuals listed on Part VII, was paid by Providence Health & Services - Washington dba Health System Office EIN# 91-0725998 and not by the reporting organization.

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FORM 990, PART V, LINE 1

ISSUANCE OF FORM 1099

All 1099s for 2010 were issued by Providence Health &amp; Services - WA.

#51-0216586. Therefore, none are shown for the reporting organization.

FORM 990, PAGE 1, BLOCK C

NAME OF ORGANIZATION

The official date for filing the Corporate Name Change with the

Secretary of State in Montana was April 14, 2011. However, since the

name has been changed already in the IRS database, early adoption of

the name change was applied to match the information in the IRS

database.

## 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.**

2010

## Open to Public Inspection

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

[illegible]

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Providence Health & Services - Washington - 51-0216586, 1801 Lind Avenue SW, #9016, Renton, WA 98057-9016	Healthcare System	Washington	501( c )(3)	Line 3	Providence Health & Services		X
Providence Health & Services - Oregon - 51-0216587, 1801 Lind Avenue SW, #9016, Renton, WA 98057-9016	Healthcare System	Oregon	501( c )(3)	Line 3	Providence Health & Services		X
Providence Health System - So. California - 51-0216589, 1801 Lind Avenue SW, #9016, Renton, WA 98057-9016	Healthcare System	California	501( c )(3)	Line 3	Providence Health & Services		X
Everett Transitional Care Services - 94-3264605, P.O. Box 1067, Everett, WA 98206-1067	Transitional Care	Washington	501( c )(3)	Line 9	N/A		X

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

Schedule R (Form 990) 2010

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
Providence Oregon Management Corporation - 93-0813977, 1801 Lind Avenue SW, #9016, Renton, WA 98057-9016	Shell Corporation	Oregon	501(c)(3)	Line 1	PH & S - Oregon		X
Providence Plan Partners - 91-1861964 3601 SW Murray Blvd., #10 Beaverton, OR 97005	Healthcare Services	Oregon	501(c)(4)	N/A	PH & S - Oregon		X
Providence Health Plan - 93-0863097 3601 SW Murray Blvd., #10 Beaverton, OR 97005	Health Service Contractor	Oregon	501(c)(4)	N/A	Providence Plan Partners		X
Providence Health Assurance - 55-0828701 3601 SW Murray Blvd., #10 Beaverton, OR 97005	Medicaid Healthcare Provider	Oregon	501(c)(4)	N/A	Providence Health Plan		X
Providence Medical Institute - 33-0283773 4101 Torrance Blvd., Torrance, CA 90503	Healthcare	California	501(c)(3)	Line 11/Type I	PHS - So. California		X
Little Company of Mary Ancillary Services Corporation - 33-0844408, 4101 Torrance Blvd., Torrance, CA 90503	Imaging Services	California	501(c)(3)	Line 9	PHS - So. California		X
Providence TrinityCare Hospice - 95-3264139 2601 Alirport Drive, #230 Torrance, CA 90505	Hospice	California	501(c)(3)	Line 9	PHS - So. California		X
Providence Health System Housing - 94-3230587, 1801 Lind Avenue SW, #9016, Renton, WA 98057-9016	Assisted Living	Alaska	501(c)(3)	Line 9	PH & S - Washington		X
Providence Blanchet Association - 91-1789266 1700 Providence Pl., Centralia, WA 98531	Housing	Washington	501(c)(3)	Line 7	PH & S - Washington		X
St. Luke Association - 94-3176618 350 Washington Ave SE Chehalis, WA 98352	Housing	Washington	501(c)(3)	Line 7	PH & S - Washington		X
Providence Rossi Association - 31-1584166 1700 Providence Pl., Centralia, WA 98531	Housing	Washington	501(c)(3)	Line 9	PH & S - Washington		X
Lundberg Association - 91-1562797 5921 E. Burnside Portland, OR 97215	Housing	Oregon	501(c)(3)	Line 7	PH & S - Oregon		X

