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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](http://www.irs.gov/form990)

OMB No 1545-0047

2014

Open to Public Inspection

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

<b>B</b> Check if applicable <input type="checkbox"/> Address change  <input type="checkbox"/> Name change  <input type="checkbox"/> Initial return  <input type="checkbox"/> Final return/terminated  <input type="checkbox"/> Amended return  <input type="checkbox"/> Application pending	<b>C</b> Name of organization PROVIDENCE HEALTH PLAN	<b>D</b> Employer identification number  93-0863097
	Doing business as	
	Number and street (or P O box if mail is not delivered to street address) Room/suite 4400 NE Halsey Bldg 2	E Telephone number  (503) 574-6330
	City or town, state or province, country, and ZIP or foreign postal code Portland, OR 97213	<b>G</b> Gross receipts \$ 2,051,632,977
<b>F</b> Name and address of principal officer Jack A Friedman 4400 NE Halsey Bldg 2 Portland,OR 97213		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)  <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 4 ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ www.providence.org/healthplans		

<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>L</b> Year of formation 1998	<b>M</b> State of legal domicile OR
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Part I		Summary		
Activities & Governance	1 Briefly describe the organization's mission or most significant activities Healthcare Service Contractor			
	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	0
6	Total number of volunteers (estimate if necessary)	6	0	
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,128,908,490	1,160,588,562
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,659,266	13,298,963
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,915,977	3,095,308
	12		1,150,483,733	1,176,982,833
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,652,326	4,311,530
	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)	63,869,933	68,866,430
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) <sup>0</sup>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,040,230,274	1,086,757,811
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,107,752,533	1,159,935,771
	19	Revenue less expenses Subtract line 18 from line 12	42,731,200	17,047,062
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	720,228,488	767,033,517
	21	Total liabilities (Part X, line 26)	171,736,215	214,018,492
	22	Net assets or fund balances Subtract line 21 from line 20	548,492,273	553,015,025

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

<b>Sign Here</b>	<div>Signature of officer</div> <div>Jeffrey Butcher CFO</div>		<div>2015-08-14</div> <div>Date</div>	
	Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name Sara Elizabeth J Hyre CPA	Preparer's signature Sara Elizabeth J Hyre CPA	Date	Check <input type="checkbox"/> 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

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 Service Contractor

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 \$ 596,415,522 including grants of \$ 0 ) (Revenue \$ 633,255,368 )

Commercial group is offered to employers who provide access to health coverage to their employees Products include Personal Option and Open Option plans For the Individual and Family plans offered to those who are not eligible for Medicare and Medicaid, PHP served approximately 12,000 members This product is health underwritten to manage risk appropriately

4b

(Code ) (Expenses \$ 439,393,433 including grants of \$ 0 ) (Revenue \$ 471,488,031 )

Providence Medicare Plans are solutions for people who are eligible for Medicare, supporting affordable access and easier administration for members PHP advocates for evidence-based and cost effective treatments for patients and appropriate payment levels to providers to keep access to health care available to people who are eligible for Medicare This program served approximately 45,000 members in 2014

4c

(Code ) (Expenses \$ 50,221,398 including grants of \$ 0 ) (Revenue \$ 57,365,629 )

Providence offers Providence Administrative Services Only (ASO) for large groups capable of self-funding the risk experience of the group, but want claims administration and often skilled medical management, and consumer choice plans which offer qualified Health Savings Account (HSA) options This program served approximately 215,000 members in 2014

See Additional Data

4d

Other program services (Describe in Schedule O )

(Expenses \$ 5,507,105 including grants of \$ 4,311,530 ) (Revenue \$ 1,057,247 )

4e














Total program service expenses

1,091,537,458

Form 990 (2014)

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .	1	No
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . .	2	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .	3	No
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> . . . . .	4	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> . . . . .	5	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? <i>If "Yes," complete Schedule D, Part I</i>  . . . . .	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>  . . . .	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>  . . . . .	8	No
9 Did the organization report an amount in Part X, line 21 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? <i>If "Yes," complete Schedule D, Part IV</i>  . . . . .	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>  . . . . .	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? <i>If "Yes," complete Schedule D, Part VI</i>  . . . . .	11a	Yes
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>  . . . . .	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>  . . . . .	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>  . . . . .	11d	Yes
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>  . . . . .	11e	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)? <i>If "Yes," complete Schedule D, Part X</i>  . . . . .	11f	Yes
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>  . . . . .	12a	Yes
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>  . . . . .	12b	Yes
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . .	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> . . . . .	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . . .	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i> . . . . .	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .	19	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		
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? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response 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

0

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

3a

Did the organization have unrelated business gross income of \$1,000 or more during the year?

3a

No

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

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)

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).

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

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

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

7f

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

7f

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

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

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.

