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

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final 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) | Room/suite
1801 Lind Avenue SW No 9016

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 $ 3,345,772,076

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	16
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	19,691
6	Total number of volunteers (estimate if necessary)	**6**	3,170
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	17,940,864
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	4,231,272

		Prior Year	Current Year
Revenue **8**	Contributions and grants (Part VIII, line 1h)	47,476,606	46,585,121
9	Program service revenue (Part VIII, line 2g)	2,466,879,477	1,702,858,348
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	80,017,363	64,751,337
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	102,492,382	997,784,459
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,696,865,828	2,811,979,265
Expenses **13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,412,456	10,212,782
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)	1,316,621,620	1,181,767,807
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶2,506,680		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,231,951,480	1,387,139,180
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,554,985,556	2,579,119,769
19	Revenue less expenses Subtract line 18 from line 12	141,880,272	232,859,496

		Beginning of Current Year	End of Year
Net Assets or Fund Balances **20**	Total assets (Part X, line 16)	2,595,771,221	2,786,653,641
21	Total liabilities (Part X, line 26)	599,427,644	580,807,040
22	Net assets or fund balances Subtract line 21 from line 20	1,996,343,577	2,205,846,601

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 — 2015-11-16 Date

▶ 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
Sara Elizabeth J Hyre CPA	Sara Elizabeth J Hyre CPA			P00235495

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 $ 740,992,334 including grants of $ 0) (Revenue $ 660,012,189)

Acute Care - Inpatient Admissions 65,962, Patient Days 282,235OUR 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 158 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 158 years ago Our facilities include Providence St Vincent Medical Center, Providence Portland Medical Center, Providence Milwaukie Hospital, Providence Hood River Memorial Hospital, Providence Willamette Falls Medical Center, Providence Newberg Medical Center, Providence Seaside Hospital, Providence Medford Medical Center, Providence Child Center, Providence Elderplace, Providence Benedictine Nursing Center, 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, outcomes research, and clinical trial research They have achieved national recognition for their work through federally funded grants, peer-reviewed publications, and presentations at national and international meetings This research has led to revolutionary changes in health care, as well as the establishment of several start-up companies *Brain and Spine Institute*Center for Outcomes Research and Education*Heart and Vascular Institute/ Medical Data Research Center*Orthopedics Institute*Earle A Chiles Research Institute/ Robert W Franz Cancer Research Center/ Providence Cancer 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 2014, 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 9,485 babies - more than any other health system in Oregon*Cared for 272,161 emergency patients*Gave 442,766 home health and hospice visits/days of care to community residents

4b (Code) (Expenses $ 455,262,122 including grants of $ 0) (Revenue $ 405,565,893)

Acute Care - Outpatient Visits - 2,740,686See Line 4a Narrative

4c (Code) (Expenses $ 567,404,640 including grants of $ 0) (Revenue $ 505,342,246)

Primary Care Visits - 1,846,529See Line 4a Narrative

See Additional Data

4d Other program services (Describe in Schedule O)

(Expenses $ 274,447,323 including grants of $ 10,212,782) (Revenue $ 235,240,233)

4e **Total program service expenses** ▶ 2,038,106,419

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 domestic 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 or for domestic individuals 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), 501(c)(4), and 501(c)(29) 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 "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	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	1,363		
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	19,691		
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .			9a		
b	Did the sponsoring 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**	16		
	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**	16		
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, address, and telephone number of the person who possesses the organization's books and records ▶ Karl E Fritschel CPA

2001 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) . . . . . ▶								3,999,566	23,766,114	6,440,607

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 ▶ 2,471

			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**	Yes	
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 SW Barnes Rd 420 Portland, OR 97225	Medical Services	31,571,819
Anesthesia Associates Northwest 6400 SE Lake Rd 130 Milwaukie, OR 97222	Medical Services	9,854,953
Cross Country Staffing 6551 Park of Commerce Blvd Boca Raton, FL 33487	Staffing	9,614,075
INLINE Commercial Construction Inc 18880 SW Shaw Street Aloha, OR 97007	Construction Services	6,957,114
Portland Hospital Services Corporation 18440 NE Portal Way Portland, OR 97230	Medical Services	6,432,870

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 ▶ 230

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 2,673				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d 18,458,481				
	e	Government grants (contributions)	1e 24,489,596				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 3,634,371				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f	▶	46,585,121			
Program Service Revenue			Business Code				
	2a	Acute Care/Inpatient	900099	622,265,560	622,265,560		
	b	Primary Care	621110	476,438,287	476,438,287		
	c	Acute Care/Outpatient	621400	382,374,547	382,374,547		
	d	LTC/HomeCare/Hospice	621610	217,948,506	217,948,506		
	e	Healthcare JVs	900099	3,831,448	3,831,448		
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f	▶	1,702,858,348			
	3	Investment income (including dividends, interest, and other similar amounts)	▶	15,001,610			15,001,610
	4	Income from investment of tax-exempt bond proceeds	▶				
	5	Royalties	▶	722,581			722,581
			(i) Real / (ii) Personal				
	6a	Gross rents	32,839,467 /				
	b	Less rental expenses	24,845,552 /				
	c	Rental income or (loss)	7,993,915 /				
	d	Net rental income or (loss)	▶	7,993,915			7,993,915
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	528,722,300 / 589,510				
	b	Less cost or other basis and sales expenses	478,918,351 / 643,732				
	c	Gain or (loss)	49,803,949 / -54,222				
	d	Net gain or (loss)	▶	49,749,727			49,749,727
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 38,826,422				
	b	Less cost of goods sold	b 29,385,176				
	c	Net income or (loss) from sales of inventory	▶	9,441,246		3,127,978	6,313,268
		Miscellaneous Revenue	Business Code				
	11a	Pharmacy	446110	595,236,764			595,236,764
	b	Laboratory	621500	249,649,874		14,812,886	234,836,988
	c	IAF - Contracted Svcs	900099	99,509,078	99,509,078		
	d	All other revenue		35,231,001	3,793,135		31,437,866
	e	**Total.** Add lines 11a–11d	▶	979,626,717			
	12	**Total revenue.** See Instructions	▶	2,811,979,265	1,806,160,561	17,940,864	941,292,719

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 domestic organizations and domestic governments See Part IV, line 21	10,212,782	10,212,782		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,190,786		3,190,786	
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	1,070,041,812	924,651,104	145,390,708	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	24,659,719	21,308,624	3,351,095	
9 Other employee benefits	8,821,235	7,319,893	1,501,342	
10 Payroll taxes	75,054,255	64,854,872	10,199,383	
11 Fees for services (non-employees)				
a Management				
b Legal	1,149,135	272,063	877,072	
c Accounting	17,217		17,217	
d Lobbying	260,746		260,746	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	1,054,741		1,054,741	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	204,012,855	185,976,136	18,036,719	
12 Advertising and promotion	5,861,084	144,901	5,716,183	
13 Office expenses	48,564,608	29,431,262	19,133,346	
14 Information technology	99,240,432	85,528,379	13,712,053	
15 Royalties				
16 Occupancy	47,102,386	33,442,694	13,659,692	
17 Travel	5,760,526	4,568,876	1,191,650	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,195,191	2,376,313	818,878	
20 Interest	6,049,839	6,049,839		
21 Payments to affiliates	409,508,425	143,774,528	265,733,897	
22 Depreciation, depletion, and amortization	92,022,221	65,335,777	26,686,444	
23 Insurance	294,600	209,166	85,434	
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	402,541,981	401,954,098	587,883	
b Bad Debts	23,109,062	23,094,707	14,355	
c Provider Tax Expense	13,905,606	13,905,606		
d UBI Taxes	832,816		832,816	
e All other expenses	22,655,709	13,694,799	6,454,230	2,506,680
25 **Total functional expenses.** Add lines 1 through 24e	2,579,119,769	2,038,106,419	538,506,670	2,506,680
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		1,775,926	1	920,094
	2	Savings and temporary cash investments		142,637,785	2	434,478,856
	3	Pledges and grants receivable, net		6,556,131	3	7,368,316
	4	Accounts receivable, net		332,044,811	4	289,723,283
	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		1,691,281	7	1,247,936
	8	Inventories for sale or use		35,238,931	8	36,501,589
	9	Prepaid expenses and deferred charges		20,614,183	9	16,281,856
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,766,383,320			
	b	Less accumulated depreciation	10b 1,707,829,563	1,115,562,771	10c	1,058,553,757
	11	Investments—publicly traded securities		784,489,935	11	754,896,082
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		90,084,988	13	118,007,214
	14	Intangible assets		4,050,539	14	3,021,105
	15	Other assets See Part IV, line 11		61,023,940	15	65,653,553
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		2,595,771,221	16	2,786,653,641
Liabilities	17	Accounts payable and accrued expenses		210,842,463	17	218,790,689
	18	Grants payable			18	
	19	Deferred revenue		28,564,063	19	30,309,610
	20	Tax-exempt bond liabilities		266,250,001	20	244,580,000
	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		4,022,327	23	44,706,814
	24	Unsecured notes and loans payable to unrelated third parties			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		89,748,790	25	42,419,927
	26	**Total liabilities.** Add lines 17 through 25		599,427,644	26	580,807,040
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		1,933,767,515	27	2,118,062,884
	28	Temporarily restricted net assets		32,711,866	28	56,078,913
	29	Permanently restricted net assets		29,864,196	29	31,704,804
		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		1,996,343,577	33	2,205,846,601
	34	Total liabilities and net assets/fund balances		2,595,771,221	34	2,786,653,641

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	2,811,979,265
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,579,119,769
3	Revenue less expenses Subtract line 2 from line 1	3	232,859,496
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,996,343,577
5	Net unrealized gains (losses) on investments	5	-46,623,876
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	23,267,404
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,205,846,601

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 III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code) (Expenses $ 259,570,386 including grants of $ 0) (Revenue $ 231,171,189)

Long-Term Care, Homecare, Hospice, Housing & Assisted Living LTC Patient Days 52,735, Housing & Assisted Living Days 143,574Quality home care For the sixth 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, also provided needed hospice care to residents in the Columbia Gorge area

(Code) (Expenses $ 10,212,782 including grants of $ 10,212,782) (Revenue $ 0)

Grants & Allocations to Community Organizations - See Schedule I

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code	) (Expenses $	4,664,155	including grants of $	0	) (Revenue $	4,069,044	)

Healthcare Joint Ventures

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			
(1) Michael Holcomb Chair of the Board	0 10 7 30	X		X				0	60,360	0
(1) Chauncey Boyle SP Director	0 10 5 50	X						0	0	0
(2) Marian Schubert CSJ - Eff914 Director	0 10 4 50	X						0	0	0
(3) Phyllis Hughes RSM Director	0 10 5 00	X						0	0	0
(4) Carolina Reyes MD Director	0 10 4 20	X						0	15,360	0
(5) Michael A Stein Director	0 10 6 00	X						0	15,360	0
(6) Eugene Al Parrish Director	0 10 5 00	X						0	15,360	0
(7) Peter J Snow Director	0 10 5 70	X						0	20,860	0
(8) Bob Wilson Director	0 10 5 00	X						0	18,360	0
(9) Sallye Liner Director	0 10 4 20	X						0	15,360	0
(10) Ellen L Wolf Director	0 10 7 10	X						0	15,360	0
(11) Isiaah Crawford Director	0 10 4 10	X						0	15,360	0
(12) Martha Diaz Aszkenazy Director	0 10 7 70	X						0	18,360	0
(13) Kirby McDonald Director	0 10 4 60	X						0	15,360	0
(14) Dave Olsen Director	0 10 5 50	X						0	17,860	0
(15) Charles Chuck Watts Director	0 10 4 60	X						0	15,360	0
(16) Rod F Hochman MD President / CEO	15 00 50 00			X				0	1,951,887	494,326
(17) Todd Hofheins EVP/CFO	14 00 46 00			X				0	607,162	112,921
(18) Cindy Strauss SVP/Chief Legal Officer	14 00 46 00			X				0	488,042	234,850
(19) Dave Underriner CE/OR Region	50 00 15 00			X				0	661,297	95,855
(20) William Olson CFO/OR Region	38 00 12 00			X				0	502,797	122,968
(21) Michael L Butler President/Operations & Services	14 00 46 00				X			0	1,540,500	492,128
(22) Debra Canales EVP/Chief People & Experience Ofc	13 00 43 00				X			0	1,076,219	23,317
(23) Lisa Vance SVP/Clinical Program Services	14 00 46 00				X			0	709,715	58,431
(24) Randy Axelrod MD EVP/Clinical & Patient Svcs	14 00 46 00				X			0	701,506	245,640

