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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

☐ Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

Providence St Joseph Medical Center

Doing business as

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

Room/suite

1801 Lind Avenue SW No 9016

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

Renton, WA 980579016

F Name and address of principal officer

Rod Hochman MD

1801 Lind Avenue SW No 9016

Renton,WA 980579016

D Employer identification number

81-0463482

E Telephone number

(425) 525-3985

G Gross receipts \$ 28,857,258

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 ▶ 0928

I Tax-exempt status

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

J Website: ▶ www.saintjoes.org

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

L Year of formation 1991

M State of legal domicile MT

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities Healthcare with special concern for the poor and vulnerable in Polson, MT		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	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	324
	6	Total number of volunteers (estimate if necessary)	6	13
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	298,292
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	30,706
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	278,800	392,849
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	26,106,590	26,685,954
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,298	5,167
	12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,106,268	1,771,187
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	27,496,956	28,855,157
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	12,768	11,998
	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)	16,217,822	13,483,397
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	14,378,167	9,923,800
Net Assets or Fund Balances	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	30,608,757	23,419,195
	19	Revenue less expenses Subtract line 18 from line 12	-3,111,801	5,435,962
			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	19,765,476	17,871,343
	21	Total liabilities (Part X, line 26)	21,140,387	13,768,755
	22	Net assets or fund balances Subtract line 21 from line 20	-1,374,911	4,102,588

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

Todd Hofheins EVP/CFO

2015-11-13

Date

Print/Type preparer's name

Sara Elizabeth J Hyre CPA

Preparer's signature

Sara Elizabeth J Hyre CPA

Date

Check ☐ if self-employed

PTIN 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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2014)

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

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes

☒ No

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

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes

☒ No

If "Yes," describe these changes on Schedule O

4

Describe the 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 \$ 8,699,009 including grants of \$ 0) (Revenue \$ 10,833,299)

ACUTE CARE - OUTPATIENT2014 - 39,703 Patient VisitsSt Joseph Medical Center is a 22 bed acute care hospital providing a wide range of medical services to the community without regard to the patient's ability to pay for these services OUR MISSION - As people of Providence, we reveal God's love for all, especially the poor and vulnerable, through our compassionate service OUR CORE VALUES - Respect, Compassion, Justice, Excellence, and Stewardship At Providence St Joseph Medical Center, we understand health care is evolving The advance in medicine and strides in technology are providing local communities access to better health care It is our goal to provide the best care in our region Our doctors will be here to help you and your loved ones when needs arise The comfort and health of our patients is our top priority Providence St Joseph Medical Center wants to provide you with the tools needed to educate and increase your health awareness 2014Patient Satisfaction Scores Recognized The Ambulatory Surgery and ED patient experience scores for overall rating of care were in the 99th percentile and 97th percentile of all hospitals in the first quarter of 2014 The Operating Room Supervisor, the Emergency Department Supervisor and their teams were exceptional in their steadfast focus on getting it right and providing the care our community deserves Saint Joe's wins a Top 20 award! National Rural Health Association has named Providence St Joseph Medical Center a TOP 20 Best Practices in Quality hospital! This means our hospital was ranked in the Top 20 for quality among all Critical Access Hospitals in the U S This ranking is based on data compiled by iVantage Health Analytics in its Hospital Index, specifically the quality domain The National Rural Health Association considers St Joe's to be an example of best practices in all of rural health care The NRHA recognizes facilities designated as best practices in the categories of quality, patient satisfaction (HCAHPS) and financial stability In addition, 60 best practice designations were also given to facilities that have achieved success in one of three key areas of performance, based on iVantage's tabulation Quality index A rating of hospital performance based on the percentile rank across the five categories of Hospital Compare process of core measures Patient perspective index A rating of hospital performance based on the percentile rank on two Hospital Compare HCAHPS measures ("overall rating" and "highly recommend") Financial stability index A rating of hospital performance based on the percentile rank on a set of balance sheet and income statement financial ratios The National Rural Health Association (NRHA) is a national nonprofit membership organization with more than 20,000 members The association's mission is to provide leadership on rural health issues NRHA membership consists of a diverse collection of individuals and organizations, all of whom share the common bond of an interest in rural health Providence St Joseph Receives Cardiac Recognition AwardProvidence St Joseph was presented with the Cardiac Recognition Award at the Montana Hospital Association's annual meeting in Billings The Cardiac Recognition Award is sponsored by the Cardiovascular Health Program within the state health department The Recognition Award singles out Critical Access Hospitals that demonstrate that they have the infrastructure and commitment to provide high quality care for patients with acute coronary syndrome, which includes heart attack Receiving the Cardiac Recognition confirms that Providence St Joseph meets high standards related to the utilization of evidence-based cardiac order-sets and protocols, provides laboratory services 24/7, has a well thought out transfer protocol and has administrative commitment to treating heart attack patients This is the third year that the Cardiac Recognition Award was presented and Providence St Joseph is one of only seven Critical Access Hospitals to qualify for the award Requirements for the recognition include tracking and reporting key cardiac outcomes, using outcomes data to initiate quality improvement activities and coordinating regular healthcare provider cardiac trainings Providence Saint Joseph Medical Center Receives Quality AwardProvidence Saint Joseph was recently awarded the Montana Rural Healthcare Performance Improvement Network's Quality Improvement Award for its work on it Stroke Improvement Program The Montana Rural Healthcare Performance Improvement Network (PIN) is a voluntary membership of 48 critical access hospitals throughout the state Through this Network, member hospitals are able to benchmark their performance with their peers on a variety of financial, utilization and direct patient care measures that encourage safe, effective, patient-centered care delivery in even the most remote communities of the state PIN quality of care measures are based on national benchmarks, but are tailored to reflect the realities of the state's rural population Throughout 2013 & 2014, PIN members worked in one or more of three focus areas to improve the quality of care provided to the members of their communities ensuring chest pain patients receive aspirin and an EKG on arrival in the emergency department, meeting federal EMTALA requirements for transfer documentation, and improving patient safety in hospital medication use Applicants for awards in 2014 were required to demonstrate measurable improvement in two or more of the previously mentioned quality of care focus areas over the previous 12 months and consistent participation in the PIN's benchmarking program Applicants were also required to demonstrate an active and leading role in supporting PIN quality improvement efforts by participating in PIN events and sharing with peers Providence Saint Joseph looks to form partnership with other local hospitalProvidence Saint Joseph Medical Center opened up dialog with a neighboring rural hospital in an attempt to increase specialty services, prevent the unnecessary overlapping of service lines and decrease the overall cost of healthcare to the community Whether a formal partnership evolves, or not, discussions will continue to focus on how the two facilities can work together in the best interest of the population St Joseph Medical Center Receives Prestigious Energy Star Award for 2014 The U S Environmental Protection Agency (EPA) recognized Providence St Joseph Medical Center (PSJMC) in 2014 with an ENERGY STAR certification The ENERGY STAR program was established in 1992 as a voluntary program that encourages businesses and homes to reduce their greenhouse gas emissions and improve their energy efficiency To qualify for the ENERGY STAR, PSJMC had to earn a 75 or better on EPA's 1-100 energy performance scale, indicating that PSJMC uses less energy than 75% of other buildings of similar size PSJMC not only achieved that goal with an average score of 92 as of December 2014, they also own the highest energy score in the Providence system Energy use in commercial buildings and manufacturing account for half of all energy consumption in the U S , with a staggering cost of 200 billion per year In 2014, there were only eight facilities that received the Energy Star Award St Joe's was the only building in Lake County to receive the coveted Energy Star Certification Beartooth Billings Clinic was the only other hospital in the state to receive the certification PSJMC's ENERGY STAR award demonstrates its commitment to waste reduction and a cleaner and healthier local and global community Saint Joe's adds an ADL Room In an effort to assist patients with regaining basic living functions, St Joseph Medical Center has added an ADL Room ADL is an acronym for Activities of Daily Living It refers to the things we do in our day like shaving, feeding the dogs, driving to work, making the bed, meal preparation, brushing teeth, combing hair, putting on clothing managing medications and more! It can be broken even further into BADL and IADL BADL is an acronym for Basic Activities of Daily Living and IADL is an acronym for Instrumental Activities of Daily Living The ADL room lets clients work in an environment more similar to that which they would encounter outside of the hospital It is a real bed There are typical chairs Things you would normally use A hand writing kit may include a variety of sizes of pens/pencils etc, cards, stationary, envelopes of various sizes, an adjustable angle writing table, adaptive tools such as a document holder or a universal cuff Right now no kit is complete, but there are enough pieces of several to allow treatment in a variety of areas

