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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

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

C Name of organization
PROVIDENCE HEALTH & SERVICES - OREGON

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 1801 Lind Avenue SW No 9016

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
Renton, WA 980579016

D Employer identification number
51-0216587

E Telephone number
(425) 525-3985

G Gross receipts $ 3,292,759,502

F Name and address of principal officer
Rod Hochman MD
1801 Lind Avenue SW No 9016
Renton, WA 980579016

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

H(b) Are all subordinates 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: ▶ oregon providence org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1986

M State of legal domicile OR

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Healthcare with special concern for the poor and vulnerable in Oregon

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**	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	17
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	19,845
6	Total number of volunteers (estimate if necessary)	**6**	2,837
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	14,288,527
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	2,453,090

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	34,966,074	47,476,606
9	Program service revenue (Part VIII, line 2g)	2,397,230,618	2,466,879,477
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	62,898,021	80,017,363
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	101,574,543	102,492,382
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,596,669,256	2,696,865,828
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,004,623	6,412,456
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)	1,340,357,818	1,316,621,620
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,095,074		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,119,817,360	1,231,951,480
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,467,179,801	2,554,985,556
19	Revenue less expenses Subtract line 18 from line 12	129,489,455	141,880,272

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	2,593,067,944	2,595,771,221
21	Total liabilities (Part X, line 26)	629,244,906	599,427,644
22	Net assets or fund balances Subtract line 21 from line 20	1,963,823,038	1,996,343,577

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2014-11-21

Todd Hofheins EVP/CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Megan R Ryan CPA				P00737884

Firm's name ▶ Clark Nuber PS — Firm's EIN ▶ 91-1194016

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

As People of Providence, we reveal God's love for all, especially the poor and vulnerable, through our compassionate service Healthcare with special concern for the poor and vulnerable in Oregon

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 866,850,020 including grants of $ 0) (Revenue $ 1,042,420,747)

Acute Care-Inpatient Admissions - 67,733Patient Days - 286,002OUR CORE VALUES - Respect, Compassion, Justice, Excellence, and Stewardship OUR COMMITMENTAs a not-for-profit health care ministry, Providence Health & Services - Oregon embraces our responsibility to respond to the needs of people in our communities, especially the poor and vulnerable This commitment, this Mission rooted in God's love for all, began with the Sisters of Providence more than 150 years ago The Heart of our MissionWe focus our community benefit outreach on four specific populations These are low-income and uninsured people, diverse populations, older citizens, and people with behavioral needs Our outreach can range from covering the medical bills of a husband and father disabled by diabetes, to financially supporting a nonprofit that embraces older refugees and immigrants During these hard economic times in our neighborhoods and our nation, we reinforce our commitments to caring for the poor and vulnerable This compassionate caring is, and always has been, the heart of our Mission Providence Health & Services - Oregon is a not-for-profit network of hospitals, care centers, health plans, physicians, home health services, clinics and other services We continue a tradition of caring that the Sisters of Providence began in the West 150 years ago Our facilities include Providence St Vincent Medical Center, Providence Portland Medical Center, Providence Milwaukie Hospital, Providence Hood River Memorial Hospital, Providence Newberg Medical Center, Providence Seaside Hospital,Providence Medford Medical Center, Providence Child Center, Providence Elderplace, Providence Benedictine Nursing Center, Providence Senior Village, Providence Seaside Extended Care, Providence Home and Community Services, Providence Health Plans, Providence Medical Group clinics, Providence Graduate Medical Education clinics, Providence North Coast clinics and Providence Hood River clinicsResearch CentersProvidence physicians, scientists and research teams participate in basic research, applied research and clinical trial research They have achieved national recognition for their work, some of which has led to revolutionary changes in health care *Albert Starr Academic Center for Cardiac Surgery*Center for Outcomes Research and Education*Earle A Chiles Research Institute*Oregon Medical Laser Center*Robert W Franz Cancer Research Center*Women and Children's Health Research CenterThe ministries of Providence in Oregon have a shared vision to create an experience of connected care for each patient We also work to achieve the Triple Aim, which calls us to *Improve our population's health*Give our patients the best care experience*Make sure our services are affordableIn 2013, Providence in Oregon *Operated eight hospitals, more than 90 clinics and Oregon's largest neonatal intensive care unit*Provided primary, preventive and specialty care to nearly 1 9 million children and adults*Welcomed 8,903 babies - more than any other health system in Oregon*Cared for 266,519 emergency patients*Gave 454,127 home health and hospice visits/days of care to community residents

4b (Code) (Expenses $ 583,673,450 including grants of $ 0) (Revenue $ 701,809,005)

Acute Care - Outpatient Visits - 2,664,701See Line 4a Narrative

4c (Code) (Expenses $ 227,876,799 including grants of $ 0) (Revenue $ 274,134,327)

Primary Care Visits - 1,897,393See Line 4a Narrative

(Code) (Expenses $ 232,885,080 including grants of $ 0) (Revenue $ 279,951,082)

Long-Term Care, Homecare, Hospice, Housing & Assisted Living LTC Patient Days - 59,479, Home & Hospice Visits - 445,894, Housing & Assisted Living Days - 143,874 Quality home care For the fifth consecutive year, Providence Home Care in southern Oregon has been named as one of the top 500 home health agencies in the nation by HomeCare Elite, based on measures of quality and financial performance Hospice services in rural area Providence Hood River Memorial Hospital, a critical access facility, has expanded hospice care to serve residents in the Columbia Gorge area

(Code) (Expenses $ 6,412,456 including grants of $ 6,412,456) (Revenue $ 0)

Grants & Allocations to Community Organizations - See Schedule I

(Code) (Expenses $ 171,324,956 including grants of $ 0) (Revenue $ 205,892,230)

Physician Fees

(Code) (Expenses $ 4,173,569 including grants of $ 0) (Revenue $ 5,121,540)

Healthcare Joint Ventures

4d Other program services (Describe in Schedule O)

(Expenses $ 414,796,061 including grants of $ 6,412,456) (Revenue $ 490,964,852)

4e **Total program service expenses** ▶ 2,093,196,330

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
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? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
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? *If "Yes," complete Schedule D, Part VI.*	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? *If "Yes," complete Schedule D, Part VII*	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? *If "Yes," complete Schedule D, Part VIII*	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? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
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)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**	Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☑

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	1,358		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	19,845		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		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 or note to any line 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	**1a**	17		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	17		
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	Did the organization have members or stockholders?	**6**		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**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**		Yes	

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete 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	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did 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**		No
b	Other officers or key employees of the organization	**15b**		No
	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**	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**	Yes	

Section C. Disclosure

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

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 made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

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

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

▶ Karl E Fritschel CPA 1801 Lind Ave SW 9016
Renton, WA 980579016 (425) 525-3339

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

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☑

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								4,141,433	27,221,553	6,537,376

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 2,202

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
Oregon Emergency Physicians PC 9155 Barnes Rd Ste 420 Portland OR 972256631	Medical Services	31,789,582
Andersen Construction Co Inc 6712 N Cutter Cir Portland OR 972173933	Construction Services	19,676,038
Cross Country Travcorps Incorporated File 50941 Los Angeles CA 900740941	Outside Staffing	14,934,718
Anesthesia Assoc Northwest LLC 6400 SE Lake Rd Ste 130 Portland OR 972222129	Medical Services	10,138,660
The Oregon Clinic PC 847 NE 19th Avenue Ste 300 Portland OR 972322684	Medical Services	8,999,506

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 232

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 5,305				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d 15,045,404				
	e	Government grants (contributions)	1e 24,218,637				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 8,207,260				
	g	Noncash contributions included in lines 1a-1f $	250,984				
	h	**Total.** Add lines 1a-1f		47,476,606			
Program Service Revenue			Business Code				
	2a	Acute Care/Inpatient	900099	1,030,205,330	1,030,205,330		
	b	Acute Care/Outpatient	621400	693,584,037	693,584,037		
	c	Primary Care	621110	270,923,148	270,923,148		
	d	LTC/HomeCare/Hospice	621610	263,626,270	263,626,270		
	e	Physician Fees	900099	203,477,965	203,477,965		
	f	All other program service revenue		5,062,727	5,062,727		
	g	**Total.** Add lines 2a–2f		2,466,879,477			
	3	Investment income (including dividends, interest, and other similar amounts)		17,489,742			17,489,742
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		680,108			680,108
			(i) Real / (ii) Personal				
	6a	Gross rents	30,811,215				
	b	Less rental expenses	18,799,535				
	c	Rental income or (loss)	12,011,680				
	d	Net rental income or (loss)		12,011,680			12,011,680
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	609,648,263 / 422,002				
	b	Less cost or other basis and sales expenses	547,128,059 / 414,585				
	c	Gain or (loss)	62,520,204 / 7,417				
	d	Net gain or (loss)		62,527,621			62,527,621
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a 45,043,681				
	b	Less cost of goods sold	b 29,551,495				
	c	Net income or (loss) from sales of inventory		15,492,186	13,043,057	2,449,129	
		Miscellaneous Revenue	Business Code				
	11a	Contracted Services	900099	23,968,180	23,968,180		
	b	Cafeteria Revenue	722210	14,217,820			14,217,820
	c	Laboratory	621500	11,839,398		11,839,398	
	d	All other revenue		24,283,010	5,438,217		18,844,793
	e	**Total.** Add lines 11a–11d		74,308,408			
	12	**Total revenue.** See Instructions		2,696,865,828	2,509,328,931	14,288,527	125,771,764

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)

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	6,412,456	6,412,456		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	9,542,861		9,542,861	
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	978,273,567	883,914,475	94,359,092	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	84,993,228	76,191,881	8,801,347	
9 Other employee benefits	158,154,604	143,387,242	14,767,362	
10 Payroll taxes	85,657,360	76,787,240	8,870,120	
11 Fees for services (non-employees)				
a Management				
b Legal	945,316	338,375	606,941	
c Accounting	25,150		25,150	
d Lobbying	409,597		409,597	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	1,221,786		1,221,786	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	201,879,632	185,404,208	16,475,424	
12 Advertising and promotion	8,224,674	1,489,234	6,735,440	
13 Office expenses	41,094,045	22,462,401	18,631,644	
14 Information technology	122,963,270	35,345,785	87,617,485	
15 Royalties . .				
16 Occupancy	50,317,894	37,367,467	12,950,427	
17 Travel	5,031,376	4,196,302	835,074	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,655,543	1,826,005	829,538	
20 Interest	6,237,892	6,237,892		
21 Payments to affiliates	161,456,248	60,226	161,396,022	
22 Depreciation, depletion, and amortization	96,504,746	92,756,617	3,748,129	
23 Insurance	25,116,580	24,756,861	359,719	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Medical Supplies	353,953,025	353,719,377	233,648	
b Provider Tax Expense	82,961,947	82,961,947		
c Bad Debts	43,054,965	43,054,538	427	
d UBI Taxes	1,063,087		1,063,087	
e All other expenses	26,834,707	14,525,801	9,213,832	3,095,074
25 **Total functional expenses.** Add lines 1 through 24e	2,554,985,556	2,093,196,330	458,694,152	3,095,074
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		1,925,346	1	1,775,926
	2	Savings and temporary cash investments		87,970,232	2	142,637,785
	3	Pledges and grants receivable, net		2,719,357	3	6,556,131
	4	Accounts receivable, net		298,013,045	4	332,044,811
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other 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) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		3,434,252	7	1,691,281
	8	Inventories for sale or use		35,149,498	8	35,238,931
	9	Prepaid expenses and deferred charges		24,956,608	9	20,614,183
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,733,883,176			
	b	Less accumulated depreciation	10b 1,618,320,405	1,176,011,108	10c	1,115,562,771
	11	Investments—publicly traded securities		800,753,018	11	784,489,935
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		83,450,817	13	90,084,988
	14	Intangible assets		3,201,817	14	4,050,539
	15	Other assets See Part IV, line 11		75,482,846	15	61,023,940
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,593,067,944	16	2,595,771,221
Liabilities	17	Accounts payable and accrued expenses		232,731,831	17	210,842,463
	18	Grants payable			18	
	19	Deferred revenue		27,441,149	19	28,564,063
	20	Tax-exempt bond liabilities		311,990,000	20	266,250,001
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other 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		6,657,984	23	4,022,327
	24	Unsecured notes and loans payable to unrelated third parties		1,351,619	24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		49,072,323	25	89,748,790
	26	**Total liabilities.** Add lines 17 through 25		629,244,906	26	599,427,644
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,906,061,097	27	1,933,767,515
	28	Temporarily restricted net assets		29,571,341	28	32,711,866
	29	Permanently restricted net assets		28,190,600	29	29,864,196
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		1,963,823,038	33	1,996,343,577
	34	Total liabilities and net assets/fund balances		2,593,067,944	34	2,595,771,221

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,696,865,828
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,554,985,556
3	Revenue less expenses Subtract line 2 from line 1	3	141,880,272
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,963,823,038
5	Net unrealized gains (losses) on investments	5	-53,313,116
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-56,046,617
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,996,343,577

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☑

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

Additional Data

Software ID:
Software Version:
EIN: 51-0216587
Name: PROVIDENCE HEALTH & SERVICES - OREGON

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Michael Holcomb Chair of the Board	10 8 60	X		X				0	60,335	0
Lucille Dean SP Director	10 9 40	X						0	0	0
Mary Corita Heid RSM Director	10 5 00	X						0	0	0
Michael A Stein Director	10 6 00	X						0	18,335	0
Eugene Al Parrish Director	10 5 00	X						0	15,335	0
Dana A Rasmussen Director	10 4 30	X						0	18,335	0
James S Roberts MD Director	10 9 00	X						0	30,835	0
Peter J Snow Director	10 5 70	X						0	20,835	0
Bob Wilson Director	10 5 00	X						0	15,335	0
Sallye Liner Director	10 4 00	X						0	15,335	0
Cheryl M Scott Director	10 4 60	X						0	15,335	0
Ellen L Wolf Director	10 7 10	X						0	15,335	0
Isiaah Crawford Director	10 4 10	X						0	15,335	0
Martha Diaz Aszkenazy Director	10 7 70	X						0	15,335	0
Kirby McDonald Director	10 4 60	X						0	15,335	0
Dave Olsen Director	10 5 50	X						0	15,335	0
Charles Chuck Watts Director	10 4 60	X						0	15,335	0
John F Koster MD - Thru 0313 President / CEO	14 00 40 00			X				0	3,202,727	247,248
Rod F Hochman MD - Eff 0413 President / CEO	17 00 48 00			X				0	1,402,907	515,903
Todd Hofheins EVP/CFO	16 00 44 00			X				0	570,367	90,110
Jeffrey W Rogers - Thru 513 Corporate Secretary	13 00 37 00			X				0	1,040,781	189,880
Cindy Strauss - Eff 613 SVP/Chief Counsel/Corp Secretary	16 00 44 00			X				0	955,824	248,254
Greg Van Pelt - Thru 0413 SVP/CEO - OR Region	57 00 3 00			X				0	1,370,941	383,928
Dave Underriner - Eff 0413 SVP/CEO - OR Region	57 00 3 00			X				0	2,910,696	106,590
Shelly Handkins - Thru 613 CFO/OR Region	47 00 3 00			X				0	502,246	368,641

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
William Olson - Eff 713	47 00			X				181,668	400,686	125,398
CFO/OR Region	3 00									
Terry L Smith	16 00				X			0	1,612,950	226,158
SVP/Management Svcs	44 00									
Deborah Burton	17 00				X			0	1,347,109	66,039
SVP/Chief Nrsg Officer	48 00									
Michael L Butler	16 00				X			0	1,272,743	742,629
President/Operations & Services	44 00									
Randy Axelrod MD	16 00				X			0	1,055,259	219,690
EVP/Clinical & Patient Svcs	44 00									
Janice J Jones	14 00				X			0	999,701	159,493
SVP/CAO	41 00									
Myron Berdischewsky MD	16 00				X			0	855,510	158,577
SVP/CMQO	44 00									
Jack Friedman	14 00				X			0	826,281	177,752
SVP/Account Care & Payor Rel	41 00									
Ray Williams	14 00				X			0	761,267	203,589
SVP/Physicians Svcs	41 00									
Cindra R Syverson	16 00				X			0	717,450	292,188
SVP/CHRO	44 00									
Craig L Wright MD	16 00				X			0	708,798	451,637
SVP/Physicians Svcs	44 00									
John O Mudd	14 00				X			0	542,246	208,258
SVP/Mission Leadership	41 00									
Claudia Haglund	13 00				X			0	494,375	157,049
VP/Governance & Sponsorship	37 00									
Joel S Gilbertson	14 00				X			0	456,594	126,245
SVP/Comm Ptrshp & External Affairs	41 00									
David Brown	14 00				X			0	434,606	168,959
VP/Strategy & Innovation	41 00									
Orest Holubec	16 00				X			0	423,960	61,310
SVP/Marketing & Communications	44 00									
Gary Flaming	15 00				X			0	381,771	94,294
SVP/Chief Risk Officer	42 00									
Doug Walta	40 00				X			289,286	348,337	170,535
CEO/OR Clinical Programs	0 00									
Theron Park	40 00				X			0	450,208	72,365
CEO/OR Delivery System	0 00									
Doug Koekkoek	40 00				X			0	436,757	90,957
CEO/OR Clinical Services	0 00									
Joe Siemienczuk	40 00				X			0	436,431	222,674
CEO/Portland Med Group	0 00									
Walter Urba	40 00					X		790,449	0	56,652
Administrator/Clinical Research	0 00									
Emery Douville	40 00					X		723,160	0	33,653
Surgeon - Cardiology	0 00									
Jeffrey Swanson	40 00					X		720,896	0	34,732
Surgeon - Cardiology	0 00									
Gary Ott	40 00					X		719,063	0	31,492
Surgeon - Cardiology	0 00									

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Eric Kirker	40 00					X		716,911	0	34,497
Surgeon - Cardiology	0 00									

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
PROVIDENCE HEALTH & SERVICES - OREGON

Employer identification number
51-0216587

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 - Non-functionally integrated

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

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

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

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

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

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(see instructions))**	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of monetary 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** 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—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** 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—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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.** 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		
Return Reference	Explanation	

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

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

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

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

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

Name of the organization	Employer identification number
PROVIDENCE HEALTH & SERVICES - OREGON	51-0216587

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $ _____

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

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

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

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

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period — Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		11,665
e	Publications, or published or broadcast statements?	Yes		9,835
f	Grants to other organizations for lobbying purposes?	Yes		149,518
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		226,224
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		12,355
i	Other activities?		No	
j	Total Add lines 1c through 1i			409,597
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
Part II-B, Line 1	Lobbying activity included * Analysis of early draft legislation for 2013 Oregon Legislative Session * Visits, calls, e-mails, and letters to state legislators, legislative bodies, and members of Congress * Visits, calls, e-mails, and letters to legislative staff and government officials * Discussions and meetings with lobbyists * Ongoing analysis of legislation during the 2013 Legislative Session * Attending state, federal and local government hearings and meetings in the Portland area Ballot measures * During 2013, Providence in Oregon did not engage in discussions on any state and local government ballot measures * We contributed financially to school district and community health ballot measures, but did not engage in advocacy Issues advocacy Major issues supported, opposed, or commented on to legislators/government officials/staffers by Providence in Oregon, in 2013 include * Employer/employee relations issues * Health insurance mandates * Health insurer regulatory, finance and legislative issues * Hospital regulatory, finance and legislative issues * Long term care facilities regulatory, finance and legislative issues * Medicaid health care transformation and coordinated care organizations * Oregon health insurance exchange * Health care workforce issues * Provider reimbursement and alternative payment methods * Pharmacy benefit management issues * Pharmacy prescribing practices and coverage * Cultural competency and eliminating disparities in health care * Patient privacy and notification * Mental health integration and benefit * Community health needs assessment * Local government - Transportation and economic issues - Community outreach and education - Paid sick leave - Water fluoridation

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
PROVIDENCE HEALTH & SERVICES - OREGON

Employer identification number
51-0216587

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

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

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

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

- a ☐ Public exhibition
- 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 XIII

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 XIII and complete the following table

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

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

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

		(a) Current year	(b) Prior year	(b) (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
c	Net investment earnings, gains, and losses					
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

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

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	41,390,485	68,316,509		109,706,994
b Buildings	5,178,471	1,225,705,371	668,727,269	562,156,573
c Leasehold improvements		51,578,463	34,769,860	16,808,603
d Equipment		818,015,201	700,797,457	117,217,744
e Other		523,698,676	214,025,819	309,672,857
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,115,562,771

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
Resident Trust Funds	1,804,389
LT Asset Retirement Obligation - FIN 47	3,171,363
Third Party Reserves	23,978,455
Bond Premium Discount	9,823,510
Capitalized Lease Obligations	133,285
Pension Benefit Obligation	9,195,546
Taxable Bonds	41,642,242
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	89,748,790

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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 XIII)	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 XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	

Part XII **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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 XIII)	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 XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	

Part XIII **Supplemental Information**

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

Return Reference	Explanation
Part X, Line 2	The Health System recognizes the effect of income tax positions only if those positions are more likely than not of being sustained upon an audit by the taxing authority 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

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493325002364

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
PROVIDENCE HEALTH & SERVICES - OREGON