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			
(26) Doug Walta CEO/Clinical Programs	40 00 0 00				X			0	629,845	255,088
(1) Jack Friedman SVP/Account Care & Payor Rel	12 00 38 00				X			0	596,381	177,566
(2) Aaron Martin SVP/Strategy & Innovation	15 00 50 00				X			0	563,108	18,041
(3) Craig L Wright MD SVP/Physician Svcs	14 00 46 00				X			0	549,952	312,082
(4) Janice Newell SVP/Chief Information Officer	13 00 42 00				X			0	529,442	220,834
(5) Deborah Burton SVP/Chief Nrsg Officer	14 00 46 00				X			0	519,689	55,382
(6) Robert Hellrigel CE/Senior & Community Services	13 00 42 00				X			0	518,936	95,905
(7) David Brown VP/Strategy & Business Development	13 00 42 00				X			0	493,612	143,130
(8) Orest Holubec SVP/Marketing & Communications	13 00 42 00				X			0	486,207	53,563
(9) Mark Gargett VP/Digital Integration	12 00 38 00				X			0	476,541	80,347
(10) Doug Koekkoek CEO/PMG/Patient Services	40 00 0 00				X			0	424,084	149,551
(11) Joel S Gilbertson SVP/Comm Ptnrshp / Ext Affairs	14 00 46 00				X			0	419,681	103,211
(12) John O Mudd SVP/Mission Leadership	13 00 42 00				X			0	418,054	95,818
(13) Gary Flaming SVP/Chief Risk Officer	13 00 42 00				X			0	415,719	89,217
(14) Teresa Spalding VP/Revenue Cycle	14 00 46 00				X			0	414,859	44,903
(15) Theron Park CEO/Oregon Delivery System	40 00 0 00				X			0	398,881	65,034
(16) Brendan Curti Physician - Oncology	40 00 0 00					X		811,366	0	40,732
(17) Erin Allen Physician - Dermatology	40 00 0 00					X		806,524	0	37,556
(18) Walter Urba Administrator/Clinical Research	40 00 0 00					X		804,265	0	57,884
(19) Jeffrey Swanson Surgeon - Cardiology	40 00 0 00					X		789,464	0	29,438
(20) Emery Douville Surgeon - Cardiology	40 00 0 00					X		787,947	0	33,506
(21) John F Koster MD Former President & CEO	0 00 0 00						X	0	896,255	766,217
(22) Jeff W Rogers Former Corporate Secretary	0 00 0 00						X	0	231,112	390,991
(23) Cindra R Syverson Former SVP/CHRO	0 00 0 00						X	0	2,068,293	18,318
(24) Ray Williams Former SVP/Physicians Svcs	0 00 0 00						X	0	1,060,879	4,597

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			
(51) Greg Van Pelt ..... Former CE/OR Region	0 00 ..... 0 00						X	0	1,054,305	148,715
(1) John Fletcher ..... Former VP/Operations Support	0 00 ..... 0 00						X	0	1,042,943	431,091
(2) Jan J Jones ..... Former SVP/CAO	0 00 ..... 0 00						X	0	879,104	330,527
(3) Terry L Smith ..... Former SVP/Management Svcs	0 00 ..... 0 00						X	0	180,427	310,927

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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.**

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

OMB No 1545-0047

2014

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

g 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 listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
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 section 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	**14**
15	Public support percentage for 2013 Schedule A, Part II, line 14	**15**

16a **33 1/3% support test—2014.** 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—2013.** 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—2014.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** 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 VI 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** 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—2013.** 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493320142075

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.

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

OMB No 1545-0047

2014

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), 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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(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		
e	Publications, or published or broadcast statements?	Yes		
f	Grants to other organizations for lobbying purposes?	Yes		159,461
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		101,285
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		
i	Other activities?		No	
j	Total Add lines 1c through 1i			260,746
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, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
Part II-B, Line 1	Lobbying activity includes * Analysis of early draft legislation for 2015 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 2014 Legislative Session * Attending state, federal and local government hearings and meetings in the Portland area Ballot measures * During 2014, Providence in Oregon did not engage in discussions on any state and local government ballot measures We did engage in preliminary discussions on prospective initiative petitions which were ultimately withdrawn * 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 2014 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

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

OMB No 1545-0047

2014

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 value of contributions to (during year)		
3	Aggregate value of 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) Revenue 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 Revenue 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, for escrow or custodial account liability? ☐ 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	(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	41,341,450	68,636,684		109,978,134
b Buildings	5,094,978	1,243,692,652	714,576,621	534,211,009
c Leasehold improvements		51,517,394	36,631,464	14,885,930
d Equipment		821,999,720	720,953,014	101,046,706
e Other		534,100,442	235,668,464	298,431,978
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,058,553,757

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	790,153
LT Asset Retirement Obligation - FIN 47	3,124,089
Third Party Reserves	14,340,025
Bond Premium Discount	8,942,934
Capitalized Lease Obligations	82,625
Pension Benefit Obligation	14,618,616
EHR Incentive Settlement Payable	521,485
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	42,419,927

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 (losses) 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

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2014

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 criteria used 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	45,399,955		45,399,955	1 780 %
b Medicaid (from Worksheet 3, column a)	0	0	506,221,415	405,412,576	100,808,839	3 940 %
c Costs of other means-tested government programs (from Worksheet 3, column b)	0	0	207,413	84,028	123,385	0 %
d **Total** Financial Assistance and Means-Tested Government Programs			551,828,783	405,496,604	146,332,179	5 720 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	0	0	5,105,111	315,542	4,789,569	0 190 %
f Health professions education (from Worksheet 5)	0	0	27,362,316	7,820,749	19,541,567	0 760 %
g Subsidized health services (from Worksheet 6)	0	0	23,161,546	13,042,422	10,119,124	0 400 %
h Research (from Worksheet 7)			31,777,603	19,821,475	11,956,128	0 470 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	0	0	7,015,550	657,453	6,358,097	0 250 %
j **Total.** Other Benefits			94,422,126	41,657,641	52,764,485	2 070 %
k **Total.** Add lines 7d and 7j			646,250,909	447,154,245	199,096,664	7 790 %

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	11,000	600	10,400	0 %
2	Economic development	0	0	26,000	2,400	23,600	0 %
3	Community support	0	0	316,070	47,180	268,890	0 010 %
4	Environmental improvements						
5	Leadership development and training for community members	0	0	68,150	25,290	42,860	0 %
6	Coalition building	0	0	173,235	40,200	133,035	0 010 %
7	Community health improvement advocacy	0	0	82,056	18,000	64,056	0 %
8	Workforce development	0	0	219,551	8,700	210,851	0 010 %
9	Other	0	0	3,000		3,000	0 %
10	**Total**			899,062	142,370	756,692	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	23,109,062		
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	879,464,592
6	Enter Medicare allowable costs of care relating to payments on line 5	6	1,041,507,850
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-162,043,258
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	2 Plaza Ambulatory Surgery Center LLC	Ambulatory Surgery Center	41 620 %	0 %	48 220 %
3	3 Surgery Center at Tanasbourne LLC	Ambulatory Surgery Center	76 500 %	0 %	18 500 %
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 (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	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 letter of facility reporting group Providence Health & Services - Oregon

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	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 12	3	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 significant 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 Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 2013			
5	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 Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	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	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 2014			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) http //oregon providence org/about-us/			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	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)?	12a		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, 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)*

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

			Yes	No
Financial Assistance Policy (FAP)				
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000% and FPG family income limit for eligibility for discounted care of 400 000000000000%			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url)			
b	☑ The FAP application form was widely available on a website (list url)			
c	☑ A plain language summary of the FAP was widely available on a website (list url)			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☑ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ Other (describe in Section C)			
Billing and Collections				
17	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 all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	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(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

Providence Health & Services - Oregon

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other 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?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (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)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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?	**21**	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 Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	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 Section C)			
23	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?	**23**		No
	If "Yes," explain in Section C			
24	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?	**24**	Yes	
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Additional Data Table	

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

Form and Line Reference	Explanation
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 $ 23,109,062

Form and Line Reference	Explanation
Part II, Community Building Activities	COMMUNITY BUILDING ACTIVITIES Basic needs including food security and housing Providence r ecognizes that the social determinant of health needs includes adequate housing, food, tra nsportation, utilities and primary education These deficits fall disproportionately on lo w-income and multicultural populations and therefore Providence has aligned its community building and diversity programs to intersect with and advise our community benefit giving In many cases, programs supporting housing, food, and transportation are reported as Comm unity Health Improvement Services as they were specifically identified in the Community He alth Needs Assessment 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 s ystem 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-i ncome housing Some important partners include Central City Concern, St Vincent De Paul, Catholic Charities, Transition Projects Incorporated, the Good Neighbor Center, Neighborh ood Partnership Fund, Portland Rescue Mission, Share Outreach Vancouver and West Women's S helter 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 "hun griest states," with nearly 65% of eligible children qualifying for free or reduced lunche s Providence works with the Oregon Food Bank, Partners for a Hunger-Free Oregon, The Chil dren's Nutrition Network, The Governor's Task Force to End Hunger and Farmer's Ending Hung er, Oregon childhood hunger task force, as well as numerous food pantries in communities w e serve Economic Development Economic development has an important impact on available ho using and services for the underserved An economically depressed area cannot easily suppo rt and care for the vulnerable Providence looks for partnerships with like-minded organiz ations 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 prevent ion be identified and addressed in communities We have involved public and private partne rs such as Self-Enhancement, Inc as well as the Portland Trailblazers and The Portland Ti mbers in collaborative health initiatives In addition, we have many not-for-profit commun ity 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 e xample, for some years we have provided scholarships for youth in multicultural and divers e populations, including Asian, African-American and Hispanic communities Community partn ers include Self Enhancement Incorporated, Hood River School District, De La Salle North School and Rosemary Anderson High School Building Health Equity and Collaboration Provid ence has long known that, while we can do a great deal to help our communities, we often c an 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 a nd expertise Throughout our history, we have sought like-minded partners with a mission t o care for the vulnerable in the communities we serve During 2014, we continued our finan cial support to an array of diverse organizations that are intent on building collaborativ e programs that will meet community health and build health equity These include Oregon Public Health Institute, Oregon Health Equity Alliance, Impact NW, Familias en Accion, the African-American Health Coalition, Asian Muslims in Need, Catholic Charities, Jefferson R egional Health Alliance, Asian Health and Service Center, La Clinica del Carinho, United W ay of Jackson County and many more 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 2014, we w orked with Upstream Public Health, Oregon Public Health Institute, El Program Hispano, Ecu menical Ministries of Oregon, Northwest Health Foundation, Oregon Primary Care Association , NAMI, Office of Health Equity, Children First for Oregon, and Ride Connection, among oth ers, to ensure that the needs of those we serve ha

