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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 01-01-2010 and ending 12-31-2010

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

PROVIDENCE BENEDICTINE NURSING CENTER FOUNDATION

Doing Business As

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

540 SOUTH MAIN ST

Room/suite

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

MT ANGEL, OR 97362

F Name and address of principal officer

Susan Gallagher

540 SOUTH MAIN ST

MT ANGEL, OR 97362

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

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

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) ( ) ☐ (insert no ) ☐ 4947(a)(1) or ☐ 527

J Website:

www.providencefoundations.org/foundations/pages/

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1998

M State of legal domicile

OR

Part I Summary

Activities & Governance

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

To support Providence Benedictine Nursing Center

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

|   |    |    |
|---|----|----|
| 3 Number of voting members of the governing body (Part VI, line 1a)             | 3  | 12 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4  | 12 |
| 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)  | 5  | 0  |
| 6 Total number of volunteers (estimate if necessary)                            | 6  | 47 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12         | 7a | 0  |
| 7b Net unrelated business taxable income from Form 990-T, line 34               | 7b | 0  |

Revenue

|   | Prior Year | Current Year |
|---|------------|--------------|
| 8 Contributions and grants (Part VIII, line 1h)                                     | 702,579    | 319,924      |
| 9 Program service revenue (Part VIII, line 2g)                                      | 0          | 0            |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)                    | 5          | 187,195      |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         | 5,557      | 5,943        |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 708,141    | 513,062      |

Expenses

|  |         |         |
|--|---------|---------|
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)                  | 160,483 | 209,843 |
| 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) | 103,195 | 109,219 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e)                    | 0       | 0       |
| 7b Total fundraising expenses (Part IX, column (D), line 25)                         |         |         |
| 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)                      | 17,437  | 19,143  |
| 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)          | 281,115 | 338,205 |
| 19 Revenue less expenses Subtract line 18 from line 12                               | 427,026 | 174,857 |

Net Assets or Fund Balances

|  | Beginning of Current Year | End of Year |
|--|---------------------------|-------------|
| 20 Total assets (Part X, line 16)                            | 1,343,602                 | 1,520,154   |
| 21 Total liabilities (Part X, line 26)                       | 10,305                    | 0           |
| 22 Net assets or fund balances Subtract line 21 from line 20 | 1,333,297                 | 1,520,154   |

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

2011-07-25

Date

Susan Gallagher Foundation Director

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Sara Elizabeth J Hyre CPA

Preparer's signature

Sara Elizabeth J Hyre CPA

Date

Check if self-employed

☐

PTIN

Firm's name

Clark Nuber PS

Firm's EIN

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2010)

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

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**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 \$ | 196,286 | including grants of \$ | 196,286 ) | (Revenue \$ | 0 ) |
|    | <p>Distributions to, or on behalf of Providence Benedictine Nursing Center for operations Since 1955, Providence Benedictine Nursing Center has been a model of excellence, innovation and best practices that include spiritual and emotional support in addition to physical care. The center has been a pioneer in caring for the frail and elderly in a variety of settings, always emphasizing the importance of an environment in which their individuality and preferences are respected. Today, doctors throughout the region refer their patients to our facility and home health services knowing we offer the most skilled and loving care possible. Providence Benedictine Nursing Center continues to be a leader in long-term care because we constantly challenge ourselves to review and improve our services. Recently, this has resulted in the creation of our therapy garden. This beautiful courtyard is filled with color, texture and fragrance, becoming a favorite spot for our residents and their families to relax. It is Providence's Mission to help all who need it, regardless of their ability to pay. More than half our residents and patients are Medicaid-eligible, while some of our counterparts do not even take Medicaid recipients. Over the past decade, the need for our services has increased, but government reimbursement has continually decreased. The nature of the long-term care industry and the fluctuations in government funding continue to present challenges as we strive to maintain a quality of care that exceeds industry standards. It is through the generosity of donors that Providence Benedictine continues to be a leader in caring for the elderly and physically fragile. Funding was provided by Providence Benedictine Nursing Center Foundation for the continuation of our Choice Menu program. This included replacing our dishes with new colorful dishes because studies show they will improve appetites. The insulated domes and bases we use for keeping food hot and cold were failing and these were replaced. A new piano was purchased to replace our old well used, but worn out, one. The Pastoral program was given funds to replace chalices, albs, and other supplies as well as purchasing Bibles. The PBNB Child Development Center, which allows for intergenerational activities, was able to install a covered play area so that the 35 children could enjoy the outside during inclement weather using Foundation funds. Scholarship monies were provided so families who could not afford the childcare could make use of our nationally accredited center.</p> |              |         |                        |           |             |     |

|           |  |
|-----------|--|
| <b>4b</b> | (Code ) (Expenses \$ 13,557 including grants of \$ 13,557 ) (Revenue \$ 0 )  |
|           | Distribution to, or on behalf of Providence Benedictine Nursing Center for capital expenditures Payments made on behalf of Providence Benedictine Nursing Center included the purchase of a sound system for the dining room This allowed residents to better hear presentations and listen to music during meals Studies show music enhances appetite Seventeen special wheelchairs were purchased so that residents would be more mobile, safe and comfortable improving healing and independence Modern hospital beds were purchased to replace 10 older crank models The new beds were safer for residents and staff |
















[illegible]

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

|           |                                       |                   |
|-----------|---------------------------------------|-------------------|
| <b>4e</b> | <b>Total program service expenses</b> | <b>\$ 209,843</b> |
|-----------|---------------------------------------|-------------------|

Part IV

Checklist of Required Schedules

|     |   | Yes | No  |
|-----|---|-----|-----|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>    | 1   | Yes |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?   | 2   | Yes |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>  | 3   | No  |
| 4   | <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>   | 4   | No  |
| 5   | 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>   | 5   |     |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>   | 6   | No  |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>                                      | 7   | No  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>    | 8   | No  |
| 9   | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>  | 9   | No  |
| 10  | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>   | 10  | Yes |
| 11  | 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  |     |     |
| a   | 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>    | 11a | Yes |
| 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>    | 11b | No  |
| c   | 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>   | 11c | No  |
| d   | 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>   | 11d | Yes |
| e   | Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>    | 11e | No  |
| f   | 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>     | 11f | Yes |
| 12a | 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>    | 12a | No  |
| 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>              | 12b | Yes |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>   | 13  | No  |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a | No  |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</i>   | 14b | No  |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Parts II and IV.</i>   | 15  | No  |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Parts III and IV.</i>   | 16  | No  |
| 17  | Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>  | 17  | No  |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>  | 18  | Yes |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>  | 19  | No  |
| 20a | Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>   | 20a | No  |
| b   | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).   | 20b |     |