4b

(Code) (Expenses \$ 6,162,145 including grants of \$ 0) (Revenue \$ 7,674,019)

Primary Care - 33,783 VisitsSEE PART III, Line 4a

4c

(Code) (Expenses \$ 5,496,981 including grants of \$ 0) (Revenue \$ 6,845,658)

Acute Inpatient - 673 AdmissionsAcute Patient Days - 2,104SEE PART III, Line 4a

See Additional Data

4d

Other program services (Describe in Schedule O)

(Expenses \$ 1,082,364 including grants of \$ 11,998) (Revenue \$ 1,332,978)

4e





















Total program service expenses

21,440,499

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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 Yes	
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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

1a

Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable

1a

0

1b

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

1b

0

1c

Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

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

324

2b

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

3b

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

4b

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)

4b

5a

Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?

5a

No

5b

Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

5b

No

5c

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

6b

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).

7

7a

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

7b

If "Yes," did the organization notify the donor of the value of the goods or services provided?

7b

7c

Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

7c

No

7d

If "Yes," indicate the number of Forms 8282 filed during the year

7d

7e

Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

7e

No

7f

Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

7f

No

7g

If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?

7g

7h

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

9b

Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?

9b

10

Section 501(c)(7) organizations. Enter

10

10a

Initiation fees and capital contributions included on Part VIII, line 12

10a

10b

Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

10b

11

Section 501(c)(12) organizations. Enter

11

11a

Gross income from members or shareholders

11a

11b

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

12b

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.

13

13a

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

13b

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

13c

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

14b

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b

Form 990 (2014)

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	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	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	No
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	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you 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

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

(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)	▼	1,951,221	21,163,236	5,814,015

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▶18

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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
Allied Health Group LA Lockbox File 50941 Los Angeles, CA 90074	Hospitalist Services	904,631
Mission Valley Anesthesia Assoc Glacier Bank 49430 Highway 93 Polson, MT 59860	Contract RNA Services	582,700
Alliance Oncology LLC LA Lockbox File 55826 Los Angeles, CA 90074	Patient Scan	267,774
Thomas Cuisine Corporation PO Box 1010 Polson, MT 59860	Dietary/Food & Nutrition Management	112,473

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 ►4

Part VIII

Statement of Revenue

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

			(A)	(B)	(C)	(D)
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c			
	d	Related organizations	1d	117,532		
	e	Government grants (contributions)	1e	275,317		
	f	All other contributions, gifts, grants, and similar amounts not included above	1f			
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f		392,849		
Program Service Revenue	2a	Acute - Outpatient	Business Code			
			621400	10,833,299	10,833,299	
	b	Primary Care	621110	7,674,019	7,674,019	
	c	Acute - Inpatient	622110	6,845,658	6,845,658	
	d	LTC/Home Care	621610	1,332,978	1,332,978	
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f		26,685,954		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		7,268		7,268
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	Gross rents	(i) Real	(ii) Personal		
		36,332				
	b	Less rental expenses	0			
	c	Rental income or (loss)	36,332			
	d	Net rental income or (loss)			36,332	36,332
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	b	Less cost or other basis and sales expenses		2,101		
	c	Gain or (loss)		-2,101		
	d	Net gain or (loss)			-2,101	-2,101
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a			
			b			
	b	Less direct expenses				
	c	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See Part IV, line 19	a			
			b			
	b	Less direct expenses				
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances	a			
b	Less cost of goods sold	b				
c	Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
11a	Pharmacy Revenue	446110	1,562,320		298,292	1,264,028
b	Dietary	900099	165,657			165,657
c	Rebates	900099	4,895			4,895
d	All other revenue		1,983			1,983
e	Total. Add lines 11a-11d		1,734,855			
12	Total revenue. See Instructions		28,855,157	26,685,954	298,292	1,478,062