Form and Line Reference	Explanation
Part II, Community Building Activities	ve been articulated to policy makers We actively supported initiatives to improve provide r 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 un met needs of people who lack basic essentials every day As a not-for-profit health care s ystem, 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 greate st need, as identified in our Oregon Community Health Needs Assessment We invite you to r eview how we're working with our community partners to ease some of these greatest needs p er our 2014 Oregon Region Community Benefit report, available online at http //oregon prov idence org/about-us/community-benefit-report/ Workforce Development Providence provided fi nancial support to the De La Salle North Catholic High School, Albertina Kerr, De Paul Ind ustries, University of Portland, Portland State University, Clatsop Community College, Hoo d River County Health Department, the Oregon Center for Nursing, POIC and a workforce deve lopment initiative in Oregon City, all of which are working to enhance communitywide workf orce issues in various parts of Oregon

Form and Line Reference	Explanation
Part III, Line 2	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 4	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 provision for bad debts in 2014 has decreased from 2013 as a result of the expansion of Medicaid programs and initiatives to assist patients in their Medicaid enrollment 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

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

Form and Line Reference	Explanation
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

Form and Line Reference	Explanation
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 this information is from Providence's 2013 Community Health Needs A ssessment The next CHNA will be conducted and completed in 2016 Hospital locations includ e four within the Portland metropolitan area as well as four others across the state, prov iding services for over 1 5 million people in 2013 Portland Service Area (PSA) o Providenc e Milwaukie Hospitalo Providence Portland Medical Centero Providence St Vincent Medical C entero Providence Willamette Falls Medical CenterNon-Portland Service Areas o Providence H ood River Memorial Hospital (PHRMH, Gorge Service Area)o Providence Medford Medical Center (PMMC, Southern Oregon Service Area)o Providence Newberg Medical Center (PNMC, Yamhill Se rvice 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 see ing growth in populations of all ethnicities and races As a whole, nearly half of the sta te (44 9%) lives at or below 250% FPL by 2012 guidelines, though there are concentrated po ckets of higher saturation Life expectancy is increasing and Oregon as a state is therefor e aging, while concurrently becoming more diverse Oregon has one of the highest percentag es 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 On ly 2% identify as Black or African American (compared with 13 1% nationally), 12 2% as His panic or Latino, and 1 8% as American Indian or Alaskan Native The Office of Equity and In clusion notes that Oregon is home to 174,000 migrant and seasonal workers, many of whom ha ve lesser income than non-migrant counterparts and reduced access to social services and h ealthcare 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 measu res are in healthy behaviors, low prevalence of low birth-weight babies and teen birth rat e It also has a low infant mortality rate, low prevalence of sedentary lifestyle, a compa ratively low rate of preventable hospitalizations, and the highest percentage of social su pport in the nation and rate of breastfeeding initiation Some key challenges for the stat e as a whole include the high rate of uninsured (20% of the population), low per capita pu blic health funding, low immunization rates, and one of the highest suicide rates in the c ountry In the past 10 years, the rate of preventable hospitalizations has decreased 20%, f rom 53 6 discharges per 1,000 Medicare enrollees to just under 43, which is a reflection o f increased efficiency in how the population uses various healthcare delivery options to a ccess 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 natio nal average of 20 2%) As mentioned above, suicide rates are 36% higher in the state of Or egon 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 th e 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 Oreg on 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, contribu ting 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 wit h 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 d ue 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 capit a in the nation, yet generally achieves median health outcomes The Federal Poverty Level (FPL) was assessed as measure of relative poverty

Form and Line Reference	Explanation
Part VI, Line 4	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 20 10, 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 4 39 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 child 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 2 00% 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

Form and Line Reference	Explanation
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 in two coordinated care organizations, and all four county health departments in a single collaborative community health needs assessment through the Healthy Columbia Willamette Collaborative, as well as joint community initiatives regarding opiate misuse reduction and access to breast milk 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 In the Gorge, Providence is actively engaged in the Columbia Gorge Health Council, as well as the Regional Health Needs Assessment and Health Improvement Plan This collaboration includes other hospitals, federally-qualified health centers, social service agencies, and county health departments 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 The Health System owns or operates 34 general acute care hospitals, three ambulatory care centers, six 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 23 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, Seattle, Spokane, Kennewick, and Olympia, Washington, Missoula, Montana, Portland and Medford, Oregon, and Los Angeles, CaliforniaThe 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 2014, Providence Oregon provided more than $378 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, 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 2014, Providence in Oregon provided nearly $16 million in direct grants and subsidized services in the communities we serve 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 Additional priorities, as identified in our 2013 CHNA, include access to oral health services and chronic conditions prevention and management 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 has implemented new patient centered primary care home models of health care delivery across the state using employed physicians in partnership with Providence Health Plans, other commercial insurers and the Medicaid population 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 and has executives appointed to the Board and/or sub-committees of the Coordinated Care Organizations within our service areas

Form and Line Reference	Explanation
Part VI, Line 7, Reports Filed With States	OR,WA,CA,MT,AK

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Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Part V, Section B	Facility Reporting Group A

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Facility Reporting Group A consists of	- Facility 1 Providence Portland Medical Center, - Facility 2 Providence St Vincent Medical Center, - Facility 3 Providence Milwaukie Hospital, - Facility 4 Providence Hood River Mem Hospital, - Facility 5 Providence Seaside Hospital, - Facility 6 Providence Newberg Medical Center, - Facility 7 Providence Medford Medical Center, - Facility 8 Providence Willamette Falls Med Ctr

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Group A-Facility 1 -- Providence Portland Medical Center Part V, Section B, line 5	Community listening sessions and local community health system assessment conducted as part of the Healthy Columbia Willamette Collaborative (HCWC) Included input from school districts, mental health providers, social service agencies, culturally-specific organizations, medical providers, social workers, public health officials, and others A full list of those represented is available on the HCWC website

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Group A-Facility 1 -- Providence Portland Medical Center Part V, Section B, line 6a	Providence Portland Medical Center participated in HCWC as well as a more specific facility-based assessment Other hospital participants in HCWC were Adventist Medical Center, Kaiser Sunnyside Hospital, Kaiser Westside Medical Center, Legacy Emanuel Medical Center, Legacy Good Samaritan Medical Center, Legacy Meridian Park Medical Center, Legacy Mount Hood Medical Center, Legacy Salmon Creek Medical Center, OHSU, PeaceHealth Southwest Medical Center, Providence Milwaukie Hospital, Providence St Vincent Medical Center, Providence Willamette Falls Medical Center, Tuality Community Hospital

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Group A-Facility 1 -- Providence Portland Medical Center Part V, Section B, line 6b	HealthShare of Oregon, Family Care Health Plans, Clackamas County Public Health Division, Clark County Public Health, Multnomah County Health Department, Washington County Public Health Division

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Group A-Facility 1 -- Providence Portland Medical Center Part V, Section B, line 11	PPMC is working both internally and with community partners to address the significant needs identified The key identified needs listed in the facility's CHNA were grouped into four major categories to take advantage of Providence's regional assets in Oregon Access to Preventive and Primary Care, Mental Health and Substance Use, Chronic Conditions, and Oral Health These categories include basic needs, such as food security, stable housing, and transportation The key strategies for addressing these health needs are available online with the CHNA at http //oregon providence org/about-us/ Some specific examples of activities taken in 2014 include a significant partnership with Impact NW, a social service agency that was awarded a two-year grant through a Request for Proposals process Impact NW was awarded funds in 2014 to provide bi-lingual and bi-cultural Community Resource Specialists in two of Providence's highest needs clinics in Multnomah County, available to patients and community members alike Providence also continued support for Lifeworks NW Project Network program, providing targeted parenting classes, respite and recovery services for mothers and their children Providence Medical Group began rolling out a Persistent Pain curriculum across the Oregon region, training providers, patients, and community members about persistent pain and how to better engage in its treatment beyond opiate prescription Across the Portland Metropolitan area, Providence provided funding for Central City Concern, Partners for a Hunger-Free Oregon summer meal sites as well as funding for regional planning to expand their programs, continued our partnership with Medical Teams International to provide mobile dental services for the remaining uninsured, and continued partnering with Project Access NOW on several programs, including their core services (care for the remaining uninsured and connection with volunteer physicians and/or specialists) as well as the Premium Assistance Program to support individuals with co-occurring chronic conditions who are not eligible for the Oregon Health Plan to purchase a silver-level plan in the Marketplace An additional program with Project Access NOW also took shape in Multnomah County, as the backbone organization of the Rockwood Pathways Project Providence is the lead health system funder of this work, which is seeking to coordinate the navigation services of over 23 social service agencies in one of the state's highest needs neighborhoods (Rockwood) Portland area executives were deeply engaged with the CMMI Health Commons grants as well as with the HealthShare of Oregon Board and subcommittees

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Group A-Facility 1 -- Providence Portland Medical Center Part V, Section B, line 16i	The FAP signage and information are included on billing statements

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Group A-Facility 1 -- Providence Portland Medical Center Part V, Section B, line 22d	The hospitals used the average of the largest negotiated commercial insurance rate

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Group A-Facility 1 -- Providence Portland Medical Center Part V, Section B, line 24	If the services were not medically necessary or were not covered under the financial assistance policy, they were billed at the gross charge

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Group A-Facility 2 -- Providence St Vincent Medical Center Part V, Section B, line 5	Community listening sessions and local community health system assessment conducted as part of the Healthy Columbia Willamette Collaborative (HCWC) Included input from school districts, mental health providers, social service agencies, culturally-specific organizations, medical providers, social workers, public health officials, and others A full list of those represented is available on the HCWC website

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Group A-Facility 2 -- Providence St Vincent Medical Center Part V, Section B, line 6a	Providence St Vincent Medical Center participated in HCWC as well as a more specific facility-based assessment Other hospital participants in HCWC were Adventist Medical Center, Kaiser Sunnyside Hospital, Kaiser Westside Medical Center, Legacy Emanuel Medical Center, Legacy Good Samaritan Medical Center, Legacy Meridian Park Medical Center, Legacy Mount Hood Medical Center, Legacy Salmon Creek Medical Center, OHSU, PeaceHealth Southwest Medical Center, Providence Milwaukie Hospital, Providence Portland Medical Center, Providence Willamette Falls Medical Center, Tuality Community Hospital

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Group A-Facility 2 -- Providence St Vincent Medical Center Part V, Section B, line 6b	HealthShare of Oregon, Family Care Health Plans, Clackamas County Public Health Division, Clark County Public Health, Multnomah County Health Department, Washington County Public Health Division