Part IV

Checklist of Required Schedules (continued)

|     |  |     |     |    |
|-----|--|-----|-----|----|
| 21  | Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .  | 21  | Yes |    |
| 22  | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .   | 22  |     | No |
| 23  | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .            | 23  |     | No |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i> . . . . . | 24a |     | No |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .  | 24b |     |    |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .   | 24c |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .  | 24d |     |    |
| 25a | <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> . . . . .  | 25a |     | No |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .   | 25b |     | No |
| 26  | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .                                | 26  |     | No |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .        | 27  |     | No |
| 28  | Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  |     |     |    |
| a   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .   | 28a |     | No |
| b   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  | 28b |     | No |
| c   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  | 28c |     | No |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .  | 29  |     | No |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .  | 30  |     | No |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .  | 31  |     | No |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .  | 32  |     | No |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .  | 33  |     | No |
| 34  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .   | 34  | Yes |    |
| 35  | Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .  | 35  |     | No |
| a   | 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       |     |     |    |
| 36  | <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> . . . . .   | 36  |     | No |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .   | 37  |     | No |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .   | 38  | Yes |    |

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.   | 1a   | 3   |     |
|  | b   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. | 1b  | 0   |
| c  |   |  | 1c  | Yes |
| 2a   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?                      |  |     |     |
|  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return. | 2a   | 0   |     |
| b  |   |  | 2b  |     |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). |   |  |     |     |
| 3a   |   |  | 3a  | No  |
| b  |   |  | 3b  |     |
| 4a   |   |  | 4a  | No  |
| b  |   |  |     |     |
| 5a   |   |  |     |     |
| b  |   |  | 5b  | No  |
| c  |   |  | 5c  |     |
| 6a   |   |  | 6a  | No  |
| b  |   |  | 6b  |     |
| 7 Organizations that may receive deductible contributions under section 170(c).                            |   |  | 7a  | Yes |
| a  |   |  | 7b  | Yes |
| b  |   |  | 7c  | No  |
| c  |   |  | 7d  |     |
| d  |   |  |     |     |
| e  |   |  | 7e  | No  |
| f  |   |  | 7f  | No  |
| g  |   |  | 7g  |     |
| h  |   |  | 7h  |     |
| 8  |   |  | 8   |     |
| 9  |   |  | 9a  |     |
| b  |   |  | 9b  |     |
| 10   |   |  |     |     |
| a  |   |  | 10a |     |
| b  |   |  | 10b |     |
| 11   |   |  |     |     |
| a  |   |  | 11a |     |
| b  |   |  | 11b |     |
| 12a  |   |  | 12a |     |
| b  |   |  | 12b |     |
| 13   |   |  | 13a |     |
| a  |   |  |     |     |
| b  |   |  | 13b |     |
| c  |   |  | 13c |     |
| 14a  |   |  | 14a | No  |
| b  |   |  | 14b |     |

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.  
Check if Schedule O contains a response to any question in this Part VI

| Section A. Governing Body and Management |   |    | Yes | No |
|--|---|----|-----|----|
| 1a                                       | Enter the number of voting members of the governing body at the end of the tax year   | 12 |     |    |
| b  | Enter the number of voting members included in line 1a, above, who are independent  | 12 |     |    |
| 2  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?   | 2  |     | No |
| 3  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3  |     | No |
| 4  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  | 4  |     | No |
| 5  | Did the organization become aware during the year of a significant diversion of the organization's assets?  | 5  |     | No |
| 6  | Does the organization have members or stockholders?   | 6  | Yes |    |
| 7a                                       | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?   | 7a | Yes |    |
| b  | Are any decisions of the governing body subject to approval by members, stockholders, or other persons?   | 7b | Yes |    |
| 8  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  |    |     |    |
| a  | The governing body?   | 8a | Yes |    |
| b  | Each committee with authority to act on behalf of the governing body?   | 8b | Yes |    |
| 9  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O        | 9  |     | No |

| Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) |  |     | Yes | No |
|---|--|-----|-----|----|
| 10a   | Does the organization have local chapters, branches, or affiliates?  | 10a |     | No |
| b   | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?   | 10b |     |    |
| 11a   | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?   | 11a | Yes |    |
| b   | Describe in Schedule O the process, if any, used by the organization to review this Form 990   |     |     |    |
| 12a   | Does the organization have a written conflict of interest policy? If "No," go to line 13   | 12a | Yes |    |
| b   | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | 12b | Yes |    |
| c   | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done   | 12c | Yes |    |
| 13  | Does the organization have a written whistleblower policy?   | 13  | Yes |    |
| 14  | Does the organization have a written document retention and destruction policy?  | 14  | Yes |    |
| 15  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |     |     |    |
| a   | The organization's CEO, Executive Director, or top management official   | 15a | Yes |    |
| b   | Other officers or key employees of the organization  | 15b | Yes |    |
|   | If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)   |     |     |    |
| 16a   | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  | 16a |     | No |
| b   | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | 16b |     |    |

| Section C. Disclosure |   |
|-----------------------|---|
| 17                    | List the States with which a copy of this Form 990 is required to be filed OR   |
| 18                    | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.<br><input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request |
| 19                    | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.  |
| 20                    | State the name, physical address, and telephone number of the person who possesses the books and records of the organization.<br>Steve Cassell<br>1235 NE 47th St 260<br>Portland, OR 97213<br>(503) 215-4773   |

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, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

•

List all of the organization's **current** key employees, 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)<br>Name and Title                              | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director         | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) Chuck Eder<br>Board Member                     | 50   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (2) Tom Ewing<br>Secretary                         | 1 00   | X                                      |                       | X       |              |                              |        | 0  | 0   | 0   |
| (3) Sr Joseph Fennimore OSB<br>Board Member        | 50   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (4) Doreen Kelly<br>Board Member                   | 30   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (5) Eric Kern<br>Treasurer                         | 1 00   | X                                      |                       | X       |              |                              |        | 0  | 0   | 0   |
| (6) Mary Kohler<br>Vice Chair                      | 1 00   | X                                      |                       | X       |              |                              |        | 0  | 0   | 0   |
| (7) Christiane Kraemer<br>Board Member             | 50   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (8) Jim Little<br>Board Member                     | 50   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (9) Donna Rue<br>Board Member                      | 50   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (10) Joy Smith<br>Board Member                     | 1 00   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (11) Joyce Semradek<br>Chair                       | 1 50   | X                                      |                       | X       |              |                              |        | 0  | 0   | 0   |
| (12) Joseph Strubhar<br>Board Member               | 50   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (13) Randall Adams Res 110<br>Outgoing board chair | 50   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (14) Winnie Bolton Res 110<br>Board Member         | 50   | X                                      |                       |         |              |                              |        | 0  | 0   | 0   |
| (15) Susan Gallagher<br>Foundation Director        | 40 00  |  |                       | X       |              |                              |        | 0  | 82,269  | 10,890  |
|  |  |  |                       |         |              |                              |        |  |   |   |
|  |  |  |                       |         |              |                              |        |  |   |   |

## Part VII

|           |  |   |        |        |
|-----------|--|---|--------|--------|
| <b>1b</b> | <b>Sub-Total</b>   |   |        |        |
| <b>c</b>  | <b>Total from continuation sheets to Part VII, Section A</b> |   |        |        |
| <b>d</b>  | <b>Total (add lines 1b and 1c)</b>                           | 0 | 82,269 | 10,890 |

**2** Total number of individuals (including but not limited to those I  
\$100,000 in reportable compensation from the organization) 0