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.	11,998	11,998		
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.	220,936		220,936	
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.	12,037,421	11,030,775	1,006,646	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	198,373	189,265	9,108	
9	Other employee benefits.	63,390	57,097	6,293	
10	Payroll taxes.	963,277	867,644	95,633	
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	8,689		8,689	
c	Accounting.				
d	Lobbying.	151		151	
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	2,644,267	2,602,452	41,815	
12	Advertising and promotion.	137,447	137,447		
13	Office expenses.	1,159,357	1,015,913	143,444	
14	Information technology.	23,250	18,825	4,425	
15	Royalties.				
16	Occupancy.	430,136	326,903	103,233	
17	Travel.	104,488	69,801	34,687	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	63,288	55,405	7,883	
20	Interest.	447,164	447,164		
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	949,599	721,695	227,904	
23	Insurance.				
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	3,039,131	3,039,131		
b	Bad Debts	653,399	653,399		
c	Taxes & Licenses	113,257	113,257		
d	UBI Taxes	24,959		24,959	
e	All other expenses	125,218	82,328	42,890	
25	Total functional expenses. Add lines 1 through 24e.	23,419,195	21,440,499	1,978,696	0
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 <input type="checkbox"/> 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)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		1,335	1	1,335
	2	Savings and temporary cash investments		1,183,720	2	1,230,432
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		4,560,768	4	3,283,099
	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			7	
	8	Inventories for sale or use		683,408	8	749,006
	9	Prepaid expenses and deferred charges		49,121	9	48,038
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a23,800,651			
	b	Less accumulated depreciation	10b15,687,588	8,747,630	10c	8,113,063
	11	Investments—publicly traded securities		1,986,223	11	1,988,975
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		215,482	13	254,481
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		2,337,789	15	2,202,914
	16	Total assets. Add lines 1 through 15 (must equal line 34)		19,765,476	16	17,871,343
Liabilities	17	Accounts payable and accrued expenses		1,872,749	17	2,840,577
	18	Grants payable			18	
	19	Deferred revenue		116,848	19	126,000
	20	Tax-exempt bond liabilities		9,325,002	20	8,714,312
	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			23	644,442
	24	Unsecured notes and loans payable to unrelated third parties		1,358	24	352
	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		9,824,430	25	1,443,072
	26	Total liabilities. Add lines 17 through 25		21,140,387	26	13,768,755
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		-1,607,155	27	3,830,664
	28	Temporarily restricted net assets		232,244	28	271,924
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		-1,374,911	33	4,102,588
	34	Total liabilities and net assets/fund balances		19,765,476	34	17,871,343

Part XI Reconciliation 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	28,855,157
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,419,195
3	Revenue less expenses Subtract line 2 from line 1	3	5,435,962
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-1,374,911
5	Net unrealized gains (losses) on investments	5	2,537
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	39,000
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,102,588

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? 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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	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		

Additional Data

Software ID:
Software Version:
EIN: 81-0463482
Name: Providence St Joseph Medical Center

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

(Code)	(Expenses \$ 1,070,366	including grants of \$ 0)	(Revenue \$ 1,332,978)
LTC/Hospice/Housing & Assisted Living - 13,714 Days for Long-Term Care/Asst St Joseph Assisted Living is the first phase of St Joseph Retirement Community, a multi-phase senior retirement campus located on the grounds of St Joseph Hospital in Polson, MT The Assisted Living Center was thoughtfully designed with the purpose of creating a warm and comfortable atmosphere The library/living area is an irresistible gathering place where the warmth of fireplaces mingles with beautiful art and furnishings The centrally located dining room serves nutritious, home cooked meals three times a day in a pleasant and social environment The Assisted Living Program is based on the principles of choice, dignity, independence, privacy, individuality and homelike surroundings The program is designed for seniors who desire or need to have some additional personal assistance with managing their daily activities			
(Code)	(Expenses \$ 11,998	including grants of \$ 11,998)	(Revenue \$ 0)
Grants & Allocations - Various grants were made to local organizations in an attempt to create healthier communities together This included funding for sports physical exams			

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	0 10 64 90			X				0	1,951,887	494,326
(17) Todd Hofheins EVP/CFO	0 10 59 90			X				0	607,162	112,921
(18) Cindy Strauss SVP/Chief Legal Officer	0 10 59 90			X				0	488,042	234,850
(19) James R Kiser II CEO - PSJMC	45 00 0 00			X				209,183	0	26,440
(20) Michael L Butler President/Operations & Services	0 10 59 90				X			0	1,540,500	492,128
(21) Debra Canales EVP/Chief People & Experience Ofc	0 10 55 90				X			0	1,076,219	23,317
(22) Lisa Vance SVP/Clinical Program Services	0 00 60 00				X			0	709,715	58,431
(23) Randy Axelrod MD EVP/Clinical & Patient Svcs	0 00 60 00				X			0	701,506	245,640
(24) Jack Friedman SVP/Account Care & Payor Rel	0 00 50 00				X			0	596,381	177,566

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) Aaron Martin SVP/Strategy & Innovation	0 10 64 90				X			0	563,108	18,041
(1) Craig L Wright MD SVP/Physician Svcs	0 00 60 00				X			0	549,952	312,082
(2) Janice Newell SVP/Chief Information Officer	0 10 54 90				X			0	529,442	220,834
(3) Deborah Burton SVP/Chief Nrsgr Officer	0 00 60 00				X			0	519,689	55,382
(4) Robert Hellngel CE/Senior & Community Services	0 10 54 90				X			0	518,936	95,905
(5) David Brown VP/Strategy & Business Development	0 10 54 90				X			0	493,612	143,130
(6) Orest Holubec SVP/Marketing & Communications	0 10 54 90				X			0	486,207	53,563
(7) Mark Gargett VP/Digital Integration	0 10 49 90				X			0	476,541	80,347
(8) Joel S Gilbertson SVP/Comm Ptnrshp / Ext Affairs	0 10 59 90				X			0	419,681	103,211
(9) John O Mudd SVP/Mission Leadership	0 10 54 90				X			0	418,054	95,818
(10) Gary Flaming SVP/Chief Risk Officer	0 10 54 90				X			0	415,719	89,217
(11) Teresa Spalding VP/Revenue Cycle	0 00 60 00				X			0	414,859	44,903
(12) Jeff Fee CE/Western MT Region	10 00 45 00				X			0	361,769	125,842
(13) Mike Waters VP,CAO/Physician Services	0 00 65 00				X			0	354,643	38,345
(14) Dave Hunter VP/Supply Chain Management	0 00 55 00				X			0	351,919	68,009
(15) Michael Righetti MD Physician - Orthopedics	50 00 0 00					X		563,188	0	23,223
(16) Joseph Howard MD Physician	50 00 0 00					X		310,194	0	29,475
(17) Adam T Smith MD Physician	50 00 0 00					X		312,388	0	37,302
(18) Jeremie Mitchell MD Physician	50 00 0 00					X		281,571	0	30,034
(19) Jamie Straub MD Physician	50 00 0 00					X		274,697	0	31,065
(20) John F Koster MD Former President & CEO	0 00 0 00						X	0	896,255	766,217
(21) Jeff W Rogers Former Corporate Secretary	0 00 0 00						X	0	231,112	390,991
(22) Cindra R Syverson Former SVP/CHRO	0 00 0 00						X	0	2,068,293	18,318
(23) Ray Williams Former SVP/Physicians Svcs	0 00 0 00						X	0	1,060,879	4,597
(24) John Fletcher Former VP/Operations Support	0 00 0 00						X	0	1,042,943	431,091