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Group A-Facility 2 -- Providence St Vincent Medical Center Part V, Section B, line 11	Providence St Vincent is working both internally and with community partners to address the significant needs identified The key identified needs listed in the facility's CHNA were grouped into four major categories to take advantage of Providence's regional assets in Oregon Access to Preventive and Primary Care, Mental Health and Substance Use, Chronic Conditions, and Oral Health These categories include basic needs, such as food security, stable housing, and transportation The key strategies for addressing these health needs are available online with the CHNA at http //oregon providence org/about-us/ Some specific examples of activities taken in 2014 include continued partnership with Southwest Community Health Center, Virginia Garcia Memorial Health Center for the Community Coordinated Care Team providing high-touch community-based services for high-needs complex patients, as well as a large donation for the expansion of their primary care, chronic disease management, and oral health services in western Washington County Providence Medical Group began rolling out a Persistent Pain curriculum across the Oregon region, training providers, patients, and community members about persistent pain and how to better engage in its treatment beyond opiate prescription Across the Portland Metropolitan area, Providence provided funding for Central City Concern, Partners for a Hunger-Free Oregon summer meal sites as well as funding for regional planning to expand their programs, continued our partnership with Medical Teams International to provide mobile dental services for the remaining uninsured, and continued partnering with Project Access NOW on several programs, including their core services (care for the remaining uninsured and connection with volunteer physicians and/or specialists) as well as the Premium Assistance Program to support individuals with co-occurring chronic conditions who are not eligible for the Oregon Health Plan to purchase a silver-level plan in the Marketplace Portland area executives were deeply engaged with the CMMI Health Commons grants as well as with the HealthShare of Oregon Board and subcommittees

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Group A-Facility 2 -- Providence St Vincent Medical Center Part V, Section B, line 16i	The FAP signage and information are included on billing statements

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Group A-Facility 2 -- Providence St Vincent Medical Center Part V, Section B, line 22d	The hospitals used the average of the largest negotiated commercial insurance rate

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Group A-Facility 2 -- Providence St Vincent Medical Center Part V, Section B, line 24	If the services were not medically necessary or were not covered under the financial assistance policy, they were billed at the gross charge

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Group A-Facility 3 -- Providence Milwaukie Hospital Part V, Section B, line 5	Community listening sessions and local community health system assessment conducted as part of the Healthy Columbia Willamette Collaborative (HCWC) Included input from school districts, mental health providers, social service agencies, culturally-specific organizations, medical providers, social workers, public health officials, and others A full list of those represented is available on the HCWC website

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Group A-Facility 3 -- Providence Milwaukie Hospital Part V, Section B, line 6a	Providence Milwaukie Hospital participated in HCWC as well as a more specific facility-based assessment Other hospital participants in HCWC were Adventist Medical Center, Kaiser Sunnyside Hospital, Kaiser Westside Medical Center, Legacy Emanuel Medical Center, Legacy Good Samaritan Medical Center, Legacy Meridian Park Medical Center, Legacy Mount Hood Medical Center, Legacy Salmon Creek Medical Center, OHSU, PeaceHealth Southwest Medical Center, Providence Portland Medical Center, Providence St Vincent Medical Center, Providence Willamette Falls Medical Center, Tuality Community Hospital

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Group A-Facility 3 -- Providence Milwaukie Hospital Part V, Section B, line 6b	HealthShare of Oregon, Family Care Health Plans, Clackamas County Public Health Division, Clark County Public Health, Multnomah County Health Department, Washington County Public Health Division

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Group A-Facility 3 -- Providence Milwaukie Hospital Part V, Section B, line 11	PMH is working both internally and with community partners to address the significant needs identified The key identified needs listed in the facility's CHNA were grouped into four major categories to take advantage of Providence's regional assets in Oregon Access to Preventive and Primary Care, Mental Health and Substance Use, Chronic Conditions, and Oral Health These categories include basic needs, such as food security, stable housing, and transportation The key strategies for addressing these health needs are available online with the CHNA at http //oregon providence org/about-us/ Some specific examples of activities taken in 2014 include continued partnership and co-location of Neighborhood Health Center for primary care, chronic conditions management, and oral health services, as well as planning for a Community Teaching Kitchen and rolling out a Screen-and-Intervene protocol in the Family Medicine and residency clinic in partnership with the Oregon Food Bank to identify children and families at-risk for food insecurity and connect them to a navigator and appropriate resources Providence Medical Group began rolling out a Persistent Pain curriculum across the Oregon region, training providers, patients, and community members about persistent pain and how to better engage in its treatment beyond opiate prescription Across the Portland Metropolitan area, Providence provided funding for Central City Concern, Partners for a Hunger-Free Oregon summer meal sites as well as funding for regional planning to expand their programs, continued our partnership with Medical Teams International to provide mobile dental services for the remaining uninsured, and continued partnering with Project Access NOW on several programs, including their core services (care for the remaining uninsured and connection with volunteer physicians and/or specialists) as well as the Premium Assistance Program to support individuals with co-occurring chronic conditions who are not eligible for the Oregon Health Plan to purchase a silver-level plan in the Marketplace Portland area executives were deeply engaged with the CMMI Health Commons grants as well as with the HealthShare of Oregon Board and subcommittees

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Group A-Facility 3 -- Providence Milwaukie Hospital Part V, Section B, line 16i	The FAP signage and information are included on billing statements

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Group A-Facility 3 -- Providence Milwaukie Hospital Part V, Section B, line 22d	The hospitals used the average of the largest negotiated commercial insurance rate

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Group A-Facility 3 -- Providence Milwaukie Hospital Part V, Section B, line 24	If the services were not medically necessary or were not covered under the financial assistance policy, they were billed at the gross charge

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Group A-Facility 4 -- Providence Hood River Mem Hospital Part V, Section B, line 5	Key stakeholder interviews with community leaders and focus groups with specific populations of concern (<200% FPL, MSFW, LEP, elderly/disabled) Stakeholder interviews and focus groups were conducted as part of the Columbia Gorge Regional Community Health Assessment, Cascade Orthopedics, Columbia Gorge Family Medicine, Columbia River Women's Center, Deschutes Rim Clinic, Hood River County, Mid-Columbia Center for Living, North Central Public Health District, NORCOR, One Community Health, OHSU, FISH Food Bank, Hood River Fire and EMS, Kickitat County, Warming Shelter, Mid-Columbia Council of Governments, Meals on Wheels, Sherman County, Wasco County

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Group A-Facility 4 -- Providence Hood River Mem Hospital Part V, Section B, line 6a	Providence Hood River participated in the Columbia Gorge Regional Health Assessment as well as producing its own Other hospital participants included Klickitat Valley Hospital, Skyline Hospital, and Mid-Columbia Medical Center

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Group A-Facility 4 -- Providence Hood River Mem Hospital Part V, Section B, line 6b	Columbia Gorge Health Council, Hood River County Health Department, Klickitat Valley Health, Klickitat Valley Health Department, Mic-Columbia Center for Living, North Central Public Health District, One Community Health, PacificSource Community Solutions

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Group A-Facility 4 -- Providence Hood River Mem Hospital Part V, Section B, line 11	PHRMH is working both internally and with community partners to address the significant needs identified The key identified needs listed in the facility's CHNA were grouped into four major categories to take advantage of Providence's regional assets in Oregon Access to Preventive and Primary Care, Mental Health and Substance Use, Chronic Conditions, and Oral Health These categories include basic needs, such as food security, stable housing, and transportation The key strategies for addressing these health needs in Hood River are available online with the CHNA at http //oregon providence org/about-us/ Some specific examples of activities taken in 2014 include funding a community-based Collective Impact Health Specialist, who has been funded through Providence to serve as a grant-writer for the community at-large for project that address needs identified in the Regional Health Needs Assessment Additionally, Providence has been deeply engaged with local social service agencies, the Columbia Gorge Health Council, and the Coordinated Care Organization in the area, PacificSource Community Solutions Providence Medical Group began rolling out a Persistent Pain curriculum across the Oregon region, training providers, patients, and community members about persistent pain and how to better engage in its treatment beyond opiate prescription

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Group A-Facility 4 -- Providence Hood River Mem Hospital Part V, Section B, line 16i	The FAP signage and information are included on billing statements

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Group A-Facility 4 -- Providence Hood River Mem Hospital Part V, Section B, line 22d	The hospitals used the average of the largest negotiated commercial insurance rate

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Group A-Facility 4 -- Providence Hood River Mem Hospital Part V, Section B, line 24	If the services were not medically necessary or were not covered under the financial assistance policy, they were billed at the gross charge

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Group A-Facility 5 -- Providence Seaside Hospital Part V, Section B, line 5	Key stakeholder interviews with community leaders and focus groups with specific populations of concern (<200% FPL, MSFW, LEP, elderly/disabled) List of organizations represented in interviews City of Seaside, Clatsop Community Action, Coastal Health Center, Clatsop Behavioral Health, Lower Columbia Hispanic Council, Clatsop County Public Health, Clatsop Care Center, Sunset Empire Transportation District, Seaside School District, Neawanna by the Sea, Clatsop County Sheriff, Our Lady of Victory Church, NW Senior and Disability Services, Clatsop County Commissioner, Providence Medical Group, Union Health District, Restoration House

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Group A-Facility 5 -- Providence Seaside Hospital Part V, Section B, line 6a	Providence Milwaukie Hospital, Providence Portland Medical Center, Providence St Vincent Medical Center, Providence Willamette Falls Medical Center, Providence Hood River Memorial Hospital, Providence Medford Medical Center, and Providence Newberg Medical Center

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Group A-Facility 5 -- Providence Seaside Hospital Part V, Section B, line 11	PSH is working both internally and with community partners to address the significant needs identified The key identified needs listed in the facility's CHNA were grouped into four major categories to take advantage of Providence's regional assets in Oregon Access to Preventive and Primary Care, Mental Health and Substance Use, Chronic Conditions, and Oral Health These categories include basic needs, such as food security, stable housing, and transportation The key strategies for addressing these health needs are available online with the CHNA at http //oregon providence org/about-us/ Some specific examples of activities taken in 2014 include in-kind staff time to lead and convene a community-based gap analysis for mental health services, resulting in a local Crisis Respite Center for which Providence provided direct operational funding through Greater Oregon Behavioral Health, Inc PSH also applied for and received a planning award from the Oregon Community Foundation for community-based planning to expand access to oral health services in partnership with the school-based health center Additionally, PSH provided support to the Clatsop Community College Foundation to continue local nursing education programs Medical Teams International dental van continues to provide mobile dental services to the community through Providence, and PSH executives were extensively engaged with Columbia Pacific CCO Partnerships were deepened with Clatsop Community Action and Helping Hands Re-Entry through programs funded in 2013 with plans to review opportunities for partnership in 2015 upon completion of current funding These programs specifically address food security through the Regional Food Bank as well as rent and utility assistance, temporary housing, addiction recovery programs, insurance enrollment, and job support as appropriate Providence Medical Group began rolling out a Persistent Pain curriculum across the Oregon region, training providers, patients, and community members about persistent pain and how to better engage in its treatment beyond opiate prescription

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Group A-Facility 5 -- Providence Seaside Hospital Part V, Section B, line 16i	The FAP signage and information are included on billing statements

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Group A-Facility 5 -- Providence Seaside Hospital Part V, Section B, line 22d	The hospitals used the average of the largest negotiated commercial insurance rate

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Group A-Facility 5 -- Providence Seaside Hospital Part V, Section B, line 24	If the services were not medically necessary or were not covered under the financial assistance policy, they were billed at the gross charge

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Group A-Facility 6 -- Providence Newberg Medical Center Part V, Section B, line 5	Key stakeholder interviews with community leaders and focus groups with specific populations of concern (<200% FPL, MSFW, LEP, elderly/disabled) List of organizations represented in interviews A-Dec, City of Dundee, City of Newberg, City of Yamhill, George Fox University, Faith in Action, Love In the Name of Christ, Newberg Public Schools, Newberg Fire Department, St Peter Catholic Church, Yamhill County Health & Human Services

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Group A-Facility 6 -- Providence Newberg Medical Center Part V, Section B, line 6a	Providence Milwaukie Hospital, Providence Portland Medical Center, Providence St Vincent Medical Center, Providence Willamette Falls Medical Center, Providence Hood River Memorial Hospital, Providence Medford Medical Center, and Providence Seaside Hospital