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

## Section B. Independent Contractors

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 0

Part VIII

Statement of Revenue

|   |   |  | (A)<br>Total revenue   | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded<br>from<br>tax under<br>sections<br>512, 513,<br>or 514 |
|---|---|--|--|--|---|--|
| Contributions, gifts, grants<br>and other similar amounts | 1a  | Federated campaigns . . . . .  | 1a   | 28,658   |   |  |
|   | b   | Membership dues . . . . .  | 1b   |  |   |  |
|   | c   | Fundraising events . . . . .   | 1c   | 16,342   |   |  |
|   | d   | Related organizations . . . . .  | 1d   | 126,257  |   |  |
|   | e   | Government grants (contributions)  | 1e   |  |   |  |
|   | f   | All other contributions, gifts, grants, and<br>similar amounts not included above  | 1f   | 148,667  |   |  |
|   | g   | Noncash contributions included in lines 1a-1f \$   |  | 21,383   |   |  |
|   | h   | Total. Add lines 1a-1f . . . . .   |  | 319,924  |   |  |
| Program Service Revenue                                   | 2a  |  | Business Code  |  |   |  |
|   | b   |  |  |  |   |  |
|   | c   |  |  |  |   |  |
|   | d   |  |  |  |   |  |
|   | e   |  |  |  |   |  |
|   | f   | All other program service revenue  |  |  |   |  |
|   | g   | Total. Add lines 2a-2f . . . . .   |  |  |   |  |
|   | Other Revenue                             | 3  | Investment income (including dividends, interest<br>and other similar amounts) . . . . . |  |   |  |
| 4   |   | Income from investment of tax-exempt bond proceeds . . . . .   |  |  |   |  |
| 5   |   | Royalties . . . . .  |  |  |   |  |
| 6a  |   | Gross Rents  | (i) Real   | (ii) Personal                                      |   |  |
| b   |   | Less rental<br>expenses  |  |  |   |  |
| c   |   | Rental income<br>or (loss)   |  |  |   |  |
| d   |   | Net rental income or (loss) . . . . .  |  |  |   |  |
| 7a  |   | Gross amount<br>from sales of<br>assets other<br>than inventory  | (i) Securities   | (ii) Other   |   |  |
| b   |   | Less cost or<br>other basis and<br>sales expenses  |  |  |   |  |
| c   |   | Gain or (loss)   |  |  |   |  |
| d   |   | Net gain or (loss) . . . . .   |  |  | 187,195                                 | 187,195  |
| 8a  |   | Gross income from fundraising events<br>(not including<br>\$ 16,342<br>of contributions reported on line 1c)<br>See Part IV, line 18 . . . . . |  |  |   |  |
| b   |   | Less direct expenses . . . . .   |  |  |   |  |
| c   |   | Net income or (loss) from fundraising events . . . . .   |  |  | 5,943                                   | 5,943  |
| 9a  |   | Gross income from gaming activities See<br>Part IV, line 19 . . . . .  |  |  |   |  |
| b   |   | Less direct<br>expenses . . . . .  |  |  |   |  |
| c   |   | Net income or (loss) from gaming activities . . . . .  |  |  |   |  |
| 10a   |   | Gross sales of inventory, less<br>returns and allowances . . . . .   |  |  |   |  |
| b   |   | Less cost of goods sold . . . . .  |  |  |   |  |
| c   |   | Net income or (loss) from sales of inventory . . . . .   |  |  |   |  |
|   | Miscellaneous Revenue                     | Business Code  |  |  |   |  |
| 11a   |   |  |  |  |   |  |
| b   |   |  |  |  |   |  |
| c   |   |  |  |  |   |  |
| d   | All other revenue . . . . .               |  |  |  |   |  |
| e   | Total. Add lines 11a-11d . . . . .        |  |  |  |   |  |
| 12  | Total revenue. See Instructions . . . . . |  | 513,062  | 0  | 0                                       | 193,138  |

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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|--|-----------------------|---------------------------------|--|-----------------------------|
| 1  | Grants and other assistance to governments and organizations in the U S See Part IV, line 21   | 209,843               | 209,843                         |  |                             |
| 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 . . . . .   | 85,970                |                                 | 25,791                                 | 60,179                      |
| 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   | 3,356                 |                                 | 1,006                                  | 2,350                       |
| 8  | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .  |                       |                                 |  |                             |
| 9  | Other employee benefits . . . . .  | 19,893                |                                 | 5,968                                  | 13,925                      |
| 10   | Payroll taxes . . . . .  |                       |                                 |  |                             |
| a  | Fees for services (non-employees)  |                       |                                 |  |                             |
|  | Management . . . . .   |                       |                                 |  |                             |
| b  | Legal . . . . .  |                       |                                 |  |                             |
| c  | Accounting . . . . .   |                       |                                 |  |                             |
| d  | Lobbying . . . . .   |                       |                                 |  |                             |
| e  | Professional fundraising services See Part IV, line 17 . . . . .   |                       |                                 |  |                             |
| f  | Investment management fees . . . . .   | 305                   |                                 | 305                                    |                             |
| g  | Other . . . . .  | 1,281                 |                                 | 428                                    | 853                         |
| 12   | Advertising and promotion . . . . .  | 5,680                 |                                 |  | 5,680                       |
| 13   | Office expenses . . . . .  | 7,382                 |                                 | 2,215                                  | 5,167                       |
| 14   | Information technology . . . . .   |                       |                                 |  |                             |
| 15   | Royalties . . . . .  |                       |                                 |  |                             |
| 16   | Occupancy . . . . .  |                       |                                 |  |                             |
| 17   | Travel . . . . .   | 1,630                 |                                 | 489                                    | 1,141                       |
| 18   | Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .   |                       |                                 |  |                             |
| 19   | Conferences, conventions, and meetings . . . . .   | 596                   |                                 | 179                                    | 417                         |
| 20   | Interest . . . . .   |                       |                                 |  |                             |
| 21   | Payments to affiliates . . . . .   |                       |                                 |  |                             |
| 22   | Depreciation, depletion, and amortization . . . . .  |                       |                                 |  |                             |
| 23   | Insurance . . . . .  |                       |                                 |  |                             |
| 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  | General Administration   | 2,060                 |                                 | 618                                    | 1,442                       |
| b  | Dues & Subscriptions   | 209                   |                                 | 63                                     | 146                         |
| c  |  |                       |                                 |  |                             |
| d  |  |                       |                                 |  |                             |
| e  |  |                       |                                 |  |                             |
| f  | All other expenses   |                       |                                 |  |                             |
| 25   | Total functional expenses. Add lines 1 through 24f   | 338,205               | 209,843                         | 37,062                                 | 91,300                      |
| 26   | Joint costs. Check here <input checked="" 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)               |           | (B)         |
|-----------------------------|---|---|-----|-----------|-------------------|-----------|-------------|
|                             |   |   |     |           | Beginning of year |           | End of year |
| Assets                      | 1   | Cash—non-interest-bearing . . . . .   |     |           | 122,108           | 1         | 78,986      |
|                             | 2   | Savings and temporary cash investments . . . . .  |     |           |                   | 2         |             |
|                             | 3   | Pledges and grants receivable, net . . . . .  |     |           | 15,074            | 3         | 16,565      |
|                             | 4   | Accounts receivable, net . . . . .  |     |           |                   | 4         |             |
|                             | 5   | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .   |     |           |                   | 5         |             |
|                             | 6   | Receivables from other disqualified persons (as defined under section 4958(f)(1)), 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) Schedule L . . . . . |     |           |                   | 6         |             |
|                             | 7   | Notes and loans receivable, net . . . . .   |     |           |                   | 7         |             |
|                             | 8   | Inventories for sale or use . . . . .   |     |           |                   | 8         |             |
|                             | 9   | Prepaid expenses and deferred charges . . . . .   |     |           |                   | 9         |             |
|                             | 10a   | Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D  | 10a | 46,920    |                   |           |             |
|                             | b   | Less: accumulated depreciation . . . . .  | 10b |           | 46,920            | 10c       | 46,920      |
|                             | 11  | Investments—publicly traded securities . . . . .  |     |           | 975,411           | 11        | 1,154,333   |
|                             | 12  | Investments—other securities. See Part IV, line 11 . . . . .  |     |           |                   | 12        |             |
|                             | 13  | Investments—program-related. See Part IV, line 11 . . . . .   |     |           |                   | 13        |             |
|                             | 14  | Intangible assets . . . . .   |     |           |                   | 14        |             |
|                             | 15  | Other assets. See Part IV, line 11 . . . . .  |     |           | 184,089           | 15        | 223,350     |
| 16                          | Total assets. Add lines 1 through 15 (must equal line 34) . . . . .   |   |     | 1,343,602 | 16                | 1,520,154 |             |
| Liabilities                 | 17  | Accounts payable and accrued expenses . . . . .   |     |           |                   | 17        |             |
|                             | 18  | Grants payable . . . . .  |     |           |                   | 18        |             |
|                             | 19  | Deferred revenue . . . . .  |     |           |                   | 19        |             |
|                             | 20  | Tax-exempt bond liabilities . . . . .   |     |           |                   | 20        |             |
|                             | 21  | Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .   |     |           |                   | 21        |             |
|                             | 22  | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .  |     |           |                   | 22        |             |
|                             | 23  | Secured mortgages and notes payable to unrelated third parties . . . . .  |     |           |                   | 23        |             |
|                             | 24  | Unsecured notes and loans payable to unrelated third parties . . . . .  |     |           |                   | 24        |             |
|                             | 25  | Other liabilities. Complete Part X of Schedule D . . . . .  |     |           | 10,305            | 25        | 0           |
|                             | 26  | Total liabilities. Add lines 17 through 25 . . . . .  |     |           | 10,305            | 26        | 0           |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. |   |     |           |                   |           |             |
|                             | 27  | Unrestricted net assets . . . . .   |     |           | 637,410           | 27        | 719,386     |
|                             | 28  | Temporarily restricted net assets . . . . .   |     |           | 353,411           | 28        | 455,727     |
|                             | 29  | Permanently restricted net assets . . . . .   |     |           | 342,476           | 29        | 345,041     |
|                             | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.                          |   |     |           |                   |           |             |
|                             | 30  | Capital stock or trust principal, or current funds . . . . .  |     |           |                   | 30        |             |
|                             | 31  | Paid-in or capital surplus, or land, building or equipment fund . . . . .   |     |           |                   | 31        |             |
|                             | 32  | Retained earnings, endowment, accumulated income, or other funds . . . . .  |     |           |                   | 32        |             |
|                             | 33  | Total net assets or fund balances . . . . .   |     |           | 1,333,297         | 33        | 1,520,154   |
| 34                          | Total liabilities and net assets/fund balances . . . . .  |   |     | 1,343,602 | 34                | 1,520,154 |             |