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
Providence St. Francis Association - 94-3244854, 3415 12th Avenue NE, Olympia, WA 98506	Housing	Washington	501(c)(3)	Line 7	PH & S - Washington		X
Providence Peter Claver Association - 31-1629656, 7101 38th Avenue South, Seattle, WA 98118	Housing	Washington	501(c)(3)	Line 7	PH & S - Washington		X
Providence St. Elizabeth House Association - 91-2171539, 3201 SW Graham St., Seattle, WA 98126	Housing	Washington	501(c)(3)	Line 7	PH & S - Washington		X
Providence Gamelin House Association - 31-1744654, 4515 MLK Jr. Way S., Ste 200, Seattle, WA 98108	Housing	Washington	501(c)(3)	Line 7	PH & S - Washington		X
The Gamelin Association - 91-1180824 312 North Fourth St., Yakima, WA 98901	Housing	Washington	501(c)(3)	Line 1	PH & S - Washington		X
The Gamelin Oregon Association - 91-1214491 5520 NE Glisan Portland, OR 97213	Housing	Oregon	501(c)(3)	Line 9	PH & S - Oregon		X
The Gamelin California Association - 91-1293869, 540 23rd St., Oakland, CA 94612	Housing	California	501(c)(3)	Line 9	PHS - So. California		X
Gamelin Washington Association - 20-1910170 1423 First Avenue Seattle, WA 98101	Housing	Washington	501(c)(3)	Line 7	PH & S - Washington		X
Providence Foundation - 94-3078543 1801 Lind Avenue SW, #9016 Renton, WA 98057-9016	Support PHS Institutions	Washington	501(c)(3)	Line 11/Type I	PH & S - Washington		X
Providence Alaska Foundation - 92-0093565 3300 Providence Drive - B Tower #2 Anchorage, AK 99508	Support PHS-Alaska	Alaska	501(c)(3)	Line 11/Type I	PH & S - Washington		X
Providence St. Peter Foundation - 91-1097056 413 Lilly Road NE Olympia, WA 98506-5166	Support Affiliated Tax-Exempt Organization	Washington	501(c)(3)	Line 7	PH & S - Washington		X
Providence Health Care Foundation (Centralia) - 91-1433382, 914 S. Scheuber Road, Centralia, WA 98531	Support Providence Centralia Hospital	Washington	501(c)(3)	Line 7	PH & S - Washington		X

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
Providence Mount St. Vincent Foundation - 91-1188119, 4831 - 35th Avenue SW, Seattle, WA 98126-2799	Support Providence Mount St. Vincent	Washington	501(c)(3)	Line 7	PH & S - Washington		X
Providence Marianwood Foundation - 93-1554288, 3725 Providence Point Drive SE, Issaquah, WA 98029-7219	Support Providence Marianwood	Washington	501(c)(3)	Line 11/Type II	PH & S - Washington		X
Providence Newberg Health Foundation - 93-0889144, 1001 Providence Drive, Newberg, OR 97132	Support Providence Newberg Medical Center	Oregon	501(c)(3)	Line 7	PH & S - Oregon		X
Providence Seaside Hospital Foundation - 93-0927320, 725 S Wahanna Rd., Seaside, OR 97138	Support Providence Seaside Hospital	Oregon	501(c)(3)	Line 7	PH & S - Oregon		X
Providence Community Health Foundation - 93-0692907, 1111 Crater Lake Ave., Medford, OR 97504	Support Providence Medford Medical Center	Oregon	501(c)(3)	Line 7	PH & S - Oregon		X
Providence Benedictine Nursing Center Foundation - 91-1940286, 540 South Main St., Mt Angel, OR 97362-9532	Support Providence Benedictine Nursing Center	Oregon	501(c)(3)	Line 7	PH & S - Oregon		X
Providence Portland Medical Foundation - 93-1231494, 4805 NE Glisan St., Portland, OR 97213-2967	Support Providence Portland Medical Center	Oregon	501(c)(3)	Line 7	PH & S - Oregon		X
Providence St. Vincent Medical Foundation - 93-0575982, 9205 SW Barnes Rd., Portland, OR 97225	Support Providence St. Vincent Medical Center	Oregon	501(c)(3)	Line 7	PH & S - Oregon		X
Providence Milwaukie Foundation - 94-3079515 10150 SE 32nd Milwaukie, OR 97222	Support Providence Milwaukie Hospital	Oregon	501(c)(3)	Line 7	PH & S - Oregon		X
Providence Child Center Foundation - 93-0800140, 830 NE 47th, Portland, OR 97213	Support Providence Child Center	Oregon	501(c)(3)	Line 7	PH & S - Oregon		X
Providence TrinityCare Hospice Foundation - 33-0261016, 2601 Airport Drive, #230, Torrance, CA 90505	Support TrinityCare Hospice	California	501(c)(3)	Line 7	PHS - So. California		X
Providence Little Company of Mary Foundation - 51-0224944, 4101 Torrance Blvd., Torrance, CA 90503	Support Little Company of Mary Service Area	California	501(c)(3)	Line 7	PHS - So. California		X