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Group A-Facility 6 -- Providence Newberg Medical Center Part V, Section B, line 11	PNMC is working both internally and with community partners to address the significant needs identified The key identified needs listed in the facility's CHNA were grouped into four major categories to take advantage of Providence's regional assets in Oregon Access to Preventive and Primary Care, Mental Health and Substance Use, Chronic Conditions, and Oral Health These categories include basic needs, such as food security, stable housing, and transportation The key strategies for addressing these health needs are available online with the CHNA at http //oregon providence org/about-us/ Some specific examples of activities taken in 2014 include contracting with local staff to begin a local parish-based Community Health program (Las promotores de salud de la iglesia), partnering with Virginia Garcia Memorial Health Center to open a new clinic in Yamhill County, in-kind staff time to provide convening and planning for oral and behavioral health services, and extensive executive engagement with the Yamhill Community Care Organization Faith in Action (now Community Connections) is a program embedded in the Operations of PNMC that provides transportation, social interaction, group exercise, and caregiver respite for families and care givers with a focus on low-income individuals and families Providence Medical Group began rolling out a Persistent Pain curriculum across the Oregon region, training providers, patients, and community members about persistent pain and how to better engage in its treatment beyond opiate prescription

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Group A-Facility 6 -- Providence Newberg Medical Center Part V, Section B, line 16i	The FAP signage and information are included on billing statements

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Group A-Facility 6 -- Providence Newberg Medical Center Part V, Section B, line 22d	The hospitals used the average of the largest negotiated commercial insurance rate

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Group A-Facility 6 -- Providence Newberg Medical Center Part V, Section B, line 24	If the services were not medically necessary or were not covered under the financial assistance policy, they were billed at the gross charge

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Group A-Facility 7 -- Providence Medford Medical Center Part V, Section B, line 5	Key stakeholder interviews with community leaders and focus groups with specific populations of concern (<200% FPL, MSFW, LEP, elderly/disabled)

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Group A-Facility 7 -- Providence Medford Medical Center Part V, Section B, line 6a	Providence Milwaukie Hospital, Providence Portland Medical Center, Providence St Vincent Medical Center, Providence Willamette Falls Medical Center, Providence Hood River Memorial Hospital, Providence Newberg Medical Center, and Providence Seaside Hospital

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Group A-Facility 7 -- Providence Medford Medical Center Part V, Section B, line 11	PMMC is working both internally and with community partners to address the significant needs identified The key identified needs listed in the facility's CHNA were grouped into four major categories to take advantage of Providence's regional assets in Oregon Access to Preventive and Primary Care, Mental Health and Substance Use, Chronic Conditions, and Oral Health These categories include basic needs, such as food security, stable housing, and transportation The key strategies for addressing these health needs in Medford are available online with the CHNA at http //oregon providence org/about-us/ Some specific examples of activities taken in 2014 include executive engagement in two of the local Coordinated Care Organizations (Jackson Care Connect and AllCare Health), continued funding to OnTrack to reach out to Latina youth for art and enrichment programs to reduce suicidal ideation and completion, as well as partnering with Addictions Recovery Center, Compass House, Inc, and La Clinica to provide access to programs and services for those suffering from substance use disorders, mental/behavioral health challenges, and lacking basic primary care Providence also supported the local St Vincent de Paul chapter to bring mobile dental vans to the community in partnership with Medical Teams International, in addition to the days already funded directly by Providence in the area Providence Medical Group began rolling out a Persistent Pain curriculum across the Oregon region, training providers, patients, and community members about persistent pain and how to better engage in its treatment beyond opiate prescription

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Group A-Facility 7 -- Providence Medford Medical Center Part V, Section B, line 16i	The FAP signage and information are included on billing statements

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Group A-Facility 7 -- Providence Medford Medical Center Part V, Section B, line 22d	The hospitals used the average of the largest negotiated commercial insurance rate

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Group A-Facility 7 -- Providence Medford Medical Center Part V, Section B, line 24	If the services were not medically necessary or were not covered under the financial assistance policy, they were billed at the gross charge

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Group A-Facility 8 -- Providence Willamette Falls Med Ctr Part V, Section B, line 5	Community listening sessions and local community health system assessment conducted as part of the Healthy Columbia Willamette Collaborative (HCWC) Included input from school districts, mental health providers, social service agencies, culturally-specific organizations, medical providers, social workers, public health officials, and others A full list of those represented is available on the HCWC website

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Group A-Facility 8 -- Providence Willamette Falls Med Ctr Part V, Section B, line 6a	Providence Willamette Falls Medical Center participated in HCWC as well as a more specific facility-based assessment Other hospital participants in HCWC were Adventist Medical Center, Kaiser Sunnyside Hospital, Kaiser Westside Medical Center, Legacy Emanuel Medical Center, Legacy Good Samaritan Medical Center, Legacy Meridian Park Medical Center, Legacy Mount Hood Medical Center, Legacy Salmon Creek Medical Center, OHSU, PeaceHealth Southwest Medical Center, Providence Milwaukie Hospital, Providence Portland Medical Center, Providence St Vincent Medical Center, Tuality Community Hospital

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Group A-Facility 8 -- Providence Willamette Falls Med Ctr Part V, Section B, line 6b	HealthShare of Oregon, Family Care Health Plans, Clackamas County Public Health Division, Clark County Public Health, Multnomah County Health Department, Washington County Public Health Division

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Group A-Facility 8 -- Providence Willamette Falls Med Ctr Part V, Section B, line 11	Providence Willamette Falls is working both internally and with community partners to address the significant needs identified The key identified needs listed in the facility's CHNA were grouped into four major categories to take advantage of Providence's regional assets in Oregon Access to Preventive and Primary Care, Mental Health and Substance Use, Chronic Conditions, and Oral Health These categories include basic needs, such as food security, stable housing, and transportation The key strategies for addressing these health needs are available online with the CHNA at http //oregon providence org/about-us/ Some specific examples of activities taken in 2014 include continued partnership with The Canby Center to provide additional mobile dental services Providence Medical Group began rolling out a Persistent Pain curriculum across the Oregon region, training providers, patients, and community members about persistent pain and how to better engage in its treatment beyond opiate prescription Across the Portland Metropolitan area, Providence provided funding for Central City Concern, Partners for a Hunger-Free Oregon summer meal sites as well as funding for regional planning to expand their programs, continued our partnership with Medical Teams International to provide mobile dental services for the remaining uninsured, and continued partnering with Project Access NOW on several programs, including their core services (care for the remaining uninsured and connection with volunteer physicians and/or specialists) as well as the Premium Assistance Program to support individuals with co-occurring chronic conditions who are not eligible for the Oregon Health Plan to purchase a silver-level plan in the Marketplace Portland area executives were deeply engaged with the CMMI Health Commons grants as well as with the HealthShare of Oregon Board and subcommittees

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Group A-Facility 8 -- Providence Willamette Falls Med Ctr Part V, Section B, line 16i	The FAP signage and information are included on billing statements

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Group A-Facility 8 -- Providence Willamette Falls Med Ctr Part V, Section B, line 22d	The hospitals used the average of the largest negotiated commercial insurance rate

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Group A-Facility 8 -- Providence Willamette Falls Med Ctr Part V, Section B, line 24	If the services were not medically necessary or were not covered under the financial assistance policy, they were billed at the gross charge

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Providence Health & Services - Oregon Part V, Section B, line 16a website	www2 providence org/obp/docs/or-charity-care-policy pdf

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Providence Health & Services - Oregon Part V, Section B, line 16b website	oregon providence org/about-us/financial-services/

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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
Providence Health & Services - Oregon Part V, Section B, line 16c website	oregon providence org/about-us/financial-services/

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)
Prov Portland Med Ctr Dialysis Unit 4805 NE Glisan St Portland, OR 97213	ESRD-End Stage Renal Disease
Providence St Vincent Kidney Dialysis 9450 SW Barnes Rd Suite 125 Portland, OR 97225	ESRD-End Stage Renal Disease
PHRMH Ray Yasui Dialysis Center 1125 May Avenue Hood River, OR 97031	ESRD-End Stage Renal Disease
Providence Home Health 6410 NE Halsey Suite 200 Portland, OR 97213	ESRD-End Stage Renal Disease
Prov Benedictine Nursing Center HHA 570 S Main St Mt Angel, OR 97362	ESRD-End Stage Renal Disease
Providence Home Care 2033 Commerce Drive Medford, OR 97504	ESRD-End Stage Renal Disease
Providence Hospice 6410 NE Halsey Suite 300 Portland, OR 97213	ESRD-End Stage Renal Disease
Providence Medford Hospice 2033 Commerce Drive Medford, OR 97504	ESRD-End Stage Renal Disease
Surgery Center at Tanasbourne 18650 NW Cornell Rd Suite 110 Hillsboro, OR 97124	ESRD-End Stage Renal Disease
Center for Specialty Surgery 11782 SW Barnes Rd 200 Bldg C Portland, OR 97225	ESRD-End Stage Renal Disease
Oregon Outpatient Surgery 7300 SW Childs Rd Tigard, OR 97224	ESRD-End Stage Renal Disease
Providence Child Center 860 NE 47th Ave Portland, OR 97213	ESRD-End Stage Renal Disease
Providence Benedictine Nursing Center 540 S Main St Mt Angel, OR 97362	ESRD-End Stage Renal Disease
Providence Seaside Hospital 725 S Wahanna Rd Seaside, OR 97138	ESRD-End Stage Renal Disease
Providence Benedictine Orchard House 550 S Main St Mt Angel, OR 97362	ESRD-End Stage Renal Disease

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)
Providence Brookside Manor 1550 Brookside Dr Hood River, OR 97031	ESRD-End Stage Renal Disease
Prov Elderplace in Irvington Village 420 NE Mason Portland, OR 97211	ESRD-End Stage Renal Disease
Providence Elderplace in Glendover 13007 NE Glisan St Portland, OR 97230	ESRD-End Stage Renal Disease
Providence Elderplace in Cully 5119 NE 57th Ave Portland, OR 97218	ESRD-End Stage Renal Disease
Providence Brookside Memory Care 1550 Brookside Dr Hood River, OR 97031	ESRD-End Stage Renal Disease
Providence Willamette Falls Hospice 1505 Division Street Oregon City, OR 97045	ESRD-End Stage Renal Disease
Providence WF - Canby Place 200 S Hazel Dell Way Canby, OR 97013	ESRD-End Stage Renal Disease
Providence WF Med Grp-OR City 1510 Division Street Oregon City, OR 97045	ESRD-End Stage Renal Disease
Providence WF MedGrp-Sunnyside 9775 SE Sunnyside Road Clackamas, OR 97015	ESRD-End Stage Renal Disease
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

2014

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 Domestic Organizations and Domestic Governments.

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 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 . . . . . ▶ 82

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 3

Part III **Grants and Other Assistance to Domestic Individuals.** 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 Domestic Organizations and Domestic Governments.