Part XI Reconciliation of Net Assets

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

|   |   |   |           |
|---|---|---|-----------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12)   | 1 | 513,062   |
| 2 | Total expenses (must equal Part IX, column (A), line 25)  | 2 | 338,205   |
| 3 | Revenue less expenses Subtract line 2 from line 1   | 3 | 174,857   |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4 | 1,333,297 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O)  | 5 | 12,000    |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 1,520,154 |

Part XII Financial Statements and Reporting

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

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

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public  
Inspection

|  |  |
|--|--|
| Name of the organization<br>PROVIDENCE BENEDICTINE NURSING CENTER FOUNDATION | Employer identification number<br>91-1940286 |
|--|--|

Part I

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

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

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

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

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

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 |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")   | 346,650  | 549,708  | 215,432  | 702,579  | 319,924  | 2,134,293 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |          |          |          |          |          |           |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge   |          |          |          |          |          |           |
| 4 Total. Add lines 1 through 3  | 346,650  | 549,708  | 215,432  | 702,579  | 319,924  | 2,134,293 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |          |          |          |          |          | 956,240   |
| 6 Public Support. Subtract line 5 from line 4   |          |          |          |          |          | 1,178,053 |

| Section B. Total Support  |          |          |          |          |          |           |
|---|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶   | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
| 7 Amounts from line 4   | 346,650  | 549,708  | 215,432  | 702,579  | 319,924  | 2,134,293 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  | 9,619    | 11,960   | 1,776    | 5        |          | 23,360    |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on  |          |          |          | 5,557    | 5,943    | 11,500    |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )   |          |          |          |          |          |           |
| 11 Total support (Add lines 7 through 10)   |          |          |          |          |          | 2,169,153 |
| 12 Gross receipts from related activities, etc (See instructions )  |          |          |          |          | 12       |           |
| 13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶ |          |          |          |          |          |           |

| Section C. Computation of Public Support Percentage  |    |          |
|--|----|----------|
| 14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))  | 14 | 54 310 % |
| 15 Public Support Percentage for 2009 Schedule A, Part II, line 14   | 15 | 75 370 % |
| 16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶   |    |          |
| b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶  |    |          |
| 17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶    |    |          |
| b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶ |    |          |
| 18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶  |    |          |

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

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

| Section C. Computation of Public Support Percentage                                     |    |  |
|---|----|--|
| 15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f)) | 15 |  |
| 16 Public support percentage from 2009 Schedule A, Part III, line 15                    | 16 |  |

| Section D. Computation of Investment Income Percentage   |    |  |
|--|----|--|
| 17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))   | 17 |  |
| 18 Investment income percentage from 2009 Schedule A, Part III, line 17  | 18 |  |
| 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 ▶  |    |  |

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

|  |  |
|--|--|
| Name of the organization<br>PROVIDENCE BENEDICTINE NURSING CENTER FOUNDATION | Employer identification number<br>91-1940286 |
|--|--|

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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit | <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)<br><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Preservation of an historically importantly land area<br><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure<br><input type="checkbox"/> Preservation of open space |
| 2 | Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year  |
|   |   |
| a | Total number of conservation easements  |
| b | Total acreage restricted by conservation easements  |
| c | Number of conservation easements on a certified historic structure included in (a)  |
| d | Number of conservation easements included in (c) acquired after 8/17/06   |
| 3 | Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____   |
| 4 | Number of states where property subject to conservation easement is located ▶ _____   |
| 5 | Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <input type="checkbox"/> Yes <input type="checkbox"/> No   |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____  |
| 7 | Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____  |
| 8 | Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 9 | In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements  |

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

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

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

|    |        |
|----|--------|
|    | Amount |
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

|  | (a)Current Year | (b)Prior Year | (c)Two Years Back | (d)Three Years Back | (e)Four Years Back |
|--|-----------------|---------------|-------------------|---------------------|--------------------|
| 1a Beginning of year balance . . . . .                     | 413,320         | 291,476       | 291,476           |                     |                    |
| b Contributions . . . . .                                  | 12,565          | 81,000        |                   |                     |                    |
| c Investment earnings or losses . . . . .                  | 33,248          | 40,844        |                   |                     |                    |
| d Grants or scholarships . . . . .                         |                 |               |                   |                     |                    |
| e Other expenditures for facilities and programs . . . . . |                 |               |                   |                     |                    |
| f Administrative expenses . . . . .                        |                 |               |                   |                     |                    |
| g End of year balance . . . . .                            | 459,133         | 413,320       | 291,476           |                     |                    |

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 9 000 %

b

Permanent endowment ▶ 91 000 %

c

Term endowment ▶ 0 %

3a

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

(i) unrelated organizations . . . . .

3a(i)

Yes

No

(ii) related organizations . . . . .

3a(ii)

Yes

b

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

3b

Yes

4

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

Part VI

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

| Description of investment  | (a) Cost or other basis (investment) | (b)Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|--------------------------------|------------------------------|----------------|
| 1a Land . . . . .  | 46,920                               |                                |                              | 46,920         |
| b Buildings . . . . .  |                                      |                                |                              |                |
| c Leasehold improvements . . . . .   |                                      |                                |                              |                |
| d Equipment . . . . .  |                                      |                                |                              |                |
| e Other . . . . .  |                                      |                                |                              |                |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶ |                                      |                                |                              | 46,920         |

Schedule D (Form 990) 2010



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

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

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

Part XIV Supplemental Information

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

| Identifier  | Return Reference | Explanation   |
|---|------------------|---|
| Description of Intended Use of Endowment Funds      | Part V, Line 4   | Use of endowment funds are to support the general operations of Providence Benedictine Nursing Center, and to provide spiritual care to the residents   |
| Description of Uncertain Tax Positions Under FIN 48 | Part X           | 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 G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

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

OMB No 1545-0047

2010

Open to Public  
Inspection

Name of the organization  
PROVIDENCE BENEDICTINE NURSING CENTER FOUNDATION

Employer identification number  
91-1940286

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

b ☐ Internet and e-mail solicitations

c ☐ Phone solicitations

d ☐ In-person solicitations

e ☐ Solicitation of non-government grants

f ☐ Solicitation of government grants

g ☐ Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

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

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

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

| Revenue         |  | (a) Event #1   | (b) Event #2 | (c) Other Events | (d) Total Events              |
|-----------------|--|--|--------------|------------------|-------------------------------|
|                 |  | ABC Auction  |              |                  | (Add col (a) through col (c)) |
|                 |  | (event type)   | (event type) | (total number)   |                               |
|                 |  |  |              |                  |                               |
| 1               | Gross receipts . . . .                     | 23,314   |              |                  | 23,314                        |
| 2               | Less Charitable contributions . . . .      | 16,342   |              |                  | 16,342                        |
| 3               | Gross income (line 1 minus line 2) . . . . | 6,972  |              |                  | 6,972                         |
| Direct Expenses | 4  | Cash prizes . . . .  |              |                  |                               |
|                 | 5  | Non-cash prizes . . . .  |              |                  |                               |
|                 | 6  | Rent/facility costs . . . .  |              |                  |                               |
|                 | 7  | Food and beverages . . . .   | 376          |                  | 376                           |
|                 | 8  | Entertainment . . . .  |              |                  |                               |
|                 | 9  | Other direct expenses . . . .  | 653          |                  | 653                           |
|                 | 10   | Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶ |              |                  |                               |
|                 | 11   | Net income summary Combine lines 3 and 10 in column (d). . . . . ▶     |              |                  |                               |
|                 |  |  |              |                  | 5,943                         |

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

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

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

a Is the organization licensed to operate gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b If "No," Explain \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

b If "Yes," Explain \_\_\_\_\_

11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No

12

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

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

|   |                             |     |
|---|-----------------------------|-----|
| a | The organization's facility | 13a |
| b | An outside facility         | 13b |

14

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

Name

Address

15a

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

☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16 Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

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

**Part IV** Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

| Identifier | ReturnReference | Explanation |
|------------|-----------------|-------------|
|------------|-----------------|-------------|

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
PROVIDENCE BENEDICTINE NURSING CENTER FOUNDATION

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

Employer identification number  
91-1940286

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 Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance     |
|---|------------|------------------------------------|--------------------------|-----------------------------------|---|--|--|
| (1) PH&S-OR dba<br>Providence Benedictine<br>Nursing Center540 S Main<br>St<br>Mt Angel, OR 97362 | 93-0547248 | 501(C)(3)                          | 209,843                  |                                   |   |  | Operations and<br>Capital expenditures |
|   |            |                                    |                          |                                   |   |  |  |
|   |            |                                    |                          |                                   |   |  |  |
|   |            |                                    |                          |                                   |   |  |  |
|   |            |                                    |                          |                                   |   |  |  |
|   |            |                                    |                          |                                   |   |  |  |
|   |            |                                    |                          |                                   |   |  |  |
|   |            |                                    |                          |                                   |   |  |  |
|   |            |                                    |                          |                                   |   |  |  |
|   |            |                                    |                          |                                   |   |  |  |
|   |            |                                    |                          |                                   |   |  |  |
|   |            |                                    |                          |                                   |   |  |  |
|   |            |                                    |                          |                                   |   |  |  |
|   |            |                                    |                          |                                   |   |  |  |
|   |            |                                    |                          |                                   |   |  |  |
|   |            |                                    |                          |                                   |   |  |  |

2

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

1

3

Enter total number of other organizations . . . . .

0

Part III

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

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

Part IV

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

| Identifier                                 | Return Reference | Explanation   |
|--|------------------|---|
| Procedure for Monitoring Grants in the U S | Part I, Line 2   | Schedule I, Part I, Line 2 Grants are approved by the Providence Benedictine Nursing Center Foundation Board of Directors in accordance with the Foundation's mission As most grants go to an affiliated company, the Foundation has access to the financial reports of Providence Benedictine Nursing Center and can review these records for appropriate use of the funds |