Employer identification number
51-0216587

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)	0	0	96,173,000		96,173,000	3 830 %
b Medicaid (from Worksheet 3, column a)	0	0	265,849,000	198,972,000	66,877,000	2 660 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			362,022,000	198,972,000	163,050,000	6 490 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	0	0	4,135,817	218,789	3,917,028	0 160 %
f Health professions education (from Worksheet 5)	0	0	26,392,736	6,743,613	19,649,123	0 780 %
g Subsidized health services (from Worksheet 6)	0	0	22,816,915	12,088,293	10,728,622	0 430 %
h Research (from Worksheet 7)	0	0	30,807,379	19,254,948	11,552,431	0 460 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	0	0	3,779,241	603,950	3,175,291	0 130 %
j **Total.** Other Benefits			87,932,088	38,909,593	49,022,495	1 960 %
k **Total.** Add lines 7d and 7j			449,954,088	237,881,593	212,072,495	8 450 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing	0	0	3,300		3,300	0 %
2	Economic development	0	0	23,838	4,620	19,218	0 %
3	Community support	0	0	262,428	49,500	212,928	0 010 %
4	Environmental improvements						
5	Leadership development and training for community members	0	0	22,100	13,260	8,840	0 %
6	Coalition building	0	0	155,047	36,450	118,597	0 %
7	Community health improvement advocacy	0	0	187,383	5,100	182,283	0 010 %
8	Workforce development	0	0	189,032	7,500	181,532	0 010 %
9	Other						
10	**Total**			843,128	116,430	726,698	0 030 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	43,054,965		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	797,914,000
6	Enter Medicare allowable costs of care relating to payments on line 5	6	945,863,000
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-147,949,000
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?		9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI		9b	Yes	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1	1 Oregon Outpatient Surgery Center	Ambulatory Surgery Center	51 000 %	0 %	49 000 %
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year? 8

Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group Providence Health & Services - Oregon

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) _____

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)				
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	**1**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**3**	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**	Yes	
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) http //oregon providence org/about-Us			
b	☐ Other website (list url) _____			
c	☑ Available upon request from the hospital facility			
d	☐ Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)			
a	☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☑ Execution of the implementation strategy			
c	☑ Participation in the development of a community-wide plan			
d	☑ Participation in the execution of a community-wide plan			
e	☑ Inclusion of a community benefit section in operational plans			
f	☑ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	☑ Prioritization of health needs in its community			
h	☑ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	☐ Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	**7**	Yes	
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**8a**		No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	**8b**		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $_____			

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**9**	Yes	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	**12**	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☑ Income level			
b ☑ Asset level			
c ☑ Medical indigency			
d ☑ Insurance status			
e ☑ Uninsured discount			
f ☑ Medicaid/Medicare			
g ☑ State regulation			
h ☐ Residency			
i ☐ Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?	**13**	Yes	
14 Included measures to publicize the policy within the community served by the hospital facility?	**14**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The policy was posted on the hospital facility's website			
b ☑ The policy was attached to billing invoices			
c ☑ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☑ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients on admission to the hospital facility			
f ☑ The policy was available upon request			
g ☐ Other (describe in Part VI)			
Billing and Collections			
15 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	**15**	Yes	
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**17**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- **a** ☑ Notified individuals of the financial assistance policy on admission
- **b** ☑ Notified individuals of the financial assistance policy prior to discharge
- **c** ☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- **d** ☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**19**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☑ Other (describe in Part VI)			
21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**22**	Yes	
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
See Add'l Data	

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **25**

	Name and address	Type of Facility (describe)
1	See Additional Data Table	
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

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

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

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

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
Part I, Line 3c	The PH&S sliding fee scale will be used to determine the amount to be written off as charity care for guarantors with income between 201% and 400% of the current federal poverty level after all funding possibilities available to the guarantor have been exhausted or denied and personal financial resources and assets have been reviewed for possible funding to pay for billing charges
Part I, Line 6a	In addition to the PH&S - Oregon Community Benefit Report, the information is also included in the Providence Health & Services Health System Community Benefit Report

Form and Line Reference	Explanation
Part I, Line 7, Column (f)	The Bad Debt expense included on Form 990, Part IX, Line 25, Column (A), but subtracted for purposes of calculating the percentage in this column is $ 43,054,965
FORM 990, SCHEDULE H, PART V , LINE 6	The implementation policy is included in the CHNA found on the entity's website at http //oregon providence org/about-Us

Form and Line Reference	Explanation
Part II, Community Building Activities	COMMUNITY BUILDING ACTIVITIES Basic needs including food security and housing Providence recognizes that the social determination of health needs includes adequate housing, food, transportation, utilities and primary education These deficits fall disproportionately on low-income and multicultural populations and therefore Providence has aligned its community building and diversity programs to intersect with and advise our community benefit giving Oregon ranks third in homelessness per capita according to the U S Department of Housing and Urban Development Lack of adequate housing contributes to poor health, therefore, Providence supports a number of not-for-profit community organizations that help homeless people or work to prevent homelessness Providence is the only health system asked to participate on the 10 Year Plan Homelessness Reset Committee In addition, we partner with organizations in multiple Oregon communities that provide or support low-income housing Some important partners include Central City Concern, St Vincent De Paul, Catholic Charities, Transition Projects Incorporated, the Good Neighbor Center, Neighborhood Partnership Fund, Portland Rescue Mission, Share Outreach Vancouver and West Women's Shelter Providence has been a leader in recognizing the significant impact of hunger on the health and well-being of all residents in the state Oregon ranks as one of the five "hungriest states," with nearly 65% of eligible children qualifying for free or reduced lunches Providence works with the Oregon Food Bank, The Children's Nutrition Network, The Governor's Task Force to End Hunger and Farmer's Ending Hunger, Oregon childhood hunger task force, as well as numerous food pantries in communities we serve Economic Development Economic development has an important impact on available housing and services for the underserved An economically depressed area cannot easily support and care for the vulnerable Providence looks for partnerships with like-minded organizations that will encourage a stable and strong economy We participate in local and state organizations in each of our ministries, as well as provide executive leadership to city, county and state boards Support for Healthy Lives and Healthy Communities It is critical that such needs as after school programs, neighborhood support groups and violence prevention be identified and addressed in communities We have involved public and private partners such as Self-Enhancement, Inc as well as the Portland Trailblazers and The Portland Timbers in collaborative health initiatives In addition, we have many not-for-profit community partners with whom we work and support financially to reach populations who need these types of services Leadership Development and Training for Community Members and Youth In this area, Providence has put a strong focus on diverse and low-income communities For example, for some years we have provided scholarships for youth in multicultural and diverse populations, including Asian, African-American and Hispanic communities Community partners include Self Enhancement Incorporated, Hood River School District, De La Salle North School and Rosemary Anderson High School Building Health Equity and Collaboration Providence has long known that, while we can do a great deal to help our communities, we often can get the best results in meeting health needs, and those basic needs that contribute to or affect health, by aligning with other organizations that have an established presence and expertise Throughout our history, we have sought like-minded partners with a mission to care for the vulnerable in the communities we serve During 2013, we continued our financial support to an array of diverse organizations that are intent on building collaborative programs that will meet community health and build health equity These include the African-American Health Coalition, Asian Muslims in Need, Catholic Charities, Jefferson Regional Health Alliance, Asian Health and Service Center, La Clinica del Carinho, United Way of Jackson County and many more In addition, Providence's Office of Community Services and Development meets regularly with the head of the state office of Health Equity and Diversity Community Health Improvement Advocacy In keeping with our strong commitment to social justice, Providence is an advocate for those among us who do not have a voice in policy development and community decision making During 2013, we worked with Community Connections, Upstream Public Health, Public Health Institute, Community Health Partnerships, El Program Hispano, Ecumenical Ministries of Oregon, Northwest Health Foundation, Oregon Primary Care Association, NAMI, Office of Health Equity and Ride Connection, among others, to ensure that the needs of those we serve have been articulated to policy makers We actively supported initiatives to improve provider cultural competence in care giving with required continuing education courses We have a responsibility to care for people who come to us for services and also to seek out the unmet needs of people who lack basic essentials every day As a not-for-profit health care system, Providence Health & Services reinvests its income into the communities we serve We partner with local organizations to help improve health and quality of life for those who are poor, marginalized and vulnerable To ensure that we use our resources responsibly - where they can help those most in need - we attempt to match our giving to areas of greatest need, as identified in our Oregon Community Health Needs Assessment We invite you to review how we're working with our community partners to ease some of these greatest needs per our 2013 Oregon Region Community Benefit report Access to mental health and substance abuse services With some of the highest rates of youth suicide, depression, substance abuse and gang involvement in the state, Jackson County and its network of nonprofit organizations knew there was no time to lose in supporting this vulnerable population Thanks to a grant from Providence Health Plan, southern Oregon's new Life Track program is helping these young people start new, healthier lives Access to primary medical careThe new Virginia Garcia Memorial Health Center couldn't come at a better time for an estimated 18,000 low-income and uninsured residents of Yamhill County When the Newberg Clinic opens in March 2014, it will become a medical home for those who need primary care and other health services It's the growing fulfillment of a dream for the Virginia Garcia center and community partners, such as Providence Newberg Medical Center Access to preventive careIt's virtually impossible to stand still in a Zumba class The popular Latin-based exercise class features a dizzying combo of merengue, salsa, mambo and other energetic dance moves But who knew it also could help a group of Hood River women learn to eat healthier, manage their diabetes, enjoy physical fitness and build a community of social support?Access to essential health servicesThe partnership between Project Access NOW and Providence gives patients the surgery they need to live a pain-free life again, even though they have no means to pay for the care Workforce Development Providence provided financial support to the De La Salle North Catholic High School, Albertina Kerr, De Paul Industries, University of Portland, Portland State University, Hood River County Health Department, the Oregon Center for Nursing, POIC and a workforce development initiative in Oregon City, all of which are working to enhance communitywide workforce issues in various parts of Oregon
Part III, Line 4	It is Providence's policy to exclude all bad debts from Community benefit information The Consolidated Audited Financial Statements do not contain a footnote specific to Bad Debt Expense Bad debt expense is reported in the audited financials as a separate line item within expenses from operations Bad debt expense represents the amount of gross charges for patients who do not have insurance and which Providence was unable to qualify for assistance under either government programs or our internal charity care policy

Form and Line Reference	Explanation
Part III, Line 8	It is Providence's policy to exclude any Medicare shortfall from Community Benefit information The amount reported on Part III, Section B, line 6, was determined by applying the Cost-to-Charge Ratio to the Medicare revenue
Part III, Line 9b	Billing and Collection Practices1 Providence makes all reasonable attempts to confirm that patients are not eligible for assistance programs prior to collection agency assignment 2 Providence activity prior to transferring an account - Prior to transfer to a collection agency, Providence will send a minimum of 3 statements and make two phone attempts to the patient at the address and phone number provided by the patient Statements and communications will inform the patient of their financial responsibility and of Financial Assistance 3 In cases where a voluntary trust deed has secured a Providence debt, Providence does not execute a lien that forces the sale, vacancy or foreclosure of an assistance patient's primary residence to pay for outstanding medical bills

Form and Line Reference	Explanation
Part VI, Line 2	NEEDS ASSESSMENT We recognize that caring for the poor and vulnerable is not a task we can do on our own On a routine basis we conduct a formal community assessment to determine who in our communities is experiencing the greatest need This outreach connects us to many not-for-profits and social service agencies as well as care providers and their clients in the communities To ensure that we conduct a comprehensive assessment, our process includes research, meetings, interviews, focus groups and surveys Additionally, Providence ministries have community and foundation boards The civic leaders that serve on Providence Boards connect our Mission with a local perspective on community needs Our assessment findings are assembled to make certain we understand and respond to local and regional needs, which often vary from one city or county to another Identified areas of need not only guide our community benefit giving, but also guide our strategic planning We believe meaningful community needs assessment provides insight into the complete community benefit that is required, beyond just free and discounted care
Part VI, Line 3	COMMUNICATION TO THE PUBLIC Providence hospitals post notices regarding the availability of financial assistance to low-income uninsured patients These notices are posted in visible locations throughout the hospital such as admitting/registration, billing office, emergency department and other outpatient settings Every posted notice regarding financial assistance policies contains brief instructions on how to apply for financial assistance or a discounted payment The notices also include a contact telephone number that a patient or family member can call to obtain more information Providence ensures that appropriate staff members are knowledgeable about the existence of the hospital's financial assistance policies Training is provided to staff members (i e , billing office, financial department, etc) who directly interact with patients regarding their hospital bills When communicating to patients regarding their financial assistance policies, Providence attempts to do so in the primary language of the patient, or his/her family, if reasonably possible, and in a manner consistent with all applicable federal and state laws and regulations Providence shares their financial assistance policies with appropriate community health and human services agencies and other organizations that assist such patients

Form and Line Reference	Explanation
Part VI, Line 4	COMMUNITY INFORMATION Hospital locations include four within the Portland metropolitan area as well as four others across the state, providing services for over 1 5 million people in 2013 Portland Service Area) o Providence Milwaukie Hospitalo Providence Portland Medical Centero Providence St Vincent Medical Centero Providence Willamette Falls Medical CenterNon-Portland Service Areas o Providence Hood River Memorial Hospital (PHRMH, Gorge Service Area)o Providence Medford Medical Center (PMMC, Southern Oregon Service Area)o Providence Newberg Medical Center (PNMC, Yamhill Service Area)o Providence Seaside Hospital (PSH, North Coast Service Area)Providence Medford and Providence Newberg are both accredited "baby-friendly" hospitals, with the remaining six seeking accreditation by 2015 The state population is approaching 4,000,000 and is seeing growth in populations of all ethnicities and races As a whole, nearly half of the state (44 9%) lives at or below 250% FPL by 2012 guidelines, though there are concentrated pockets of higher saturation Life expectancy is increasing and Oregon as a state is therefore aging, while concurrently becoming more diverse Oregon has one of the highest percentages of uninsured persons in the country, and this varies drastically by county Oregon is a predominantly White state, with slightly over 88% identifying as "White only" in 2012 Only 2% identify as Black or African American (compared with 13 1% nationally), 12 2% as Hispanic or Latino, and 1 8% as American Indian or Alaskan Native The Office of Equity and Inclusion notes that Oregon is home to 174,000 migrant and seasonal workers, many of whom have lesser income than non-migrant counterparts and reduced access to social services and healthcare Oregon's overall measures of health have decreased since 2011 according to both America's Health Rankings (then ranked at #8) as well as the Gallup-Healthways Well-Being Index Due to different approaches and methodology, AHR now ranks the State of Oregon as #13 in the country, whereas Gallup-Healthways ranks Oregon at #24 Oregon's strongest measures are in healthy behaviors, low prevalence of low birth-weight babies and teen birth rate It also has a low infant mortality rate, low prevalence of sedentary lifestyle, a comparatively low rate of preventable hospitalizations, and the highest percentage of social support in the nation and rate of breastfeeding initiation Some key challenges for the state as a whole include the high rate of uninsured (20% of the population), low per capita public health funding, low immunization rates, and one of the highest suicide rates in the country In the past 10 years, the rate of preventable hospitalizations has decreased 20%, from 53 6 discharges per 1,000 Medicare enrollees to just under 43, which is a reflection of increased efficiency in how the population uses various healthcare delivery options to access care Oregon has one of the highest rates of food insecurity, with 29% of households with children having experienced food insecurity in the past year (compared with the national average of 20 2%) As mentioned above, suicide rates are 36% higher in the state of Oregon than the national average The Oregon Health Authority found that behavioral patterns relate directly to 40% of premature deaths in the state Although injury, which includes intentional self-injury leading to death, is ranked third in Cause of Death data, it is the leading contributor to Years of Potential Life Lost (YPLL) in the state With regard to oral health, Oregon is ranked #48 nationally for access to fluoridated water supplies Oregon is a relatively poor state, with a Gross Domestic Product of $44,447 per capita in 2012 It is the 26th ranked state in terms of GSP in contribution to the national GDP, contributing approximately 1 16% The national average of GDP per capita is $51,144 Recent studies have found that poverty itself may lead to poorer cognitive abilities, and that those with the co-occurring condition of poverty are more likely to suffer from high blood pressure, high cholesterol, or elevated rates of obesity and diabetes Not only are these issues due to high levels of stress, but also through limited access to nutritious food, a higher likelihood to smoke, and poorer living environments Oregon has slightly lower than average unemployment rates and lower per capita income compared to national averages The median household income for 2012 was lower than the national average at $45,758 (national average of $51,371) and Oregon had a property rental rate of approximately 34 percent (56% owner-occupied, 9% vacant) Oregon has one of the lowest expenditures on public health per capita in the nation, yet generally achieves median health outcomes The Federal Poverty Level (FPL) was assessed as measure of relative poverty Each year, the United States updates their poverty guidelines to reflect 100% of the Federal Poverty Level based upon the number of persons in a household Household income can then be assessed as a percentage of the Federal Poverty Level, and is frequently used to determine eligibility for social service programs African-American women are 10% more likely to deliver a low birth-weight baby than other mothers and have a 50% higher infant mortality rate than their White counterparts in the state of Oregon African-Americans have double the rate of teenage pregnancy (34 1) compared to White mothers, as well as reporting the highest rates of unintended pregnancies Hispanic/Latino mothers report the highest teenage pregnancy rates in the state, with 53 7 pregnancies per thousand women aged 15-19 In 2010, The Oregon Health Authority partnered with OMEP and other agencies to produce the State of Equity report The committee found ethnic disparities in 20 out of 31 identified Key Performance Measures and noted a startlingly consistent pattern of disparity despite varied methods of collection and data sources Although the low prevalence of sedentary lifestyle is a strength for the state, there are substantial ethnic disparities in the measure For example, Hispanics are more likely to report being sedentary (21 3%) than their non-Hispanic white counterparts at 17 3% African Americans are significantly more likely than Whites to die from heart disease, stroke, diabetes, and cancer In 2010, cancer was reported as the overall leading cause of death in the state Of those diagnosed, 55% of invasive cancers were diagnosed in persons over age 65 (an age-group that makes up 14% of the population) and Hispanics were less likely than non-Hispanics to have cancer (352 1 compared to 439 5 per 100,000 population) America's Health Rankings note that seniors with less than a high school degree have a lower prevalence of social support and are less likely to rate their own health as "very good or excellent" relative to individuals in the same age cohort who received a college degree The Office of Equity and Inclusion notes that the 174,000 migrant or seasonal workers in the state experience higher rates of diabetes, hypertension, cardiovascular disease, and cancer than their non-migrant counterparts The Annie E Casey Foundation and their KIDS COUNT Data Project has collected data on children for the past several years, and in Oregon have partnered with Children First for Oregon They rank Oregon #17 of the 50 states for Child Health (an improvement from #20 in 2012), but only 32 in overall rank (including #41 in Economic Well-Being) Their findings indicate that since 2008, childhood poverty has been consistently increasing at the county level, as has childhood abuse and neglect The highest rates reported in 2011 were in Wheeler and Gilliam counties Oregon has a rate that is 5% higher than the national average of children in households who spend more than 30% of their income on housing and a low rate of 3-6 year olds enrolled in preschool Nearly 70% of Hispanic children lived in households that were under 200% of the Federal Poverty Level in 2011, compared to 40% of non-Hispanic Whites However, Oregon also has some key strengths a lower-than-average percentage of low birth weight babies and a consistently lower teenage birth rate The Oregon Department of Human Services published the Child Welfare Data Book in 2012 In it, they recognize that only half of all reports to Child Protective Services were investigated and that over 55% of children who entered foster care had four or more reasons for being removed from their home These reasons include physical abuse, parent or child drug or alcohol abuse, inadequate housing, child's disability or behavior or sexual abuse
Part VI, Line 5	FURTHERANCE OF EXEMPT PURPOSE As a not-for-profit Catholic health care ministry, Providence Health & Services embraces its responsibility to provide for the needs of the communities it serves - especially the poor and vulnerable Providence's not-for-profit, tax-exempt status enables Providence to serve its communities, to solicit donations through its foundations and to access capital to respond to community needs that otherwise would go unmet Health care is fundamentally different from most other goods and services It is about the most human and intimate needs of people, their families and communities This critical difference is why we should work together to preserve and strengthen the not-for-profit sector in health care In each of the communities where we serve, our ministries are actively involved with public, private and other health systems in working towards better health outcomes for the entire community Examples of this include participation by all Portland area hospitals and all four county health departments in a single collaborative community health needs assessment In addition, with working as a founder and ongoing partner of Portland Project Access NOW, Providence facilities represent four of fourteen participating hospitals and 3,300 providers who agree to provide needed medical care to Oregon community members with low incomes and with urgent needs Providence's participation and support helps to ensure that this is achievable Another example of our collaborative participation is in Hood River County, where Providence Hood River is working with a collaboration of community agencies to form a Project Access model that is called Gorge Access Project (GAP) In addition, we still are home to the county's community health collaborative, MOCHA, which brings together the hospital, the schools, the growers, the public health department, community health center and private providers to identify and work on community health needs in a collaborative manner

Form and Line Reference	Explanation
Part VI, Line 6	AFFILIATED HEALTH CARE SYSTEM Providence Health & Services owns or operates 32 general acute care hospitals, three ambulatory care centers, five medical groups, six long-term care facilities, seven homecare and hospice entities, five assisted living facilities, a children's nursing center, a high school, a university, 13 low-income housing projects, the Health Plan, a health services contractor, two programs of all inclusive care for the elderly, and 22 controlled fundraising foundations The Health System provides inpatient, outpatient, primary care, and home care services in Alaska, Washington, Montana, Oregon and Southern California The Health System operates these businesses primarily in the greater metropolitan areas of Anchorage, Alaska, Everett, Seattle, Edmonds, Issaquah, Spokane and Olympia, Washington, Missoula, Montana, Portland and Medford, Oregon, and Los Angeles, California The charitable purpose of Providence Health & Services and each of its ministries is guided by one Mission and set of core values based on Catholic health care and guided by the legacy of the Sisters of Providence As one system committed to caring for the poor and vulnerable, Providence Health & Services has developed a single framework for consistently reporting charity care and community benefit Our responsibility to stewardship drives us to a standardized approach to supply chain so that we can deliver excellent patient care while reducing the cost of delivered supplies Our commitment to respect and fairness means Providence has a system-wide compensation policy Locally, Providence ministries are empowered to apply these policies to meet the local needs of their community Additionally, Providence ministries conduct local assessments to make sure the needs of the community are met As an integrated health system, Providence Health & Services - Oregon Region and Providence Health Plans (based in Oregon) provide extensive services that support and promote the health needs of the communities we serve In 2013, Providence Oregon provided more than $243 million in community benefits and charity care services including free and reduced-cost medical care, health services for underserved populations, Oregon Health Plan (Medicaid) and government sponsored medical care (such as OMIP, the Oregon high risk insurance pool), medical education and research, and community health grants and donations These contributions and benefits to our Oregon communities are shared between our eight hospitals, our clinical programs and Providence Medical Group, and the Providence Health Plan Throughout our more than 155-year-history, Providence has responded to community need, with special emphasis on helping the most vulnerable In 2013, Providence Oregon provided more than $16 million in direct grants of support to numerous not-for-profit organizations and service agencies throughout Oregon Thousands of adults and children received help and support through these grants, donations and community outreach Our areas of focus include primary care and new models of team-based care delivery for uninsured, low-income and culturally diverse populations, as well as access to behavioral health care for underserved populations We also help provide palliative care and safety net health care services for underserved populations Providence in Oregon collaborates with community partners to help manage the cost of health care and change the way patients are cared for in our community We believe patient-centered, team-based primary care is the foundation of health care transformation Disparities are a feature of health care in Oregon as they are nationally Providence's integrated delivery of care in Oregon allows us to provide leadership in developing new clinical models to coordinate care, standardize processes and improve patient outcomes Providence is developing new patient centered primary care home models of health care delivery in Portland using employed physicians in partnership with Providence Health Plans, other commercial insurers and the Medicaid population We currently have medical home models in 19 sites throughout the state Many of these sites are targeted at underserved and high risk populations Within Oregon, Providence has been an active participant in shaping the transformation of the state's health care system Providence leaders were selected by the governor to participate in workshops that will help define the details of coordinated care organizations and make additional recommendations to the 2013 legislative session Providence is already making changes internally and working with other health systems and community partners to begin this transformation
Part VI, Line 7, Reports Filed With States	OR,WA,CA,MT,AK

Additional Data

Software ID:
Software Version:
EIN: 51-0216587
Name: PROVIDENCE HEALTH & SERVICES - OREGON

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

	Name and address	Type of Facility (describe)
1	Prov Portland Med Ctr Dialysis Unit 4805 NE Glisan St Portland, OR 97213	ESRD-End Stage Renal Disease
2	Providence St Vincent Kidney Dialysis 9450 SW Barnes Rd Suite 125 Portland, OR 97225	ESRD-End Stage Renal Disease
3	PHRMH Ray Yasui Dialysis Center 1125 May Avenue Hood River, OR 97031	ESRD-End Stage Renal Disease
4	Providence Home Health 6410 NE Halsey Suite 200 Portland, OR 97213	ESRD-End Stage Renal Disease
5	Prov Benedictine Nursing Center HHA 570 S Main St Mt Angel, OR 97362	ESRD-End Stage Renal Disease
6	Providence Home Care 2033 Commerce Drive Medford, OR 97504	ESRD-End Stage Renal Disease
7	Providence Hospice 6410 NE Halsey Suite 300 Portland, OR 97213	ESRD-End Stage Renal Disease
8	Providence Medford Hospice 2033 Commerce Drive Medford, OR 97504	ESRD-End Stage Renal Disease
9	Surgery Center at Tanasbourne 18650 NW Cornell Rd Suite 110 Hillsboro, OR 97124	ESRD-End Stage Renal Disease
10	Center for Specialty Surgery 11782 SW Barnes Rd 200 Bldg C Portland, OR 97225	ESRD-End Stage Renal Disease
11	Oregon Outpatient Surgery 7300 SW Childs Rd Tigard, OR 97224	ESRD-End Stage Renal Disease
12	Providence Child Center 860 NE 47th Ave Portland, OR 97213	ESRD-End Stage Renal Disease
13	Providence Benedictine Nursing Center 540 S Main St Mt Angel, OR 97362	ESRD-End Stage Renal Disease
14	Providence Seaside Hospital 725 S Wahanna Rd Seaside, OR 97138	ESRD-End Stage Renal Disease
15	Providence Benedictine Orchard House 550 S Main St Mt Angel, OR 97362	ESRD-End Stage Renal Disease
16	Providence Brookside Manor 1550 Brookside Dr Hood River, OR 97031	ESRD-End Stage Renal Disease
17	Prov Elderplace in Irvington Village 420 NE Mason Portland, OR 97211	ESRD-End Stage Renal Disease
18	Providence Elderplace in Glendover 13007 NE Glisan St Portland, OR 97230	ESRD-End Stage Renal Disease
19	Providence Elderplace in Cully 5119 NE 57th Ave Portland, OR 97218	ESRD-End Stage Renal Disease
20	Providence Brookside Memory Care 1550 Brookside Dr Hood River, OR 97031	ESRD-End Stage Renal Disease
21	Providence Willamette Falls Hospice 1505 Division Street Oregon City, OR 97045	ESRD-End Stage Renal Disease
22	Providence WF - Canby Place 200 S Hazel Dell Way Canby, OR 97013	ESRD-End Stage Renal Disease
23	Providence WF Med Grp-OR City 1510 Division Street Oregon City, OR 97045	ESRD-End Stage Renal Disease
24	Providence WF MedGrp-Sunnyside 9775 SE Sunnyside Road Clackamas, OR 97015	ESRD-End Stage Renal Disease
25	Proviodence WF Med Group - West Linn 18676 Willamette Dr Suite 100 West Linn, OR 97068	ESRD-End Stage Renal Disease

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
PROVIDENCE HEALTH & SERVICES - OREGON

Employer identification number
51-0216587

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 54

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 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. Part III can be duplicated 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.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
Part I, Line 2	In the application for support, we request a detailed explanation of the kind of services provided to the community along with specific financial data If the application for support is approved, we send a letter indicating the amount of the support along with a request for documentation of how the funds were used, along with a report of the number of children/families served over the year

Additional Data

Software ID:
Software Version:
EIN: 51-0216587
Name: PROVIDENCE HEALTH & SERVICES - OREGON

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Providence St Vincent Medical Foundation PO Box 13993 Portland, OR 97213	93-0575982	501 (c) 3	1,220,498				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Providence Portland Medical Foundation 4805 NE Glisan Street Portland, OR 97213	93-1231494	501 (c) 3	1,075,995				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Virginia Garcia Memorial Clinic PO Box 568 Cornelius,OR 97313	93-0717997	501 (c) 3	420,675				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Providence Child Center Foundation 830 NE 47th Portland, OR 97213	93-0800140	501 (c) 3	368,289				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Providence Community Health Foundation 1111 Crater Lake Avenue Medford, OR 97504	93-0692907	501 (c) 3	336,443				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Central City Concern 232 NW Everett Street Portland, OR 97209	93-0728816	501 (c) 3	279,990				Family alcohol and drug free Comm Housing

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Providence Newberg Foundation 1001 Providence Drive Newberg, OR 97213	93-0889144	501 (c) 3	238,545				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Providence Milwaukie Foundation 10150 SE 32nd Milwaukie, OR 97222	94-3079515	501 (c) 3	207,230				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Oregon Health Science University 3181 SW Sam Jackson Park Road Portland, OR 97239	93-1176109	501 (c) 3	151,000				Donation partnership project

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Providence Benedictine Nursing Center Fdn 540 S Main Street Mt Angel, OR 97362	91-1940286	501 (c) 3	136,085				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Providence Seaside Foundation 725 S Wahanna Road Seaside,OR 97138	93-0927320	501 (c) 3	135,389				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Project Access Now 1311 NW 21st Avenue Portland, OR 97296	20-8928388	501 (c) 3	130,000				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Providence Hood River Foundation 811 13th Street Hood River, OR 97031	93-0921990	501 (c) 3	127,953				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Medical Teams International PO Box 10 Portland, OR 97207	93-0878944	501 (c) 3	125,000				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Providence Willamette Falls Foundation 1500 Division Street Oregon City, OR 97225	93-1003750	501 (c) 3	122,144				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Southwest Community Health Center 7754 SW Capital Highway Portland, OR 97219	74-3050497	501 (c) 3	114,800				Support for chronic disease management

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Legacy Emanuel Hospital PO Box 5939 Portland, OR 97228	93-0386823	501 (c) 3	100,000				Cares NW program

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Hood River County Health Department 1109 June Street Hood River, OR 97031	93-6002297	Government	67,340				School health services

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Catholic Charities 231 SE 12th Avenue Portland, OR 97214	93-0386801	501 (c) 3	57,069				Sponsorship of El Programa Hispano

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Multnomah County Health Department 421 SW Oak Street Portland, OR 97204	93-6002309	Government	51,988				Support Southeast clinic

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Mid-Columbia Children 1101 E Marina Way Suite 215 Hood River, OR 97031	93-0951908	501 (c) 3	41,240				Funding for Collective Impact Health Spc

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
NW Parish Nurse Ministries 2801 N Gantenbein Avenue Room 1072 Portland, OR 97227	94-3180955	501 (c) 3	40,000				Support for promoting health and wellness

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Partners for a Hunger Free Oregon 712 SE Hawthorne Boulevard Suite 202 Portland,OR 97214	20-4970868	501 (c) 3	36,000				Hunger task force, Summer foods program

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Essential Health Clinic 9155 SW Barnes Road Suite 435 Portland, OR 97225	38-3672046	501 (c) 3	35,000				Develop transition plan and start up costs

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
The Canby Center 681 SW 2nd Avenue Canby,OR 97013	51-0603464	501 (c) 3	30,000				Dental health sponsorship program

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Columbia Gorge Community College 400 East Scenic Drive The Dalles, OR 97058	93-0700843	501 (c) 3	26,600				Nursing occupations program

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Clatsop Community Action 364 9TH Street Astoria, OR 97103	93-1010260	501 (c) 3	26,500				Basic living needs Housing First

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Adelante Mujeres 2420 19th Avenue Forest Grove, OR 97116	03-0473181	501 (c) 3	25,000				Rx assistance - Diet related diseases

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
DePaul Industries 4950 NE MLK Jr Blvd Portland, OR 97211	93-0607857	501 (c) 3	25,000				Encourage healthy lifestyle choices

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Human Solutions Inc 12350 SE Powell Boulevard Portland, OR 97236	93-0977166	501 (c) 3	25,000				Healthy Homes proj, improve chronic hlth

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
La Clinica Del Valley 3617 S Pacific Hwy Medford,OR 97501	94-3096772	501 (c) 3	25,000				Support for kids health connection

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Volunteers of America 3910 SE Stark Street Portland, OR 97214	93-0395591	501 (c) 3	25,000				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Urban League of Portland 10 N Russell Portland, OR 97232	93-0395590	501 (c) 3	23,230				Black asthma intervention program

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
The Next Door Inc 965 Tucker Road Hood River, OR 97031	93-0600421	501 (c) 3	23,075				Educational material Healthy families in OR

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Society of St Vincent De Paul PO Box 42157 Portland, OR 97242	93-0831082	501 (c) 3	21,440				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Hood River County School District 1011 Eugene Street Hood River, OR 97031	93-6000502	Government	18,360				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Community Action Organization 1001 SW Baseline Hillsboro, OR 97123	93-0554941	501 (c) 3	17,500				Support of prenatal care

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
St Joseph the Worker 7528 N Fenwick Avenue Portland, OR 97217	93-1322114	501 (c) 3	17,418				Corporate internship program

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Rogue Community College 3345 Redwood Highway Grants Pass,OR 97527	93-0777701	501 (c) 3	16,000				Sr Acosta scholarship fund

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Vision Action Network 3700 SW Murray Boulevard Suite 190 Beaverton, OR 97005	93-1317190	501 (c) 3	15,000				Homeless cost study, Facilitating sponsor

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Albertina Kerr Centers Foundation 424 NE 22nd Avenue Portland, OR 97232	93-1297104	501 (c) 3	11,250				Pledge, Spotlight on Kerr Sponsorship

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
World Arts Foundation Inc PO Box 12384 Portland, OR 97212	93-0830736	501 (c) 3	10,002				Sponsorship "Keep the Dream Alive"

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Ministry Leadership Center 1215 K Street Suite 2000 Sacramento, CA 95814	27-0096756	501 (c) 3	10,000				MLC Senior Leadership sessions

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Oregon Center for Nursing 5000 N Willamette Boulevard MSC 192 192 Portland,OR 97203	74-3052430	501 (c) 3	10,000				Sponsorship annual fundraising breakfast

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Sonrise Baptist Church 6701 NE Campus Way Hillsboro, OR 97124	93-0785442	501 (c) 3	10,000				Project Homeless Connect

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Skanner Foundation PO Box 5455 Portland, OR 97228	93-1109980	501 (c) 3	8,500				MLK breakfast sponsorship

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Hispanic Metropolitan Chamber 333 SW 5th Avenue Suite 100 Portland,OR 97204	93-1156358	501 (c) 3	7,850				Scholarships, employment , Business fair

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Trillium Family Services 3415 SE Powell Boulevard Portland, OR 97202	93-1254344	501 (c) 3	7,500				Mental and behavioral support for children

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Oregon Partnership Inc 5100 SW Macadam Avenue Suite 400 Portland, OR 97239	93-0725294	501 (c) 3	7,000				Prevention of substance abuse and suicide

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Health Care Coalition of Southern Oregon 4286 Pioneer Road Medford, OR 97501	93-1065133	501 (c) 3	6,500				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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St Francis House of Oregon 1368 Rawson Road Hood River, OR 97031	26-1778558	501 (c) 3	6,450				St Francis House building repairs

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
Oregon Food Bank PO Box 55370 Portland, OR 97238	93-0785786	501 (c) 3	6,161				Food drive donations

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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March of Dimes Foundation 1275 Mamaroneck Avenue White Plains, NY 10605	13-1846366	501 (c) 3	6,000				Greater OR March for Babies

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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Vietnamese Community of Oregon PO Box 55416 Portland, OR 97238	32-0263661	501 (c) 3	5,500				Healthcare fair at TET festival

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
PROVIDENCE HEALTH & SERVICES - OREGON

Employer identification number
51-0216587

Part I Questions Regarding Compensation

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

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported as deferred in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Return Reference	Explanation
Part I, Line 1a	The reporting organization did not provide any of the benefits listed in Schedule J, Part I, Line 1a However, as part of Providence's philosophy of transparency, the narrative that follows relates to the compensation and benefits provided by the related organization Providence Health & Services Expense Reimbursement Procedures include the following policies First Class Travel or Charter Travel or Travel of Companions Air travel is reimbursable for tourist or economy class and should be at the least expensive airfare, which permits departures and arrivals at reasonable times and reasonable distance traveled Employees are encouraged to plan in advance to get available discounts Airline frequent flyer upgrades will never be reimbursed First class air travel will only be reimbursed when tourist or economy class air travel is not available and business travel is mandated by a supervisor In the rare circumstance that an executive must fly on a first class full fare ticket, their senior level supervisor must approve this expense Companion travel will only be reimbursed by the organization for travel related to relocation, and should not exceed two relocation-related visits, unless approved by the Executive Vice President, Chief Human Resource Officer VP, CHRO Spouse or Companion Travel Travel expenses incurred by a PH&S employee's spouse or companion will not be reimbursed by PH&S unless the spouse or companion is required to, or invited to attend a PH&S System-sponsored meeting These expenses may be considered a taxable benefit by the IRS and if so, will be included on the employee's W- 2 During 2013, none of the Officers, Directors or Key Employees listed on Form 990, Part VII utilized First Class or Companion Travel Tax Indemnifications or Gross-Up Payments Providence Health & Services follows the federal and state taxation laws related to relocation expenses paid to the employee or to a third party on the employee's behalf They are considered income and are therefore subject to payroll taxes Based on the way Providence has chosen to pay the relocation expenses, Providence reports reimbursements and payments to vendors as income and these expense payments are reflected on the executive's Form W-2 Providence will gross-up the relocation benefits to offset the personal tax burden to the employee for IRS allowable expenses During 2013, the following Key Employee received gross-up payments Craig Wright, MD - Relocation The amounts reported for these gross-up payments are included on Schedule J, Part II, Column B (iii) - Other Reportable Compensation Housing Allowance or Residence for Personal Use Providence Health & Services provides housing allowances for purposes of relocation assistance only Providence may pay temporary living expenses for the employee up to a maximum of 90 calendar days Covered expenses are rent (excluding "rent" which may be paid in order to occupy a new permanent residence until the title clears) and utilities, including heat, electricity, gas, water, local internet and local telephone and garbage services The Executive Vice President/Chief Human Resources Officer may approve temporary housing assistance for up to six months when family relocation is delayed to accommodate the school year or equivalent circumstances Only in extenuating circumstances is housing extended beyond this six month period During 2013, the following Key Employees received relocation/housing program payments Craig Wright, MD Ray Williams Terry Smith Randy Axelrod The amounts reported for these relocation/housing payments are included on Schedule J, Part II, Column B (iii) - Other Reportable Compensation
Part I, Lines 4a-b	NONQUALIFIED RETIREMENT PLANS A) SERP = Supplemental Executive Retirement Plan B) CBRP = Cash Balance Restoration Plan C) ESP = Elective Survivor Plan 1) John F Koster, MD a) Taxable SERP Earned but not Paid- $350,711 b) SERP Interest Credit - $191,190 2) Rod Hochman, MD a) SERP Earned but not Vested- $444,760 b) SERP Interest Credit - $24,378 3) Todd Hofheins a) SERP Earned but not Vested - $57,974 4) Jeffrey W Rogers a) Taxable SERP Earned but not Paid - $44,111 b) SERP Interest Credit- $97,420 c) ESP Interest Credit - $7,567 5) Cindy Strauss a) SERP Earned but not Vested - $190,313 b) SERP Interest Credit - $14,149 6) Terry Smith a) Taxable SERP Earned but not Paid - $67,662 b) Taxable CBRP Earned but not Paid - $147 c) Non-Taxable CBRP Earned but not Paid - $353 d) ESP Interest Credit - $5,823 e) SERP Interest Credit - $118,609 7) Debbie Burton a) Taxable SERP Earned but not Paid - $915,149 b) SERP Interest Credit - $20,728 8) Mike Butler a) SERP Earned but not Vested - $478,094 b) SERP Interest Credit - $201,306 9) Randy Axelrod, MD a) SERP Earned but not Vested- $181,321 10) Jan Jones a) Taxable CBRP Earned but not Paid - $84 b) Taxable SERP Earned but not Paid - $148,227 c) Non-Taxable CBRP Earned - $101 d) SERP Interest Credit - $100,997 11) Myron Berdischewsky, MD a) Taxable CBRP Earned but not Paid - $2,548 b) Taxable SERP Earned but not Paid - $108,227 c) Non-Taxable CBRP Earned - $2,060 d) SERP Interest Credit - $105,170 12) Jack Friedman a) Taxable SERP Earned but not Paid - $54,169 b) SERP Interest Credit - $100,470 13) Ray Williams a) SERP Interest Credit - $12,906 b) SERP Earned but not Vested - $153,506 14) Cindra Syverson a) SERP Earned but not Vested - $144,043 b) SERP Interest Credit - $103,147 15) Craig Wright, MD a) SERP Earned but not Vested - $221,797 b) SERP Interest Credit - $181,734 16) Jack Mudd a) Taxable SERP Earned but not Paid - $50,004 b) SERP Interest Credit - $165,857 17) Claudia Haglund a) Taxable SERP Earned but not Paid - $35,007 b) SERP Interest Credit - $70,109 c) ESP Interest Credit - $2,161 18) Joel Gilbertson a) SERP Earned but not Vested - $52,868 b) SERP Interest Credit - $32,392 19) David Brown a) SERP Interest Credit - $39,209 b) SERP Earned but not Vested - $80,917 20) Orest Holubec a) SERP Interest Credit - $6,443 b) SERP Earned but not Vested - $21,490 21) Gary Flaming a) SERP Interest Credit - $4,233 b) Taxable SERP Earned but not Paid - $17,362 c) Taxable CBRP Earned but not Paid - $1,640 d) Non-Taxable CBRP Earned - $4,730 22) Greg VanPelt a) Interest Credit - $22,874 b) Taxable SERP Earned but Not Paid - $123,019 c) Non-taxable SERP Earned but Not Paid - $294,235 23) David T Underriner a) SERP Interest Credit - $22,874 b) Taxable SERP Earned but Not Paid - $2,199,418 c) ESP Interest Credit - $2,998 24) William Olson a) SERP Interest Credit - $12,401 b) Taxable CBRP Earned but Not Paid - $4 c) Taxable SERP Earned but Not Paid - $220,167 25) Shelly M Handkins a) SERP Interest Credit - $92,880 b) SERP Earned but Not Vested - $217,913 26) Theron Park a) SERP Interest Credit - $5,115 b) SERP Earned but Not Vested - $29,715 27) Doug Koekkoek a) SERP Interest Credit - $7,476 b) SERP Earned but Not Vested - $43,895 28) Joseph Siemienczuk a) SERP Earned but not Vested - $131,570 b) Taxable CBRP Earned but Not Paid - $1,017 c) Non-Taxable CBRP Earned but Not Paid - $1,326 d) SERP Interest Credit - $20,129 29) Doug Walta a) Taxable CBRP Earned but Not Paid - $27,003 b) Non-Taxable CBRP Earned but Not Paid - $740 c) SERP Earned but Not Vested - $143,159 30) Walter J Urba a) Taxable CBRP Earned but Not Paid - $54,869 b) Non-Taxable CBRP Earned but Not Paid - $5,379
Part I, Lines 4a-b	Severance 1) Ray Williams - $376,916 2) Greg VanPelt - $367,890
FORM 990, SCHEDULE J, PART II - EXECUTIVE PERFORMANCE AWARDS PROGRAM	The Providence Executive Incentive Program provides a lump sum award annually as a percent of the executive's base pay Percent opportunities are aligned with our total compensation philosophy as outlined in Part VI, Section B, Line 15 (Process for determining compensation of top management, officers & key employees) The performance award is based on the level of accomplishment of annual system objectives and personal objectives In 2013, 50 percent of the participant awards were based on pre-determined organizational goals consistent with Providence's five strategic priorities of mission driven, financially responsible, people centered, service oriented and EPIC watchlist In 2013 the percent allocation for each of these strategic priorities was Mission driven 5% Financially responsible 15% People centered 10% Service oriented 10% EPIC Watchlist 10% To ensure affordability of the program, the organization (system, region or entity) must meet a threshold of 50 percent of budgeted net operating income

Additional Data

Software ID:
Software Version:
EIN: 51-0216587
Name: PROVIDENCE HEALTH & SERVICES - OREGON

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
John F Koster MD - Thru 0313 President / CEO	(I)	0	0	0	0	0	0	0
	(II)	1,316,766	1,868,461	17,500	215,651	31,597	3,449,975	0
Rod F Hochman MD - Eff 0413 President / CEO	(I)	0	0	0	0	0	0	0
	(II)	1,051,406	334,001	17,500	486,988	28,915	1,918,810	0
Todd Hofheins EVP/CFO	(I)	0	0	0	0	0	0	0
	(II)	432,363	120,504	17,500	65,303	24,807	660,477	0
Jeffrey W Rogers - Thru 513 Corporate Secretary	(I)	0	0	0	0	0	0	0
	(II)	442,462	529,200	69,119	168,789	21,091	1,230,661	0
Cindy Strauss - Eff 613 SVP/Chief Counsel/Corp Secretary	(I)	0	0	0	0	0	0	0
	(II)	413,323	525,001	17,500	223,587	24,667	1,204,078	0
Greg Van Pelt - Thru 0413 SVP/CEO - OR Region	(I)	0	0	0	0	0	0	0
	(II)	397,517	537,371	436,053	367,609	16,319	1,754,869	0
Dave Underriner - Eff 0413 SVP/CEO - OR Region	(I)	0	0	0	0	0	0	0
	(II)	558,191	2,335,005	17,500	80,853	25,737	3,017,286	580,372
Shelly Handkins - Thru 613 CFO/OR Region	(I)	0	0	0	0	0	0	0
	(II)	393,634	108,612	0	345,190	23,451	870,887	0
William Olson - Eff 713 CFO/OR Region	(I)	148,818	32,850	0	0	0	181,668	0
	(II)	140,516	260,170	0	104,559	20,839	526,084	0
Terry L Smith SVP/Management Svcs	(I)	0	0	0	0	0	0	0
	(II)	639,022	906,428	67,500	202,105	24,053	1,839,108	0
Deborah Burton SVP/Chief Nrsg Officer	(I)	0	0	0	0	0	0	0
	(II)	323,817	1,005,792	17,500	42,736	23,303	1,413,148	296,416
Michael L Butler President/Operations & Services	(I)	0	0	0	0	0	0	0
	(II)	954,645	300,598	17,500	713,468	29,161	2,015,372	0
Randy Axelrod MD EVP/Clinical & Patient Svcs	(I)	0	0	0	0	0	0	0
	(II)	613,884	315,700	125,675	192,796	26,894	1,274,949	0
Janice J Jones SVP/CAO	(I)	0	0	0	0	0	0	0
	(II)	604,348	377,853	17,500	132,205	27,288	1,159,194	0
Myron Berdischewsky MD SVP/CMQO	(I)	0	0	0	0	0	0	0
	(II)	527,449	310,561	17,500	134,979	23,598	1,014,087	0
Jack Friedman SVP/Account Care & Payor Rel	(I)	0	0	0	0	0	0	0
	(II)	508,016	300,765	17,500	151,382	26,370	1,004,033	0
Ray Williams SVP/Physicians Svcs	(I)	0	0	0	0	0	0	0
	(II)	120,595	200,000	440,672	179,162	24,427	964,856	0
Cindra R Syverson SVP/CHRO	(I)	0	0	0	0	0	0	0
	(II)	404,069	312,381	1,000	267,888	24,300	1,009,638	0
Craig L Wright MD SVP/Physicians Svcs	(I)	0	0	0	0	0	0	0
	(II)	509,167	128,777	70,854	432,646	18,991	1,160,435	0
John O Mudd SVP/Mission Leadership	(I)	0	0	0	0	0	0	0
	(II)	368,604	158,842	14,800	189,558	18,700	750,504	0

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Claudia Haglund VP/Governance & Sponsorship	(I) (II)	0 342,176	0 134,699	0 17,500	0 136,830	0 20,219	0 651,424	0 0
Joel S Gilbertson SVP/Comm Ptrshp & External Affairs	(I) (II)	0 354,361	0 84,733	0 17,500	0 103,698	0 22,547	0 582,839	0 0
David Brown VP/Strategy & Innovation	(I) (II)	0 303,119	0 131,437	0 50	0 146,627	0 22,332	0 603,565	0 0
Orest Holubec SVP/Marketing & Communications	(I) (II)	0 328,545	0 77,915	0 17,500	0 39,407	0 21,903	0 485,270	0 0
Gary Flaming SVP/Chief Risk Officer	(I) (II)	0 266,837	0 97,434	0 17,500	0 75,446	0 18,848	0 476,065	0 0
Doug Walta CEO/OR Clinical Programs	(I) (II)	212,886 321,334	58,900 27,003	17,500 0	0 148,036	0 22,499	289,286 518,872	0 0
Theron Park CEO/OR Delivery System	(I) (II)	0 350,722	0 81,956	0 17,530	0 49,972	0 22,393	0 522,573	0 0
Doug Koekkoek CEO/OR Clinical Services	(I) (II)	0 350,369	0 86,388	0 0	0 67,935	0 23,022	0 527,714	0 0
Joe Siemienczuk CEO/Portland Med Group	(I) (II)	0 352,646	0 83,785	0 0	0 199,293	0 23,381	0 659,105	0 0
Walter Urba Administrator/Clinical Research	(I) (II)	634,781 0	138,168 0	17,500 0	34,577 0	22,075 0	847,101 0	0 0
Emery Douville Surgeon - Cardiology	(I) (II)	508,148 0	215,012 0	0 0	10,631 0	23,022 0	756,813 0	0 0
Jeffrey Swanson Surgeon - Cardiology	(I) (II)	505,885 0	215,011 0	0 0	11,475 0	23,257 0	755,628 0	0 0
Gary Ott Surgeon - Cardiology	(I) (II)	504,052 0	215,011 0	0 0	8,235 0	23,257 0	750,555 0	0 0
Eric Kirker Surgeon - Cardiology	(I) (II)	501,900 0	215,011 0	0 0	11,475 0	23,022 0	751,408 0	0 0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
PROVIDENCE HEALTH & SERVICES - OREGON

Employer identification number
51-0216587

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	State of Oregon Oregon Facilities Authority Revenue Bonds	93-6001787	68608JPT2	11-17-2011	24,927,615	Refund Series 1999 & Adv Refund Series 2002 & Refunding Series 2005 (WFH)		X		X		X
B	State of Oregon (Oregon Facilities Authority)	93-6001787	68608JRH6	09-18-2013	86,048,852	See Part VI		X		X		X
C	State of Oregon (Oregon Facilities Authority)	93-6001787	68608JRL7	09-18-2013	161,675,000	See Part VI		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	24,927,658	86,048,855	161,675,005	
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	345,182	910,360	1,475,000	
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds	24,582,476	85,138,495	160,200,005	
12	Other unspent proceeds				
13	Year of substantial completion	2005	2007	2003	

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X	X			
15	Were the bonds issued as part of an advance refunding issue?	X		X			X		
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X	X			X		

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X	X			X		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c	Are there any research agreements that may result in private business use of bond-financed property?		X	X			X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X					
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %			
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %			
6	Total of lines 4 and 5	0 %		0 %		0 %			
7	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X			

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X		X			
b	Exception to rebate?		X		X		X		
c	No rebate due?		X		X		X		
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X	X			
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b	Name of provider	NA		NA		NA			
c	Term of hedge								
d	Was the hedge superintegrated?		X		X		X		
e	Was the hedge terminated?		X		X		X		

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b	Name of provider	NA		NA		NA			
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		X		X		X		
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X			

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SCHEDULE K, ISSUE B PART I, QUESTION (F)	Advance refund the Hospital Facilities Authority of Multnomah County, Oregon, Series 2004
SCHEDULE K, ISSUE C PART I, QUESTION (F)	Currently refund Hospital Authority of Clackamas County, Oregon Series 2003D, E, F & G Bonds (PROVIDENCE HEALTH SYSTEM)

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
PROVIDENCE HEALTH & SERVICES - OREGON

Employer identification number
51-0216587

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Generator)	X	1	225,000	FMV
26 Other ▶ (Minor Equip)	X	7	25,984	FMV
27 Other ▶(_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . **29** 0

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	**30a**		No
b If "Yes," describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	**31**	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	**32a**		No
b If "Yes," describe in Part II			
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
Part I, Column (b)	The amounts shown on Part I, Col B reflect the number of donations received of the specific type of item

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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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
PROVIDENCE HEALTH & SERVICES - OREGON

Employer identification number
51-0216587

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	The sole Member of the Corporation is Providence Health & Services

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	The powers of the Corporate Member include the provision to appoint the number of Directors, appoint the Board of Directors and to remove such Directors at any time with or without cause

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	The following powers reside with the Corporate Member 1) To adopt or change the mission, philosophy, and values, including the strategic plan and mission statement 2) To amend or repeal the Articles of Incorporation or Bylaws 3) To approve the acquisition of assets, the incurrence of indebtedness or the lease, sale transfer, assignment or encumbering of assets exceeding a specified threshold, or the sale or transfer of any property which may have historical or religious significance 4) To approve the dissolution or liquidation 5) To approve the annual operating and capital budgets 6) To appoint the certified public accountants 7) To approve the closure of any institution or major ministry or work of the Corporation

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 Board of Directors reviewed the Form 990 prior to filing with the IRS

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	Providence Health & Services maintains a conflict of interest policy that applies to board members and management of all Providence-related organizations The purpose of the policy is to guide and direct those serving the Providence Health & Services' corporations and other legal entities so they can (1) fulfill their fiduciary responsibilities and exercise stewardship in ways that promote and protect the best interests of Providence and, (2) avoid situations that create a conflict, or the appearance of a conflict, between the interests of an individual associated with Providence and Providence On an annual basis, each board member and management level employee must complete and submit an updated conflict of interest statement Conflict of interest disclosures are reviewed by the System Integrity Department working in conjunction with the Department of Legal Affairs If it is determined that an actual conflict exists, appropriate follow-up action is taken with the individual to rectify the conflict

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	It is Providence's intention to make financial information accessible and transparent Although the filing of Form 990 provides insight into how Providence achieves its Mission, delivers its programs and stewards its finances, deciphering the information directly from Form 990 can be challenging The following paragraphs provide further information about the process we use to determine compensation for top management, officers and key employees Providence has a single fiduciary Board, with responsibility for financial oversight associated with fulfillment of the Providence Mission, developing system policies, protecting the assets entrusted to the organization and overseeing the strategic and operational affairs of Providence's legal entities Providence also maintains a network of community ministry boards with responsibility for quality of care oversight, community relations, advocacy and community needs assessments Providence has a consistent compensation philosophy for all of its employees, including our senior executives Salaries for senior executives are determined by the Providence Board's Human Resources Committee and approved by the full Board of Directors, none of whom is a Providence employee The Board retains an independent consultant each year to review salaries of those in the most significant leadership roles in the organization Part of the consultant's role is to review an extensive array of compensation surveys of large, not-for-profit health care systems in the United States Providence is one of the larger health systems in the country, and as such, the Board benchmarks executive compensation against other large, not-for-profit health systems whose revenue is similar to that of Providence Base salaries for Providence executives are set at the median level of the market, as identified by the independent consultant and reviewed with the Human Resources Committee Each year, the Board Chair conducts a formal performance evaluation of the President/CEO that considers input from the other directors and senior leaders reporting to the President The evaluation is discussed with the Human Resources Committee and then a recommendation is made by the committee to the full Board The Board Chair and the Chair of the Human Resources Committee also meet with an independent consultant to develop a salary recommendation, which is reviewed and approved first by the committee and then by the Board of Directors Additionally, the President/CEO utilizes the market information provided by the consultant along with formal performance evaluations, to determine salary recommendations for other senior executives This process includes a rigorous analysis of those recommendations with the Human Resources Committee as a part of the review and approval process Performance incentives allow executives to earn additional compensation if they achieve specific organizational and individual goals for furthering Providence operating principles - advancing the Providence Mission and core values, meeting benchmarks for charity care, achieving quality targets, delivering top-rated customer satisfaction, meeting employee satisfaction goals and reaching financial performance objectives The Board of Directors conducts a thorough process to ensure performance incentives are aligned with appropriate practices for not-for-profit health care systems The Board's process for executive compensation fully complies with IRS standards and mirrors the best practices recommended in the "Report to Congress and the Nonprofit Sector on Governance, Transparency, and Accountability" submitted to the Senate Finance Committee by the Panel on the Nonprofit Sector

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 Health System financial statements are available on our public Internet site www providence org All governing policies including the conflict of interest policy, as well as 990 filings are available to employees on the Intranet site

Return Reference	Explanation
Form 990, Part VII	Greg Van Pelt - Thru 04/13 - 4400 NE Halsey, Bldg 2, #599, Portland, OR 97213 Dave Underriner - Eff 04/13 - 4400 NE Halsey, Bldg 2, #599, Portland, OR 97213 Shelly Handkins - Thru 6/13 - 4400 NE Halsey, Bldg 2, #599, Portland, OR 97213 William Olson - Eff 7/13 - 4400 NE Halsey, Bldg 2, #599, Portland, OR 97213 Doug Walta - 4400 NE Halsey, Bldg 2, #599, Portland, OR 97213 Theron Park - 4400 NE Halsey, Bldg 2, #599, Portland, OR 97213 Doug Koekkoek - 4400 NE Halsey, Bldg 2, #599, Portland, OR 97213 Joe Siemienczuk - 4400 NE Halsey, Bldg 2, #599, Portland, OR 97213

Return Reference	Explanation
Form 990, Part XI, line 9	Recipient Organization Adjustments 4,172,148 Interaffiliate Transfers -67,867,628 Income on Medical Staff Funds -12,910 Minority Interest Reclassification -584,742 Change in PWFMC Pension Liability 8,246,518 Rounding -3

Return Reference	Explanation
Form 990, Part XII, Line 2c AUDIT & COMPLIANCE	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

Return Reference	Explanation
FORM 990, PART I, LINE 6 - VOLUNTEERS	Volunteers contribute to the quality of care for which Providence is noted and exemplify the Providence Mission Volunteers enhance the patient experience, providing assistance with activities, special projects, greeting, staffing the gift shops, delivery of flowers to patient rooms, running errands, offering clerical support and anything else that is asked of them Our organization is truly blessed with a wonderful group of volunteers that help each and every day Volunteer services include but are not limited to the following * Greeting visitors and patients * Assist patients being admitted/check-in and scheduling * Bond with medically fragile children to add quality of life and joy * Chaplains-providing support for our patients and their families * Clerical support * Deliver flowers to rooms * Deliver incoming and outgoing mail * Give hospital tours * Participate in fundraising and community events * Patient escort * Provide hand crafted items such as hats, booties and blankets for newborns * Provide toy bags for children * Provide information and support for patients/families/visitors * Run errands as needed * Staffing the Gift Shops * Work on special projects for various departments as needed * Assist and support Blood Drives * Help with Blood Pressure clinic * Pet Therapy * Assist nursing and assisted living residents to and from daily activities such as Bingo, Chapel, Game times, Music Programs, Outings, etc * Provide other support asked of them

Return Reference	Explanation
FORM 990, PART VII - RELIGIOUS COMMUNITY MEMBERS	As members of the Religious Community, each Sister has taken a vow of poverty as a compulsory part of her religious life Any compensation for services of a Sister inures only for the benefit of the Community, not the individual members All payments for services are made directly to the Religious Community

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
PROVIDENCE HEALTH & SERVICES - OREGON

Employer identification number
51-0216587

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Providence Fairview Properties LLC 1235 NE 47th Avenue Suite 260 Portland, OR 97213 51-0216587	Own & Manage Land for future development	OR	0	1,646,195	Providence Health & Services - Oregon
(2) Providence Padden Properties LLC 1235 NE 47th Avenue Suite 260 Portland, OR 97213 51-0216587	Own & Manage Land for future development	OR	0	19,305,321	Providence Health & Services - Oregon

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) 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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V?UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 51-0216587
Name: PROVIDENCE HEALTH & SERVICES - OREGON

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) Providence Health & Services - Washington 1801 Lind Avenue SW 9016 Renton, WA 980579016 51-0216586	Healthcare System	WA	501(c)(3)	Line 3	Providence Health & Services		No
(1) Providence Health System - So California 1801 Lind Avenue SW 9016 Renton, WA 980579016 51-0216589	Healthcare System	CA	501(c)(3)	Line 3	Providence Health & Services		No
(2) Everett Transitional Care Services PO Box 5128 Everett, WA 982065128 94-3264605	Transitional Care	WA	501(c)(3)	Line 9	N/A		No
(3) Providence Oregon Management Corporation 1801 Lind Avenue SW 9016 Renton, WA 980579016 93-0813977	Shell Corporation	OR	501(c)(3)	Line 1	PH & S - Oregon		No
(4) Providence Plan Partners 4400 NE Halsey Bldg 2 Portland, OR 97213 91-1861964	Healthcare Services	OR	501(c)(4)	N/A	PH & S - Oregon	Yes	
(5) Providence Health Plan 4400 NE Halsey Bldg 2 Portland, OR 97213 93-0863097	Health Service Contractor	OR	501(c)(4)	N/A	Providence Plan Partners	Yes	
(6) Providence Health Assurance 4400 NE Halsey Bldg 2 Portland, OR 97213 55-0828701	Medicaid Healthcare Provider	OR	501(c)(4)	N/A	Providence Health Plan	Yes	
(7) Providence Medical Institute 4101 Torrance Blvd Torrance, CA 90503 33-0283773	Healthcare	CA	501(c)(3)	Line 11/Type I	PHS - So California		No
(8) Little Company of Mary Ancillary Services Corporation 4101 Torrance Blvd Torrance, CA 90503 33-0844408	Imaging Services	CA	501(c)(3)	Line 9	PHS - So California		No
(9) Providence TrinityCare Hospice 5315 Torrance Blvd Suite B1 Torrance, CA 90503 95-3264139	Hospice	CA	501(c)(3)	Line 9	PHS - So California		No
(10) Providence Blanchet Association 1700 Providence Pl Centralia, WA 98531 91-1789266	Housing	WA	501(c)(3)	Line 7	PH & S - Washington		No
(11) St Luke Association 350 Washington Ave SE Chehalis, WA 98352 94-3176618	Housing	WA	501(c)(3)	Line 7	PH & S - Washington		No
(12) Providence Rossi Association 1700 Providence Pl Centralia, WA 98531 31-1584166	Housing	WA	501(c)(3)	Line 9	PH & S - Washington		No
(13) Lundberg Association 5921 E Burnside Portland, OR 97215 91-1562797	Housing	OR	501(c)(3)	Line 7	PH & S - Oregon	Yes	
(14) Providence St Francis Association 3415 12th Avenue NE Olympia, WA 98506 94-3244854	Housing	WA	501(c)(3)	Line 7	PH & S - Washington		No
(15) Providence Peter Claver Association 7101 38th Avenue South Seattle, WA 98118 31-1629656	Housing	WA	501(c)(3)	Line 7	PH & S - Washington		No
(16) Providence St Elizabeth House Association 3201 SW Graham St Seattle, WA 98126 91-2171539	Housing	WA	501(c)(3)	Line 7	PH & S - Washington		No
(17) Providence Gamelin House Association 4515 MLK Jr Way S Ste 200 Seattle, WA 98108 31-1744654	Housing	WA	501(c)(3)	Line 7	PH & S - Washington		No
(18) The Gamelin Association 312 North Fourth St Yakima, WA 98901 91-1180824	Housing	WA	501(c)(3)	Line 7	PH & S - Washington		No
(19) The Gamelin Oregon Association 5520 NE Glisan Portland, OR 97213 91-1214491	Housing	OR	501(c)(3)	Line 9	PH & S - Oregon	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(21) The Gamelin California Association 540 23rd St Oakland, CA 94612 91-1293869	Housing	CA	501(c)(3)	Line 9	PHS - So California		No
(1) Gamelin Washington Association 1423 First Avenue Seattle, WA 98101 20-1910170	Housing	WA	501(c)(3)	Line 7	PH & S - Washington		No
(2) Providence Foundation 1801 Lind Avenue SW 9016 Renton, WA 980579016 94-3078543	Support PH&S Institutions	WA	501(c)(3)	Line 11/Type I	PH & S - Washington		No
(3) Providence Alaska Foundation 3300 Providence Drive - B Tower2 Anchorage, AK 99508 92-0093565	Support PHS-Alaska	AK	501(c)(3)	Line 11/Type I	PH & S - Washington		No
(4) Providence St Peter Foundation 413 Lilly Road NE Olympia, WA 985065166 91-1097056	Support Affiliated Tax-Exempt Organization	WA	501(c)(3)	Line 7	PH & S - Washington		No
(5) Providence Health Care Foundation (Centralia) 914 S Scheuber Road Centralia, WA 98531 91-1433382	Support Providence Centralia Hospital	WA	501(c)(3)	Line 7	PH & S - Washington		No
(6) Providence Mount St Vincent Foundation 4831 - 35th Avenue SW Seattle, WA 981262799 91-1188119	Support Providence Mount St Vincent	WA	501(c)(3)	Line 7	PH & S - Washington		No
(7) Providence Marianwood Foundation 3725 Providence Point Drive SE Issaquah, WA 980297219 93-1554288	Support Providence Marianwood	WA	501(c)(3)	Line 11/Type I	PH & S - Washington		No
(8) Providence Newberg Health Foundation 1001 Providence Drive Newberg, OR 97132 93-0889144	Support Providence Newberg Medical Center	OR	501(c)(3)	Line 7	PH & S - Oregon	Yes	
(9) Providence Seaside Hospital Foundation 725 S Wahanna Rd Seaside, OR 97138 93-0927320	Support Providence Seaside Hospital	OR	501(c)(3)	Line 7	PH & S - Oregon	Yes	
(10) Providence Community Health Foundation 1111 Crater Lake Ave Medford, OR 97504 93-0692907	Support Providence Medford Medical Center	OR	501(c)(3)	Line 7	PH & S - Oregon	Yes	
(11) Providence Benedictine Nursing Center Foundation 540 South Main St Mt Angel, OR 973629532 91-1940286	Support Providence Benedictine Nursing Center	OR	501(c)(3)	Line 7	PH & S - Oregon	Yes	
(12) Providence Portland Medical Foundation 4805 NE Glisan St Portland, OR 972132967 93-1231494	Support Providence Portland Medical Center	OR	501(c)(3)	Line 7	PH & S - Oregon	Yes	
(13) Providence St Vincent Medical Foundation 9205 SW Barnes Rd Portland, OR 97225 93-0575982	Support Providence St Vincent Medical Center	OR	501(c)(3)	Line 7	PH & S - Oregon	Yes	
(14) Providence Milwaukie Foundation 10150 SE 32nd Milwaukie, OR 97222 94-3079515	Support Providence Milwaukie Hospital	OR	501(c)(3)	Line 7	PH & S - Oregon	Yes	
(15) Providence Child Center Foundation 830 NE 47th Portland, OR 97213 93-0800140	Support Providence Child Center	OR	501(c)(3)	Line 7	PH & S - Oregon	Yes	
(16) Providence TrinityCare Hospice Foundation 5315 Torrance Blvd Suite B1 Torrance, CA 90503 33-0261016	Support TrinityCare Hospice	CA	501(c)(3)	Line 7	PHS - So California		No
(17) Providence Little Company of Mary Foundation 4101 Torrance Blvd Torrance, CA 90503 51-0224944	Support Little Company of Mary Service Area	CA	501(c)(3)	Line 7	PHS - So California		No
(18) PH&S FoundationSFVSA & SCVSA 501 S Buena Vista Street Burbank, CA 91505 95-3544877	Support Program & Activities of SFVSA & SCVSA	CA	501(c)(3)	Line 7	PHS - So California		No
(19) Providence Hospice of Seattle Foundation 425 Pontius Avenue North 300 Seattle, WA 981095452 91-2077378	Support Hospice of Seattle	WA	501(c)(3)	Line 11/Type I	PH & S - Washington		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(41) Providence Health & Services - Western Washington 1801 Lind Avenue SW 9016 Renton, WA 980579016 91-1303277	Healthcare	WA	501(c)(3)	Line 3	Providence MinistriesWHC		No
(1) Providence Health & Services 1801 Lind Avenue SW 9016 Renton, WA 980579016 91-1549796	Shell Corporation	WA	501(c)(3)	Line 11/Type I	N/A		No
(2) Providence Health & Services - Montana 500 W Broadway PO Box 4587 Missoula, MT 598064587 81-0231793	Healthcare	MT	501(c)(3)	Line 3	PH & S - Washington		No
(3) Providence St Joseph Medical Center PO Box 1010 Polson, MT 598601010 81-0463482	Healthcare	MT	501(c)(3)	Line 3	PH & S - Washington		No
(4) St Thomas Child and Family Center 1710 Benefis Court Great Falls, MT 59405 81-0233495	Early Childhood Education	MT	501(c)(3)	Line 1	PH & S - Washington		No
(5) Sisters of Providence of Montana Corporation 1801 Lind Avenue SW 9016 Renton, WA 980579016 26-2612415	Shell Corporation	MT	501(c)(3)	Line 1	PH & S - Washington		No
(6) Providence Health Care Foundation - Eastern Washington 101 W 8th Ave Spokane, WA 99204 32-0014330	Support PH&S-WA Ministries in E WA	WA	501(c)(3)	Line 7	PH & S - Washington		No
(7) St Patrick Hospital Foundation 500 West Broadway PO Box 4587 Missoula, MT 598064587 23-7056976	Support Healthcare in W Montana	MT	501(c)(3)	Line 7	PH & S - Washington		No
(8) University of Great Falls 1301 20th Street South Great Falls, MT 59405 81-0231777	Post Secondary Education	MT	501(c)(3)	Line 2	PH & S - Washington		No
(9) E WA & MT Unemployment Compensation Insurance Trust 1801 Lind Avenue SW 9016 Renton, WA 980579016 91-1082119	Unemployment Benefits	WA	501(c)(3)	Line 11/Type I	PH & S - Washington		No
(10) Providence Willamette Falls Medical Foundation 1500 Division Street Oregon City, OR 97045 93-1003750	Support Willamette Falls Hospital	OR	501(c)(3)	Line 11/Type I	PH & S - Oregon	Yes	
(11) Providence Hood River Memorial Hospital Foundation Inc 811 13th St Hood River, OR 97031 93-0921990	Support Providence Hood River Memorial Hospital	OR	501(c)(3)	Line 7	PH & S - Oregon	Yes	
(12) Providence Hospice and Home Care Foundation 2731 Wetmore Avenue Suite 500 Everett, WA 98201 27-2552749	Support Program & Ministries of PHHC	WA	501(c)(3)	Line 7	PH & S - Washington		No
(13) Providence St Mary Foundation 401 W Poplar St Walla Walla, WA 99362 45-2841492	Support Program & Ministries of SMMC	WA	501(c)(3)	Line 7	PH & S - Washington		No
(14) Facey Medical Foundation 15451 San Fernando Mission Blvd 200 Mission Hills, CA 913451420 95-4322584	Support Facey Medical Group	CA	501(c)(3)	Line 7	PHS - So California		No
(15) Swedish Health Services 747 Broadway Seattle, WA 98122 91-0433740	Healthcare	WA	501(c)(3)	Line 3	Western HealthConnect		No
(16) Swedish Edmonds 21601 76th Ave W Edmonds, WA 98026 27-2305304	Healthcare	WA	501(c)(3)	Line 3	Western HealthConnect		No
(17) Swedish Medical Center Foundation 747 Broadway Seattle, WA 98122 91-0983214	Support Swedish Health Services	WA	501(c)(3)	Line 7	Swedish Health Services		No
(18) Global To Local Health Initiative 747 Broadway Seattle, WA 98122 27-3133200	Healthcare	WA	501(c)(3)	Line 7	Swedish Health Services		No
(19) Swedish MJM Holdings 747 Broadway Seattle, WA 98122 27-3139262	Holding Company	WA	501(c)(3)	Line 11/Type I	Swedish Health Services		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(61) Marsha Rivkin Center for Ovarian Cancer Research 747 Broadway Seattle, WA 98122 91-2054035	Ovarian Cancer Research	WA	501(c)(3)	Line 7	Swedish Health Services		No
(1) Western HealthConnect 747 Broadway Seattle, WA 98122 45-4171900	Shell Corporation	WA	501(c)(3)	Line 11/Type I	PH&S Western Washington		No
(2) Inland Northwest Health Services 601 W 1st Avenue Spokane, WA 99201 91-1307555	Healthcare	WA	501(c)(3)	Line 3	PH&S - Washington		No
(3) PHN Holdings 20555 Earl Street Torrance, CA 90503 46-1814184	Strategic/Planning services for PHN	CA	501(c)(4)	Pending	PHS - So California		No
(4) Providence Health Network 20555 Earl Street Torrance, CA 90503 80-0886966	Prepaid Healthcare	CA	501(c)(4)	Pending	PHN Holdings		No

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Alpha Medical Laboratory LLC 611 N Perry Spokane, WA 99202 91-2017347	Outpatient Lab	ID	N/A									
Broadway Imaging LLC 500 W Broadway Missoula, MT 59802 52-2405971	Medical Imaging	MT	N/A									
California Laboratory Associates LLC 501 Buena Vista Burbank, CA 91505 27-3888692	Outpatient Lab	CA	N/A									
Center for Specialty Surgery LLC 11782 SW Barnes Rd Portland, OR 97225 26-3638838	Ambulatory Surgery Center	OR	PH&S - OR	Related	1,033,449	2,663,066		No			No	51 000 %
Clackamas Radiation Oncology Center LLC 4400 NE Halsey St Bldg II 495 Portland, OR 97213 26-0381897	Radiation Oncology	OR	PH&S - OR	Related	513,984	1,643,046		No			No	67 000 %
Ctr for Med Imaging-Bridgeport LLC 4400 NE Halsey St Bldg II 495 Portland, OR 97213 26-0796953	Imaging - Diagnostics	OR	PH&S - OR	Related	118	1,035,509		No			No	75 000 %
Ctr for MedImaging-Tanasbourne LLC 4400 NE Halsey St Bldg II 495 Portland, OR 97213 20-0477972	Imaging - Diagnostics	OR	PH&S - OR	Related	343,748	1,555,836		No			No	75 000 %
Greater Valley Medical Building LP 501 S Buena Vista St Burbank, CA 91505 95-4570858	Real Estate - MOB	CA	N/A									
Medalia Healthcare LLC 1801 Lind Ave SW 9016 Renton, WA 98057 91-1660459	Physician Benefits	WA	N/A									
Minor & James Medical PLLC 515 Minor Avenue 200 Seattle, WA 98104 91-1340223	Physician Clinic	WA	N/A									
Mountainstar Clinical Laboratories LLC 611 N Perry Spokane, WA 99202 26-1345983	Outpatient Lab	MT	N/A									
Oregon Advanced Imaging LLC 881 OHare Parkway Medford, OR 97504 45-0471748	Medical Imaging	OR	PH&S - OR	Related	2,400,461	5,840,985		No			No	70 000 %
Oregon Outpatient Surgery Center 7300 SW Childs Rd Tigard, OR 97224 22-3883387	Ambulatory Surgery Center	OR	PH&S - OR	Related	630,042	1,221,441		No			No	51 000 %
PacLab LLC 611 N Perry Spokane, WA 99202 91-1743952	Outpatient Lab	WA	N/A									
Pathology Associates Medical Laboratories LLC 611 N Perry Spokane, WA 99202 27-0943279	Outpatient Lab	WA	N/A									

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
PETCT Imaging at Swedish Cancer Institute LLC 1221 Madison Street Seattle, WA 98104 20-3132044	Medical Imaging	WA	N/A									
Portland Medical Imaging LLC 4400 NE Halsey St Bldg II 495 Portland, OR 97213 20-1054971	Imaging - Diagnostics	OR	PH&S - OR	Related	-71,352	1,583,880		No			No	75 000 %
Prov Radiation Oncology Develop Assn LLC 4401 NE Halsey St Bldg II 495 Portland, OR 97213 26-0682491	Real Estate - MOB	OR	PH&S - OR	Investment	-291,456	3,448,911		No			No	50 000 %
Providence Imaging Center 3340 Providence Drive Anchorage, AK 99508 92-0118807	Medical Imaging	AK	N/A									
Providence Partners for Health LLC 501 S Buena Vista St Burbank, CA 91505 45-4041798	Clinical Quality & Integration	CA	N/A									
ProvidenceUSP Santa Clarita GP LLC 11550 Indian Hills Road 160 Mission Hills, CA 91345 20-2829660	Ambulatory Surgery Center	CA	N/A									
ProvidenceUSP Surgery Ctrs LLC 11550 Indian Hills Road 160 Mission Hills, CA 91345 20-0905938	Ambulatory Surgery Center	CA	N/A									
Southern Idaho Regional Laboratory LLC 611 N Perry Spokane, WA 99202 82-0511819	Outpatient Lab	ID	N/A									
Tri-Cities Laboratory LLC 611 N Perry Spokane, WA 99202 91-1773986	Outpatient Lab	WA	N/A									

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
Providence Health Ventures Inc 4101 Torrance Blvd Torrance, CA 90503 33-0122216	Investment	CA	N/A	C					No
Caron Health Corporation 510 W Front St Missoula, MT 59802 81-0486082	Medical Physician Service	MT	N/A	C					No
Providence Health Care Ventures Inc 101 W 8th Ave TAF C-9 Spokane, WA 99204 90-0155714	Clinical/Medical Lab	WA	N/A	C					No
Providence Physician Services Co 101 W 8th Ave TAF C-9 Spokane, WA 99204 91-1216033	Clinical/Medical Lab	WA	N/A	C					No
Yakima Medical Arts Inc 611 N Perry 100 Spokane, WA 99202 91-0787963	Rental Real Estate	WA	N/A	C					No
Bourget Health Services Inc PO Box 2687 Spokane, WA 99220 91-1354431	Clinical/Medical Lab	WA	N/A	C					No
1221 Madison Street Owners Assoc 747 Broadway Seattle, WA 98122 20-1954319	Owners' Association	WA	N/A	C					No
Washington Cancer Centers PC 1560 N 115th G-16 Seattle, WA 98133 91-1792791	Cancer Treatment	WA	N/A	C					No
Western HealthConnect Ventures Inc 1801 Lind Ave SW 9016 Renton, WA 98057 80-0953654	Investment	WA	N/A	C					No

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Providence Benedictine Nursing Center Foundation	C	414,118	Cost
Providence Benedictine Nursing Center Foundation	B	136,085	Cost
Providence Benedictine Nursing Center Foundation	Q	136,400	Cost
Providence Child Center Foundation	C	1,593,643	Cost
Providence Child Center Foundation	B	368,289	Cost
Providence Child Center Foundation	Q	416,126	Cost
Providence Community Health Foundation	C	1,064,005	Cost
Providence Community Health Foundation	B	336,443	Cost
Providence Hood River Memorial Hospital Foundation	C	286,911	Cost
Providence Hood River Memorial Hospital Foundation	B	127,953	Cost
Providence Milwaukie Foundation	C	65,980	Cost
Providence Milwaukie Foundation	B	207,230	Cost
Providence Newberg Foundation	C	245,643	Cost
Providence Newberg Foundation	B	238,545	Cost
Providence Portland Medical Foundation	C	7,688,264	Cost
Providence Portland Medical Foundation	B	1,075,995	Cost
Providence Seaside Foundation	C	215,114	Cost
Providence Seaside Foundation	B	135,389	Cost
Providence St Vincent Medical Foundation	C	3,289,547	Cost
Providence St Vincent Medical Foundation	B	1,220,498	Cost
Providence Willamette Falls Foundation	C	135,496	Cost
Providence Willamette Falls Foundation	B	122,144	Cost
Providence Plan Partners	O	68,795,768	Cost
Providence Plan Partners	Q	18,923,187	Cost
Providence Plan Partners	J	4,864,048	Cost

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Providence Health Plan	Q	811,290	Cost
Providence Health Assurance	Q	50,980	Cost
Oregon Outpatient Surgery Center	A	799,829	Cost
Plaza Ambulatory Surgery Center LLC	B	779,000	Cost

KPMG

PROVIDENCE HEALTH & SERVICES

Combined Financial Statements

December 31, 2013 and 2012

(With Independent Auditors' Report Thereon)

KPMG LLP
Suite 2900
1918 Eighth Avenue
Seattle, WA 98101

Independent Auditors' Report

The Board of Directors
Providence Health & Services

We have audited the accompanying combined financial statements of Providence Health & Services, which comprise the combined balance sheets as of December 31, 2013 and 2012, and the related combined statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the combined financial statements

Management's Responsibility for the Combined Financial Statements

Management is responsible for the preparation and fair presentation of these combined financial statements in accordance with U S generally accepted accounting principles, this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of combined financial statements that are free from material misstatement, whether due to fraud or error

Auditors' Responsibility

Our responsibility is to express an opinion on these combined financial statements based on our audits We conducted our audits in accordance with auditing standards generally accepted in the United States of America Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the combined financial statements are free from material misstatement

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the combined financial statements The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the combined financial statements, whether due to fraud or error In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the combined financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control Accordingly, we express no such opinion An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the combined financial statements

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion

Opinion

In our opinion, the combined financial statements referred to above present fairly in all material respects, the financial position of Providence Health & Services as of December 31, 2013 and 2012, and the results of its operations and its cash flows for the years then ended in accordance with U S generally accepted accounting principles

KPMG

Other Matter

Our audit was performed for the purpose of forming an opinion on the combined financial statements as a whole. The supplemental information, included on pages 40 and 41, is presented for the purpose of additional analysis and is not a required part of the combined financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the combined financial statements. The information has been subjected to the auditing procedures applied in the audit of the combined financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the combined financial statements or to the combined financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the combined financial statements as a whole.

KPMG LLP

Seattle, Washington
March 26, 2014

PROVIDENCE HEALTH & SERVICES

Combined Balance Sheets

December 31, 2013 and 2012

(In thousands of dollars)

Assets		2013	2012
Current assets			
Cash and cash equivalents	$	852,965	706,664
Short-term management-designated investments		189,545	452,082
Assets held under securities lending		9,386	51,220
Accounts receivable, less allowance for bad debts of $358,966 in 2013 and $371,097 in 2012		1,336,803	1,261,094
Other receivables, net		293,737	271,133
Supplies inventory		171,833	155,736
Other current assets		87,574	108,150
Current portion of funds held by trustee		93,473	87,366
Total current assets		3,035,316	3,093,445
Assets whose use is limited			
Management-designated cash and investments		4,173,407	3,541,564
Gift annuities, trusts, and other		53,836	50,345
Funds held by trustee		119,510	125,146
Assets whose use is limited, net of current portion		4,346,753	3,717,055
Property, plant, and equipment, net		6,204,617	6,236,213
Other assets		382,711	367,005
Total assets	$	13,969,397	13,413,718

PROVIDENCE HEALTH & SERVICES

Combined Balance Sheets

December 31, 2013 and 2012

(In thousands of dollars)

Liabilities and Net Assets		2013	2012
Current liabilities			
Current portion of long-term debt	$	160,383	63,376
Master trust debt classified as short-term		32,075	480,201
Accounts payable		436,622	423,307
Accrued compensation		620,029	581,645
Payable to contractual agencies		127,882	131,761
Liabilities under securities lending		11,307	52,708
Retirement plan obligations		184,065	171,520
Current portion of self-insurance liability		100,834	96,445
Other current liabilities		255,244	233,058
Total current liabilities		1,928,441	2,234,021
Long-term debt, net of current portion		3,498,246	2,943,152
Other long-term liabilities			
Self-insurance liability, net of current portion		261,317	238,408
Pension benefit obligation		812,528	1,192,650
Other liabilities		151,380	131,779
Total other long-term liabilities		1,225,225	1,562,837
Total liabilities		6,651,912	6,740,010
Net assets			
Unrestricted			
Controlling interest		6,964,906	6,319,188
Noncontrolling interest		44,718	73,857
Temporarily restricted		223,548	201,961
Permanently restricted		84,313	78,702
Total net assets		7,317,485	6,673,708
Total liabilities and net assets	$	13,969,397	13,413,718

See accompanying notes to combined financial statements

PROVIDENCE HEALTH & SERVICES

Combined Statements of Operations

Years ended December 31, 2013 and 2012

(In thousands of dollars)

	2013	2012
Operating revenues		
Net patient service revenues	$ 9,357,529	9,055,945
Provision for bad debts	(299,791)	(389,890)
Net patient service revenues less provision for bad debts	9,057,738	8,666,055
Premium and capitation revenues	1,445,107	1,333,584
Other revenues	633,835	608,610
Total operating revenues	11,136,680	10,608,249
Operating expenses		
Salaries and wages	4,748,873	4,430,130
Employee benefits	1,161,130	1,170,276
Purchased healthcare	767,161	733,975
Professional fees	463,838	390,427
Supplies	1,533,092	1,473,398
Purchased services	944,487	802,418
Depreciation	596,623	584,609
Interest and amortization	134,489	120,096
Other	749,316	698,834
Total operating expenses	11,099,009	10,404,163
Excess of revenues over expenses from operations	37,671	204,086
Net nonoperating gains		
Contribution from Swedish affiliation	—	766,252
Contribution from Facey affiliation	—	38,546
Loss on extinguishment of debt	(1,671)	(53,596)
Investment income, net	247,572	290,884
Pension settlement costs and other	(30,302)	(29,656)
Total net nonoperating gains	215,599	1,012,430
Excess of revenues over expenses	253,270	1,216,516
Net assets released from restriction for capital	10,786	17,460
Change in noncontrolling interests in consolidated joint ventures	(29,139)	11,232
Pension related changes	385,702	(2,862)
Contributions, grants, and other	(4,040)	(28,280)
Increase in unrestricted net assets	$ 616,579	1,214,066

See accompanying notes to combined financial statements

PROVIDENCE HEALTH & SERVICES

Combined Statements of Changes in Net Assets

Years ended December 31, 2013 and 2012

(In thousands of dollars)

	Unrestricted: controlling interest	Unrestricted: noncontrolling interest	Temporarily restricted	Permanently restricted	Total net assets
Balance, December 31, 2011	$ 5,116,354	62,625	151,886	69,832	5,400,697
Excess of revenues over expenses	1,216,516	—	—	—	1,216,516
Restricted contribution from Swedish affiliation	—	—	37,377	6,670	44,047
Contributions, grants, and other	(28,280)	—	66,791	2,200	40,711
Net assets released from restriction	17,460	—	(54,093)	—	(36,633)
Change in noncontrolling interests in consolidated joint ventures	—	11,232	—	—	11,232
Pension related changes	(2,862)	—	—	—	(2,862)
Increase in net assets	1,202,834	11,232	50,075	8,870	1,273,011
Balance, December 31, 2012	6,319,188	73,857	201,961	78,702	6,673,708
Excess of revenues over expenses	253,270	—	—	—	253,270
Contributions, grants, and other	(4,040)	—	78,519	5,611	80,090
Net assets released from restriction	10,786	—	(56,932)	—	(46,146)
Change in noncontrolling interests in consolidated joint ventures	—	(29,139)	—	—	(29,139)
Pension related changes	385,702	—	—	—	385,702
Increase (decrease) in net assets	645,718	(29,139)	21,587	5,611	643,777
Balance, December 31, 2013	$ 6,964,906	44,718	223,548	84,313	7,317,485

See accompanying notes to combined financial statements

PROVIDENCE HEALTH & SERVICES

Combined Statements of Cash Flows

Years ended December 31, 2013 and 2012

(In thousands of dollars)

		2013	2012
Cash flows from operating activities			
Increase in net assets	$	643,777	1,273,011
Adjustments to reconcile increase in net assets to net cash provided by operating activities			
Contribution from Swedish affiliation		—	(810,299)
Contribution from Facey affiliation		—	(38,546)
Depreciation and amortization		601,823	588,630
Provision for bad debt		299,791	389,890
Loss on extinguishment of debt		1,671	53,596
Equity income from joint ventures		(37,732)	(37,394)
Restricted contributions and investment income received		(70,953)	(69,411)
Net realized and unrealized gains on investments		(172,629)	(214,616)
Distributions from joint ventures		27,121	32,933
Changes in certain current assets and current liabilities		(306,641)	(189,059)
Change in certain long-term assets and liabilities		(337,612)	(2,591)
Net cash provided by operating activities		648,616	976,144
Cash flows from investing activities			
Property, plant, and equipment additions		(574,551)	(726,365)
Proceeds from disposal of property, plant, and equipment		12,387	5,427
Purchases of investments		(3,703,909)	(3,680,180)
Proceeds from sales of investments		3,503,741	3,650,523
Change in securities lending collateral		41,834	35,767
Change in other long-term assets and other		(8,267)	41,389
Change in funds held by trustee, net		(471)	(46,718)
Net cash used in investing activities		(729,236)	(720,157)
Cash flows from financing activities			
Proceeds from restricted contributions and restricted income		70,953	69,411
Debt borrowings		1,464,771	2,216,664
Debt payments		(1,262,511)	(2,168,727)
Change in securities lending payable		(41,401)	(36,475)
Payment of deferred financing costs and other		(4,891)	(8,717)
Net cash provided by financing activities		226,921	72,156
Increase in cash and cash equivalents		146,301	328,143
Cash and cash equivalents, beginning of year		706,664	378,521
Cash and cash equivalents, end of year	$	852,965	706,664
Supplemental disclosure of cash flow information			
Cash paid for interest (net of amounts capitalized)	$	117,540	89,193

See accompanying notes to combined financial statements

(1) Organization

(a) Sisters of Providence

Sisters of Providence (the Congregation), a religious congregation of Roman Catholic women, was founded in 1843 The religious congregation's central headquarters is in Montreal, Quebec, Canada Sisters of Providence – Mother Joseph Province (the Province) was formed in 2000 through the combination of the Sacred Heart Province (founded in 1856) and the St Ignatius Province (founded in 1891) The activities of the Province include apostolic works in healthcare, social services, and education Members of the Province serve in these works through related and unrelated organizations The Province is compensated for the services of its members The Province has 134 professed members and maintains provincial administration offices in Renton, Washington The members of the Province represent the Congregation in the following

- Archdiocese of Los Angeles, California
- Archdiocese of Port-au-Prince, Haiti
- Archdiocese of Portland, Oregon
- Archdiocese of Seattle, Washington
- Diocese of Baker, Oregon
- Diocese of Boise, Idaho
- Diocese of Cubao, Philippines
- Diocese of Great Falls – Billings, Montana
- Diocese of Orlando, Florida
- Diocese of Spokane, Washington
- Diocese of Yakima, Washington
- Diocese of Montreal, Canada
- Diocesis Santiago de Maria, El Salvador

(b) Providence Health & Services

The Public Juridic Person, Providence Ministries, is the sole Member of Providence Health & Services and controls certain aspects of the various corporations comprising Providence Health & Services through certain reserved rights

Providence Ministries SPONSORS various corporations comprising Providence Health & Services including

- Providence Health & Services – Washington
- Providence Health & Services – Oregon

- Providence Health System – Southern California (cosponsored by the Congregation and the American Province of the Little Company of Mary Sisters)
- Providence Health & Services – Montana
- Providence St Joseph Medical Center
- St Thomas Child and Family Center Corporation
- University of Great Falls
- Providence Plan Partners
- Providence Health Plan (the Health Plan)
- Providence Health Assurance
- Providence Health System Housing, The St Luke Association, The Lundberg Association, Providence St Francis Association, Providence Blanchet Association, Providence Rossi Association, Providence Peter Claver Association, The Gamelin Association, The Gamelin Oregon Association, The Gamelin California Association, Providence St Elizabeth House Association, Gamelin Washington Association, Providence Gamelin House Association
- Providence Oregon Management Corporation
- Providence Ventures, Inc
- Providence Assurance, Inc
- Inland Northwest Health Services

Providence Ministries and Western HealthConnect (as defined below) are co-Members of Providence Health & Services – Western Washington

The Health System (as defined below) owns or operates 32 general acute care hospitals, three ambulatory care centers, five medical groups, six long-term care facilities, seven homecare and hospice entities, five assisted living facilities, a high school, a university, 13 low-income housing projects, the Health Plan, a health services contractor, two programs of all inclusive care for the elderly, and 22 controlled fundraising foundations

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

(c) Organizational Changes

Swedish Health Services Affiliation

On February 1, 2012, Providence Health & Services (Providence) and Swedish Health Services (Swedish) (Providence and Swedish are collectively referred to as the Health System) effected an Affiliation Agreement, which financially, clinically, and operationally integrated the two health

systems Pursuant to the Affiliation, Western HealthConnect, which as mentioned above, is a co-Member (with Providence Ministries) of Providence Health & Services – Western Washington, became Swedish's sole Member Additionally, the Affiliation requires that respective Boards of Directors and corporate officers of Providence, Western HealthConnect, Swedish, and Providence Health & Services – Western Washington are comprised of the same individuals to facilitate co-governance and management oversight of these fully integrated entities Providence and Swedish have affiliated to create a fully integrated, nonprofit, charitable health care system serving communities throughout Western Washington

Swedish provides comprehensive inpatient, outpatient, and emergency healthcare services through five acute care hospitals, a network of primary care medical clinics, two emergency service centers, and other medical organizations, primarily in Seattle and the surrounding Washington area Swedish also operates the Swedish Medical Center Foundation to provide fundraising to further the charitable, educational, healthcare, and scientific activities of Swedish The results of operations of these entities have been included in the combined statements of operations of the Health System since the February 1, 2012 effective date of the Affiliation

This transaction was accounted for as an acquisition under Accounting Standards Codification (ASC) 958-805, *Not-for-Profit Entities – Business Combinations* No consideration was paid by the Health System to acquire the net assets of Swedish The affiliation resulted in an excess of assets acquired over liabilities assumed, reported as a contribution from Swedish to the Health System of $810,299,000 The unrestricted portion of the contribution of $766,252,000 is included in net nonoperating gains in the accompanying combined statement of operations The remaining $44,047,000 of the contribution was restricted and is recorded in restricted net assets in the combined statement of changes in net assets

The following table summarizes the fair value estimates of the Swedish assets acquired and liabilities assumed as of February 1, 2012 (in thousands of dollars)

Cash and cash equivalents	$	68,184
Accounts receivable		286,571
Other receivables		28,884
Other current assets		35,085
Property, plant, and equipment		1,435,836
Management designated investments		579,885
Intangible assets		61,439
Other assets		53,787
Other current liabilities		(288,987)
Long-term debt, net of current portion		(978,965)
Pension benefit obligation		(392,538)
Self-insurance liability		(37,551)
Other liabilities		(41,331)
Total identifiable net assets assumed/contribution	$	810,299

(Continued)

The following are the financial results of Swedish included in the Health System's 2012 combined statement of operations during the eleven-month period from the date of the affiliation through December 31, 2012 (in thousands of dollars)

Total operating revenues	$	1,759,045
Excess of revenues over expenses from operations		44,014
Excess of revenues over expenses		330,219

The following pro forma combined financial information presents the Health System's results as if the affiliation had been reported as of the beginning of the Health System's fiscal year (in thousands of dollars)

		2012		
		Actual	Pro forma	
Total operating revenues	$	10,608,249	10,743,408	(1)
Excess of revenues over expenses from operations		204,086	198,924	(1)
Excess of revenues over expenses		1,216,516	465,685	(2)

(1) Includes the historical results of Swedish for the one-month period ended January 31, 2012 prior to the affiliation, including the impact of purchase accounting adjustments

(2) Actual results includes the net contribution from the affiliation

Facey Medical Foundation and Facey Medical Group Affiliation

Effective July 1, 2012, Providence Health System – Southern California entered into an affiliation agreement with Facey Medical Foundation and Facey Medical Group The Facey Medical Foundation is a nonprofit medical foundation, which operates ten clinics in the North San Fernando, Santa Clarita, San Gabriel and Simi Valleys These sites are staffed by the Facey Medical Group physicians pursuant to a professional services agreement No cash or other purchase consideration was transferred to effect the affiliation The results of operations of these entities have been included in the combined statements of operations of the Health System effective as of the date of affiliation The affiliation resulted in an excess of assets acquired over liabilities assumed, or a contribution from Facey to the Health System of $38,546,000

(d) Affiliated Transactions

Inter-affiliate Borrowings

The Health System has a policy to loan funds among its affiliates at various interest rates These transactions eliminate upon consolidation

Self-Insurance Liability

The Health System has established self-insurance programs for professional and general liability and workers' compensation insurance coverage These programs provide insurance coverage for healthcare institutions associated with the Health System The Health System also operates an insurance captive, Providence Assurance, Inc , to self-insure or re-insure certain layers of professional and general liability risk

(2) Summary of Significant Accounting Policies

(a) Basis of Presentation

The financial statements of the Health System are presented on a combined basis due to the operational interdependence of the organization and because the respective Boards of Directors and corporate officers of Providence and Swedish are comprised of the same individuals All significant transactions and accounts between divisions and combined affiliates of the Health System have been eliminated The Health System has performed an evaluation of subsequent events through March 26, 2014, which is the date these combined financial statements were issued

(b) Use of Estimates

The preparation of the combined financial statements in conformity with U S generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the combined financial statements and the reported amounts of revenues and expenses during the reporting period Actual results could differ from those estimates

(c) Cash and Cash Equivalents

Cash and cash equivalents include investments in highly liquid debt instruments with an original or remaining maturity of three months or less when acquired

(d) Supplies Inventory

Supplies inventory is stated at the lower of cost (first-in, first-out) or market

(e) Property, Plant, and Equipment

Property, plant, and equipment are stated at cost Improvements and replacements of plant and equipment are capitalized Maintenance and repairs are expensed The cost of the property, plant, and equipment sold or retired and the related accumulated depreciation are removed from the accounts, and the resulting gain or loss is recognized at the time of disposal

The Health System assesses potential impairment to their long-lived assets when there is evidence that events or changes in circumstances have made recovery of the carrying value of the assets unlikely An impairment loss, equal to the excess, if any, of the carrying value over the fair value less disposal costs, is recognized when the sum of the expected future undiscounted net cash flows from the use and disposal of the asset is less than the carrying amount of the asset

(f) Depreciation

The provision for depreciation is determined by the straight-line method, which allocates the cost of tangible property equally over its estimated useful life or lease term

(g) Capitalized Interest

Interest capitalized on amounts expended during construction is a component of the cost of additions to be allocated to future periods through the provision for depreciation Capitalization of interest ceases when the addition is substantially complete and ready for intended use The Health System capitalized $13,073,000 and $19,274,000 of interest costs during the years ended December 31, 2013 and 2012, respectively

(h) Financing Costs

Financing costs are recorded in other assets and are amortized using the effective-interest method over the term of the related debt, or to the earliest date at which a creditor can demand payment

(i) Goodwill and Indefinite Lived Intangible Assets

Goodwill and indefinite lived intangible assets, which are not amortized as they are considered to have an indefinite life, are recorded in other assets as the excess of cost over fair value of the acquired net assets Goodwill and indefinite lived intangible assets are tested at least annually for impairment As a result of the Swedish affiliation transaction in 2012, approximately $56,406,000 was assigned to indefinite lived intangible assets

(j) Assets Whose Use Is Limited

The Health System has designated all of its investments in debt and equity securities as trading All investments in debt and equity securities are reported on the combined balance sheets at fair value

Assets whose use is limited primarily include assets held by trustees under indenture agreements, self-insurance funds, funds held for the payment of health plan medical claims, assets held by related foundations, and designated assets set aside by the management of Providence Health & Services for future capital improvements and other purposes, over which management retains control

(k) Net Assets

Unrestricted net assets are those that are not subject to donor imposed stipulations Amounts related to the Health System's noncontrolling interests in certain joint ventures are included in unrestricted net assets Temporarily restricted net assets are those whose use by the Health System has been limited by donors to a specific time period and/or purpose Permanently restricted net assets have been restricted by donors to be maintained by the Health System in perpetuity Unless specifically stated by donors, gains and losses on temporarily and permanently restricted net assets are recorded as temporarily restricted

(l) Donor-Restricted Gifts

Unconditional promises to give cash and other assets to the Health System are reported at fair value at the date the promise is received Conditional promises to give and indications of intentions to give

are reported at fair value at the date the gift is received The gifts are reported as either temporarily or permanently restricted contributions if they are received with donor stipulations that limit the use of the donated assets When the terms of a donor restriction are met, temporarily restricted net assets are reclassified as unrestricted net assets and reported as other revenues in the combined statements of operations or changes in net assets as net assets released from restriction

(m) Net Patient Service Revenues

The divisions of the Health System have agreements with governmental and other third-party payors that provide for payments to the divisions at amounts different from the Health System's established charges Payment arrangements for major third-party payors may be based on prospectively determined rates, reimbursed cost, discounted charges, per diem payments, predetermined rates per HMO enrollee per month, or other methods

Net patient service revenues are reported at the estimated net realizable amounts due from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with governmental payors Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as appropriate Adjustments from finalization of prior years' cost reports and other third-party settlement estimates resulted in an increase in net patient service revenues of $8,176,000 and $11,017,000 for the years ended December 31, 2013 and 2012, respectively During 2012, the Health System received $36,805,000 related to a settlement from Centers for Medicare & Medicaid Services (CMS)

The composition of significant third-party payors for the years ended December 31, 2013 and 2012, as a percentage of net patient service revenues, is as follows

	2013	2012
Commercial and other insurance	52%	53%
Medicare	33	31
Medicaid	12	12
Self-pay	3	4
	100%	100%

(n) Provision for Bad Debts

The Health System provides for an allowance against patient accounts receivable for amounts that could become uncollectible The Health System estimates this allowance based on the aging of accounts receivable, historical collection experience by payor, and other relevant factors There are various factors that can impact the collection trends, such as changes in the economy, which in turn have an impact on unemployment rates and the number of uninsured and underinsured patients, the increased burden of copayments to be made by patients with insurance coverage and business practices related to collection efforts These factors continuously change and can have an impact on collection trends and the estimation process used by the Health System The Health System records a provision for bad debts in the period of services on the basis of past experience, which has

historically indicated that many patients are unresponsive or are otherwise unwilling to pay the portion of their bill for which they are financially responsible The estimates made and changes affecting those estimates for the years ended December 31, 2013 and 2012 are summarized below

		2013	2012
		(In thousands of dollars)	
Changes in allowance for doubtful accounts			
Allowance for doubtful accounts at beginning of year	$	371,097	214,433
Write-off of uncollectible accounts, net of recoveries		(311,922)	(233,226)
Provision for bad debts		299,791	389,890
Allowance for doubtful accounts at end of year	$	358,966	371,097

(o) Premium Revenues, Premiums Receivable, Unearned Premiums, and Capitation Revenues

Health plan revenues consist of premiums paid by employers, individuals, and agencies of the federal and state governments for healthcare services Health plan revenues are received on a prepaid basis and are recognized as revenue during the month for which the enrolled member is entitled to healthcare services Premiums received for future months are recorded as unearned premiums Capitation revenues consist of payments made at the beginning of the period and obligate the Health System to render covered services during the period

(p) Meaningful Use

The Health Information Technology for Economic and Clinical Health Act, part of the American Recovery and Reinvestment Act of 2009, created an incentive program, beginning in 2011, to promote the "meaningful use" of Electronic Health Records (EHR) To qualify, providers must attest that they are using certified EHR in a "meaningful" way by meeting objectives at established thresholds, as defined by CMS Meaningful use revenues are recognized as grant revenue Grant revenue is recognized when there is reasonable assurance that the grant will be received and that the organization will comply with the conditions attached to the grant $60,560,000 and $54,542,000 in meaningful use revenues were recognized for the years ended December 31, 2013 and 2012, respectively, and are included in other operating revenues in the accompanying combined statements of operations The amount recognized is based on management's best estimate and is subject to audit and potential retrospective adjustments

(q) Other Operating Revenues

Other operating revenues include rental revenue, equity earnings from joint ventures, contributions released from restrictions, cafeteria revenue, and other miscellaneous revenue

(r) Charity and Unsponsored Community Benefit Costs

The divisions of the Health System have policies that provide for serving those without the ability to pay The policies also provide for discounted sliding scale payments based on the income and assets of the person responsible for the bill In addition to uncompensated care, the Health System's divisions also provide services that benefit the poor and others in the communities they serve

Information for the Health System for the years ended December 31, 2013 and 2012 is summarized below

	2013	2012
	(In thousands of dollars)	
Cost of charity care provided	$ 312,839	272,460
Unpaid cost of Medicaid services	404,138	344,601
Education and research programs, net cost	115,554	89,809
Nonbilled services, net cost	42,231	40,249
Negative margin services and other, net cost	75,905	75,875
Unsponsored community benefit costs	$ 950,667	822,994
Percentage of total operating expenses, excluding purchased healthcare	9 2%	8 5%

The cost of charity care provided is calculated based on each division's aggregate relationship of costs to charges The unpaid cost of Medicaid services is the cost of treating Medicaid patients in excess of government payments Education includes the unpaid cost of training health professionals, such as medical residents in excess of payments received from Medicare and Medicaid for Graduate Medical Education programs Research programs include the unpaid cost of controlled studies of therapeutic protocols and development of new treatment protocols Nonbilled services include the cost of services for which neither the patient or insurance is billed or for which a nominal fee has been assessed Negative margin services include programs for which net patient service revenue is less than cost incurred to provide the service to meet a need in the community Unpaid cost of Medicaid services, education and research programs, nonbilled services, and negative margin services are net of revenues of $952,137,000 and $1,134,189,000 for the years ended December 31, 2013 and 2012, respectively

(s) Net Nonoperating Gains

Net nonoperating gains primarily include investment income from trading securities, income from recipient organizations, and other income Additionally, contributions from affiliations with Swedish and Facey are included in net nonoperating gains in 2012

(t) Excess of Revenues over Expenses

Excess of revenues over expenses includes all changes in unrestricted net assets, except for net assets released from restriction for the purchase of property, certain changes in funded status of postretirement benefit plans, net changes in noncontrolling interests in combined joint ventures, and other

(u) Income and Other Taxes

The Health System and substantially all of the various corporations within the Health System have been recognized as exempt from federal income taxes, except on unrelated business income, under Section 501(c)(3) of the Internal Revenue Code (IRC)

The Health System recognizes the effect of income tax positions only if those positions are more likely than not of being sustained upon an audit by the taxing authority. 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.

Various states in which the Health System operates have instituted a provider tax on certain patient service revenues at qualifying hospitals to increase funding from other sources and obtain additional Federal funds to support increased payments to providers for Medicaid services. These taxes are included in other expenses in the accompanying combined statements of operations. These programs resulted in enhanced payments from these states in the way of lump sum payments and per claim increases. These enhanced payments are included in net patient service revenues in the accompanying combined statements of operations.

Providence Plan Partners, Providence Health Plan, and Providence Health Assurance are not-for-profit entities and have been recognized as exempt from federal income taxes, except on unrelated business income, as social welfare organizations under Section 501(c)(4) of the IRC.

(v) Recently Issued or Adopted Accounting Standards

In 2012, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2011-07, *Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities*, which provides financial statement users with greater transparency about a health care entity's net patient service revenue and the related allowance for doubtful accounts. The amendments require health care entities to present the provision for bad debts related to patient service revenue as a deduction from patient service revenue (net of contractual allowances and discounts) on their statement of operations. This standard was effective for the Health System beginning in 2012.

(w) Reclassifications

Certain reclassifications have been made to prior year amounts to conform to the current year presentation to more consistently present financial information between years.

(3) Fair Value of Financial Instruments

ASC Topic 820 (Topic 820), *Fair Value Measurements and Disclosures*, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows:

- Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Company has the ability to access at the measurement date.
- Level 2 inputs are inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly.
- Level 3 inputs are unobservable inputs for the asset or liability.

(Continued)

The level in the fair value hierarchy within which a fair measurement in its entirety falls is based on the lowest level input that is significant to the fair value measurement in its entirety

The fair value of management-designated cash and investments, funds held for long-term purposes, and funds held by trustee, which are the amounts reported in the combined balance sheets, are estimated based on quoted market prices For long-term debt, the fair value is based on Level 2 inputs, such as the discounted value of the future cash flows using current rates for debt with the same remaining maturities, considering the existing call premium and protection The carrying value and fair value of long-term debt, including accrued interest, was $3,725,358,000 and $3,789,289,000, respectively, as of December 31, 2013, and $3,517,746,000 and $3,758,316,000, respectively, as of December 31, 2012

Other financial instruments of the Health System include cash and cash equivalents and other receivables The carrying amount of these instruments approximates fair value because these items mature in less than one year The carrying amount of other long-term investments approximates fair value

(a) Collective Investment Funds

Collective investment funds include investments that are held by a trust company that handles a pooled group of trust accounts The Health System holds seven funds and has no unfunded commitments or provisions significantly impacting liquidity at December 31, 2013 The underlying holdings of these funds are primarily comprised of publicly traded domestic equity and debt securities, whose fair value is readily determinable

The fair value estimates of the collective investment funds are estimates determined by management using various information sources, including information provided by the fund managers The collective investment funds classified in Level 2 consist of shares or units in the investment funds as opposed to direct interests in the fund's underlying holdings, which are marketable securities Because the net asset value reported by each fund is used as a practical expedient to estimate the fair value of the Health System's interest therein, its classification in Level 2 is based on the Health System's ability to redeem its interest at or near the balance sheet date The classification in the fair value hierarchy is not necessarily an indication of the risks, liquidity, or degree of difficulty in estimating the fair value of each investment's underlying assets and liabilities

(b) Securities Lending Agreements

The Health System has securities lending agreements with financial institutions that serve as the lending agent These agreements authorize the lending agents to lend securities owned by the Health System to an approved list of borrowers Under the agreements, the lending agents are responsible for negotiating each loan for an unspecified term while retaining the power to terminate the loan at any time At the time each loan is made, the lending agents require collateral equal to 102% of the market value of the loaned securities and accrued interest While any securities are loaned, the Health System retains all rights of ownership, except it waives its right to vote such securities The collateral related to the securities loaned totaled $9,386,000 and $51,220,000 at December 31, 2013 and 2012, respectively In connection with securities lending activities the Health System has recognized a net investment loss of $333,000 and a net investment gain of $831,000, for the years ended December 31, 2013 and 2012, respectively Net investment gains and losses are included in net nonoperating gains in the accompanying combined statements of operations

The following table presents assets (other than management-designated cash and investments and funds held by trustee) and liabilities that are measured at fair value on a recurring basis (including items that are required to be measured at fair value) at December 31, 2013

	December 31, 2013	Fair value measurements at reporting date using		
		Level 1	Level 2	Level 3
		(In thousands of dollars)		
Assets				
Assets under securities lending	$ 9,386	3,612	5,774	—
Gift annuities, trusts and other	53,836	25,996	6,493	21,347
Liabilities				
Liabilities under securities lending	$ 11,307	—	11,307	—

The following table presents assets (other than management-designated cash and investments and funds held by trustee) and liabilities that are measured at fair value on a recurring basis (including items that are required to be measured at fair value) at December 31, 2012

	December 31, 2012	Fair value measurements at reporting date using		
		Level 1	Level 2	Level 3
		(In thousands of dollars)		
Assets				
Assets under securities lending	$ 51,220	48,675	2,545	—
Gift annuities, trusts and other	50,345	22,316	7,260	20,769
Liabilities				
Liabilities under securities lending	$ 52,708	37,127	15,581	—

(Continued)

The following table presents the Health System's activity for assets measured at fair value on a recurring basis using significant unobservable inputs (Level 3) as defined in Topic 820 for the years ended December 31, 2013 and 2012 (in thousands of dollars)

	Gift annuities, trusts, and other	Management designated cash and investments (Note 4)
Balance at December 31, 2011	$ 11,002	—
Total realized and unrealized gains (losses), net	312	(1,639)
Total purchases	12,584	3,465
Total sales	(3,518)	—
Transfers into Level 3	389	2,699
Balance at December 31, 2012	20,769	4,525
Total realized and unrealized gains (losses), net	(862)	81
Total purchases	2,932	—
Total sales	(1,745)	(3)
Transfers into Level 3	253	—
Balance at December 31, 2013	$ 21,347	4,603

There were no significant transfers between assets classified as Level 1 and Level 2 during the years ended December 31, 2013 and 2012

Level 3 assets include charitable remainder trusts and real property Fair values of charitable remainder trusts were estimated using an income approach Fair values of real property were estimated using a market approach

(4) Investments

(a) Management-Designated Cash and Investments and Funds Held by Trustee

The composition of management-designated cash and investments and funds held by trustee at December 31, 2013 is set forth in the following tables Investments are stated at fair value

	December 31, 2013	Fair value measurements at reporting date using		
		Level 1	Level 2	Level 3
	(In thousands of dollars)			
Management-designated cash and investments				
Cash and cash equivalents	$ 263,085	263,085	—	—
Domestic equity securities				
Mutual funds				
Large capitalization	464,348	464,348	—	—
Med-small capitalization	116,927	116,927	—	—
Other	313,526	313,526	—	—
Capital goods	54,126	54,126	—	—
Consumer services	83,169	83,169	—	—
Energy	35,019	35,019	—	—
Financial services	62,818	62,818	—	—
Technology	55,948	55,948	—	—
Healthcare and other	57,132	57,132	—	—
Foreign equity securities				
Mutual funds	359,341	359,341	—	—
Other industries	42,341	42,341	—	—
Collective investment funds	401,059	—	401,059	—
Debt securities – U S Treasury and agency	983,841	773,463	210,378	—
Debt securities – State Treasury	29,477	—	29,477	—
Domestic corporate debt securities	603,186	—	603,186	—
Foreign corporate debt securities	196,347	—	196,347	—
Mortgage-backed securities				
Commercial	57,147	—	57,147	—
Residential	87,219	—	87,219	—
Collateralized debt obligations	74,087	—	74,087	—
Other	22,809	464	17,742	4,603
Total	$ 4,362,952	2,681,707	1,676,642	4,603

(Continued)

	December 31, 2013	Fair value measurements at reporting date using		
		Level 1	Level 2	Level 3
		(In thousands of dollars)		
Funds held by trustee				
Cash and cash equivalents	$ 44,835	44,835	—	—
Domestic equity securities				
Mutual funds	33,346	33,346	—	—
Other industries	170	170	—	—
Foreign equity securities				
Mutual funds	2,894	2,894	—	—
Other industries	9	9	—	—
Debt securities – U S Treasury	67,955	67,955	—	—
Domestic corporate debt securities	33,503	—	33,503	—
Foreign corporate debt securities	15,508	—	15,508	—
Mortgage-backed securities	7,728	—	7,728	—
Other	7,035	94	6,941	—
Total	$ 212,983	149,303	63,680	—

(Continued)

The composition of management-designated cash and investments and funds held by trustee at December 31, 2012 is set forth in the following tables Investments are stated at fair value

	December 31, 2012	Fair value measurements at reporting date using		
		Level 1	Level 2	Level 3
		(In thousands of dollars)		
Management-designated cash and investments				
Cash and cash equivalents	$ 179,814	179,814	—	—
Domestic equity securities				
Mutual funds				
Large capitalization	351,108	351,108	—	—
Med-small capitalization	95,818	95,818	—	—
Other	347,919	347,919	—	—
Capital goods	33,602	33,602	—	—
Consumer services	85,563	85,563	—	—
Energy	31,720	31,720	—	—
Financial services	48,984	48,984	—	—
Technology	47,758	47,758	—	—
Healthcare and other	46,428	46,428	—	—
Foreign equity securities				
Mutual funds	321,792	321,792	—	—
Other industries	26,059	26,059	—	—
Collective investment funds	378,646	—	378,646	—
Debt securities – U S Treasury and agency	983,836	624,831	359,005	—
Debt securities – State Treasury	36,773	1,415	35,358	—
Domestic corporate debt securities	600,114	—	600,114	—
Foreign corporate debt securities	193,237	—	193,237	—
Mortgage-backed securities				
Commercial	42,511	—	42,511	—
Residential	62,379	—	62,379	—
Collateralized debt obligations	60,116	—	60,116	—
Other	19,469	1,702	13,242	4,525
Total	$ 3,993,646	2,244,513	1,744,608	4,525

(Continued)

	December 31, 2012	Fair value measurements at reporting date using		
		Level 1	Level 2	Level 3
	(In thousands of dollars)			
Funds held by trustee				
Cash and cash equivalents	$ 45,574	45,574	—	—
Domestic equity securities				
Mutual funds	30,957	30,957	—	—
Debt securities – U S Treasury	67,465	67,465	—	—
Domestic corporate debt securities	34,046	—	34,046	—
Foreign corporate debt securities	17,526	—	17,526	—
Mortgage-backed securities	9,775	—	9,775	—
Other	7,169	2,812	4,357	—
Total	$ 212,512	146,808	65,704	—

The Health System's funds held by trustee are segregated from other cash and investments for various purposes Included in funds held by trustee as of December 31, 2013 and 2012, respectively, are $4,177,000 and $3,052,000 obtained from borrowings under the Health System's master trust indenture for construction and other ongoing projects The Health System also includes in funds held by trustee $189,075,000 and $192,299,000 at December 31, 2013 and 2012, respectively, related to the self-insurance and pension trusts Within the self-insured trusts, the balance is based on management's assessment of annual need Any additional investments are considered management-designated

Investment income from management-designated cash and investments and funds held by trustee are included in net nonoperating gains and are comprised of the following for the years ended December 31, 2013 and 2012

	2013	2012
	(In thousands of dollars)	
Interest income	$ 82,921	82,124
Net realized gains on sale of investments	117,062	128,744
Net unrealized gains on trading securities	47,589	80,016
Total	$ 247,572	290,884

(Continued)

(5) Property, Plant, and Equipment

Property, plant, and equipment and the total accumulated depreciation at December 31, 2013 and 2012 are shown below

	Approximate useful life (years)	2013	2012
		(In thousands of dollars)	
Land	—	$ 586,659	570,026
Buildings and improvements	5–60	5,061,647	4,870,030
Equipment			
Fixed	5–25	932,531	894,992
Major movable and minor	3–20	3,662,617	3,283,715
Rental property	15–40	875,310	866,229
Construction in progress	—	552,211	648,574
		11,670,975	11,133,566
Less accumulated depreciation		5,466,358	4,897,353
Property, plant, and equipment, net		$ 6,204,617	6,236,213

Construction in progress primarily represents renewal and replacement of various facilities in the Health System's operating divisions, as well as costs capitalized related to software development

(6) Other Assets

Other assets at December 31, 2013 and 2012 are as follows

	2013	2012
	(In thousands of dollars)	
Unamortized financing costs, net	$ 34,035	29,144
Investment in nonconsolidated joint ventures	102,508	88,597
Interest in noncontrolled foundations	21,779	20,655
Notes receivable	51,473	54,353
Long-term reinsurance receivable	40,325	26,500
Goodwill and intangibles	118,367	125,660
Other	14,224	22,096
Total other assets	$ 382,711	367,005

The Health System participates in various joint ventures for the purpose of furthering its healthcare mission These joint ventures exist in all geographic locations in which the Health System operates The primary purposes of the ventures are to provide outpatient services such as laboratory, outpatient surgery, and medical imaging Various joint ventures, throughout the Health System, are controlled and

(Continued)

consequently are combined in the financial statements of the Health System All other joint ventures are accounted for under the equity method of accounting The Health System recorded earnings from equity method investees of $37,732,000 and $37,394,000 for the years ended December 31, 2013 and 2012, respectively, the majority of which are included in other operating revenues in the accompanying combined statements of operations

(7) Short-Term and Long-Term Debt

The Health System has borrowed Master Trust debt issued through the following

- California Health Facilities Financing Authority (CHFFA)
- Alaska Industrial Development and Export Authority (AIDEA)
- Hospital Facilities Authority of Multnomah County (HFAMC)
- Washington Health Care Facilities Authority (WHCFA)
- Montana Facility Finance Authority (MFFA)
- Oregon Facilities Authority (OFA)

Short-term and long-term unpaid principal at December 31, 2013 and 2012 consists of the following

	Maturing through	Coupon rates	Unpaid principal 2013	Unpaid principal 2012
			(In thousands of dollars)	
Master trust debt				
Fixed				
Series 1996, CHFFA Revenue Bonds	2016	4 00 – 6 00%	$ 2,975	3,865
Series 1997, Direct Obligation Notes	2017	7 70%	2,690	3,245
Series 2003H, AIDEA Revenue Bonds	2015	4 63 – 5 25%	8,500	18,500
Series 2004, HFAMC Revenue Bonds	2024	3 00 – 5 50%	—	84,355
Series 2005, Direct Obligation Notes	2030	4 31 – 5 39%	48,120	49,855
Series 2006A, WHCFA Revenue Bonds	2036	4 50 – 5 00%	210,555	210,555
Series 2006B, MFFA Revenue Bonds	2026	4 00 – 5 00%	62,380	65,175
Series 2006C, WHCFA Revenue Bonds	2033	5 25%	69,425	69,425
Series 2006D, WHCFA Revenue Bonds	2033	5 25%	69,275	69,275
Series 2006E, WHCFA Revenue Bonds	2033	5 25%	26,350	26,350
Series 2006H, AIDEA Revenue Bonds	2036	5 00%	54,355	54,355
Series 2008C, CHFFA Revenue Bonds	2038	3 00 – 6 50%	272,725	276,725
Series 2009A, Direct Obligation Notes	2019	5 05 – 6 25%	250,000	250,000
Series 2009B, CHFFA Revenue Bonds	2039	5 50%	150,000	150,000
Series 2010A, WHCFA Revenue Bonds	2039	4 88 – 5 25%	174,240	174,240
Series 2011A, AIDEA Revenue Bonds	2041	5 00 – 5 50%	122,720	122,720
Series 2011B, WHCFA Revenue Bonds	2021	2 00 – 5 00%	75,785	83,345
Series 2011C, OFA Revenue Bonds	2026	3 50 – 5 00%	22,355	22,355
Series 2012A, WHCFA Revenue Bonds	2042	2 00 – 5 00%	509,165	511,370
Series 2012B, WHCFA Revenue Bonds	2042	4 00 – 5 00%	100,000	100,000
Series 2013A, OFA Revenue Bonds	2024	2 00 – 5 00%	78,190	—
Series 2013D, Direct Obligation Notes	2023	4 38%	252,285	—
Total fixed			2,562,090	2,345,710
Variable				
Series 2003D, E, F, G, HFACC Revenue Bonds	2033	0 14%	—	200,200
Series 2012C, WHCFA Revenue Bonds	2042	0 11%	80,000	80,000
Series 2012D, WHCFA Revenue Bonds	2042	0 17%	80,000	80,000
Series 2012E, Direct Obligation Notes	2042	0 23%	237,785	239,760
Series 2013C, OFA Revenue Bonds	2022	0 76%	161,675	—
Series 2013E, Direct Obligation Notes	2017	1 05%	322,250	—
Total variable			881,710	599,960
Commercial Paper, Series 2008A	2013	0 17%	—	194,000
U S Bank Credit Facility	2013	0 55%	—	86,001
Unpaid principal, master trust debt			3,443,800	3,225,671
Premiums and discounts, net			59,455	57,399
Master trust debt, including premiums and discounts, net			3,503,255	3,283,070
Other long-term debt			187,449	203,659
Total debt			$ 3,690,704	3,486,729

(Continued)

		2013	2012
		(In thousands of dollars)	
Current portion of long-term debt	$	160,383	63,376
Long-term debt subject to short-term remarketing agreements		—	200,200
Short-term master trust debt		32,075	280,001
Long-term debt, classified as a long-term liability		3,498,246	2,943,152
Total debt	$	3,690,704	3,486,729

Members of the Obligated Group are jointly and severally responsible for all borrowings under the master trust indenture of the Obligated Group The master trust indenture and bond trust indentures for each debt issue require the Obligated Group to meet certain financial covenants Providence Health & Services – Washington, Providence Health & Services – Western Washington, Western HealthConnect, Swedish Health Services, Providence Health & Services – Oregon (exclusive of Providence Plan Partners), Providence Health System – Southern California (exclusive of Medical Institute of Little Company of Mary, Lifecare Ventures, Inc , TrinityCare Hospice, and Facey), Providence St Joseph Medical Center, and Providence Health & Services – Montana, exclusive of related housing projects financed by the U S Department of Housing and Urban Development and foundations, are the members of an Obligated Group formed for issuing debt under a master trust indenture

In September 2013, the Health System issued $239,865,000 of OFA comprised of fixed rate bonds and variable rate bonds, and $574,535,000 direct obligation notes comprised of a fixed rate issue and a variable rate issue The proceeds were used to redeem Series 2003D-G HFACC bonds, advance refund the Series 2004 HFAMC bonds, redeem and cancel the outstanding Series 2008A Commercial Paper Notes and repay the outstanding US Bank Revolving Credit Facility The Series 2013C bonds were initially issued in Index Floating Rate Mode which will be subject to mandatory purchase on the day following the end of the Initial Index Floating Rate Period as more fully described in the respective Official Statement The Obligated Group is unconditionally obligated to pay the purchase price of the Series 2013C bonds if remarketing proceeds are insufficient to make such payment The remarketing provision is not supported by a stand-by bond purchase agreement and accordingly the amount subject to the mandatory tender provision has resulted in short-term classification on the accompanying combined balance sheets

In July 2012, the Health System issued $1,011,130,000 of WHCFA fixed rate and variable rate bonds A portion of the proceeds were used to redeem $821,844,000 of existing Swedish debt In connection with these redemptions, Swedish Health Services (exclusive of Swedish Edmonds and the Swedish Medical Center Foundation), became a member of the Obligated Group The Series 2012C, D, and E bonds are variable rate bonds and bear interest at weekly rates These bonds are supported by stand-by bond purchase agreements, the terms of which define material adverse changes and mitigate subjectivity and provide liquidity beyond one year, and accordingly result in long-term classification on the accompanying combined balance sheets

In connection with the Series 2013A-E issuances and the Series 2012A-E issuances, the Health System recorded losses due to extinguishment of debt of $1,671,000 and $53,596,000 in 2013 and 2012, respectively, which were recorded in net nonoperating gains in the accompanying combined statement of operations

(Continued)

(a) Master Trust Debt Classified as Short-Term

Oregon Facilities Authority (OFA) Revenue Bonds, Series 2013C

The Series 2013C bonds were issued in September 2013 as variable rate debt with a mandatory tender provision that requires the Health System to fund any shortfall upon remarketing of bonds at intervals defined by the offering statement As a result $32,075,000 subject to the mandatory tender has been reclassified to short-term debt as the balance could become due and payable in 2014

Hospital Facility Authority of Clackamas County, Oregon Revenue Bonds, Series 2003D, E, F, and G

The Series 2003D, E, F, and G bonds were issued in May 2003 as auction rate bonds In October 2008, the bonds were converted to a unit pricing mode pursuant to the Series 2003 D, E, F, and G Trust Indenture Under the unit pricing mode, the interest reset period varies with each remarketing and ranges between one and 270 days In connection with the revised terms under the unit pricing mode, the remaining balance was reclassified to short-term debt due to the reset periods and remarketing In September 2013 the Series 2003D, E, F and G bonds were redeemed through the issuance of the Series 2013 C and E bonds

Commercial Paper, Series 2008A

The Health System participated in a commercial paper program through September 2013 The commercial paper program was redeemed through the issuance of the Series 2013 E direct obligation bonds

U.S. Bank Credit Facility

The Health System had a $150,000,000 Credit Facility with U S Bank, of which $86,001,000 in borrowings was outstanding at December 31, 2012 The outstanding balance of the U S Bank Credit Facility was repaid through the issuance of the Series 2013 E direct obligation bonds

(b) Other Long-Term Debt

Other long-term debt primarily includes capital leases, notes payable, and bonds that are not under the master trust indenture Other long-term debt at December 31, 2013 and 2012 consists of the following

		2013	2012
		(In thousands of dollars)	
Capital leases	$	124,237	136,371
Notes payable		52,335	55,000
Bonds not under master trust indenture and other		10,877	12,288
Total other long-term debt	$	187,449	203,659

(Continued)

Scheduled principal payments of long-term debt, considering all obligations under the master trust indenture as due according to their long-term amortization schedule, for the next five years and thereafter are as follows

	Master trust	Other	Total
	(In thousands of dollars)		
2014	$ 136,710	23,673	160,383
2015	162,700	21,686	184,386
2016	203,790	23,598	227,388
2017	157,395	12,022	169,417
2018	59,375	7,104	66,479
Thereafter	2,691,755	99,366	2,791,121
Scheduled principal payments of long-term debt	3,411,725	$ 187,449	3,599,174
Short-term master trust debt	32,075		
Total master trust debt	$ 3,443,800		

Leases

The Health System leases various medical and office equipment and buildings under operating leases Future minimum lease commitments under noncancelable operating leases for the next five years and thereafter are as follows (in thousands of dollars)

2014	$ 111,703
2015	90,566
2016	75,344
2017	61,646
2018	53,580
Thereafter	541,088
	$ 933,927

Rental expense was $181,239,000 and $166,407,000 for the years ended December 31, 2013 and 2012, respectively, and is included in other expenses in the accompanying combined statements of operations

(8) Retirement Plans

(a) Defined Benefit Plans

Cash Balance Retirement Plan

The Health System had a noncontributory cash balance plan covering substantially all Providence employees called the Providence Health & Services Cash Balance Retirement Plan Trust (the Cash Balance Plan) The plan was frozen effective December 31, 2009 The plan benefits are based on

defined average compensation and years of service The plan has a five year cliff vesting schedule The Health System's funding policy is based on the actuarially determined cost method, and includes normal service cost and prior service costs amortized over a 20-year period Under the Cash Balance Plan, each employee carries an individual account balance The Health System makes an annual contribution and provides an annual interest credit to each employee's account

Supplemental Executive Retirement Plan

The Health System has a noncontributory supplemental executive retirement plan (the SERP) covering certain employees who were employed in certain key positions or pay grades or that have been designated by the Health System The plan was frozen effective December 31, 2009 The plan benefits were based on defined average compensation and years of service The vesting period for the plan requires an executive attain age 55 with at least five years of eligible service The Health System's funding policy is based on the actuarially determined cost method, and includes normal service cost and prior service costs amortized over a 20-year period Under the SERP, each employee carries an individual account balance The Health System makes an annual contribution and provides an annual interest credit to each employee's account

Swedish Health Services Pension Plan

The Swedish Health Services Pension Plan (the Plan) is a noncontributory plan covering a majority of Swedish employees, and provides benefits based on number of years of credited service and compensation earned during the participation in the Pension Plan The Pension Plan is frozen to all former and existing nonrepresented employees and to all new participants Only represented employees that were active in the plan on December 31, 2009 remain in the plan actively accruing benefits Swedish makes annual contributions to the Pension Plan

Willamette Falls Pension Plan

The Willamette Falls Pension Plan is also a noncontributory plan covering a majority of employees at Providence Willamette Falls The plan was frozen effective February 2008 The plan benefits are based on years of service and compensation during an employee's period of employment The funding policy is based on the actuarially determined cost method, and includes normal service cost and prior service costs amortized over a 20-year period Under the Willamette Falls Pension Plan, each employee carries an individual monthly annuity benefit

The Cash Balance Plan, the SERP, the Pension Plan, and the Willamette Falls Pension Plan are collectively "the defined benefit plans "

The Health System's contributions to these defined benefit plans for the years ended December 31, 2013 and 2012 were $87,647,000 and $89,983,000, respectively

The measurement dates for the defined benefit plans are December 31, 2013 and 2012, respectively. A rollforward of the change in benefit obligation and change in the fair value of plan assets for the defined benefit plans is as follows:

		2013	2012
		(In thousands of dollars)	
Change in projected benefit obligation			
Projected benefit obligation at beginning of year	$	2,896,017	1,884,190
Swedish affiliation		—	891,599
Service cost		32,042	24,149
Interest cost		114,765	126,393
Plan amendments		(1,310)	—
Actuarial (gain) loss		(247,903)	147,887
Benefits paid and other		(200,994)	(178,201)
Projected benefit obligation at end of year		2,592,617	2,896,017
Change in fair value of plan assets			
Fair value of plan assets at beginning of year		1,696,137	1,107,543
Swedish affiliation		—	499,061
Actual return on plan assets		190,838	177,751
Employer contributions		87,647	89,983
Benefits paid and other		(200,994)	(178,201)
Fair value of plan assets at end of year		1,773,628	1,696,137
Funded status		(818,989)	(1,199,880)
Unrecognized net actuarial loss		191,541	574,703
Unrecognized prior service cost		7,530	10,070
Net amount recognized	$	(619,918)	(615,107)
Amounts recognized in the consolidated balance sheets consist of			
Current liabilities	$	(6,461)	(7,230)
Noncurrent liabilities		(812,528)	(1,192,650)
Unrestricted net assets		199,071	584,773
Net amount recognized	$	(619,918)	(615,107)
Weighted average assumptions			
Discount rate		5 00%	4 10%
Rate of increase in compensation levels		4 00	3 09
Long-term rate of return on assets		7 00	7 00

(Continued)

Net periodic pension cost for the defined benefit plans for 2013 and 2012 includes the following components

	2013	2012
	(In thousands of dollars)	
Components of net periodic pension cost		
Service cost	$ 32,042	24,149
Interest cost	114,765	126,393
Expected return on plan assets	(114,501)	(106,509)
Amortization of prior service cost	1,231	1,259
Recognized net actuarial loss	33,094	38,553
Settlement expense	25,826	33,971
Net periodic pension cost	$ 92,457	117,816

Total expense for all of the Health System's defined benefit plans for the years ended December 31, 2013 and 2012 was $92,457,000 and $117,816,000, respectively Included in the total expense is $25,826,000 and $33,971,000 of settlement costs that were incurred in 2013 and 2012, respectively, related to settlements that were greater than the sum of the service cost and interest cost components of net periodic pension cost This settlement expense is included in net nonoperating gains in the accompanying combined statements of operations The remaining expense is included in employee benefits in the accompanying combined statements of operations

The accumulated benefit obligation was $2,543,426,000 and $2,833,430,000 at December 31, 2013 and 2012, respectively

The following pension benefit payments reflect expected future service Payments expected to be paid over the next 10 years are as follows (in thousands of dollars)

2014	$ 188,802
2015	190,322
2016	193,642
2017	198,291
2018 – 2023	1,149,277
	$ 1,920,334

The Health System expects to contribute approximately $80,955,000 to the defined benefit plans in 2014

The expected long-term rate of return on plan assets is the expected average rate of return on the funds invested currently and on funds to be invested in the future in order to provide for the benefits included in the projected benefit obligation The Health System used 7 0% in calculating the 2013 and 2012 expense amounts This assumption is based on capital market assumptions and the plan's target asset allocation

(Continued)

The Health System continues to monitor the expected long-term rate of return. If changes in those parameters cause 7.0% to be outside of a reasonable range of expected returns, or if actual plan returns over an extended period of time, suggest that general market assumptions are not representative of expected plan results, the Health System may revise this estimate prospectively.

Target asset allocation and expected long-term rate of return on assets (ELTRA) at December 31 was as follows:

	2013 and 2012 Target	2013 ELTRA	2012 ELTRA
Cash and cash equivalents	5%	0.5% – 2%	0.5% – 2%
Equity securities	35	5% – 8%	5% – 8%
Debt securities	50	3% – 4%	3% – 4%
Other securities	10	7% – 10%	7% – 10%
Total	100%	7.00%	7.00%

(Continued)

The following table presents the Health System's defined benefit plan assets measured at fair value at December 31, 2013

	December 31, 2013	Fair value measurements at reporting date using		
		Level 1	Level 2	Level 3
		(In thousands of dollars)		
Assets				
Cash and cash equivalents	$ 142,092	142,092	—	—
Domestic equity securities				
Mutual funds				
Large capitalization	250,076	250,076	—	—
Medium-small cap and other	2,148	2,148	—	—
Capital goods	37,169	37,169	—	—
Consumer services	29,281	29,281	—	—
Technology	69,407	69,407	—	—
Other	95,266	95,266	—	—
Foreign equity securities				
Mutual funds				
Large capitalization	120,681	120,681	—	—
Capital goods	7,839	7,839	—	—
Consumer services	39,702	39,702	—	—
Energy	18,928	18,928	—	—
Financial services	23,402	23,402	—	—
Healthcare	12,691	12,691	—	—
Technology and other	15,571	15,571	—	—
Debt securities – state and government	240,654	—	240,654	—
Foreign securities – state and government	56,180	—	56,180	—
Domestic corporate debt securities	135,806	—	135,806	—
Foreign corporate debt securities	22,572	—	22,572	—
Mortgage-backed securities				
Commercial	11,963	—	11,963	—
Residential	93,660	—	93,660	—
Asset-backed securities	9,463	—	9,463	—
Hedge funds	158,681	—	158,681	—
Collective investment funds	180,396	—	180,396	—
Total	$ 1,773,628	864,253	909,375	—

(Continued)

The following table presents the Health System's defined benefit plan assets measured at fair value at December 31, 2012

	December 31, 2012	Fair value measurements at reporting date using		
		Level 1	Level 2	Level 3
		(In thousands of dollars)		
Assets				
Cash and cash equivalents	$ 53,774	53,774	—	—
Domestic equity securities				
Mutual funds				
Large capitalization	280,326	280,326	—	—
Medium-small cap and other	1,635	1,635	—	—
Capital goods	46,574	46,574	—	—
Consumer services	45,601	45,601	—	—
Technology	36,065	36,065	—	—
Other	65,597	65,597	—	—
Foreign equity securities				
Mutual funds				
Large capitalization	96,270	96,270	—	—
Capital goods	40,885	40,885	—	—
Consumer services	17,626	17,626	—	—
Energy	23,309	23,309	—	—
Financial services	16,912	16,912	—	—
Healthcare	15,041	15,041	—	—
Technology and other	9,814	9,814	—	—
Debt securities – state and government	138,185	—	138,185	—
Domestic corporate debt securities	305,820	—	305,820	—
Foreign corporate debt securities	20,488	—	20,488	—
Mortgage-backed securities				
Commercial	15,601	—	15,601	—
Residential	106,266	—	106,266	—
Asset-backed securities	14,240	—	14,240	—
Hedge funds	165,667	—	165,667	
Collective investment funds	177,100	—	177,100	—
Other	3,341	3,341	—	—
Total	$ 1,696,137	752,770	943,367	—

The fair value estimates of certain funds are estimates determined by management using various information sources, including information provided by the fund managers Certain funds classified in Level 2 consist of shares or units in the investment funds as opposed to direct interests in the fund's underlying holdings, which are marketable securities Because the net asset value reported by each fund is used as a practical expedient to estimate the fair value of the Health System's interest therein, its classification in Level 2 is based on the Health System's ability to redeem its interest at or

near the balance sheet date The classification in the fair value hierarchy is not necessarily an indication of the risks, liquidity, or degree of difficulty in estimating the fair value of each investment's underlying assets and liabilities

(b) Defined Contribution Plans

401(a) Service Plan

The Health System sponsors the Providence Health & Services 401(a) Service Plan (the Service Plan) The Service Plan covers substantially all Providence employees, with contributions based on defined eligible compensation and years of service The plan has a five year cliff vesting schedule The Health System contributed $140,038,000 to the Service Plan in 2013 related to 2012, and has accrued a liability of $150,640,000 as of December 31, 2013 related to contributions, which has been included in the current portion of retirement plan obligations on the accompanying combined balance sheets

403(b) Value Plan

The Health System also sponsors the Providence Health & Services 403(b) Value Plan (the Value Plan) The plan is a defined contribution plan, which includes a qualified cash or deferred arrangement, for the benefit of eligible employees Vesting is immediate Total Value Plan expense, primarily related to contributions, was $63,290,000 and $57,585,000 in 2013 and 2012, respectively, and is included in employee benefits expense in the accompanying combined statements of operations

Providence, Swedish, PAML Multiple Employer 401(k) Plan

The Health System sponsors the Providence, Swedish, PAML Multiple Employer 401(k) Plan which covers certain Providence affiliates unable to participate in the Service Plan and the Value Plan The plan is a defined contribution plan with contributions based on defined eligible compensation The plan has a four year cliff vesting schedule Total plan expense, primarily related to contributions, was $37,164,000 and $33,074,000 in 2013 and 2012, respectively, and is included in employee benefits expense in the accompanying combined statements of operations

(9) Self-Insurance Liability

The Health System accrues estimated self-insured professional and general liability and workers' compensation insurance claims based on management's estimate of the ultimate costs for both reported claims and actuarially determined estimates of claims incurred-but-not-reported Insurance coverage in excess of the per occurrence self-insured retention, has been secured with insurers or reinsurers for specified amounts for professional, general and workers' compensation liabilities Decisions relating to the limit and scope of the self-insured layer and the amounts of excess insurance purchased are reviewed each year, subject to management's analysis of actuarial loss projections and the price and availability of acceptable commercial insurance

At December 31, 2013 and 2012, the estimated liability for future costs of professional and general liability claims was $214,881,000 and $190,934,000, respectively At December 31, 2013 and 2012, the estimated workers' compensation obligation was $147,270,000 and $143,919,000, respectively, in the accompanying

combined balance sheets At December 31, 2013 and 2012, $261,317,000 and $238,408,000, respectively, of these amounts were included as self-insurance liability, net of current portion, with the remainder included within current portion of self-insurance liability, in the accompanying combined balance sheets

(10) Commitments

Firm purchase commitments, primarily related to construction, software, and supplies, at December 31, 2013, are approximately $101,189,000

(11) Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are available for the following purposes at December 31, 2013 and 2012

		2013	2012
		(In thousands of dollars)	
Program support	$	145,291	135,119
Low-income housing		35,050	26,612
Capital acquisition and other		43,207	40,230
Total temporarily restricted net assets	$	223,548	201,961

The Health System's fundraising foundations have obtained contributions to support the various programs offered by the Health System Many of these contributions remain temporarily restricted as of December 31, 2013 and 2012 because the time or purpose restrictions stipulated by the donor have not been met Total fundraising expenses were $10,523,000 and $10,742,000 for the years ended December 31, 2013 and 2012, respectively Generally, program support consists of items that will defray the cost of operating certain patient care activities of the Health System

Other revenues included $34,549,000 and $36,633,000 of assets released from restriction for operations for the years ended December 31, 2013 and 2012, respectively

Permanently restricted net assets are restricted to investments in perpetuity, the income of which is expendable primarily for program support

(12) Litigation and Contingencies

The healthcare industry is subject to numerous laws and regulations from federal, state, and local governments Compliance with these laws and regulations can be subject to future government review and interpretation, as well as regulatory actions unknown or unasserted at this time Government monitoring and enforcement activity continues with respect to investigations and allegations concerning possible violations by healthcare providers of regulations, which could result in the imposition of significant fines and penalties, as well as significant repayments of patient services previously billed Institutions within the Health System are subject to similar regulatory reviews

Management is aware of certain asserted and unasserted legal claims and regulatory matters arising in the course of business After consultation with legal counsel, management estimates that these matters will be resolved without material adverse effect on the Health System's combined financial statements

(13) Functional Expenses

The Health System provides healthcare services to residents within its geographic service areas. Expenses related to providing these services for the years ended December 31, 2013 and 2012 are as follows:

	2013	2012
	(In thousands of dollars)	
Healthcare expenses	$ 8,425,223	7,772,883
Purchased healthcare expenses	767,161	733,975
General and administrative expenses	1,906,625	1,897,305
Total operating expenses	$ 11,099,009	10,404,163

Schedule 1

PROVIDENCE HEALTH & SERVICES

Supplemental Schedule – Balance Sheet Information

December 31 2013 (with combined totals for 2012)

(In thousands of dollars)

Assets	Alaska	Washington	Montana	Oregon	Providence Plan Partners	Southern California	System office, eliminations, and other	2013 Total Health System	2012 Total Health System
Current assets									
Cash and cash equivalents	$ 38 529	274 236	5 013	151 794	49 828	125 255	208 310	852 965	706 664
Short-term management-designated investments	—	—	—	—	—	18 952	170 593	189 545	452 082
Assets held under securities lending	—	—	—	—	—	—	9 386	9 386	51 220
Accounts receivable net	149 957	659 687	50 746	324 362	—	226 341	(74 290)	1 336 803	1 261 094
Other receivables net	20 919	368 142	49 356	83 153	22 183	93 034	(343 050)	293 737	271 133
Supplies inventory	13 897	70 043	6 463	35 438	—	22 984	23 008	171 833	155 736
Other current assets	987	26 766	375	20 615	2 597	8 160	28 074	87 574	108 150
Current portion of funds held by trustee	105	2 958	2	1 464	—	80	88 864	93 473	87 366
Total current assets	224 394	1 401 832	111 955	616 826	74 608	494 806	110 895	3 035 316	3 093 445
Assets whose use is limited									
Management-designated cash and investments	458 591	1 186 851	47 508	1 023 296	549 634	216 071	691 456	4 173 407	3 541 564
Gift annuities trusts and other	442	9 002	2 339	26 193	—	13 031	2 829	53 836	50 345
Funds held by trustee	—	—	—	1 493	15 791	300	101 926	119 510	125 146
Assets whose use is limited net	459 033	1 195 853	49 847	1 050 982	565 425	229 402	796 211	4 346 753	3 717 055
Property plant and equipment net	619 183	2 684 578	93 310	1 115 563	75 159	817 742	799 082	6 204 617	6 236 213
Other assets	46 825	177 519	19 584	69 504	999	89 830	(21 550)	382 711	367 005
Total assets	$ 1 349 435	5 459 782	274 696	2 852 875	716 191	1 631 780	1 684 638	13 969 397	13 413 718
Liabilities and Net Assets									
Current liabilities									
Current portion of long-term debt	$ 22 026	77 151	5 082	22 785	—	31 121	2 218	160 383	63 376
Master trust debt classified as short-term	—	—	—	32 075	—	—	—	32 075	480 201
Accounts payable	16 238	173 976	12 877	76 510	3 719	91 654	61 648	436 622	423 307
Accrued compensation	34 376	228 121	11 322	133 030	—	69 404	143 776	620 029	581 645
Payable to contractual agencies	10 456	62 447	1 770	28 762	9 548	14 899	—	127 882	131 761
Liabilities under securities lending	—	—	—	—	—	—	11 307	11 307	52 708
Retirement plan obligations	366	1 295	—	1 855	—	1 160	179 389	184 065	171 520
Current portion of self-insurance liability	—	12 789	—	—	—	—	88 045	100 834	96 445
Other current liabilities	8 226	487 806	56 535	55 903	172 264	55 255	(580 745)	255 244	233 058
Total current liabilities	91 688	1 043 585	87 586	350 920	185 531	263 493	(94 362)	1 928 441	2 234 021
Long-term debt net of current portion (1)	305 192	1 940 095	60 860	269 604	—	553 264	369 231	3 498 246	2 943 152
Other long-term liabilities	15 882	326 763	6 828	36 220	999	32 583	805 950	1 225 225	1 562 837
Total liabilities	412 762	3 310 443	155 274	656 744	186 530	849 340	1 080 819	6 651 912	6 740 010
Net assets									
Unrestricted	924 417	2 040 904	114 332	2 118 867	529 661	724 943	556 500	7 009 624	6 393 045
Temporarily restricted	9 647	87 127	4 117	46 691	—	35 820	40 146	223 548	201 961
Permanently restricted	2 609	21 308	973	30 573	—	21 677	7 173	84 313	78 702
Total net assets	936 673	2 149 339	119 422	2 196 131	529 661	782 440	603 819	7 317 485	6 673 708
Total liabilities and net assets	$ 1 349 435	5 459 782	274 696	2 852 875	716 191	1 631 780	1 684 638	13 969 397	13 413 718

(1) The Obligated Group debt is joint and several for the Obligated Group members however the balance sheets of the individual entities only include their allocated portions

See accompanying independent auditors report

Schedule 2

PROVIDENCE HEALTH & SERVICES

Supplemental Schedule – Statement of Operations Information

December 31, 2013 (with combined totals for 2012)

(In thousands of dollars)

	Alaska	Washington	Montana	Oregon	Providence Plan Partners	Southern California	System office, eliminations, and other	2013 Total Health System	2012 Total Health System
Operating revenues									
Net patient service revenues	$ 760 655	4 668 386	288 908	2 430 174	—	1 647 280	(437 874)	9 357 529	9 055 945
Provision for bad debts	(41 949)	(158 803)	(2 722)	(43 065)	—	(48 600)	(4 652)	(299 791)	(389 890)
Net patient service revenues less provision for bad debts	718 706	4 509 583	286 186	2 387 109	—	1 598 680	(442 526)	9 057 738	8 666 055
Premium and capitation revenues	—	32 379	—	77 167	1 137 182	198 965	(586)	1 445 107	1 333 584
Other revenues	52 308	251 274	25 742	218 560	52 436	65 332	(31 817)	633 835	608 610
Total operating revenues	771 014	4 793 236	311 928	2 682 836	1 189 618	1 862 977	(474 929)	11 136 680	10 608 249
Operating expenses									
Salaries and wages	261 856	2 003 301	114 439	1 064 713	(1 027)	695 251	610 340	4 748 873	4 430 130
Employee benefits	75 423	506 545	32 541	350 374	1 392	184 509	10 346	1 161 130	1 170 276
Purchased healthcare	—	19 791	—	25 736	1 015 480	47 886	(341 732)	767 161	733 975
Professional fees	12 931	141 806	13 187	70 913	10 282	173 737	40 982	463 838	390 427
Supplies	108 179	738 528	55 443	382 419	317	226 875	21 331	1 533 092	1 473 398
Purchased services	132 961	713 467	63 846	410 069	120 200	258 663	(754 719)	944 487	802 418
Depreciation	54 586	253 971	11 892	113 987	1 314	80 766	80 107	596 623	584 609
Interest and amortization	13 825	75 886	3 424	6 126	—	37 853	(2 625)	134 489	120 096
Other	32 266	274 922	18 083	196 669	17 502	184 422	25 452	749 316	698 834
Total operating expenses	692 027	4 728 217	312 855	2 621 006	1 165 460	1 889 962	(310 518)	11 099 009	10 404 163
Excess (deficit) of revenues over expenses from operations	78 987	65 019	(927)	61 830	24 158	(26 985)	(164 411)	37 671	204 086
Net nonoperating gains	34 665	131 644	1 386	52 158	(1 928)	16 132	(18 458)	215 599	1 012 430
Excess of revenues over expenses	113 652	196 663	459	113 988	22 230	(10 853)	(182 869)	253 270	1 216 516
Net assets released from restriction	311	8 319	6	1 704	—	(594)	1 040	10 786	17 460
Change in noncontrolling interests in consolidated joint ventures	35	(27 575)	—	(86)	—	(811)	(702)	(29 139)	11 232
Pension related changes	—	—	—	—	—	—	385 702	385 702	(2 862)
Interdivision transfers	(15 248)	(52 235)	(9 029)	(66 121)	(3 000)	(29 915)	175 548	—	—
Contributions, grants, and other	(124)	81 682	(189)	7 748	—	4 077	(97 234)	(4 040)	(28 280)
Increase (decrease) in unrestricted net assets	$ 98 626	206 854	(8 753)	57 233	19 230	(38 096)	281 485	616 579	1 214 066

See accompanying independent auditors' report