(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 Foundation4805 NE Glisan St Portland,OR 97213	93-1231494	501 (c) 3	1,847,213				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 ClinicPO Box 568 Cornelius,OR 97313	93-0717997	501 (c) 3	1,165,750				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 Oregon Community Foundation1221 SW Yamhill 100 Portland,OR 97205	23-7315673	501 (c) 3	802,000				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 Now1311 NW 21st Avenue Portland, OR 97296	20-8928388	501 (c) 3	771,678				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 Foundation9205 SE Barnes Rd Portland,OR 97225	93-0575982	501 (c) 3	636,389				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 Foundation830 NE 47th Portland,OR 97213	93-0800140	501 (c) 3	373,948				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 Foundation1111 Crater Lake Ave Medford,OR 97504	93-0692907	501 (c) 3	362,615				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 Foundation1500 Division Street Oregon City, OR 97045	93-1003750	501 (c) 3	220,104				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 Foundation10150 SE 32nd Milwaukie, OR 97222	94-3079515	501 (c) 3	208,953				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 Foundation1001 Providence Dr Newberg, OR 97132	93-0889144	501 (c) 3	188,384				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 University3181 SW Sam Jackson Park Road Portland, OR 97239	93-1176109	501 (c) 3	152,000				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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	151,250				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Tualatin Hills Park Foundation15707 SW Walker Road Beaverton, OR 97006	93-6033838	501 (c) 3	150,000				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 Center7754 SW Capital Highway Portland, OR 97219	74-3050497	501 (c) 3	133,000				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 Oregon712 SE Hawthorne Boulevard Suite 2 Portland, OR 97214	20-4970868	501 (c) 3	130,000				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 HospitalPO Box 5939 Portland,OR 97228	93-0386823	501 (c) 3	125,000				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Impact NWPO Box 33530 Portland, OR 97292	93-0557964	501 (c) 3	121,950				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 Foundation 540 S Main Street Mt Angel, OR 97362	91-1940286	501 (c) 3	116,110				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 Foundation725 S Wahanna Rd Seaside,OR 97138	93-0927320	501 (c) 3	114,089				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 Memorial Hospital Foundation811 13th St Hood River, OR 97031	93-0921990	501 (c) 3	113,993				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Meals on Wheels People Inc PO Box 19477 Portland, OR 97280	93-0584318	501 (c) 3	100,000				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Lifeworks NW14600 NW Cornell Road Portland, OR 97229	93-0502822	501 (c) 3	76,000				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Greater Oregon Behavioral Health309 East Second St Portland, OR 97058	93-1144014	501 (c) 4	70,000				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 Department1109 June Street Hood River, OR 97031	93-6002297	Government	59,030				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 Charities231 SE 12th Avenue Portland, OR 97214	93-0386801	501 (c) 3	50,000				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NAMI - Oregon4701 SE 24th Ave No E Portland, OR 97202	93-0875209	501 (c) 3	50,000				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 Business Council 1100 SW 6th Ave Ste 1608 Portland, OR 97204	93-0884244	501 (c) 6	50,000				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 Worker7528 N Fenwick Avenue Portland, OR 97217	93-1322114	501 (c) 3	46,489				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 Inc965 Tucker Road Hood River, OR 97031	93-0600421	501 (c) 3	43,000				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 Children1101 E Marina Way Suite 215 Hood River, OR 97031	93-0951908	501 (c) 3	40,000				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 107 Portland, OR 97227	94-3180955	501 (c) 3	40,000				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 Concern232 NW Everett Street Portland,OR 97209	93-0728816	501 (c) 3	37,270				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 PaulPO Box 42157 Portland, OR 97242	93-0831082	501 (c) 3	33,098				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 Foundation for Medical Excellence1 SW Columbia Street 860 Portland, OR 97258	93-0632522	501 (c) 3	26,750				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 Health Council511 Washington St The Dalles, OR 97058	46-0911202	501 (c) 3	26,500				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Rogue Community College 3345 Redwood Highway Grant Pass,OR 97527	93-0777701	501 (c) 3	26,000				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Addictions Recovery Center Inc1003 W Main St Medford,OR 97501	93-0645605	501 (c) 3	25,000				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Self Enhancement Inc3920 N Kerby Ave Portland, OR 97227	93-1086629	501 (c) 3	25,000				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 Authority800 NE Oregon St Suite 550 Portland, OR 97232	93-6001752	Government	21,357				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 Foundation424 NE 22nd Avenue Portland, OR 97232	93-1297104	501 (c) 3	20,000				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
City of Hood RiverPO Box 27 Hood River, OR 97031	93-6002186	Government	20,000				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 Valley3617 S Pacific Hwy Medford, OR 97501	94-3096772	501 (c) 3	20,000				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 College400 East Scenic Drive The Dalles,OR 97058	93-0700843	501 (c) 3	17,440				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
March of Dimes Foundation 1275 Mamaroneck Avenue White Plains, NY 10605	13-1846366	501 (c) 3	16,000				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 BankPO Box 55370 Portland,OR 97238	93-0785786	501 (c) 3	15,129				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 Organization1001 SW Baseline Hillsboro,OR 97123	93-0554941	501 (c) 3	15,000				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Compass House Inc332 W 6th Street Medford,OR 97501	93-1294230	501 (c) 3	15,000				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Jackson County SART43 Morninglight Dr Ashland, OR 97520	81-0650183	501 (c) 3	15,000				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 Historical Society 1200 SW Park Avenue Portland, OR 97205	93-0391599	501 (c) 3	15,000				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 America3910 SE Stark Street Portland, OR 97214	93-0395591	501 (c) 3	15,000				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Portland State University Foundation1600 SW Fourth Ave Ste 730 Portland, OR 97201	93-0619733	501 (c) 3	11,500				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 College Foundation1651 Lexington Ave Astoria,OR 97103	23-7100856	501 (c) 3	11,000				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Portland-Guadalajara Sister City AssocPO Box 728 Portland,OR 97207	93-0906775	501 (c) 3	11,000				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
All Hands Raised2069 NE Hoyt St Portland, OR 97232	93-1149789	501 (c) 3	10,000				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Hearts & Vines Foundation 221 Stewart Ave Ste 301 Medford, OR 97501	93-1226903	501 (c) 3	10,000				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NAMI Clark County8019 NE 13th Ave Vancouver,WA 98665	91-1065027	501 (c) 3	10,000				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 Center for Nursing 5000 N Willamette Boulevard MSC 1 Portland, OR 97203	74-3052430	501 (c) 3	10,000				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 Public Health Institute310 SW 4th Ave Ste 900 Portland, OR 97204	93-1259522	501 (c) 3	10,000				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Pacific University2043 College Way Forest Grove, OR 97116	93-0386892	501 (c) 3	10,000				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Spenser's Heartstrong Foundation214 Northridge Lane Longview, WA 98632	46-1147794	501 (c) 3	10,000				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 Oregon Zoo Foundation 4001 SW Canyon Road Portland, OR 97221	93-0718337	501 (c) 3	10,000				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
KOBI125 S Fir Street Medford, OR 97501	93-0879130	Other	8,500				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 FoundationPO Box 5455 Portland,OR 97228	93-1109980	501 (c) 3	8,500				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 Chamber333 SW 5th Avenue Suite 100 Portland,OR 97204	93-1156358	501 (c) 3	7,850				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Jesuit Volunteer Corps NorthwestPO Box 3928 Portland, OR 97208	23-7361814	501 (c) 3	7,350				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Sunset Empire Park & Recreation District FoundationPO Box 514 Seaside,OR 97138	93-1251337	501 (c) 3	7,300				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Helping Hands Against Violence IncPO Box 441 Hood River, OR 97031	93-0756833	501 (c) 3	7,000				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 Latino Health240 N Broadway St Ste 215 Portland, OR 97227	26-1530127	501 (c) 3	7,000				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 Center681 SW 2nd Avenue Canby,OR 97013	51-0603464	501 (c) 3	7,000				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Vietnamese Community of OregonPO Box 55416 Portland,OR 97238	32-0263661	501 (c) 3	6,570				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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	6,500				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Volunteer Physicians for Access to TreatmentPO Box 4 Medford,OR 97501	90-0861727	501 (c) 3	6,500				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Our House of Portland Inc 2727 SE Alder Street Portland, OR 97214	93-0986632	501 (c) 3	5,500				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Wisdom of the Elders3203 SE 109th Ave Portland, OR 97266	93-1164114	501 (c) 3	5,200				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Black Parent Initiative6325 NE 27th Ave Portland,OR 97211	20-5686374	501 (c) 3	5,000				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CASA of Jackson County Inc 613 Market Street Medford, OR 97504	94-3215621	501 (c) 3	5,000				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Children First for OregonPO Box 14914 Portland, OR 97293	94-3168157	501 (c) 3	5,000				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Coalition for Community Health Clinics619 SW 11th Ave Ste 106 Portland, OR 97205	91-1829239	501 (c) 3	5,000				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Jackson County Child Abuse Task Force816 W 10th Street Medford, OR 97501	94-3079497	501 (c) 3	5,000				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Jefferson Regional Healthcare Alliance670 Superior Court Medford, OR 97504	59-3813059	501 (c) 3	5,000				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 Inc5100 SW Macadam Avenue Suite 400 Portland, OR 97239	93-0725294	501 (c) 3	5,000				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Portland State University - Oregon Solutions506 SW Mill St Portland, OR 97207	48-1278529	Government	5,000				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 Church6701 NE Campus Way Hillsboro, OR 97124	93-0785442	501 (c) 3	5,000				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
University of Portland5000 N Willamette Blvd Portland, OR 97203	93-0401259	501 (c) 3	5,000				Community health support

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
Vision Action Network3700 SW Murray Boulevard Suite 190 Beaverton, OR 97005	93-1317190	501 (c) 3	5,000				Community health support

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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.**

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

OMB No 1545-0047

2014

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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**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 in column(B) 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 People and Experience Officer 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 2014, there were three First Class tickets utilized by Officers, Directors or Key Employees listed on Form 990, Part VII 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 2014, the following Listed Persons received gross-up payments Debra Canales Lisa Vance Craig Wright, MD Cindra Syverson The amounts reported for these gross-up payments are included on Schedule J, Part II, Column B (iii) - Other Reportable Compensation in the 990 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 People and Experience 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 2014, the following Listed Persons received relocation/housing program payments Debra Canales Lisa Vance Craig Wright, MD Cindra Syverson 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) Rod Hochman, MD a) SERP Earned but not Vested- $423,527 b) SERP Interest Credit - $32,014 2) Todd Hofheins a) SERP Earned but not Vested - $61,763 3) Cindy Strauss a) SERP Earned but not Vested - $173,177 b) SERP Interest Credit - $20,200 4) Dave Underriner a) Taxable SERP Earned but not Paid - $64,286 b) SERP Interest Credit - $11,146 c) ESP Interest Credit - $3,151 5) William Olson a) SERP Earned But not Vested - $66,377 b) Taxable CBRP Paid - $3 c) Taxable SERP Earned But not Paid - $69,951 6) Mike Butler a) SERP Earned but not Vested - $375,980 b) SERP Interest Credit - $55,936 7) Lisa Vance a) Taxable CBRP Paid - $65 b) Taxable SERP Earned but not Paid - $246,744 c) SERP Interest Credit - $5,405 8) Randy Axelrod a) SERP Earned but not Vested - $210,806 9) Jack Friedman a) Taxable SERP Earned but not Paid - $47,539 b) SERP Interest Credit - $100,696 10) Craig Wright, MD a) SERP Earned but not Vested - $172,424 b) SERP Interest Credit - $91,172 11) Janice Newell a) SERP Earned but not Vested - $185,427 b) SERP Interest Credit - $4,758 12) Deborah Burton a) Taxable SERP Earned but not Paid - $156,114 b) SERP Interest Credit - $4,843 13) Robert Hellrigel a) SERP Earned but not Vested - $38,135 b) SERP Interest Credit - $6,970 14) David Brown a) SERP Earned but not Vested - $74,010 b) SERP Interest Credit - $19,770 15) Orest Holubec a) SERP Earned but not Vested - $18,642 b) SERP Interest Credit - $1,332 16) Mark Gargett a) Taxable SERP Earned but not Paid - $111,973 b) Taxable CBRP Paid - $3,879 c) SERP Interest Credit - $22,957 17) Joel Gilbertson a) SERP Earned but not Vested - $48,936 b) SERP Interest Credit - $13,976 18) Jack Mudd a) Taxable SERP Earned but not Paid - $34,705 b) SERP Interest Credit - $52,292 19) Gary Flaming a) Taxable SERP Earned but not Paid - $127,565 b) Taxable CBRP Paid - $6,338 c) SERP Interest Credit - $1,640 20) Teresa Spalding a) Taxable SERP Earned but not Paid - $84,574 b) Taxable CBRP Paid - $227 21) Doug Walta a) SERP Earned but not vested - $216,761 b) Taxable CBRP Earned but not paid- $11,768 c) SERP Interest Credit - $477 22) Doug Koekkoek a) SERP Earned but not Vested - $85,749 23) Theron Park a) SERP Interest Credit - $244 b) SERP Earned but not Vested - $26,384 24) Brendan Curti a) Taxable CBRP Paid - $113,268 25) Walter Urba a) Taxable CBRP arned but not Paid - $49,839 b) Non-Taxable CBRP Earned but not Paid - $8,064 26) Greg Van Pelt a) Taxable SERP Paid - $76,369 b) Non-Taxable SERP Paid - $87,510 27) Cindra Syverson a) Taxable SERP Paid - $1,154,015 b) Taxable CBRP Paid - $8,482 c) SERP Interest Credit - $7,244 28) Ray Williams a) Taxable SERP Paid - $424,467 29) John Fletcher a) Taxable SERP Paid - $213,729 b) Non-Taxable SERP Paid - $374,151 c) Taxable CBRP Paid - $1,346 30) John Koster, MD a) Taxable SERP Paid - $624,015 b) Non-Taxable SERP Paid - $538,914 c) SERP Interest Credit - $196,163 31) Jan Jones a) Taxable SERP Paid - $153,823 b) Taxable CBRP Paid - $45 c) Non-Taxable SERP Paid - $282,092 32) Jeff Rogers a) Taxable CBRP Paid - $12,493 b) Non-Taxable CBRP Earned but not Paid - $10,159 c) SERP Earned but not Paid - $242,193 d) ESP Paid - $218,619 33) Terry Smith a) Taxable SERP Paid - $22,869 b) Taxable CBRP Paid - $17,090 c) Non-Taxable CBRP Paid - $44 d) Non-Taxable SERP Paid - $297,419
Part I, Lines 4a-b	SEVERANCE 1) Greg Van Pelt - $735,779 2) Cindra Syverson - $813,696 3) Ray Williams - $624,988 4) John Fletcher - $555,934 5) Jan Jones - $592,802
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 In 2014, 100 percent of the participant awards were based on pre-determined organizational goals consistent with Providence's six strategic priorities of creating healthier communities together, inspire and develop our people, building enduring relationships with consumers, create alignment with clinicians & care teams, develop and thrive under new care delivery & economic models, and grow by optimizing expert-to-expert capabilities For 2014, the percent allocation for each of these strategic priorities is outlined below * Creating Healthier Communities, Together Community Benefit 10% System Leadership Council - 10% System Role including Providence Senior & Community Services (PSCS) - 10% Region Role Regional Chief Executives (RCEs) and Reports * Inspire and Develop Our People Core Leader Engagement 10% System Leadership Council - 10% Providence Strategic and Management Services (PSMS) System Role including PSCS - 10% Region Role RCEs and Reports Employee Health Index 5% System Leadership Council - 5% System Role including PSCS - 5% System Region Role RCEs and Reports * Building Enduring Relationships with Consumers MyChart Activations 5% System Leadership Council - 5% System Role including PSCS - 5% Region Role RCEs and Reports Patient Loyalty Index 5% System Leadership Council - 5% System Role including PSCS - 5% Region Role RCEs and Reports * Create Alignment with Clinicians & Care Teams Clinical Excellence Index 10% System Leadership Council - 10% System Role including PSCS - 10% Region Role RCEs and Reports * Develop and Thrive Under New Care Delivery & Economic Models Salary Expense as % of Net Service Revenue 10% System Leadership Council - 10% PSMS System Role including PSCS - 10% Region Role RCEs and Reports Supply Expense as % of Net Service Revenue 5% System Leadership Council - 5% System Role including PSCS - 5% Region Role RCEs and Reports Primary Care Panel Size 5% System Leadership Council - 5% System Role including PSCS - 5% Region Role RCEs and Reports Clinical Network Performance 10% System Leadership Council - 10% System Role including PSCS - 10% System Region Role RCEs and Reports * Grow by Optimizing Expert-to-Expert Capabilities Free Cash Flow 15% System Leadership Council - 15% System Role including PSCS - 15% Region Role RCEs and Reports Unduplicated Patient Count 10% System Leadership Council - 10% System Role including PSCS - 10% Region Role RCEs and Reports TOTAL ALLOCATION 100% Leadership Council - 100% System Role including PSCS - 100% Region Role RCEs and Reports

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 and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
1 Rod F Hochman MD, President / CEO	(I)	0	0	0	0	0	0	0
	(II)	1,184,387	750,000	17,500	473,741	20,585	2,446,213	0
1 Todd Hofheins, EVP/CFO	(I)	0	0	0	0	0	0	0
	(II)	589,662	0	17,500	89,039	23,882	720,083	0
2 Cindy Strauss, SVP/Chief Legal Officer	(I)	0	0	0	0	0	0	0
	(II)	470,542	0	17,500	212,878	21,972	722,892	0
3 Dave Underriner, CE/OR Region	(I)	0	0	0	0	0	0	0
	(II)	579,486	64,286	17,525	69,322	26,533	757,152	0
4 William Olson, CFO/OR Region	(I)	0	0	0	0	0	0	0
	(II)	365,263	137,374	160	102,032	20,936	625,765	0
5 Michael L Butler, President/Operations & Services	(I)	0	0	0	0	0	0	0
	(II)	983,000	540,000	17,500	466,289	25,839	2,032,628	0
6 Debra Canales, EVP/Chief People & Experience Ofc	(I)	0	0	0	0	0	0	0
	(II)	706,646	265,000	104,573	11,700	11,617	1,099,536	0
7 Lisa Vance, SVP/Clinical Program Services	(I)	0	0	0	0	0	0	0
	(II)	434,708	246,809	28,198	38,628	19,803	768,146	0
8 Randy Axelrod MD, EVP/Clinical & Patient Svcs	(I)	0	0	0	0	0	0	0
	(II)	681,191	0	20,315	222,505	23,135	947,146	0
9 Doug Walta, CEO/Clinical Programs	(I)	0	0	0	0	0	0	0
	(II)	575,097	37,248	17,500	231,972	23,116	884,933	0
10 Jack Friedman, SVP/Account Care & Payor Rel	(I)	0	0	0	0	0	0	0
	(II)	531,342	47,539	17,500	151,650	25,916	773,947	0
11 Aaron Martin, SVP/Strategy & Innovation	(I)	0	0	0	0	0	0	0
	(II)	463,108	100,000	0	11,700	6,341	581,149	0
12 Craig L Wright MD, SVP/Physician Svcs	(I)	0	0	0	0	0	0	0
	(II)	519,920	0	30,032	293,065	19,017	862,034	0
13 Janice Newell, SVP/Chief Information Officer	(I)	0	0	0	0	0	0	0
	(II)	511,942	0	17,500	208,385	12,449	750,276	0
14 Deborah Burton, SVP/Chief Nrsg Officer	(I)	0	0	0	0	0	0	0
	(II)	346,075	156,114	17,500	31,767	23,615	575,071	0
15 Robert Hellrigel, CE/Senior & Community Services	(I)	0	0	0	0	0	0	0
	(II)	373,982	144,954	0	73,345	22,560	614,841	0
16 David Brown, VP/Strategy & Business Development	(I)	0	0	0	0	0	0	0
	(II)	354,112	139,500	0	121,500	21,630	636,742	0
17 Orest Holubec, SVP/Marketing & Communications	(I)	0	0	0	0	0	0	0
	(II)	348,449	120,258	17,500	31,673	21,890	539,770	0
18 Mark Gargett, VP/Digital Integration	(I)	0	0	0	0	0	0	0
	(II)	360,689	115,852	0	57,037	23,310	556,888	0
19 Doug Koekkoek, CEO/PMG/Patient Services	(I)	0	0	0	0	0	0	0
	(II)	424,084	0	0	126,113	23,438	573,635	0

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

(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 in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 Joel S Gilbertson, SVP/Comm Ptnrshp / Ext Affairs	(I)	0	0	0	0	0	0	0
	(II)	402,181	0	17,500	81,301	21,910	522,892	0
1 John O Mudd, SVP/Mission Leadership	(I)	0	0	0	0	0	0	0
	(II)	371,637	34,705	11,712	77,766	18,052	513,872	0
2 Gary Flaming, SVP/Chief Risk Officer	(I)	0	0	0	0	0	0	0
	(II)	264,317	133,902	17,500	70,770	18,447	504,936	0
3 Teresa Spalding, VP/Revenue Cycle	(I)	0	0	0	0	0	0	0
	(II)	312,558	84,801	17,500	32,445	12,458	459,762	0
4 Theron Park, CEO/Oregon Delivery System	(I)	0	0	0	0	0	0	0
	(II)	381,381	0	17,500	44,443	20,591	463,915	0
5 Brendan Curti, Physician - Oncology	(I)	349,899	443,967	17,500	20,689	20,043	852,098	0
	(II)	0	0	0	0	0	0	0
6 Erin Allen, Physician - Dermatology	(I)	789,024	0	17,500	17,030	20,526	844,080	0
	(II)	0	0	0	0	0	0	0
7 Walter Urba, Administrator/Clinical Research	(I)	652,076	134,689	17,500	39,354	18,530	862,149	0
	(II)	0	0	0	0	0	0	0
8 Jeffrey Swanson, Surgeon - Cardiology	(I)	730,412	45,821	13,231	11,700	17,738	818,902	0
	(II)	0	0	0	0	0	0	0
9 Emery Douville, Surgeon - Cardiology	(I)	742,126	45,821	0	11,700	21,806	821,453	0
	(II)	0	0	0	0	0	0	0
10 John F Koster MD, Former President & CEO	(I)	0	0	0	0	0	0	0
	(II)	49,738	624,015	222,502	762,492	3,725	1,662,472	1,162,929
11 Jeff W Rogers, Former Corporate Secretary	(I)	0	0	0	0	0	0	0
	(II)	0	12,493	218,619	390,991	0	622,103	467,812
12 Cindra R Syverson, Former SVP/CHRO	(I)	0	0	0	0	0	0	0
	(II)	23,967	1,162,497	881,829	10,140	8,178	2,086,611	651,475
13 Ray Williams, Former SVP/Physicians Svcs	(I)	0	0	0	0	0	0	0
	(II)	1,424	434,467	624,988	0	4,597	1,065,476	286,164
14 Greg Van Pelt, Former CE/OR Region	(I)	0	0	0	0	0	0	0
	(II)	915	76,369	977,021	129,107	19,608	1,203,020	0
15 John Fletcher, Former VP/Operations Support	(I)	0	0	0	0	0	0	0
	(II)	32,671	215,075	795,197	408,292	22,799	1,474,034	739,867
16 Jan J Jones, Former SVP/CAO	(I)	0	0	0	0	0	0	0
	(II)	30,294	153,867	694,943	303,683	26,844	1,209,631	595,726
17 Terry L Smith, Former SVP/Management Svcs	(I)	0	0	0	0	0	0	0
	(II)	35,751	39,958	104,718	309,097	1,830	491,354	320,288

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

OMB No 1545-0047

2014

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)	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	1,950,000	5,675,000	12,925,000	
2	Amount of bonds legally defeased				
3	Total proceeds of issue	33,166,149	86,048,855	161,786,294	
4	Gross proceeds in reserve funds			111,289	
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows	8,238,491			
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					
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?								
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, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		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 "Yes" to 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								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

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								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
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

Return Reference	Explanation
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 O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization	Employer identification number
PROVIDENCE HEALTH & SERVICES - OREGON	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 reviewed 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 goals for furthering Providence operating commitments and strategic objectives - advancing the Providence Mission and core values, meeting benchmarks for charity care, achieving quality targets, delivering top-rated patient 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 request The consolidated financial statements are available on our public Internet site www2 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	Dave Underriner - 4400 NE Halsey, Bldg 2, #599, Portland, OR 97213 William Olson - 4400 NE Halsey, Bldg 2, #599, Portland, OR 97213 Doug Walta - 4400 NE Halsey, Bldg 2, #599, Portland, OR 97213 Doug Koekkoek - 4400 NE Halsey, Bldg 2, #599, Portland, OR 97213 Theron Park - 4400 NE Halsey, Bldg 2, #599, Portland, OR 97213 Greg Van Pelt - 4400 NE Halsey, Bldg 2, #599, Portland, OR 97213

Return Reference	Explanation
Form 990, Part XI, line 9	Recipient Organization Adjustments 2,585,873 Interaffiliate Transfers 548,414 Book/Tax Difference - Joint Venture Income 388,518 Restricted Contributions & Grants 25,207,654 Benefit Plan Adjustment -7,754,504 NA Transfer to Portland Foundation 1,333,333 Net Assets Released from Restriction 958,083 Rounding 33

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, running errands, offering clerical support and anything else that is asked of them Our organization is blessed with a group of volunteers that help each and every day Volunteer services include but are not limited to the following * Greet and escort visitors and patients * Assist patients being admitted/check-in and scheduling * Bond with medically fragile children to add quality of life and joy * Spiritual care, including end of life, Eucharistic ministers and harpists * Clerical support * Deliver flowers and mail to patients * Give hospital tours * Participate in fundraising and community events * Guest 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 * Serve as patient ambassadors on the nursing floors * Run errands as needed * Staffing the gift shops * Work on special projects for various departments as needed * Support blood drives * Pet Therapy program visitation * Provide other support as needed to enhance the patient experience

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

Return Reference	Explanation
FORM 990, SCHEDULE R - RELATED ORGANIZATIONS	AFFILIATION AGREEMENTS Effective March 1, 2014, Providence Health & Services) the Health System entered into an affiliation agreement with Sisters of Charity of Leavenworth Health System (SCL) to transfer sponsorship of Saint John's Health Center (Saint John's) to the Health System Saint John's operates a nonprofit medical center, a cancer institute, and physician clinics to serve the Santa Monica, California community and surrounding area Effective May 1, 2014, the Health System entered into an affiliation agreement with PacMed Clinics (PacMed) PacMed is a private, nonprofit, multi-specialty medical group with nine clinics in the Puget Sound area and more than 150 primary care and specialty providers at the date of affiliation Pursuant to the affiliation agreement, Western HealthConnect became PacMed's sole corporate Member No cash or other purchase consideration was transferred to effect the affiliation Effective June 13, 2014, the Health System entered into an affiliation agreement with Kadlec Health System (Kadlec) Kadlec operates a nonprofit medical center, a neurological resource center, a supporting foundation, and physician clinics to serve the tri-cities area of Kennewick, Pasco, and Richland, Washington Pursuant to the affiliation agreement, Western HealthConnect became the sole member of Kadlec No cash or other purchase consideration was transferred to effect the affiliation

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

OMB No 1545-0047

2014

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	(g) Section 512(b)(13) controlled entity? 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	Providence TrinityCare Hospice		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 II	Providence Ministries		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 9	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 2800 South 192nd St 104 SeaTac, WA 98188 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 II	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) Kadlec Regional Medical Center 888 Swift Blvd Richland, WA 99352 91-0655392	Healthcare	WA	501(c)(3)	Line 3	Western HealthConnect		No
(4) Kadlec Neurological Resource Center 1268 Lee Blvd Richland, WA 99352 91-1266345	Healthcare	WA	501(c)(3)	Line 9	Western HealthConnect		No
(5) Kadlec Foundation 888 Swift Blvd Richland, WA 99352 23-7005501	Support Kadlec Regional Medical Center	WA	501(c)(3)	Line 11/Type I	Kadlec Regional Medical Center		No
(6) PacMed Clinics 1200 12th Ave S Seattle, WA 98144 56-2290878	Healthcare	WA	501(c)(3)	Line 9	Western HealthConnect		No
(7) Providence Saint John's Health Center 2121 Santa Monica Blvd Santa Monica, CA 90404 95-1684082	Healthcare	CA	501(c)(3)	Line 3	PHS - So California		No
(8) John Wayne Cancer Institute 2200 Santa Monica Blvd Santa Monica, CA 90404 95-4291515	Cancer Treatment	CA	501(c)(3)	Line 4	Providence Saint John's Health Center		No
(9) Saint John's HospitalHealth Center Foundation 2121 Santa Monica Blvd Santa Monica, CA 90404 95-6100079	Support Saint John Health Center & JWCI	CA	501(c)(3)	Line 7	Providence Saint John's Health Center		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? Yes	(h) No	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner? Yes	(j) No	(k) Percentage ownership
Providence Imaging Center 3340 Providence Drive Anchorage, AK 99508 92-0118807	Medical Imaging	AK	N/A									
California Laboratory Associates LLC 501 Buena Vista Burbank, CA 91505 27-3888692	Outpatient Lab	CA	N/A									
Broadway Imaging LLC 500 W Broadway Missoula, MT 59802 52-2405971	Medical Imaging	MT	N/A									
Ctr for Med Imaging-Bridgeport LLC 4400 NE Halsey 495 Portland, OR 97213 26-0796953	Imaging - Diagnostics	OR	PH&S - OR	Related	77,008	789,332		No		Yes		75 000 %
Ctr for Med Imaging-Tanasbourne LLC 4400 NE Halsey 495 Portland, OR 97213 20-0477972	Imaging - Diagnostics	OR	PH&S - OR	Related	98,444	1,715,296		No		Yes		75 000 %
Pathology Associates Medical Laboratories LLC 611 N Perry Spokane, WA 99202 27-0943279	Outpatient Lab	WA	N/A									
Portland Medical Imaging LLC 4400 NE Halsey 495 Portland, OR 97213 20-1054971	Imaging - Diagnostics	OR	PH&S - OR	Related	-103,949	1,687,308		No		Yes		75 000 %
Oregon Advanced Imaging LLC 881 OHare Parkway Medford, OR 97504 45-0471748	Medical Imaging	OR	PH&S - OR	Related	1,844,994	6,207,186		No		Yes		70 000 %
Minor & James Medical PLLC 515 Minor Avenue 200 Seattle, WA 98104 91-1340223	Physician Clinic	WA	N/A									
Providence Surgery Center LLC 902 N Orange St Missoula, MT 59802 84-1401625	Ambulatory Surgery Center	MT	N/A									
Clackamas Radiation Oncology Center LLC 4400 NE Halsey St Bldg II 495 Portland, OR 97213 26-0381897	Radiation Oncology	OR	PH&S - OR	Related	652,029	1,453,333		No		Yes		67 000 %
PETCT Imaging at Swedish Cancer Institute LLC 1221 Madison Street Seattle, WA 98104 20-3132044	Medical Imaging	WA	N/A									
PacLab LLC 611 N Perry Spokane, WA 99202 91-1743952	Outpatient Lab	WA	N/A									
The Madison Spokane Inn LLC 15 West Rockwood Blvd Spokane, WA 99204 84-1606484	Hotel Services	WA	N/A									
Center for Specialty Surgery LLC 11782 SW Barnes Rd Portland, OR 97225 26-3638838	Ambulatory Surgery Center	OR	PH&S - OR	Related	410,485	2,588,690		No			No	51 000 %

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? Yes	(h) No	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner? Yes	(j) No	(k) Percentage ownership
Oregon Outpatient Surgery Center 7300 SW Childs Rd Tigard, OR 97224 22-3883387	Ambulatory Surgery Center	OR	PH&S - OR	Related	352,053	1,407,654		No			No	51 000 %
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									
Alpha Medical Laboratory LLC 611 N Perry Spokane, WA 99202 91-2017347	Outpatient Lab	ID	N/A									
Greater Valley Medical Building LP 501 S Buena Vista St Burbank, CA 91505 95-4570858	Real Estate - MOB	CA	N/A									
Prov Radiation Oncology Develop Assn LLC 4400 NE Halsey 495 Portland, OR 97213 26-0682491	Real Estate - MOB	OR	PH&S - OR	Investment	-14,140	3,229,128		No		Yes		50 000 %
Providence Partners for Health LLC 501 S Buena Vista St Burbank, CA 91505 45-4041798	Clinical Quality & Integration	CA	N/A									
ProvidenceSilverton Rehab LLC 4400 NE Halsey 425 Portland, OR 97213 48-1287267	Rehab Services	OR	PH&S - OR	Related	-8,895	151,844		No		Yes		50 000 %
Southern Idaho Regional Laboratory LLC 611 N Perry Spokane, WA 99202 82-0511819	Outpatient Lab	ID	N/A									
Mountainstar Clinical Laboratories LLC 611 N Perry Spokane, WA 99202 26-1345983	Outpatient Lab	MT	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
PHN Holdings 20555 Earl Street Torrance, CA 90503 46-1814184	Strategic Planning Services	CA	N/A	C				No
Providence Health Network 20555 Earl Street Torrance, CA 90503 80-0886966	Prepaid Healthcare	CA	N/A	C				No

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Oregon Outpatient Surgery Center	A	421,883	Cost
Providence Benedictine Nursing Center Foundation	B	116,110	Cost
Providence Benedictine Nursing Center Foundation	C	140,479	Cost
Providence Child Center Foundation	B	373,948	Cost
Providence Child Center Foundation	C	1,803,037	Cost
Providence Community Health Foundation	B	362,615	Cost
Providence Community Health Foundation	C	243,546	Cost
Providence Health Assurance	Q	55,452	Cost
Providence Health Plan	Q	835,756	Cost
Providence Hood River Memorial Hospital Foundation	B	113,993	Cost
Providence Hood River Memorial Hospital Foundation	C	211,454	Cost
Providence Milwaukie Foundation	B	208,953	Cost
Providence Milwaukie Foundation	C	582,769	Cost
Providence Newberg Foundation	B	188,384	Cost
Providence Newberg Foundation	C	293,044	Cost
Providence Plan Partners	J	5,509,567	Cost
Providence Plan Partners	O	73,933,922	Cost
Providence Plan Partners	Q	16,917,213	Cost
Providence Portland Medical Foundation	B	1,847,213	Cost
Providence Portland Medical Foundation	C	8,150,014	Cost
Providence Seaside Foundation	B	114,089	Cost
Providence Seaside Foundation	C	214,685	Cost
Providence St Vincent Medical Foundation	B	636,389	Cost
Providence St Vincent Medical Foundation	C	6,382,169	Cost
Providence Willamette Falls Foundation	B	220,104	Cost

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Providence Willamette Falls Foundation	C	437,284	Cost