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 to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public  
Inspection

|  |  |
|--|--|
| Name of the organization<br>PROVIDENCE BENEDICTINE NURSING CENTER FOUNDATION | Employer identification number<br>91-1940286 |
|--|--|

| Identifier                           | Return Reference | Explanation   |
|--------------------------------------|------------------|---|
| Form 990, Part VI, Section A, line 6 |                  | The Corporate Member of the Foundation is Providence Health & Services - Oregon, a not-for-profit corporation |

| Identifier                            | Return Reference | Explanation   |
|---------------------------------------|------------------|---|
| Form 990, Part VI, Section A, line 7a |                  | The Corporate Member has the power to approve the number of Directors, appoint the Board of Directors of the Foundation and remove such Directors at any time with or without cause |

| Identifier                            | Return Reference | Explanation   |
|---------------------------------------|------------------|---|
| Form 990, Part VI, Section A, line 7b |                  | The following powers are reserved exclusively to the Corporate Member * Adopt and amend the Articles of Incorporation and the Bylaws of the Foundation after consultation with the Foundation's Board of Directors * Approve the merger, consolidation, or affiliation of the Foundation with another corporation, organization or program, or the dissolution of the Foundation * Approve any strategic plan of the Foundation * Approve the annual fundraising plan including special events, annual, capital and planned giving activities * Approve the acceptance of any gift that carries conditions or limitations or any gift restricted to services, programs or facilities not currently offered or approved to be offered by the Corporate Member's Board * Develop and implement investment policies and/or guidelines that will be used by the Foundation in determining appropriate investments |

| Identifier                            | Return Reference | Explanation  |
|---------------------------------------|------------------|--|
| 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 Foundation Director and signing Board Officer will review the Form 990 in detail. Once approved, an electronic copy of the Form 990 is emailed to the Board prior to filing with the IRS. |

| Identifier | Return Reference                                | Explanation   |
|------------|---|---|
|            | Form 990,<br>Part VI,<br>Section B, line<br>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. |

| Identifier | Return Reference                      | Explanation  |
|------------|---------------------------------------|--|
|            | Form 990, Part VI, Section B, line 15 | <p>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.</p> <p>Providence has a single fiduciary Board, with responsibility for financial 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.</p> <p>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. The Foundation Executive Director is compensated by a related organization which uses a market based compensation program utilizing several independent third party compensation market surveys to establish pay ranges for the position. The related organization then establishes the individual rate of pay within the range based on relevant experience, skills and competencies. The rate offered to the Executive Director at the time of hire was determined through discussion between the Regional CEO, Regional Director of HR and the Administrative Director of HR. The ranges and rate of pay are reviewed on an annual basis by Regional HR.</p> |

| Identifier | Return Reference                      | Explanation   |
|------------|---------------------------------------|---|
|            | 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. The consolidated financial statements are available on our public Internet site <a href="http://www2.providence.org">www2.providence.org</a> . All governing policies including the conflict of interest policy, as well as 990 filings are available to employees on the Intranet site. |

| Identifier | Return Reference            | Explanation  |
|------------|-----------------------------|--|
| VOLUNTEERS | Form 990,<br>Part I, Line 6 | Foundation volunteers helped with a number of events which would not be possible without them. The ABC Auction raised money for our Child Development Center, including dollars for special equipment and our ABC Scholarship program. Scholarships are offered to families at the St. Joseph Shelter next door. Some of our scholarship families have been able to transition from being homeless to having a place of their own thanks to this support. We also used volunteers for the local Oktoberfest. The city of Mt. Angel does itself with a huge Oktoberfest with as many as 350,000 attendees. The PBNC Foundation did its part by providing free wheelchairs to anyone who needed them throughout the four-day event. Volunteers staffed the wheelchair booth for the Foundation. Lastly, volunteers helped on our Tree of Remembrance Christmas event. We read the names of loved ones submitted to us, turned on the lights on our big blue spruce outdoors, and celebrated with Christmas carols, blessings, and really good food. Local townspeople, residents and their families, and staff had a great time at this holiday party. |

| Identifier         | Return Reference            | Explanation  |
|--------------------|-----------------------------|--|
| AUDIT & COMPLIANCE | Form 990, Part XII, Line 2c | The Providence Health & Services Audit and Compliance Committee assists the Board of Directors with the oversight of the integrity of the financial statements and reporting, the audit process and the internal financial controls and policies, compliance with ethical, legal and regulatory standards and requirements, the independence, qualifications and performance of the internal and external auditors, the investment committee, and informs the Board of Directors of critical risk areas and recommended mitigation |

| Identifier                        | Return Reference      | Explanation   |
|-----------------------------------|-----------------------|---|
| RELIGIOUS<br>COMMUNITY<br>MEMBERS | FORM 990,<br>PART VII | 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. |

| Identifier               | Return Reference                              | Explanation  |
|--------------------------|---|--|
| EMPLOYEE<br>COMPENSATION | FORM 990, PART I, LINE 5 &<br>PART V, LINE 2A | The employees w orking at the Foundation are paid by Providence Health & Services - Oregon EIN# 51-0216587 Therefore, no W-2s are issued by the reporting organization |

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization  
PROVIDENCE BENEDICTINE NURSING CENTER FOUNDATION

Employer identification number  
91-1940286

Part I

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

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

Part II

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

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled organization |    |
|---|-------------------------|--|----------------------------|---|----------------------------------|---|----|
|   |                         |  |                            |   |                                  | Yes   | No |
| See Additional Data Table                             |                         |  |                            |   |                                  |   |    |
|   |                         |  |                            |   |                                  |   |    |
|   |                         |  |                            |   |                                  |   |    |
|   |                         |  |                            |   |                                  |   |    |
|   |                         |  |                            |   |                                  |   |    |
|   |                         |  |                            |   |                                  |   |    |
|   |                         |  |                            |   |                                  |   |    |

Part III

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

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

Part IV

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

| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity      | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership |
|---|------------------------------|---|-------------------------------------|--|------------------------------|--|--------------------------------|
| (1) Providence Health Ventures Inc<br>4101 Torrance Blvd<br>Torrance, CA90503<br>33-0122216           | Investment                   | CA  | N/A                                 | C  |                              |  |                                |
| (2) Caron Health Corporation<br>510 West Front Street<br>Missoula, MT59802<br>81-0486082              | Medical Physician<br>Service | MT  | N/A                                 | C  |                              |  |                                |
| (3) Providence Health Care Ventures Inc<br>101 West 8th Ave TAF C-9<br>Spokane, WA99204<br>90-0155714 | Clinical/Medical Lab         | WA  | N/A                                 | C  |                              |  |                                |
| (4) Providence Physician Services Co<br>101 West 8th Ave TAF C-9<br>Spokane, WA99208<br>91-1216033    | Clinical/Medical Lab         | WA  | N/A                                 | C  |                              |  |                                |
| (5) Yakima Medical Arts Inc<br>611 N Perry Suite 100<br>Spokane, WA99202<br>91-0787963                | Rental Real Estate           | WA  | N/A                                 | C  |                              |  |                                |
| (6) Bourget Health Services Inc<br>PO Box 2687<br>Spokane, WA99220<br>91-1354431                      | Clinical/Medical Lab         | WA  | N/A                                 | C  |                              |  |                                |
|   |                              |   |                                     |  |                              |  |                                |

Part V

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

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

1

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

a

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

b

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

c

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

d

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

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

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

j

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

k

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

l

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

m

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

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

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

r

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

Yes

Yes

No

No

No

No

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

| (a)<br>Name of other organization | (b)<br>Transaction<br>type(a-r) | (c)<br>Amount involved | (d)<br>Method of determining amount<br>involved |
|-----------------------------------|---------------------------------|------------------------|---|
| (1)                               |                                 |                        |   |
| (2)                               |                                 |                        |   |
| (3)                               |                                 |                        |   |
| (4)                               |                                 |                        |   |
| (5)                               |                                 |                        |   |
| (6)                               |                                 |                        |   |

Schedule R (Form 990) 2010

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

[illegible]

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

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

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

Software ID:

Software Version:

EIN: 91-1940286

Name: PROVIDENCE BENEDICTINE NURSING CENTER FOUNDATION

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

| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity      | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512 (b)(13) controlled organization |    |
|---|------------------------------|--|----------------------------|---|----------------------------------|--|----|
|   |                              |  |                            |   |                                  | Yes  | No |
| Providence Health & Services - Washington<br><br>1801 Lind Avenue SW 9016<br>Renton, WA 980579016<br>51-0216586     | Healthcare System            | WA   | 501( c)(3)                 | Line 3  | Providence Health & Services     |  | No |
| Providence Health & Services - O regon<br><br>1801 Lind Avenue SW 9016<br>Renton, WA 980579016<br>51-0216587        | Healthcare System            | OR   | 501( c)(3)                 | Line 3  | Providence Health & Services     |  | No |
| Providence Health System - So California<br><br>1801 Lind Avenue SW 9016<br>Renton, WA 980579016<br>51-0216589      | Healthcare System            | CA   | 501( c)(3)                 | Line 3  | Providence Health & Services     |  | No |
| Everett Transitional Care Services<br><br>PO Box 1067<br>Everett, WA 982061067<br>94-3264605                        | Transitional Care            | WA   | 501( c)(3)                 | Line 9  | N/A                              |  | No |
| Providence O regon Management Corporation<br><br>1801 Lind Avenue SW 9016<br>Renton, WA 980579016<br>93-0813977     | Shell Corporation            | OR   | 501( c)(3)                 | Line 1  | PH & S - O regon                 |  | No |
| Providence Plan Partners<br><br>3601 SW Murray Blvd 10<br>Beaverton, OR 97005<br>91-1861964                         | Healthcare Services          | OR   | 501( c)(4)                 | N/A   | PH & S - O regon                 |  | No |
| Providence Health Plan<br><br>3601 SW Murray Blvd 10<br>Beaverton, OR 97005<br>93-0863097                           | Health Service Contractor    | OR   | 501( c)(4)                 | N/A   | Providence Plan Partners         |  | No |
| Providence Health Assurance<br><br>3601 SW Murray Blvd 10<br>Beaverton, OR 97005<br>55-0828701                      | Medicaid Healthcare Provider | OR   | 501( c)(4)                 | N/A   | Providence Health Plan           |  | No |
| Providence Medical Institute<br><br>4101 Torrance Blvd<br>Torrance, CA 90503<br>33-0283773                          | Healthcare                   | CA   | 501( c)(3)                 | Line 11/Type I                                      | PHS - So California              |  | No |
| Little Company of Mary Ancillary Services Corporation<br><br>4101 Torrance Blvd<br>Torrance, CA 90503<br>33-0844408 | Imaging Services             | CA   | 501( c)(3)                 | Line 9  | PHS - So California              |  | No |
| Providence TrinityCare Hospice<br><br>2601 Airport Drive 230<br>Torrance, CA 90505<br>95-3264139                    | Hospice                      | CA   | 501( c)(3)                 | Line 9  | PHS - So California              |  | No |
| Providence Health System Housing<br><br>1801 Lind Avenue SW 9016<br>Renton, WA 980579016<br>94-3230587              | Assisted Living              | AK   | 501( c)(3)                 | Line 9  | PH & S - Washington              |  | No |

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|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|   |                         |  |                            |   |                                  | Yes  | No |
| Providence Blanchet Association<br><br>1700 Providence Pl<br>Centralia, WA98531<br>91-1789266           | Housing                 | WA   | 501( c)(3)                 | Line 7  | PH & S - Washington              |  | No |
| St Luke Association<br><br>350 Washington Ave SE<br>Chehalis, WA98352<br>94-3176618                     | Housing                 | WA   | 501( c)(3)                 | Line 7  | PH & S - Washington              |  | No |
| Providence Rossi Association<br><br>1700 Providence Pl<br>Centralia, WA98531<br>31-1584166              | Housing                 | WA   | 501( c)(3)                 | Line 9  | PH & S - Washington              |  | No |
| Lundberg Association<br><br>5921 E Burnside<br>Portland, OR97215<br>91-1562797                          | Housing                 | OR   | 501( c)(3)                 | Line 7  | PH & S - O regon                 |  | No |
| Providence St Francis Association<br><br>3415 12th Avenue NE<br>Olympia, WA98506<br>94-3244854          | Housing                 | WA   | 501( c)(3)                 | Line 7  | PH & S - Washington              |  | No |
| Providence Peter Claver Association<br><br>7101 38th Avenue South<br>Seattle, WA98118<br>31-1629656     | Housing                 | WA   | 501( c)(3)                 | Line 7  | PH & S - Washington              |  | No |
| Providence St Elizabeth House Association<br><br>3201 SW Graham St<br>Seattle, WA98126<br>91-2171539    | Housing                 | WA   | 501( c)(3)                 | Line 7  | PH & S - Washington              |  | No |
| Providence Gamelin House Association<br><br>4515 MLK Jr Way S Ste 200<br>Seattle, WA98108<br>31-1744654 | Housing                 | WA   | 501( c)(3)                 | Line 7  | PH & S - Washington              |  | No |
| The Gamelin Association<br><br>312 North Fourth St<br>Yakima, WA98901<br>91-1180824                     | Housing                 | WA   | 501( c)(3)                 | Line 1  | PH & S - Washington              |  | No |
| The Gamelin Oregon Association<br><br>5520 NE Glisan<br>Portland, OR97213<br>91-1214491                 | Housing                 | OR   | 501( c)(3)                 | Line 9  | PH & S - O regon                 |  | No |
| The Gamelin California Association<br><br>540 23rd St<br>Oakland, CA94612<br>91-1293869                 | Housing                 | CA   | 501( c)(3)                 | Line 9  | PHS - So California              |  | No |
| Gamelin Washington Association<br><br>1423 First Avenue<br>Seattle, WA98101<br>20-1910170               | Housing                 | WA   | 501( c)(3)                 | Line 7  | PH & S - Washington              |  | No |