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) Jan J Jones Former SVP/CAO	0 00 0 00						X	0	879,104	330,527
(1) Terry L Smith Former SVP/Management Svcs	0 00 0 00						X	0	180,427	310,927

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 St Joseph Medical Center	Employer identification number 81-0463482
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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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 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 IIISupport 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.		
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.		

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).		

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?		
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).		
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.		

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> Answer (a) and (b) below.		Yes	No
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 <u>Parent of Supported Organizations</u> 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	<input type="checkbox"/> 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

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 Providence St Joseph Medical Center	Employer identification number 81-0463482
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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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the 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)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		151
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i.			151
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	Payment of dues to MHA to represent healthcare interests with government entities

[illegible]

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 St Joseph Medical Center	Employer identification number 81-0463482
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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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ 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 |
| 1c | |
| 1d | |
| 1e | |
| 1f | |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

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

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

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

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

3a

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

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

4

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

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		235,295		235,295
b Buildings		9,813,150	5,064,056	4,749,094
c Leasehold improvements		714,150	614,997	99,153
d Equipment		13,022,368	10,008,535	3,013,833
e Other		15,688		15,688
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				8,113,063

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.

[illegible]

Additional Data

Software ID:

Software Version:

EIN: 81-0463482

Name: Providence St Joseph Medical Center

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

(a) Description	(b) Book value
(1) Unamortized Bond Finance Costs	68,629
(2) Due from Affiliates	823,250
(3) CSV Life Insurance	17,533
(4) Third Party Settlements	861,988
(5) Resident Trust Fund	672
(6) Provider Tax Receivable	428,847
(7) Cash - Residents	280
(8) Trustee Held Funds	1,715

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 St Joseph Medical Center

Employer identification number
81-0463482

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 <div><input type="checkbox"/> Applied uniformly to all hospital facilities</div> <div><input type="checkbox"/> Applied uniformly to most hospital facilities</div> <div><input type="checkbox"/> Generally tailored to individual hospital facilities</div>			
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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <div><input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %</div>	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <div><input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %</div>	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 eligible 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	986,528		986,528	4 330 %
b Medicaid (from Worksheet 3, column a)	0	0	5,567,445	6,091,327	-523,882	0 %
c Costs of other means-tested government programs (from Worksheet 3, column b)	0	0	5,490	3,021	2,469	0 010 %
d Total Financial Assistance and Means-Tested Government Programs			6,559,463	6,094,348	465,115	4 340 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	0	0	26,677		26,677	0 120 %
f Health professions education (from Worksheet 5)	0		500		500	0 %
g Subsidized health services (from Worksheet 6)	0	0	66,811		66,811	0 290 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	0	0	8,792		8,792	0 040 %
j Total. Other Benefits			102,780		102,780	0 450 %
k Total. Add lines 7d and 7j			6,662,243	6,094,348	567,895	4 790 %

Part IICommunity 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
1Physical improvements and housing						
2Economic development						
3Community support						
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building	0	0	2,465		2,465	0.010 %
7Community health improvement advocacy						
8Workforce development						
9Other						
10Total			2,465		2,465	0.010 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1Yes

No

2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2653,399

3Enter 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

4Provide 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

5Enter total revenue received from Medicare (including DSH and IME).

59,329,973

6Enter Medicare allowable costs of care relating to payments on line 5.

611,056,563

7Subtract line 6 from line 5. This is the surplus (or shortfall).

7-1,726,590

8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.

☐ Cost accounting system

☒ Cost to charge ratio

☐ Other

Section C. Collection Practices

9aDid the organization have a written debt collection policy during the tax year?

9aYes

No

bIf "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.

9bYes

No

Part IVManagement 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 %
11NONE				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V

Facility Information

Section A. Hospital Facilities

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

1
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)

Providence St Joseph Medical Center

Name of hospital facility or letter of facility reporting group

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

1

		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 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>14</u>		
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	No
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? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>http //montana providence org/hospitals/</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> 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 20 <u>14</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a	montana providence org/hospitals/st-joseph/community-support/community- If "Yes" (list url) <u>heal</u>		
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 St Joseph Medical Center

	Yes	No
Financial Assistance Policy (FAP)		
13 Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>100 000000000000%</u> and FPG family income limit for eligibility for discounted care of <u>400 000000000000%</u>		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance discount		
g <input type="checkbox"/> Residency		
h <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> 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 <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) _____		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) _____		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) _____		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
e <input type="checkbox"/> None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

Providence St Joseph Medical Center

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? If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Actions that require a legal or judicial process d <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission b <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills d <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy e <input checked="" type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made	19		No
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? If "No," indicate why a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)	21	Yes	
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 <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged d <input checked="" type="checkbox"/> 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? If "Yes," explain in Section C	23		No
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? If "Yes," explain in Section C	24		No

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? **1**

Name and address	Type of Facility (describe)
1 Prov St Joseph Assisted Living Ctr 11 Seventeenth Ave East Polson, MT 59660	Assisted Living
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 101% 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 providing its own smaller Community benefit Report, St Joseph's Community benefit information is included in the consolidated report for Providence Health & Services Please see http //communitybenefit providence org/

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 \$ 653,399

Form and Line Reference	Explanation
PART I, LINE 7B	This facility is reimbursed 100% of cost by Medicaid In addition, they received a sizable Disproportionate Share Hospital bonus to cover the cost of the uninsured

Form and Line Reference	Explanation
Part II, Community Building Activities	Medication Assistance Uninsured patients often do not fill critical prescriptions due to cost and forego care due to lack of coverage, which affects their long term health This program assists low income and self-pay patients with the assistance they need to access patient assistance programs of pharmaceutical companies and state/federal coverage options Mental Health Crisis Assessment Services Due to the lack of adequate mental health and substance abuse services in Lake County, St Joseph Medical Center collaborates with the Western Montana Mental Health Center to provide assessments in the emergency department on an as needed basis These assessments help to place patients in the right care setting in a timely manner, while most of those placements are out of county, work is underway to build a short term mental health crisis facility to serve the residents of Lake County

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	<p>Billing and Collection Practices Providence has written policies about when and under whose authority patient debt is advanced for collection, and uses its best efforts to ensure that patient accounts are processed fairly and consistently Providence ensures that practices to be used by their outside (non-hospital) collection agencies conform to the standards set forth in this policy, and obtains written commitments from such agencies that they will adhere to those standards Providence also conducts an assessment of each collection agency's adherence to the policy Such assessments are conducted at least annually At time of billing, we provide to all low-income uninsured patients the same information concerning services and charges provided to all other patients who receive care at the hospital When sending a bill to a patient, Providence includes a) a statement that indicates that if the patient meets certain income requirements the patient may be eligible for a government-sponsored program or for financial assistance from the hospital, and b) a statement that provides the patient with the name and telephone number of a hospital employee or office from whom or which the patient may obtain information about Providence's financial assistance policies for patients and how to apply for such assistance Any patient seeking financial assistance from Providence (or the patient's legal representative) provides the individual facility with information concerning health benefits coverage, financial status (i e income, assets) and any other information that is necessary for the hospital to make a determination regarding the patient's status relative to Providence's financial assistance policy, discounted payment policy, or eligibility for government-sponsored programs For patients who have an application pending determination for either government-sponsored coverage or for the hospitals own financial assistance program, Providence will not knowingly send that patient's bill to a collection agency Eligibility for financial assistance will be determined as closely as possible to the date of service</p>

Form and Line Reference	Explanation
Part VI, Line 2	We recognize that caring for the poor and vulnerable is not a task we can do on our own. On a routine basis we conduct a formal community assessment to determine who in our communities is experiencing the greatest need. This outreach connects us to many not-for-profits and social service agencies as well as care providers and their clients in the communities. To ensure that we conduct a comprehensive assessment, our process includes research, meetings, interviews, focus groups and surveys. Additionally, Providence ministries have community and foundation boards. The civic leaders that serve on Providence Boards connect our Mission with a local perspective on community needs. Our assessment findings are assembled to make certain we understand and respond to local and regional needs, which often vary from one city or county to another. Identified areas of need not only guide our community benefit giving, but also guide our strategic planning. We believe meaningful community needs assessment provides insight into the complete community benefit that is required, beyond just free and discounted care.

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	Providence St Joseph Medical Center is a 22 bed acute care, Joint Commission accredited, critical access hospital located on the Flathead Indian Reservation in Polson, Montana, which is about one and a half hours north of Missoula Providence St Joseph Medical Center provides community hospital care for the more than 28,000 residents of Lake County Providence St Joseph Medical Center serves a higher percentage of older adults, with 16% of the primary service area's population over the age of 65 With approximately 18% of the population living in poverty, the community is characterized by lower income levels than the national average The service area where Providence St Joseph Medical Center is located encompasses rural communities from Lake, Lincoln, Flathead and Sanders counties with approximately 147,000 residents living in an area of 12,967 square miles Each of these counties is designated a Mental Health Professional Shortage Area by the U S Department of Health & Human Services

Form and Line Reference	Explanation
Part VI, Line 5	<p>Providence St Joseph Medical Center management is directed by a community ministry board which helps direct the hospital in its endeavors. The composition of the community ministry board represents the diversity of the community by having representatives from local government, social service agencies, medical providers, independent business representatives and interested community members. The St Joseph Medical Center Community Ministry Board of Directors reviews and develops the community benefit plan, providing information and insight into community needs and resources and helping set priorities for what community needs are to be addressed. They also receive regular updates on the overall community benefit strategy and specific programs to assess whether the organization is having an impact on the health of the community. The providers and staff and St Joseph Medical Center provide education to the broader community on certain health benefits, risks and preventative medicine and is provided at no cost. The hospital has been serving the needs of the community since 1916 and has expanded over the years in response to the growing population and changes in health care. As a ministry of Providence Health & Services, Providence St Joseph Medical Center participates in shared purchasing, information systems and financial management support that benefits the community hospital. Providence St Joseph Medical Center and Providence Medical group collectively build and support coordinated services across the continuum of care to meet regional residents' needs, while mutually supporting organizational, operational, and fiscal health. Joint ventures include research collaborations (cardiac, neuroscience and oncology) with the University of Montana, affiliations with long term care facilities, and the Indian Health services clinic, among others. Access to mental health services is one of the top priorities of the community and St Joseph Hospital coordinates the Lake County crisis committee to address both the short and long term solutions. By collaborating with community groups, a new mental health crisis facility is being built, access to tele-psychiatry services in primary care as well as direct services from an LCSW and Advanced practice RN are now in place. Additional efforts are underway to minimize the impact of mothers delivering babies while under the influence of drugs and alcohol through the Best Beginning committee that St Joseph staff participate on.</p>

Form and Line Reference	Explanation
Part VI, Line 6	Providence St Joseph Medical Center is a part of the Providence Health & Services Health 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, California

Form and Line Reference	Explanation
Part VI, Line 7, Reports Filed With States	MT

Additional Data

Software ID:
Software Version:
EIN: 81-0463482
Name: Providence St Joseph 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
Providence St Joseph Medical Center	
Providence St Joseph Medical Center	Part V, Section B, Line 11 See "2014-2016 Summary of Community Benefit Plan" at http://montana.providence.org/hospitals/st-patrick/community-support/
Providence St Joseph Medical Center	Part V, Section B, Line 16i Brochures and cards are available in all access points at our facilities telling a patient how to gain information and apply Also, our statements provide information on how to apply by making contact with our business office
Providence St Joseph Medical Center	Part V, Section B, Line 20e Financial Assistance information along with payment options are given on each billing statement to the patient
Providence St Joseph Medical Center	Part V, Section B, Line 22d The hospital used the average of the largest negotiated commercial insurance rates
Part V, Section B, Line 16	Financial Assistance Policy Website Availability
Providence St Joseph Medical Center Part V, Section B, line 16a website	www2.providence.org/obp/docs/mt-charity-care-policy.pdf
Providence St Joseph Medical Center Part V, Section B, line 16b website	www2.providence.org/obp/docs/financialassistantherequest(english).pdf
Providence St Joseph Medical Center Part V, Section B, line 16c website	www2.providence.org/obp/states/MT/financial-assistance.html

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Providence St Joseph Medical Center

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

Employer identification number
81-0463482

Part I

General Information on Grants and Assistance

- 1

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

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to 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
(1) Polson High School 111 4th Avenue E Polson, MT 59860	81-6000545	Government	6,120				Donation for Sports Physicals

2

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

1

3

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

0

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	Providence St Joseph Medical Center has a long-standing relationship in the community with Polson High School In an effort to support community health, the hospital provides annual physicals for the sports teams

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 St Joseph Medical Center

Employer identification number
81-0463482

Part I	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> 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			
	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study		
	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> 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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	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 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) Mike Butler a) SERP Earned but not Vested - \$375,980 b) SERP Interest Credit - \$55,936 5) Lisa Vance a) Taxable CBRP Paid - \$65 b) Taxable SERP Earned but not Paid - \$246,744 c) SERP Interest Credit - \$5,405 6) Randy Axelrod a) SERP Earned but not Vested - \$210,806 7) Jack Friedman a) Taxable SERP Earned but not Paid - \$47,539 b) SERP Interest Credit - \$100,696 8) Craig Wright, MD a) SERP Earned but not Vested - \$172,424 b) SERP Interest Credit - \$91,172 9) Janice Newell a) SERP Earned but not Vested - \$185,427 b) SERP Interest Credit - \$4,758 10) Deborah Burton a) Taxable SERP Earned but not Paid - \$156,114 b) SERP Interest Credit - \$4,843 11) Robert Hellrigel a) SERP Earned but not Vested - \$38,135 b) SERP Interest Credit - \$6,970 12) David Brown a) SERP Earned but not Vested - \$74,010 b) SERP Interest Credit - \$19,770 13) Orest Holubec a) SERP Earned but not Vested - \$18,642 b) SERP Interest Credit - \$1,332 14) Mark Gargett a) Taxable SERP Earned but not Paid - \$111,973 b) Taxable CBRP Paid - \$3,879 c) SERP Interest Credit - \$22,957 15) Joel Gilbertson a) SERP Earned but not Vested - \$48,936 b) SERP Interest Credit - \$13,976 16) Jack Mudd a) Taxable SERP Earned but not Paid - \$34,705 b) SERP Interest Credit - \$52,292 17) Gary Flaming a) Taxable SERP Earned but not Paid - \$127,565 b) Taxable CBRP Paid - \$6,338 c) SERP Interest Credit - \$1,640 18) Teresa Spalding a) Taxable SERP Earned but not Paid - \$84,574 b) Taxable CBRP Paid - \$227 19) Jeff Fee a) SERP Earned but not Vested - \$66,636 b) SERP Interest Credit - \$17,592 20) Mike Waters a) SERP Earned but not Vested - \$9,742 b) SER Interest Credit - \$243 21) Dave Hunter a) Taxable SERP Earned but not Paid - \$33,139 b) Taxable CBRP Paid - \$566 c) SERP Interest Credit - \$19,890 22) Cindra Syverson a) Taxable SERP Paid - \$1,154,015 b) Taxable CBRP Paid - \$8,482 c) SERP Interest Credit - \$7,244 23) Ray Williams a) Taxable SERP Paid - \$424,467 24) John Fletcher a) Taxable SERP Paid - \$213,729 b) Non-Taxable SERP Paid - \$374,151 c) Taxable CBRP Paid - \$1,346 25) John Koster, MD a) Taxable SERP Paid - \$624,015 b) Non-Taxable SERP Paid - \$538,914 c) SERP Interest Credit - \$196,163 26) Jan Jones a) Taxable SERP Paid - \$153,823 b) Taxable CBRP Paid - \$45 c) Non-Taxable SERP Paid - \$282,092 27) 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 28) 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) Cindra Syverson - \$813,696 2) Ray Williams - \$624,988 3) John Fletcher - \$555,934 4) 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: 81-0463482
Name: Providence St Joseph Medical Center

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				
1 Rod F Hochman MD, President / CEO	(i)	0	0	0	0	0	0
	(ii)	1,184,387	750,000	17,500	473,741	20,585	2,446,213
1 Todd Hofheins, EVP/CFO	(i)	0	0	0	0	0	0
	(ii)	589,662	0	17,500	89,039	23,882	720,083
2 Cindy Strauss, SVP/Chief Legal Officer	(i)	0	0	0	0	0	0
	(ii)	470,542	0	17,500	212,878	21,972	722,892
3 James R Kiser II, CEO - PSJMC	(i)	191,905	0	17,278	11,753	14,687	235,623
	(ii)	0	0	0	0	0	0
4 Michael L Butler, President/Operations & Services	(i)	0	0	0	0	0	0
	(ii)	983,000	540,000	17,500	466,289	25,839	2,032,628
5 Debra Canales, EVP/Chief People & Experience Ofc	(i)	0	0	0	0	0	0
	(ii)	706,646	265,000	104,573	11,700	11,617	1,099,536
6 Lisa Vance, SVP/Clinical Program Services	(i)	0	0	0	0	0	0
	(ii)	434,708	246,809	28,198	38,628	19,803	768,146
7 Randy Axelrod MD, EVP/Clinical & Patient Svcs	(i)	0	0	0	0	0	0
	(ii)	681,191	0	20,315	222,505	23,135	947,146
8 Jack Friedman, SVP/Account Care & Payor Rel	(i)	0	0	0	0	0	0
	(ii)	531,342	47,539	17,500	151,650	25,916	773,947
9 Aaron Martin, SVP/Strategy & Innovation	(i)	0	0	0	0	0	0
	(ii)	463,108	100,000	0	11,700	6,341	581,149
10 Craig L Wright MD, SVP/Physician Svcs	(i)	0	0	0	0	0	0
	(ii)	519,920	0	30,032	293,065	19,017	862,034
11 Janice Newell, SVP/Chief Information Officer	(i)	0	0	0	0	0	0
	(ii)	511,942	0	17,500	208,385	12,449	750,276
12 Deborah Burton, SVP/Chief Nrsgr Officer	(i)	0	0	0	0	0	0
	(ii)	346,075	156,114	17,500	31,767	23,615	575,071
13 Robert Hellrigel, CE/Senior & Community Services	(i)	0	0	0	0	0	0
	(ii)	373,982	144,954	0	73,345	22,560	614,841
14 David Brown, VP/Strategy & Business Development	(i)	0	0	0	0	0	0
	(ii)	354,112	139,500	0	121,500	21,630	636,742
15 Orest Holubec, SVP/Marketing & Communications	(i)	0	0	0	0	0	0
	(ii)	348,449	120,258	17,500	31,673	21,890	539,770
16 Mark Gargett, VP/Digital Integration	(i)	0	0	0	0	0	0
	(ii)	360,689	115,852	0	57,037	23,310	556,888
17 Joel S Gilbertson, SVP/Comm Ptnrshp / Ext Affairs	(i)	0	0	0	0	0	0
	(ii)	402,181	0	17,500	81,301	21,910	522,892
18 John O Mudd, SVP/Mission Leadership	(i)	0	0	0	0	0	0
	(ii)	371,637	34,705	11,712	77,766	18,052	513,872
19 Gary Flaming, SVP/Chief Risk Officer	(i)	0	0	0	0	0	0
	(ii)	264,317	133,902	17,500	70,770	18,447	504,936

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 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
1 Jeff Fee, CE/Western MT Region	(i)	0	0	0	0	0	0	0
	(ii)	361,769	0	0	103,491	22,351	487,611	0
2 Mike Waters, VP,CAO/Physician Services	(i)	0	0	0	0	0	0	0
	(ii)	324,643	30,000	0	28,185	10,160	392,988	0
3 Dave Hunter, VP/Supply Chain Management	(i)	0	0	0	0	0	0	0
	(ii)	300,714	33,705	17,500	49,466	18,543	419,928	0
4 Michael Righetti MD, Physician - Orthopedics	(i)	533,158	30,000	30	11,700	11,523	586,411	0
	(ii)	0	0	0	0	0	0	0
5 Joseph Howard MD, Physician	(i)	233,745	68,894	7,555	11,700	17,775	339,669	0
	(ii)	0	0	0	0	0	0	0
6 Adam T Smith MD, Physician	(i)	261,039	44,050	7,299	17,155	20,147	349,690	0
	(ii)	0	0	0	0	0	0	0
7 Jeremie Mitchell MD, Physician	(i)	163,120	100,398	18,053	11,129	18,905	311,605	0
	(ii)	0	0	0	0	0	0	0
8 Jamie Straub MD, Physician	(i)	240,359	34,308	30	11,700	19,365	305,762	0
	(ii)	0	0	0	0	0	0	0
9 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
10 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
11 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
12 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
13 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
14 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
15 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

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 St Joseph Medical Center

Employer identification number
81-0463482

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 Montana Facility Finance Authority	81-0302402	61204KCB5	06-22-2006	10,580,455	Refunded Series 1999 Bonds - 7/20/99, Refunded Series 2002 Bonds - 8/7/02		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	1,539,000							
2	Amount of bonds legally defeased								
3	Total proceeds of issue	10,580,458							
4	Gross proceeds in reserve funds	3							
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	105,538							
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds	10,474,917							
12	Other unspent proceeds								
13	Year of substantial completion	2002							
		Yes	No						
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?	X							
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

Part III Private Business Use									
		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?								
2	Are there any lease arrangements that may result in private business use of bond-financed property?								

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?								
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?								
c	Are there any research agreements that may result in private business use of bond-financed property?								
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								
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								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?								
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?								
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?								

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						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X						
b	Exception to rebate?		X						
c	No rebate due?	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						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		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						
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						
7	Has the organization established written procedures to monitor the requirements of section 148?	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							

Part VI

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

Return Reference	Explanation
Date Rebate Computation Performed	Issuer Name Montana Facility Finance Authority Date the Rebate Computation was Performed 06/22/2011

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 Providence St Joseph Medical Center	Employer identification number 81-0463482
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Return Reference	Explanation
Form 990, Part VI, Section A, line 6	The sole Corporate Member of the Corporation is St Patrick Hospital and Health Sciences Center

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. Additionally, the Member may appoint and remove the President/CEO with or without cause after consultation with the Board.

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	The following powers reside with the Member To adopt or change the mission, philosophy, and values of the Corporation To amend or repeal the Articles of Incorporation and the Bylaws of the Corporation To approve the acquisition of assets, the incurrence of indebtedness or the lease, sale, transfer, assignment or encumbering of the assets, in excess of a specified amount To approve the dissolution and/or liquidation or the consolidation or merger of the Corporation To approve the annual operating and capital budget and approval any deviations from the budget exceeding a specified amount To appoint the Corporation's certified public accountants after receiving recommendation of the Board of Directors To approve the lending of Corporate funds, other than the purchase of publicly traded securities, to unaffiliated organizations To approve the closure of any institution or major ministry or work within this Corporation

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	<p>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.</p>

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	<p>It is Providence's intention to make financial information accessible and transparent. Although the filing of Form 990 provides insight into how Providence achieves its Mission, delivers its programs and stewards its finances, deciphering the information directly from Form 990 can be challenging. The following paragraphs provide further information about the process we use to determine compensation for top management, officers and key employees. 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.</p>

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	James R Kiser II - 6 Thirteenth Avenue E., Polson, MT 59860

Return Reference	Explanation
Form 990, Part IX, line 11g	Agency/Contract Labor Program service expenses 397,182 Management and general expenses 0 Fundraising expenses 0 Total expenses 397,182 Repairs & Maintenance Program service expenses 328,225 Management and general expenses 6,183 Fundraising expenses 0 Total expenses 334,408 Billing & Collections Program service expenses 0 Management and general expenses 14,862 Fundraising expenses 0 Total expenses 14,862 Medical Director & Physicians Fees Program service expenses 672,525 Management and general expenses 0 Fundraising expenses 0 Total expenses 672,525 General Consulting Fees Program service expenses 0 Management and general expenses 1,446 Fundraising expenses 0 Total expenses 1,446 Other Administrative Services Program service expenses 375,946 Management and general expenses 19,324 Fundraising expenses 0 Total expenses 395,270 Other Patient Services Program service expenses 827,228 Management and general expenses 0 Fundraising expenses 0 Total expenses 827,228 Transcription & Translation Services Program service expenses 1,346 Management and general expenses 0 Fundraising expenses 0 Total expenses 1,346

Return Reference	Explanation
Form 990, Part XI, line 9	Recipient Organization Adjustment 38,999 Rounding 1 TR Investment Income from Life Insurance Rounding

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 System's investment committee, and informs the Board of Directors of critical risk areas and recommended mitigation

Return Reference	Explanation
FORM 990, PART VII, SECTION A - RELATED ORGANIZATION COMPENSATION	Compensation paid by a related organization for those individuals listed on Part VII, was paid by Providence Health & Services - Washington dba Health System Office EIN# 91-0725998 and not by the reporting organization

Return Reference	Explanation
FORM 990, PART I, LINE 6 - VOLUNTEERS	Volunteers provided over 1,100 hours of service to the organization including Staffing & working in the Gift Shop Surgery Reception Oncology Reception Lab Deliveries Medical Records Clerks

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, PART V, LINE 1 - ISSUANCE OF FORM 1099	All 1099s for 2014 were issued by Providence Health & Services - WA #51-0216586 Therefore, none are shown for the reporting organization

Return Reference	Explanation
FORM 990, SCHEDULE R - RELATED ORGANIZATIONS	<p>AFFILIATION AGREEMENTS Effective March 1, 2014, 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.</p>

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 St Joseph Medical Center	Employer identification number 81-0463482
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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

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	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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		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.

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

1

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

a

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

b

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

c

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

d

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

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

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

k

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

l

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

m

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

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

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

s

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

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

No

1o

Yes

1p

No

1q

No

1r

No

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

Schedule R (Form 990) 2014

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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII

Supplemental Information

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

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 81-0463482

Name: Providence St Joseph Medical Center

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? <div>YesNo</div>
(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 & Services - Oregon 1801 Lind Avenue SW 9016 Renton, WA 980579016 51-0216587	Healthcare System	OR	501(c)(3)	Line 3	Providence Health & Services	No
(2) 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
(3) Everett Transitional Care Services PO Box 5128 Everett, WA 982065128 94-3264605	Transitional Care	WA	501(c)(3)	Line 9	N/A	No
(4) 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
(5) Providence Plan Partners 4400 NE Halsey Bldg 2 Portland, OR 97213 91-1861964	Healthcare Services	OR	501(c)(4)	N/A	PH & S - Oregon	No
(6) 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	No
(7) 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	No
(8) Providence Medical Institute 4101 Torrance Blvd Torrance, CA 90503 33-0283773	Healthcare	CA	501(c)(3)	Line 11/Type I	PHS - So California	No
(9) 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
(10) Providence TrinityCare Hospice 5315 Torrance Blvd Suite B1 Torrance, CA 90503 95-3264139	Hospice	CA	501(c)(3)	Line 9	PHS - So California	No
(11) Providence Blanchet Association 1700 Providence Pl Centralia, WA 98531 91-1789266	Housing	WA	501(c)(3)	Line 7	PH & S - Washington	No
(12) St Luke Association 350 Washington Ave SE Chehalis, WA 98352 94-3176618	Housing	WA	501(c)(3)	Line 7	PH & S - Washington	No
(13) Providence Rossi Association 1700 Providence Pl Centralia, WA 98531 31-1584166	Housing	WA	501(c)(3)	Line 9	PH & S - Washington	No
(14) Lundberg Association 5921 E Burnside Portland, OR 97215 91-1562797	Housing	OR	501(c)(3)	Line 7	PH & S - Oregon	No
(15) Providence St Francis Association 3415 12th Avenue NE Olympia, WA 98506 94-3244854	Housing	WA	501(c)(3)	Line 7	PH & S - Washington	No
(16) Providence Peter Claver Association 7101 38th Avenue South Seattle, WA 98118 31-1629656	Housing	WA	501(c)(3)	Line 7	PH & S - Washington	No
(17) 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
(18) 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
(19) The Gamelin Association 312 North Fourth St Yakima, WA 98901 91-1180824	Housing	WA	501(c)(3)	Line 7	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	No
(21) The Gamelin Oregon Association 5520 NE Glisan Portland, OR 97213 91-1214491	Housing	OR	501(c)(3)	Line 9	PH & S - Oregon		No
(1) The Gamelin California Association 540 23rd St Oakland, CA 94612 91-1293869	Housing	CA	501(c)(3)	Line 9	PHS - So California		No
(2) Gamelin Washington Association 1423 First Avenue Seattle, WA 98101 20-1910170	Housing	WA	501(c)(3)	Line 7	PH & S - Washington		No
(3) 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
(4) 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
(5) 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
(6) 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
(7) 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
(8) 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
(9) 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		No
(10) 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		No
(11) 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		No
(12) 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		No
(13) 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		No
(14) 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		No
(15) Providence Milwaukie Foundation 10150 SE 32nd Milwaukie, OR 97222 94-3079515	Support Providence Milwaukie Hospital	OR	501(c)(3)	Line 7	PH & S - Oregon		No
(16) 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		No
(17) 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
(18) 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
(19) 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

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? <div>YesNo</div>
(41) 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
(1) 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
(2) 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
(3) 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
(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	No
(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	No
(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? <div>YesNo</div>
(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 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