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
PH&S Foundation/SPVSA & SCVSA - 95-3544877 501 S. Buena Vista Street Burbank, CA 91505	Support Program & Activities of SPVSA & SCVSA	California	501(c)(3)	Line 7	PHS - So. California		X
Providence Hospice of Seattle Foundation - 91-2077378, 425 Pontius Avenue North, #300, Seattle, WA 98109-5452	Support Hospice of Seattle	Washington	501(c)(3)	Line 11/Type I	PH & S - Washington		X
The John Gabriel Ryan Association - 91-1303277, 1801 Lind Avenue SW, #9016, Renton, WA 98057-9016	Healthcare	Washington	501(c)(3)	Line 3	PH & S - Washington		X
Providence Health & Services - 91-1549796 1801 Lind Avenue SW, #9016 Renton, WA 98057-9016	Shell Corporation	Washington	501(c)(3)	Line 11/Type I	N/A		X
St. Patrick Hospital and Health Sciences Center - 81-0231793, 500 W. Broadway, P.O., Box 4587, Missoula, MT 59806-4587	Healthcare	Montana	501(c)(3)	Line 3	PH & S - Washington		X
St. Thomas Child and Family Center - 81-0233495, 1710 Benefis Court, Great Falls, MT 59405	Early Childhood Education	Montana	501(c)(3)	Line 1	PH & S - Washington		X
Sisters of Providence of Montana Corporation - 26-2612415, 1801 Lind Avenue SW, #9016, Renton, WA 98057-9016	Shell Corporation	Montana	501(c)(3)	Line 1	PH & S - Washington		X
Sacred Heart Children's Foundation - 32-0014330, P.O. Box 2555, Spokane, WA 99220	Support Sacred Heart Children's Hospital	Washington	501(c)(3)	Line 7	PH & S - Washington		X
St. Patrick Hospital and Health Foundation - 23-7056976, 500 West Broadway, P.O. Box 4587, Missoula, MT 59806-4587	Support Healthcare in W. Montana	Montana	501(c)(3)	Line 7	PH & S - Washington		X
University of Great Falls - 81-0231777 1301 20th Street South Great Falls, MT 59405	Post Secondary Education	Montana	501(c)(3)	Line 2	PH & S - Washington		X
E. WA. & MT. Unemployment Compensation Insurance Trust - 91-1082119, 1801 Lind Avenue SW, #9016, Renton, WA 98057-9016	Unemployment Benefits	Washington	501(c)(3)	Line 11/Type I	PH & S - Washington		X
Providence Willamette Falls Medical Foundation - 93-1003750, 1500 Division Street, Oregon City, OR 97045	Support Willamette Falls Hospital	Oregon	501(c)(3)	Line 11/Type I	PH & S - Oregon		X