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|---|--|---|----------------------------|--|----------------------------------|--|----|
|   |  |   |                            |  |                                  | Yes  | No |
| Providence Foundation<br><br>1801 Lind Avenue SW 9016<br>Renton, WA 980579016<br>94-3078543                   | Support PH&S Institutions                    | WA  | 501( c)(3)                 | Line 11/Type I   | PH & S - Washington              |  | No |
| Providence Alaska Foundation<br><br>3300 Providence Drive - B Tower2<br>Anchorage, AK99508<br>92-0093565      | Support PHS-Alaska                           | AK  | 501( c)(3)                 | Line 11/Type I   | PH & S - Washington              |  | No |
| Providence St Peter Foundation<br><br>413 Lilly Road NE<br>Olympia, WA985065166<br>91-1097056                 | Support Affiliated Tax-Exempt Organization   | WA  | 501( c)(3)                 | Line 7   | PH & S - Washington              |  | No |
| Providence Health Care Foundation (Centralia)<br><br>914 S Scheuber Road<br>Centralia, WA98531<br>91-1433382  | Support Providence Centralia Hospital        | WA  | 501( c)(3)                 | Line 7   | PH & S - Washington              |  | No |
| Providence Mount St Vincent Foundation<br><br>4831 - 35th Avenue SW<br>Seattle, WA981262799<br>91-1188119     | Support Providence Mount St Vincent          | WA  | 501( c)(3)                 | Line 7   | PH & S - Washington              |  | No |
| Providence Marianwood Foundation<br><br>3725 Providence Point Drive SE<br>Issaquah, WA980297219<br>93-1554288 | Support Providence Marianwood                | WA  | 501( c)(3)                 | Line 11/Type I   | PH & S - Washington              |  | No |
| Providence Newberg Health Foundation<br><br>1001 Providence Drive<br>Newberg, OR97132<br>93-0889144           | Support Providence Newberg Medical Center    | OR  | 501( c)(3)                 | Line 7   | PH & S - Oregon                  |  | No |
| Providence Seaside Hospital Foundation<br><br>725 S Wahanna Rd<br>Seaside, OR97138<br>93-0927320              | Support Providence Seaside Hospital          | OR  | 501( c)(3)                 | Line 7   | PH & S - Oregon                  |  | No |
| Providence Community Health Foundation<br><br>1111 Crater Lake Ave<br>Medford, OR97504<br>93-0692907          | Support Providence Medford Medical Center    | OR  | 501( c)(3)                 | Line 7   | PH & S - Oregon                  |  | No |
| Providence Portland Medical Foundation<br><br>4805 NE Glisan St<br>Portland, OR972132967<br>93-1231494        | Support Providence Portland Medical Center   | OR  | 501( c)(3)                 | Line 7   | PH & S - Oregon                  |  | No |
| Providence St Vincent Medical Foundation<br><br>9205 SW Barnes Rd<br>Portland, OR97225<br>93-0575982          | Support Providence St Vincent Medical Center | OR  | 501( c)(3)                 | Line 7   | PH & S - Oregon                  |  | No |
| Providence Milwaukie Foundation<br><br>10150 SE 32nd<br>Milwaukie, OR97222<br>94-3079515                      | Support Providence Milwaukie Hospital        | OR  | 501( c)(3)                 | Line 7   | PH & S - Oregon                  |  | No |

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|---|---|---|----------------------------|--|----------------------------------|--|----|
|   |   |   |                            |  |                                  | Yes  | No |
| Providence Child Center Foundation<br><br>830 NE 47th<br>Portland, OR97213<br>93-0800140                                | Support Providence Child Center               | OR  | 501( c)(3)                 | Line 7   | PH & S - O regon                 |  | No |
| Providence TrinityCare Hospice Foundation<br><br>2601 Airport Drive 230<br>Torrance, CA90505<br>33-0261016              | Support TrinityCare Hospice                   | CA  | 501( c)(3)                 | Line 7   | PHS - So California              |  | No |
| Providence Little Company of Mary Foundation<br><br>4101 Torrance Blvd<br>Torrance, CA90503<br>51-0224944               | Support Little Company of Mary Service Area   | CA  | 501( c)(3)                 | Line 7   | PHS - So California              |  | No |
| PH&S FoundationSFVSA & SCVSA<br><br>501 S Buena Vista Street<br>Burbank, CA91505<br>95-3544877                          | Support Program & Activities of SFVSA & SCVSA | CA  | 501( c)(3)                 | Line 7   | PHS - So California              |  | No |
| Providence Hospice of Seattle Foundation<br><br>425 Pontius Avenue North 300<br>Seattle, WA981095452<br>91-2077378      | Support Hospice of Seattle                    | WA  | 501( c)(3)                 | Line 11/Type I   | PH & S - Washington              |  | No |
| The John Gabriel Ryan Association<br><br>1801 Lind Avenue SW 9016<br>Renton, WA980579016<br>91-1303277                  | Healthcare                                    | WA  | 501( c)(3)                 | Line 3   | PH & S - Washington              |  | No |
| Providence Health & Services<br><br>1801 Lind Avenue SW 9016<br>Renton, WA980579016<br>91-1549796                       | Shell Corporation                             | WA  | 501( c)(3)                 | Line 11/Type I   | N/A                              |  | No |
| St Patrick Hospital and Health Sciences Center<br><br>500 W Broadway PO Box 4587<br>Missoula, MT598064587<br>81-0231793 | Healthcare                                    | MT  | 501( c)(3)                 | Line 3   | PH & S - Washington              |  | No |
| St Joseph Hospital Corporation<br><br>PO Box 1010<br>Polson, MT598601010<br>81-0463482                                  | Healthcare                                    | MT  | 501( c)(3)                 | Line 3   | PH & S - Washington              |  | No |
| St Thomas Child and Family Center<br><br>1710 Benefis Court<br>Great Falls, MT59405<br>81-0233495                       | Early Childhood Education                     | MT  | 501( c)(3)                 | Line 1   | PH & S - Washington              |  | No |
| Sisters of Providence of Montana Corporation<br><br>1801 Lind Avenue SW 9016<br>Renton, WA980579016<br>26-2612415       | Shell Corporation                             | MT  | 501( c)(3)                 | Line 1   | PH & S - Washington              |  | No |
| Sacred Heart Children's Foundation<br><br>PO Box 2555<br>Spokane, WA99220<br>32-0014330                                 | Support Sacred Heart Children's Hospital      | WA  | 501( c)(3)                 | Line 7   | PH & S - Washington              |  | No |

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|--|--|---|----------------------------|--|----------------------------------|--|----|
|  |  |   |                            |  |                                  | Yes  | No |
| St Patrick Hospital and Health Foundation<br><br>500 West Broadway PO Box 4587<br>Missoula, MT598064587<br>23-7056976                      | Support Healthcare in W Montana                            | MT  | 501( c)(3)                 | Line 7   | PH & S - Washington              |  | No |
| University of Great Falls<br><br>1301 20th Street South<br>Great Falls, MT59405<br>81-0231777  | Post Secondary Education                                   | MT  | 501( c)(3)                 | Line 2   | PH & S - Washington              |  | No |
| E WA & MT Unemployment Compensation Insurance Trust<br><br>1801 Lind Avenue SW 9016<br>Renton, WA980579016<br>91-1082119                   | Unemployment Benefits                                      | WA  | 501( c)(3)                 | Line 11/Type I   | PH & S - Washington              |  | No |
| Providence Willamette Falls Medical Foundation<br><br>1500 Division Street<br>Oregon City, OR97045<br>93-1003750                           | Support Willamette Falls Hospital                          | OR  | 501( c)(3)                 | Line 11/Type I   | PH & S - Oregon                  |  | No |
| Willamette Falls Hospital dba Providence Willamette Falls Medical Center<br><br>1500 Division Street<br>Oregon City, OR97045<br>93-0426018 | Healthcare   | OR  | 501(c )(3)                 | Line 3   | PH & S - Oregon                  |  | No |
| Providence Hood River Memorial Hospital Foundation Inc<br><br>811 13th St<br>Hood River, OR97031<br>93-0921990                             | Support Providence Hood River Memorial Hospital            | OR  | 501( c)(3)                 | Line 7   | PH & S - Oregon                  |  | No |
| Providence Hospice & Home Care Foundation Snohomish County<br><br>2731 Wetmore Ave 500<br>Everett, WA98201<br>27-2552749                   | Support Providence Hospice & Home Care of Snohomish County | WA  | 501( c)(3)                 | Line 7   | PH & S - Washington              |  | No |