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	OR
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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 Jeffrey Butcher CFO	

Part VII

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

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

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

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

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

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

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

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



Part VII

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

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

1b	Sub-Total . . . . .	▶			
c	Total from continuation sheets to Part VII, Section A . . . . .	▶			
d	Total (add lines 1b and 1c) . . . . .	▶	0	7,484,069	1,849,106

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▶0

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	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
Providence Health & Services - Oregon PO BOX 3395 Portland, OR 97208	Hospital and Healthcare Services	344,034,907
Salem Hospital 890 Oak Street SE Salem, OR 97301	Hospital and Healthcare Services	62,689,704
Oregon Health Sciences University PO BOX 575 Portland, OR 97207	Healthcare Services	51,958,143
PeaceHealth PO BOX 569 Eugene, OR 97440	Healthcare Services	36,899,727
Pacificare Behavioral Health PO BOX 25186 Santa Ana, CA 92799	Healthcare Services	33,893,812

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 ▶966

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . . 1a				
	b	Membership dues . . . . . 1b				
	c	Fundraising events . . . . . 1c				
	d	Related organizations . . . . . 1d				
	e	Government grants (contributions) 1e				
	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 . . . . .				
Program Service Revenue	2a	EPO Premiums	Business Code 900099	631,852,000	631,852,000	
	b	Medicare Payments	900099	470,443,158	470,443,158	
	c	ASO Fees	900099	57,238,500	57,238,500	
	d	Medicare Supp Premium	900099	1,054,904	1,054,904	
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f . . . . .		1,160,588,562		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		13,408,244		13,408,244
	4	Income from investment of tax-exempt bond proceeds . . . . .				
	5	Royalties . . . . .				
	6a	Gross rents	(i) Real 5,700,963	(ii) Personal		
	b	Less rental expenses	5,269,633			
	c	Rental income or (loss)	431,330			
	d	Net rental income or (loss) . . . . .		431,330		431,330
	7a	Gross amount from sales of assets other than inventory	(i) Securities 869,270,313	(ii) Other 917		
	b	Less cost or other basis and sales expenses	869,380,511	0		
	c	Gain or (loss)	-110,198	917		
	d	Net gain or (loss) . . . . .		-109,281		-109,281
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a			
	b	Less direct expenses . . . . .	b			
	c	Net income or (loss) from fundraising events . . . . .				
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .	a			
	b	Less direct expenses . . . . .	b			
	c	Net income or (loss) from gaming activities . . . . .				
	10a	Gross sales of inventory, less returns and allowances . . . . .	a			
	b	Less cost of goods sold . . . . .	b			
	c	Net income or (loss) from sales of inventory . . . . .				
		Miscellaneous Revenue	Business Code			
	11a	ACO Reimbursement	900099	2,395,498	2,395,498	
	b	Capital Usage Fee	900099	123,267	123,267	
	c	Fraud Waste & Abuse PR	900099	86,265		86,265
	d	All other revenue . . . . .		58,948	58,948	
	e	Total. Add lines 11a-11d . . . . .		2,663,978		
	12	Total revenue. See Instructions . . . . .		1,176,982,833	1,163,166,275	0
						13,816,558

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.	4,311,530	4,311,530		
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.	2,448,421	561,661	1,886,760	
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.	46,928,444	33,491,367	13,437,077	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9	Other employee benefits.	19,489,565	12,757,605	6,731,960	
10	Payroll taxes.				
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	1,521,930	1,118,225	403,705	
c	Accounting.				
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	967,155		967,155	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	23,939,591	11,749,123	12,190,468	
12	Advertising and promotion.	2,319,617	2,319,617		
13	Office expenses.	4,841,137	2,626,731	2,214,406	
14	Information technology.	8,941,718	5,525,590	3,416,128	
15	Royalties.				
16	Occupancy.	4,839,964	3,601,328	1,238,636	
17	Travel.	718,521	214,201	504,320	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	200,004	98,738	101,266	
20	Interest.				
21	Payments to affiliates.	13,731,437	4,043,514	9,687,923	
22	Depreciation, depletion, and amortization.	1,874,692	1,257,827	616,865	
23	Insurance.	41,317	30,744	10,573	
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 Claims	984,055,749	984,055,749		
b	Commission Fees	13,728,126		13,728,126	
c	ACA Reinsurance	8,794,115	8,794,115		
d	ACA Tax	7,656,387	7,656,387		
e	All other expenses	8,586,351	7,323,406	1,262,945	
25	Total functional expenses. Add lines 1 through 24e.	1,159,935,771	1,091,537,458	68,398,313	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		
	2	Savings and temporary cash investments . . . . .		36,487,646	2	38,484,115	
	3	Pledges and grants receivable, net . . . . .			3		
	4	Accounts receivable, net . . . . .		2,176,572	4		
	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 . . . . .			8		
	9	Prepaid expenses and deferred charges . . . . .		105,270	9	105,270	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	103,151,664			
	b	Less accumulated depreciation . . . . .	10b	32,644,288	75,159,295	10c	70,507,376
	11	Investments—publicly traded securities . . . . .		557,896,199	11	579,543,081	
	12	Investments—other securities See Part IV, line 11 . . . . .			12		
	13	Investments—program-related See Part IV, line 11 . . . . .		10,084,533	13	17,709,407	
	14	Intangible assets . . . . .			14		
	15	Other assets See Part IV, line 11 . . . . .		38,318,973	15	60,684,268	
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .		720,228,488	16	767,033,517	
Liabilities	17	Accounts payable and accrued expenses . . . . .		1,670,102	17	2,493,253	
	18	Grants payable . . . . .			18		
	19	Deferred revenue . . . . .		11,188,002	19	10,331,168	
	20	Tax-exempt bond liabilities . . . . .			20		
	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		
	24	Unsecured notes and loans payable to unrelated third parties . . . . .			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .		158,878,111	25	201,194,071	
	26	Total liabilities. Add lines 17 through 25 . . . . .		171,736,215	26	214,018,492	
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
27		Unrestricted net assets . . . . .			27		
28		Temporarily restricted net assets . . . . .			28		
29		Permanently restricted net assets . . . . .			29		
Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.							
30		Capital stock or trust principal, or current funds . . . . .		0	30	0	
31		Paid-in or capital surplus, or land, building or equipment fund . . . . .		73,716,441	31	73,716,441	
32		Retained earnings, endowment, accumulated income, or other funds		474,775,832	32	479,298,584	
33		Total net assets or fund balances . . . . .		548,492,273	33	553,015,025	
34		Total liabilities and net assets/fund balances . . . . .		720,228,488	34	767,033,517	

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	1,176,982,833
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,159,935,771
3	Revenue less expenses Subtract line 2 from line 1	3	17,047,062
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	548,492,273
5	Net unrealized gains (losses) on investments	5	-12,524,310
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	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	553,015,025

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	2a	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 type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	2b	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	2c	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?	3a	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	3b	

Additional Data

Software ID:  
Software Version:  
EIN: 93-0863097  
Name: PROVIDENCE HEALTH PLAN

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

(Code ) (Expenses \$ 1,195,575 including grants of \$ 0 ) (Revenue \$ 1,057,247 )
Providence Medicare Supplement plans (Medi-Gap) are no longer open plans, and the last day of coverage for these members was December 31, 2014, but we expect run-out claims into 2015 These members were notified prior to 2014 that 2014 would be the last year with which they could be covered
(Code ) (Expenses \$ 4,311,530 including grants of \$ 4,311,530 ) (Revenue \$ 0 )
Grants & Allocations - See Schedule I

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) Jack Friedman ..... President/CEO	17 00 ..... 33 00			X				0	596,381	179,337
(17) Cindy Strauss ..... Secretary/SVP/Chief Counsel	0 10 ..... 59 90			X				0	488,042	235,786
(18) Alison S Schrupp ..... CSO	19 00 ..... 36 00			X				0	438,576	57,157
(19) Barbara L Christensen ..... Chief Sales & Mkt Officer	15 00 ..... 30 00			X				0	361,568	76,221
(20) Michael G White ..... COO	17 00 ..... 33 00			X				0	357,280	84,830
(21) Bruce W Wilkinson ..... CIO	15 00 ..... 30 00			X				0	360,789	68,539
(22) Robert A Gluckman ..... CMO	17 00 ..... 33 00			X				0	440,907	139,689
(23) Jeffrey Butcher ..... Treasurer/CFO	17 00 ..... 33 00			X				0	288,842	45,180
(24) Carrie Smith ..... Chief Compliance Officer	17 00 ..... 33 00			X				0	231,528	38,112

**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) Dave Underminer ..... SVP/CEO - OR Region	1 00 ..... 64 00				X			0	661,297	97,504
(1) William Olson ..... CFO/OR Region	1 00 ..... 49 00				X			0	502,797	52,174
(2) Stephanie C Dreyfuss ..... Dir Network Develop	14 00 ..... 26 00					X		0	264,495	23,871
(3) Mark A Whitaker ..... Medical Director	14 00 ..... 26 00					X		0	264,040	26,221
(4) James H Mackay ..... Medical Director	17 00 ..... 33 00					X		0	258,616	87,126
(5) Susan Abate ..... Dir Quality Med Mgr	14 00 ..... 26 00					X		0	217,183	74,513
(6) Rakesh Pai ..... Medical Director	14 00 ..... 26 00					X		0	207,631	24,394
(7) Jeff W Rogers ..... Former Corporate Secretary	0 00 ..... 0 00						X	0	231,112	390,991
(8) Greg Van Pelt ..... Former CEO/OR Region	0 00 ..... 0 00						X	0	1,054,305	147,461



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](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization PROVIDENCE HEALTH PLAN	Employer identification number  93-0863097
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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? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

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

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
- (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				
b Buildings		79,730,868	15,703,977	64,026,891
c Leasehold improvements		4,663,422	2,107,024	2,556,398
d Equipment		18,524,564	14,833,287	3,691,277
e Other		232,810		232,810
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				70,507,376



**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	1,104,733,672
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	-12,524,310
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	999,569
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-11,524,741
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	1,116,258,413
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	967,155
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	59,757,265
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	60,724,420
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	1,176,982,833

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	1,094,922,633
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	-1,288,718
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	-1,288,718
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	1,096,211,351
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	967,155
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	62,757,265
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	63,724,420
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	1,159,935,771

**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 Plan's management evaluates tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. Management has analyzed tax positions taken by the Plan and concluded that as of December 31, 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements.
Part XI, Line 2d - Other Adjustments	Ceded - Reinsurance Premiums -3,819,254 Gross-up Medicare Part D Reserve 2,530,536 Accrual of Straight-line Lease amount 2,288,287
Part XI, Line 4b - Other Adjustments	Capital Usage Fee from PPP & PHA 123,267 ASO Fees 57,238,500 Reimbursement for Accountable Care expenses 2,395,498
Part XII, Line 2d - Other Adjustments	Ceded Reinsurance Premiums -3,819,254 Gross-up Medicare Part D Reserve 2,530,536
Part XII, Line 4b - Other Adjustments	Capital Usage Fee 123,267 Reimbursement for Accountable expenses 2,395,498 ASO Fees 57,238,500 Affiliate Transfer 3,000,000

[illegible]

Additional Data

Software ID:

Software Version:

EIN: 93-0863097

Name: PROVIDENCE HEALTH PLAN

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

(a) Description	(b) Book value
(1) Pharmacy Rebate Receivable	2,665,188
(2) Receivable from ASO Clients	9,481,370
(3) Due from Affiliates	7,598,300
(4) Investment Income Accruals	3,043,590
(5) Due from CMS	11,654,253
(6) Land Trustee Funds	15,792,091
(7) Alternate Funding Arrangement	779,195
(8) Reinsurance Receivable	7,217,656
(9) Overpayment recoveries outstanding	524,418
(10) Receivable from Optum (Mental Health Provider)	1,560,458
(11) Intel Admin Fee Receivable	300,303
(12) Miscellaneous Receivables	67,446

Form 990, Schedule D, Part X, - Other Liabilities

1 (a) Description of Liability	(b) Book Value
Unpaid Claims & Withholdings	108,955,956
Due to Affiliates	32,116,159
Due to Medicare Part D	7,820,420
Miscellaneous Payables	838,368
Deposits Insured Grp Alternative Arrangements	8,246,597
Claim Refunds in Process	1,649,292
Pre-funding of ASO Claims	27,342,302
ASO Client Health Improvement Fund	703,387
Premium deficiency reserve	10,185,000
Unpaid Claims Liability for Administrative expenses	2,568,464
ASO Rx Rebates and Refunds	768,126

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
PROVIDENCE HEALTH PLAN

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](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public  
Inspection

Employer identification number  
93-0863097

Part I General Information on Grants and Assistance

1

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

☒ Yes ☐ No

2

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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

2

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

15

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	We request and condition grants upon each of the following 1) The program summary and budget, 2) Verification of malpractice and liability coverage, 3) Updates provided every six months, 4) Documentation evidencing tax-exempt or municipal status, 5) Documentation showing that they serve the low income and uninsured regardless of ability to pay for services, 6) Provide upon request, financial reporting of the budgeted use of grant funds



Additional Data

Software ID:  
Software Version:  
EIN: 93-0863097  
Name: PROVIDENCE HEALTH PLAN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Providence Portland Medical Foundation4805 NE Glisan Street Portland,OR 97213	93-1231494	501 (c) (3)	3,200,000				New methods of health care/help with medical bills

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Vancouver National Historic Reserve Trust750 Anderson Street Vancouver, WA 98661	91-1937645	501 (c) (3)	461,384				Providence Academy Restoration

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Impact NWPO Box 33530 Portland, OR 97202	93-0557964	501 (c) (3)	150,000				Support Community Rescue Desk Model

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Virginia Garcia Memorial Health CenterPO Box 486 Cornelius,OR 97113	93-0717997	501 (c) (3)	100,000				Support underserved communities

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Project Access NowPO Box 10953 Portland,OR 97296	20-8928388	501 (c) (3)	84,500				Support Community Assistance Program

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Stand for Children1732 NW Quimby No 200 Portland,OR 97209	52-1957214	501 (c) (3)	25,000				Sponsorship of Beat the Odds Luncheon

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Northwest Pilot Project1430 SW Broadway Street Suite 200 Portland, OR 97201	93-0635871	501 (c) (3)	16,559				PHP Charity Auction/Donation ER Svcs

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Pearl Buck Center3690 W 1st Ave Eugene, OR 97402	93-0584827	501 (c) (3)	11,559				PHP Charity Auction



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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Sunshine Pantry10895 SW Fifth Street Beaverton, OR 97005	20-3834167	501 (c) (3)	10,000				Support Community Food Bank

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Urban Gleaners430 NW 5th Avenue Portland,OR 97209	20-4641665	501 (c) (3)	10,000				Basic Needs - homeless families

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Rose HavenPO Box 10405 Portland, OR 97296	20-5922682	501 (c) (3)	10,000				Essential services/basic needs to needy

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Central City Concern232 NW Sixth Avenue Portland,OR 97209	93-0728816	501 (c) (3)	10,000				Behavioral Health

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Oregon Public Health Institute310 SW 4th Avenue Suite 900 Portland,OR 97204	93-1259522	501 (c) (3)	10,000				Sponsorship of Public Health Luncheon

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Immigrant and Refugee Comm Org10301 NE Glisan Street Portland,OR 97220	93-0806295	501 (c) (3)	7,500				Essential Svcs/Basic Needs/ER Svcs

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Big Brothers Big Sisters 1827 NE 44th Ave Ste 100 Portland, OR 97213	93-1303640	501 (c) (3)	7,500				Essential Svcs/Basic Needs/ER Svcs

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](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
PROVIDENCE HEALTH PLAN

Employer identification number  
93-0863097

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>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</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>1b</div><div>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</div></div>		
<div><div>2</div><div>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?</div></div>		
<div><div>3</div><div>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</div><div><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>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</div></div>		
<div><div>4a</div><div>Receive a severance payment or change-of-control payment?</div></div>	Yes	
<div><div>4b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	Yes	
<div><div>4c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>		No
<div><div></div><div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div></div>		
<div><div>5</div><div>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</div></div>		
<div><div>5a</div><div>The organization?</div></div>		No
<div><div>5b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>		No
<div><div>6</div><div>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</div></div>		
<div><div>6a</div><div>The organization?</div></div>		No
<div><div>6b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>		No
<div><div>7</div><div>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</div></div>		No
<div><div>8</div><div>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</div></div>		No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</div></div>		



**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, Lines 4a-b	NONQUALIFIED RETIREMENT PLANS A) SERP = Supplemental Executive Retirement Plan B) CBRP = Cash Balance Restoration Plan C) ESP = Elective Survivor Plan 1) Cindy Strauss a) SERP Earned but not Vested - \$173,177 b) SERP Interest Credit - \$20,200 2) Jack Friedman a) Taxable SERP Earned but not Paid - \$47,539 b) SERP Interest Credit - \$100,696 3) Alison S. Schrupp a) SERP Interest Credit - \$12,791 b) Taxable SERP Earned but Not Paid - \$67,803 c) Taxable CBRP Earned but Not Paid - \$1,589 d) ESP Interest Credit - \$3,441 4) Barbara L. Christensen a) SERP Interest Credit - \$3,249 b) Taxable SERP Earned but Not Paid - \$18,689 c) ESP Interest Credit - \$3,082 5) Michael G. White a) SERP Interest Credit - \$1,434 b) SERP Earned but Not Vested - \$47,219 6) Bruce W. Wilkinson a) SERP Interest Credit - \$20,616 b) Taxable SERP Earned but Not Paid - \$70,036 c) Taxable CBRP Earned but Not Paid - \$2 7) Robert A. Gluckman a) SERP Interest Credit - \$16,911 b) SERP Earned but not Vested - \$71,830 c) Taxable CBRP Paid - \$132 8) Jeffrey Butcher a) SERP Earned but Not Vested - \$14,525 b) SERP Interest Credit - \$859 9) David T. Underriner a) Taxable SERP Earned but not Paid - \$64,286 a) SERP Interest Credit - \$11,146 b) ESP Interest Credit - \$3,151 10) William Olson a) Taxable CBRP Paid - \$3 b) Taxable SERP Earned but Not Paid - \$69,951 11) James H. Mackay a) Taxable CBRP Paid - \$8,546 b) Non-Taxable CBRP Earned but Not Paid - \$1,403 12) 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 13) Greg Van Pelt a) Taxable SERP Earned but Not Paid - \$76,369 b) Non-taxable SERP Earned but Not Paid - \$87,510
Part I, Lines 4a-b	Severance Greg Van Pelt - \$735,779
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: 93-0863097  
Name: PROVIDENCE HEALTH PLAN

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 Jack Friedman, President/CEO	(i)	0	0	0	0	0	0
	(ii)	531,342	47,539	17,500	151,650	27,687	775,718
1 Cindy Strauss, Secretary/SVP/Chief Counsel	(i)	0	0	0	0	0	0
	(ii)	470,542	0	17,500	212,878	22,908	723,828
2 Alison S Schrupp, CSO	(i)	0	0	0	0	0	0
	(ii)	280,908	151,560	6,108	43,536	13,621	495,733
3 Barbara L Christensen, Chief Sales & Mkt Officer	(i)	0	0	0	0	0	0
	(ii)	263,251	80,474	17,843	60,143	16,078	437,789
4 Michael G White, COO	(i)	0	0	0	0	0	0
	(ii)	299,120	40,660	17,500	78,872	5,958	442,110
5 Bruce W Wilkinson, CIO	(i)	0	0	0	0	0	0
	(ii)	241,002	102,287	17,500	50,454	18,085	429,328
6 Robert A Gluckman, CMO	(i)	0	0	0	0	0	0
	(ii)	391,235	49,672	0	120,754	18,935	580,596
7 Jeffrey Butcher, Treasurer/CFO	(i)	0	0	0	0	0	0
	(ii)	257,552	31,290	0	27,084	18,096	334,022
8 Carne Smith, Chief Compliance Officer	(i)	0	0	0	0	0	0
	(ii)	190,240	24,048	17,240	24,239	13,873	269,640
9 Dave Underinner, SVP/CEO - OR Region	(i)	0	0	0	0	0	0
	(ii)	579,486	64,286	17,525	69,322	28,182	758,801
10 William Olson, CFO/OR Region	(i)	0	0	0	0	0	0
	(ii)	365,263	137,374	160	35,655	16,519	554,971
11 Stephanie C Dreyfuss, Dir Network Develop	(i)	0	0	0	0	0	0
	(ii)	212,918	34,077	17,500	11,700	12,171	288,366
12 Mark A Whitaker, Medical Director	(i)	0	0	0	0	0	0
	(ii)	256,251	2,744	5,045	11,700	14,521	290,261
13 James H Mackay, Medical Director	(i)	0	0	0	0	0	0
	(ii)	244,241	14,375	0	72,614	14,512	345,742
14 Susan Abate, Dir Quality Med Mgr	(i)	0	0	0	0	0	0
	(ii)	192,833	24,350	0	66,971	7,542	291,696
15 Rakesh Pai, Medical Director	(i)	0	0	0	0	0	0
	(ii)	190,131	0	17,500	6,335	18,059	232,025
16 Jeff W Rogers, Former Corporate Secretary	(i)	0	0	0	0	0	0
	(ii)	0	12,493	218,619	390,991	0	622,103
17 Greg Van Pelt, Former CEO/OR Region	(i)	0	0	0	0	0	0
	(ii)	915	76,369	977,021	129,106	18,355	1,201,766

**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](http://www.irs.gov/form990).**

OMB No 1545-0047

**2014**

**Open to Public  
Inspection**

Name of the organization  
PROVIDENCE HEALTH PLAN

**Employer identification number**

93-0863097

Return Reference	Explanation
Form 990, Part III, line 3	The Medicare Supplement program ended as of December 31, 2014, and will have a period for claims incurred in 2014, but not paid until 2015

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	The sole Corporate Member is Providence Plan Partners

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

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	The following powers reside with the 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 &amp; 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 &amp; 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 <a href="http://www2.providence.org">www2.providence.org</a> All governing policies including the conflict of interest policy, as well as 990 filings are available to employees on the Intranet site

Return Reference	Explanation
Form 990, Part VII	Michael Holcomb - 1801 Lind Avenue SW, #9016, Renton, WA 98057 Chauncey Boyle, SP- 1801 Lind Avenue SW, #9016, Renton, WA 98057 Marian Schubert, CSJ - Eff 9/14 - 1801 Lind Avenue SW, #9016, Renton, WA 98057 Phyllis Hughes, RSM - 1801 Lind Avenue SW, #9016, Renton, WA 98057 Carolina Reyes, MD - 1801 Lind Avenue SW, #9016, Renton, WA 98057 Michael A Stein - 1801 Lind Avenue SW, #9016, Renton, WA 98057 Eugene "Al" Parrish - 1801 Lind Avenue SW, #9016, Renton, WA 98057 Peter J Snow - 1801 Lind Avenue SW, #9016, Renton, WA 98057 Bob Wilson - 1801 Lind Avenue SW, #9016, Renton, WA 98057 Sallye Liner - 1801 Lind Avenue SW, #9016, Renton, WA 98057 Elen L Wolf - 1801 Lind Avenue SW, #9016, Renton, WA 98057 Isaiah Crawford - 1801 Lind Avenue SW, #9016, Renton, WA 98057 Martha Diaz Aszkenazy - 1801 Lind Avenue SW, #9016, Renton, WA 98057 Kirby McDonald - 1801 Lind Avenue SW, #9016, Renton, WA 98057 Dave Olsen - 1801 Lind Avenue SW, #9016, Renton, WA 98057 Charles (Chuck) Watts - 1801 Lind Avenue SW, #9016, Renton, WA 98057 Cindy Strauss - 1801 Lind Avenue SW, #9016, Renton, WA 98057 Jeff W Rogers - 1801 Lind Avenue SW, #9016, Renton, WA 98057

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

Return Reference	Explanation
FORM 990, PART IV, LINE 12 - AUDITED FINANCIAL STATEMENTS	The audited financial statements of Providence Health Plan are prepared on a statutory basis in conformity with insurance accounting practices prescribed or permitted by the National Association of Insurance Commissioners and the Insurance Division of the Oregon Department of Consumer and Business Services

Return Reference	Explanation
FORM 990, PART II, LINE 5 & PART V, LINE 2A - EMPLOYEE COMPENSATION	The employees working at Providence Health Plan are paid by Providence Health & Services - Oregon EIN# 51-0216587 or Providence Health & Services - WA dba Health System Office EIN# 91-0725998 Therefore, no W-2s are issued by the reporting organization

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



Return Reference	Explanation
FORM 990, SCHEDULE R - RELATED ORGANIZATIONS	<p>AFFILIATION AGREEMENTS Effective March 1, 2014, Providence 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](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization PROVIDENCE HEALTH PLAN	Employer identification number 93-0863097
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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

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

No

1l

Yes

1m

No

1n

No

1o

Yes

1p

Yes

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
(1) Providence Plan Partners	P	169,394,102	Cost

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: 93-0863097

Name: PROVIDENCE HEALTH PLAN

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?
						YesNo
(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 Assurance  4400 NE Halsey Bldg 2 Portland, OR 97213 55-0828701	Medicaid Healthcare Provider	OR	501( c)(4)	N/A	Providence Health Plan	No
(7) Providence Medical Institute  4101 Torrance Blvd Torrance, CA 90503 33-0283773	Healthcare	CA	501( c)(3)	Line 11/Type I	PHS - So California	No
(8) Little Company of Mary Ancillary Services Corporation  4101 Torrance Blvd Torrance, CA 90503 33-0844408	Imaging Services	CA	501( c)(3)	Line 9	PHS - So California	No
(9) Providence TrinityCare Hospice  5315 Torrance Blvd Suite B1 Torrance, CA 90503 95-3264139	Hospice	CA	501( c)(3)	Line 9	PHS - So California	No
(10) Providence Blanchet Association  1700 Providence Pl Centralia, WA 98531 91-1789266	Housing	WA	501( c)(3)	Line 7	PH & S - Washington	No
(11) St Luke Association  350 Washington Ave SE Chehalis, WA 98352 94-3176618	Housing	WA	501( c)(3)	Line 7	PH & S - Washington	No
(12) Providence Rossi Association  1700 Providence Pl Centralia, WA 98531 31-1584166	Housing	WA	501( c)(3)	Line 9	PH & S - Washington	No
(13) Lundberg Association  5921 E Burnside Portland, OR 97215 91-1562797	Housing	OR	501( c)(3)	Line 7	PH & S - Oregon	No
(14) Providence St Francis Association  3415 12th Avenue NE Olympia, WA 98506 94-3244854	Housing	WA	501( c)(3)	Line 7	PH & S - Washington	No
(15) Providence Peter Claver Association  7101 38th Avenue South Seattle, WA 98118 31-1629656	Housing	WA	501( c)(3)	Line 7	PH & S - Washington	No
(16) Providence St Elizabeth House Association  3201 SW Graham St Seattle, WA 98126 91-2171539	Housing	WA	501( c)(3)	Line 7	PH & S - Washington	No
(17) Providence Gamelin House Association  4515 MLK Jr Way S Ste 200 Seattle, WA 98108 31-1744654	Housing	WA	501( c)(3)	Line 7	PH & S - Washington	No
(18) The Gamelin Association  312 North Fourth St Yakima, WA 98901 91-1180824	Housing	WA	501( c)(3)	Line 7	PH & S - Washington	No
(19) The Gamelin Oregon Association  5520 NE Glisan Portland, OR 97213 91-1214491	Housing	OR	501( c)(3)	Line 9	PH & S - Oregon	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>
(21) The Gamelin California Association  540 23rd St Oakland, CA 94612 91-1293869	Housing	CA	501( c)(3)	Line 9	PHS - So California	No
(1) Gamelin Washington Association  1423 First Avenue Seattle, WA 98101 20-1910170	Housing	WA	501( c)(3)	Line 7	PH & S - Washington	No
(2) Providence Foundation  1801 Lind Avenue SW 9016 Renton, WA 980579016 94-3078543	Support PH&S Institutions	WA	501( c)(3)	Line 11/Type I	PH & S - Washington	No
(3) Providence Alaska Foundation  3300 Providence Drive - B Tower2 Anchorage, AK 99508 92-0093565	Support PHS-Alaska	AK	501( c)(3)	Line 11/Type I	PH & S - Washington	No
(4) Providence St Peter Foundation  413 Lilly Road NE Olympia, WA 985065166 91-1097056	Support Affiliated Tax- Exempt Organization	WA	501( c)(3)	Line 7	PH & S - Washington	No
(5) Providence Health Care Foundation (Centralia)  914 S Scheuber Road Centralia, WA 98531 91-1433382	Support Providence Centralia Hospital	WA	501( c)(3)	Line 7	PH & S - Washington	No
(6) Providence Mount St Vincent Foundation  4831 - 35th Avenue SW Seattle, WA 981262799 91-1188119	Support Providence Mount St Vincent	WA	501( c)(3)	Line 7	PH & S - Washington	No
(7) Providence Marianwood Foundation  3725 Providence Point Drive SE Issaquah, WA 980297219 93-1554288	Support Providence Marianwood	WA	501( c)(3)	Line 11/Type I	PH & S - Washington	No
(8) Providence Newberg Health Foundation  1001 Providence Drive Newberg, OR 97132 93-0889144	Support Providence Newberg Medical Center	OR	501( c)(3)	Line 7	PH & S - Oregon	No
(9) Providence Seaside Hospital Foundation  725 S Wahanna Rd Seaside, OR 97138 93-0927320	Support Providence Seaside Hospital	OR	501( c)(3)	Line 7	PH & S - Oregon	No
(10) Providence Community Health Foundation  1111 Crater Lake Ave Medford, OR 97504 93-0692907	Support Providence Medford Medical Center	OR	501( c)(3)	Line 7	PH & S - Oregon	No
(11) Providence Benedictine Nursing Center Foundation  540 South Main St Mt Angel, OR 973629532 91-1940286	Support Providence Benedictine Nursing Center	OR	501( c)(3)	Line 7	PH & S - Oregon	No
(12) Providence Portland Medical Foundation  4805 NE Glisan St Portland, OR 972132967 93-1231494	Support Providence Portland Medical Center	OR	501( c)(3)	Line 7	PH & S - Oregon	No
(13) Providence St Vincent Medical Foundation  9205 SW Barnes Rd Portland, OR 97225 93-0575982	Support Providence St Vincent Medical Center	OR	501( c)(3)	Line 7	PH & S - Oregon	No
(14) Providence Milwaukie Foundation  10150 SE 32nd Milwaukie, OR 97222 94-3079515	Support Providence Milwaukie Hospital	OR	501( c)(3)	Line 7	PH & S - Oregon	No
(15) Providence Child Center Foundation  830 NE 47th Portland, OR 97213 93-0800140	Support Providence Child Center	OR	501( c)(3)	Line 7	PH & S - Oregon	No
(16) Providence TrinityCare Hospice Foundation  5315 Torrance Blvd Suite B1 Torrance, CA 90503 33-0261016	Support TrinityCare Hospice	CA	501( c)(3)	Line 7	Providence TrinityCare Hospice	No
(17) Providence Little Company of Mary Foundation  4101 Torrance Blvd Torrance, CA 90503 51-0224944	Support Little Company of Mary Service Area	CA	501( c)(3)	Line 7	PHS - So California	No
(18) PH&S FoundationSFVSA & SCVSA  501 S Buena Vista Street Burbank, CA 91505 95-3544877	Support Program & Activities of SFVSA & SCVSA	CA	501( c)(3)	Line 7	PHS - So California	No
(19) Providence Hospice of Seattle Foundation  425 Pontius Avenue North 300 Seattle, WA 981095452 91-2077378	Support Hospice of Seattle	WA	501( c)(3)	Line 11/Type I	PH & S - Washington	No



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(41) Providence Health & Services - Western Washington  1801 Lind Avenue SW 9016 Renton, WA 980579016 91-1303277	Healthcare	WA	501( c)(3)	Line 3	Providence MinistriesWHC	No
(1) Providence Health & Services  1801 Lind Avenue SW 9016 Renton, WA 980579016 91-1549796	Shell Corporation	WA	501( c)(3)	Line 11/Type II	Providence Ministries	No
(2) Providence Health & Services - Montana  500 W Broadway PO Box 4587 Missoula, MT 598064587 81-0231793	Healthcare	MT	501( c)(3)	Line 3	PH & S - Washington	No
(3) Providence St Joseph Medical Center  PO Box 1010 Polson, MT 598601010 81-0463482	Healthcare	MT	501( c)(3)	Line 3	PH & S - Washington	No
(4) St Thomas Child and Family Center  1710 Benefis Court Great Falls, MT 59405 81-0233495	Early Childhood Education	MT	501( c)(3)	Line 9	PH & S - Washington	No
(5) Sisters of Providence of Montana Corporation  1801 Lind Avenue SW 9016 Renton, WA 980579016 26-2612415	Shell Corporation	MT	501( c)(3)	Line 1	PH & S - Washington	No
(6) Providence Health Care Foundation - Eastern Washington  101 W 8th Ave Spokane, WA 99204 32-0014330	Support PH&S-WA Ministries in E WA	WA	501( c)(3)	Line 7	PH & S - Washington	No
(7) St Patrick Hospital Foundation  500 West Broadway PO Box 4587 Missoula, MT 598064587 23-7056976	Support Healthcare in W Montana	MT	501( c)(3)	Line 7	PH & S - Washington	No
(8) University of Great Falls  1301 20th Street South Great Falls, MT 59405 81-0231777	Post Secondary Education	MT	501( c)(3)	Line 2	PH & S - Washington	No
(9) E WA & MT Unemployment Compensation Insurance Trust  1801 Lind Avenue SW 9016 Renton, WA 980579016 91-1082119	Unemployment Benefits	WA	501( c)(3)	Line 11/Type I	PH & S - Washington	No
(10) Providence Willamette Falls Medical Foundation  1500 Division Street Oregon City, OR 97045 93-1003750	Support Willamette Falls Hospital	OR	501( c)(3)	Line 11/Type I	PH & S - Oregon	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

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(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?
<b>Yes</b>	<b>No</b>							
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