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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
Providence Health Ventures, Inc. - 33-0122216 4101 Torrance Blvd, Torrance, CA 90503	Investment	CA	N/A	C CORP	N/A	N/A	N/A
Caron Health Corporation - 81-0486082 510 West Front Street Missoula, MT 59802	Medical Physician Service	MT	N/A	C CORP	N/A	N/A	N/A
Providence Health Care Ventures, Inc. - 90-0155714 101 West 8th Ave., TAF C-9 Spokane, WA 99204	Clinical/Medical Lab	WA	N/A	C CORP	N/A	N/A	N/A
Providence Physician Services Co. - 91-1216033 101 West 8th Ave., TAF C-9 Spokane, WA 99208	Clinical/Medical Lab	WA	N/A	C CORP	N/A	N/A	N/A
Yakima Medical Arts, Inc. - 91-0787963 611 N. Perry, Suite 100 Spokane, WA 99202	Rental Real Estate	WA	N/A	C CORP	N/A	N/A	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
Center for Medical											
Imaging-Tanasbourne, LLC -											
20-0477972, 1235 NE 47th	Imaging -										
Ave., #288, Portland, OR	Diagnostics	OR	PH & S - OR,	Related	0.	0.		X	N/A	X	
Center for Medical											
Imaging-Bridgeport, LLC -											
26-0796953, 1235 NE 47th	Imaging -										
Ave., #288, Portland, OR	Diagnostics	OR	PH & S - OR,	Related	0.	0.		X	N/A	X	
Center for Specialty Surgery,											
LLC - 26-3638838, 11782 SW											
Barnes Rd., Portland, OR	Ambulatory										
97225	Surgery Center	OR	PH & S - OR,	Related	0.	0.		X	N/A	X	
Clackamas Radiation Oncology											
Center, LLC - 26-0381897,											
1235 NE 47th Ave., #288,	Radiation										
Portland, OR 97213	Oncology	OR	PH & S - OR,	Related	0.	0.		X	N/A	X	
Oregon Outpatient Surgery											
Center - 22-3883387, 7300 SW	Ambulatory										
Childs Rd, Tigard, OR 97224	Surgery Center	OR	PH & S - OR,	Related	0.	0.		X	N/A	X	
Surgery Center at											
Tanasbourne, LLC -											
20-8187971, 1235 NE 47th	Ambulatory										
Ave., #260, Portland, OR	Surgery Center	OR	PH & S - OR,	Related	0.	0.		X	N/A	X	
Providence/Silverton Rehab,											
LLC - 48-1287267, 1235 NE											
47th Ave., #260, Portland, OR											
97213	Rehab Services	OR	PH & S - OR,	Related	0.	0.		X	N/A	X	
Portland Medical Imaging, LLC											
- 20-1054971, 10538 SE											
Washington St., Portland, OR	Imaging -										
97216	Diagnostics	OR	PH & S - OR,	Related	0.	0.		X	N/A	X	
Providence Radiation Oncology											
Development Assn., LLC -											
26-0682491, 1235 NE 47th	Real Estate -										
Ave., #288, Portland, OR	MOB	OR	PH & S - OR,	Investment	0.	0.		X	N/A	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, 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?	(k) Percentage ownership
							Yes	No			
Central Point MRI, LLC - 26-1975164, 870 S. Front St., Central Point, OR 97502	MRI Services	OR	PH & S - OR,	Related	0.	0.		X	N/A		X
Greater Valley Medical Building, L.P. - 95-4570858, 501 S. Buena Vista St., Burbank, CA 91505	Real Estate - MOB	CA	PHS - So. California	Investment	0.	0.		X	N/A		X
Pathology Associates Medical Laboratories, LLC - 27-0943279, 611 N. Perry, Spokane, WA 99202	Outpatient Lab	WA	Bourget Health Services, Inc., Related	Related	0.	0.		X	N/A		X
Southern Idaho Regional Laboratory, LLC - 82-0511819, 611 N. Perry, Spokane, WA 99202	Outpatient Lab	ID	PAML, LLC	Related	0.	0.		X	N/A		X
Tri-Cities Laboratory, LLC - 91-1773986, 611 N. Perry, Spokane, WA 99202	Outpatient Lab	WA	PAML, LLC	Related	0.	0.		X	N/A		X
Alpha Medical Laboratory, LLC - 91-2017347, 611 N. Perry, Spokane, WA 99202	Outpatient Lab	ID	PAML, LLC	Related	0.	0.		X	N/A		X
PacLab, LLC - 91-1743952 611 N. Perry Spokane, WA 99202	Outpatient Lab	WA	PH & S - WA,	Related	0.	0.		X	N/A		X
HealthServicesNW, LLC - 31-1750915, P.O. Box 389672, Seattle, WA 98138	Medical Billing	WA	PH & S - WA,	Related	0.	0.		X	N/A		X
Medalia Healthcare, LLC - 91-1660459, 1801 Lind Ave., SW #9016, Renton, WA 98057	Physician Benefits	WA	PH & S - WA,	Investment	0.	0.		X	N/A		X





**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35a, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to other organization(s)**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)**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	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				



**Part VII** **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).



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[illegible]

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05-01-10

(D) - Asset disposed

\* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction